Chair's letter - May 2017

MRCP(UK) Part 2 Clinical Examinations
Report on assessment period January – April 2017

2017 candidates sat PACES in the 2017/01 assessment period from January to April 2017. 1407 of these candidates sat in UK centres, with the remaining 610 sitting at our overseas centres. The pass rate for the UK trainees was 57.5%; the overall pass rate was 44.3%. The pass rates for all of the candidate groups remain stable and in line with historical trends, taking the new pass mark into account.

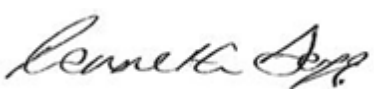
Recent Developments

PACES 2020
The PACES 2020 short life working group met for the third time in March. The group discussed the proof of concept study that tested modified encounters that could be included in the exam. The development of 20 minute clinical consultation encounters and 10 minute communication encounters was positively received, although there are still some areas for further investigation. The group discussed the new draft internal medicine curriculum and how the PACES examination can be blueprinted against the new curriculum and competencies in practice. The final meeting of the PACES 2020 group will focus on this.

MRCP(UK) Census
Thank you to everyone who has responded to this years' census. The overall response rate to the survey has been good, but there remain some examiners who have not responded. The census remains open and, if you have not already, you are encouraged to complete it. The information is invaluable for our analysis of the performance of PACES as an examination. In addition to this, MRCP(UK) is expanding the international examiner panel. Examiners must be fully compliant and have completed the census to be eligible to be included for consideration.

Licence to Practise
A communication regarding the need for a licence to practise has been sent from all three colleges. The letter states that all examiners in the UK will require a licence to practise from 2018/01 onwards. This requirement was agreed in principle in 2014, but implementation was deferred to allow for one cycle of the enhanced revalidation process. The federation recognises, and is grateful for, the enormously valuable contribution that examiners who do not currently hold a licence to practise have made to the examination.

Examiner equality and diversity training
The examiner equality and diversity e-learning module has created all of the content for the platform. Facilitated discussions were held in April and the content of these sessions is being used as the basis for the learning points within the module. These sessions were a huge success, in large part due to the excellent engagement shown by the volunteer examiners who took part in the sessions. Their willingness to participate means that the learning points will be delivered to clinicians from clinicians.



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Hot Topics – May 2017

Demonstration of skills

There have been isolated reports of an increase in candidates in overseas centres wearing full facial veils. MRCP(UK) regulations state that it is the candidate's responsibility to ensure that they demonstrate the required skills within the time allowed. MRCP(UK) guidance does not prohibit the wearing of a veil. However, the guidance underlines the obligation of the candidate to demonstrate their proficiency in a skill and that failure to do so will result in an unsatisfactory score. Examiners are advised to use their expertise to decide whether a candidate can be assessed in a skill using the relevant criteria. If they cannot, they must be marked unsatisfactory.

Calibration of skill A

The pass mark for Skill A has recently increased by two marks. It is important to ensure that candidates are assessed against thoroughly calibrated criteria in each case. Skill A should test that candidates are able to perform a professional and fluent physical examination. Physical examination need not be in any particular order, but the appropriate techniques should be agreed upon in the calibration process.

Linked skills

Skill B is linked only to Skills D and E. Candidates who fail to correctly identify physical signs can only subsequently score 'borderline' on differential diagnosis and clinical judgment. Skill A is not a link in this chain. MRCP(UK) regulations state that candidates who are able to correctly identify physical signs, show good clinical judgment and identify differential diagnoses should not be penalized throughout for errors in physical examination.

PACES carousel timings

The PACES carousel timings are well documented, but even the most experienced examiner can lose track of the correct time for candidate reminders. Please ensure that all examiners are familiar with the carousel intervals, as listed below:

Station 1 and 3	**6 minutes examining** Warning: 1 minute left	**4 minutes questions** – can begin questioning before full 6 minutes has elapsed

Station 2 and 4	**14 minutes interacting** Warning: 2 minutes left	1 minute reflection	**5 minutes questions** – do not begin questioning until full 15 minutes has elapsed

Station 5	**8 minutes examining** Warning: 2 minutes left	**2 minutes questions** – do not begin questioning until full 8 minutes have elapsed

Where a candidate appears to have finished early examiners should inform the candidate how long is remaining to take a history or communicate with the patient or surrogate, and wait in silence until that time has passed in stations two, four and five. Questioning can begin early in stations one and three if the candidate is content to do so.