

MRCP(UK) Part 2 Clinical Examination (PACES)

Examiners' Guide

Omnibus

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Contents

Core Information for all Examiners.....	5
Contact us	5
PACES examination	6
Structure – the PACES cycle	6
Patients and surrogates	7
Examiners.....	7
Candidates	8
Timings.....	8
Conduct of the assessment.....	10
Candidates known to examiners	13
Patients known to candidates	13
Detailed conduct of each Station	14
Method of assessment.....	16
Additional Information for Hosts, Chairs and others involved in the organisation of the examination.....	21
Facilities	21
Hospital acquired infection	23
Relationship with hospital management	23
Financial arrangements.....	23
Personnel	23
Patients	24
Patient welfare.....	25
Introductors	26
Scenarios.....	26
Examiners.....	28
Pairing and rotation of examiners.....	28
Trainee examiners.....	29
Observers	29
Candidates	30
Candidate welfare	30
Timing	31
Documents and paperwork.....	32
Candidate Performance Summary	32
Marksheets	32
Calibration sheets.....	33
Security of the examination	33
Checklists	34

Checklists: Host Examiner, organising Registrar and staff	34
Checklists: 11th Examiner	37
Checklists: Chair of Examiners (CoE).....	38
Troubleshooting Guidance for Hosts and Chairs of Examiners.....	40

Core Information for all Examiners

Contact us

If you have a query about the examination, please contact the MRCP(UK) Examinations Department of the relevant College.

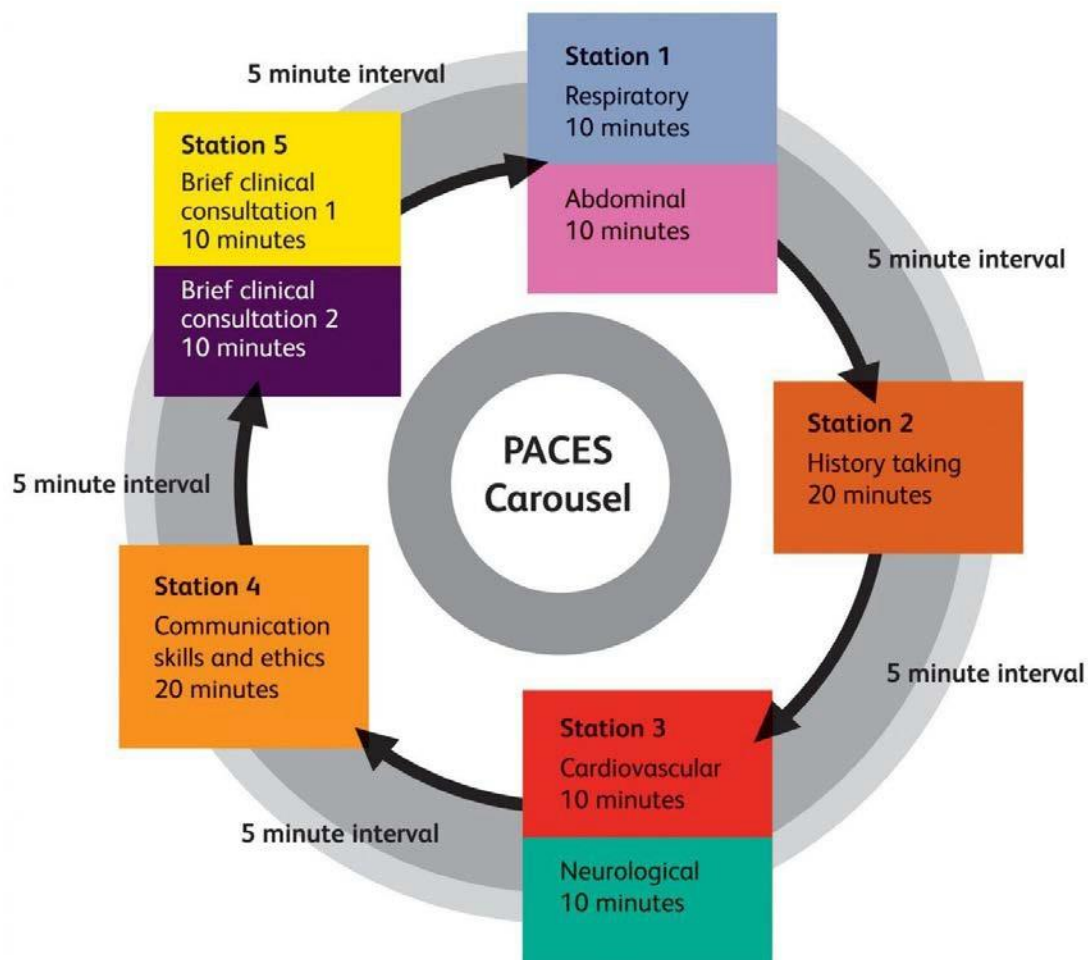
Contact details can be found at <https://www.mrcpuk.org/get-involved/contacts>

Copies of all-up-to-date documents, and this guide are available from <http://www.mrcpuk.org/get-involved-examiners/paces-examiners>

PACES examination

The Practical Assessment of Clinical Examination Skills (PACES) examination consists of five clinical assessment 'Stations' where a selection of core clinical skills are tested by pairs of examiners using an objective marking system. Real patients and simulated or surrogate patients may appear, and clinical skills are tested in the context of standardised problems set in a variety of systems and settings. Examiners work in pairs to set the standard for each case ('calibration'), but mark each candidate without conferring. Each candidate is asked to demonstrate seven clinical skills, in eight patient encounters, and is assessed by a total of ten examiners.

Structure – the PACES cycle



- There are five Stations each lasting 20 minutes.
- Two examiners assess each candidate at each Station.
- The passage of five candidates through the cycle of five Stations is known as a cycle of PACES.
- Each examiner pair remains at the same Station for the whole cycle.
- Five candidates each start the examination at a different Station, then progress through the other Stations in order.
- Stations 1, 3 and 5 are divided into two separate patient encounters. Stations 2 and 4 each contain one patient encounter. A total of eight patient encounters therefore occur.
- There is a 5-minute interval between each 20 minute Station. Candidates about to enter Stations 2, 4 and 5 must use this time to read the Station scenario material.
- The start and finish of each Station is clearly signalled by the sounding of a bell.
- The cycle of 5 Stations takes 125 minutes to complete.

Patients and surrogates

- On the vast majority of occasions, patients with real physical signs take part in Stations 1 and 3. Occasionally a patient with no physical signs participates to assess the ability to confidently detect normality.
- At Stations 2 and 4, surrogate or simulated patients, who have learnt the scenario and history to be discussed and related to the candidate, take part.
- Patients participating in Station 5 have real physical signs on the majority of occasions. They relate their own history, occasionally with some details modified to fit the scenario. Surrogate patients, who can relate a history but have no abnormal physical findings, may also take part. If a surrogate patient is used, they must be prepared to be physically examined by the examiners and the candidates. (In some overseas centres, a patient with real signs who cannot speak English will be accompanied by a surrogate relative or companion to relate the history.)

Scenarios and introductors

- At Stations 2 and 4, standardised clinical scenarios form the basis of the content of the encounter. These are produced to a standardised template and approved for use by the Scenario Editorial Committee of the Clinical Examining Board. Examiners should not make amendments to these scenarios. A single scenario is normally used for both cycle 1 and 2 at each of these Stations, but should be changed for cycle 3. It is not permissible to change a scenario within a cycle.
- At Station 5, scenarios are generated in advance by the Host Examiner to suit locally available patients, and presented on a standardised template. The Station 5 scenarios are vetted by the organising College, or, for international centres, by the Chair and Co-Chair of Examiners. Two scenarios (one for each of the Station 5 encounters) are required per cycle, and need not be changed between cycles one and two. New scenarios should be used at cycle three. A reserve scenario and (surrogate) patient should be available for use at all times.
- At Stations 1 and 3, short introductory statements ('introductors') are created by the Host Examiner and modified if necessary by the examiners leading the assessment at that encounter. The introducer should pose a question and not simply indicate the part of the physical examination required. For example, at the cardiovascular encounter, the introducer for a patient with mitral regurgitation and atrial fibrillation might read: 'This patient presented with palpitations. Please examine their cardiovascular system to establish a cause'.

Examiners

- Examiners have all been subject to a standardised appointments and training process and, after appointment to one of the College's examiner panels, can be asked to examine by any College at any of the three Colleges' centres.
- Examiners should be familiar with, and adhere to, the MRCP(UK) Code of Conduct for PACES Examiners (<http://www.mrcpuk.org/get-involved-examiners/paces-examiners>).
- 11 examiners should be present at each cycle, 2 examining at each Station and one acting as the 11th Examiner.
- The 11th Examiner is responsible for troubleshooting during the examination cycle, collating and checking the marksheets, compiling the Candidate Performance Summaries, collecting the scenario assessment forms and any confidential paperwork (e.g. scenarios). The Host Examiner frequently takes on this role. On rare occasions when only ten examiners are present, the role should be delegated to an administrator or member of the medical support staff to ensure that all tasks are undertaken.
- The Host Examiner is responsible for organising the facility and patients for the day. The Host Examiner should not be allocated to a Station during the morning cycles on the first day as they will usually take the role of 11th Examiner and should be available to address any last-minute problems.
- The Chair of Examiners is an examiner with extensive examining experience who is responsible for briefing examiners, chairing the post cycle meeting, supporting the Host in the smooth delivery of the examination and the audit and quality control of examination delivery.

- Trainee Examiners who have applied for examiner status, been accepted for training by their College, and are undergoing a day of examining training, 'shadow mark' candidates and participate fully in the briefing meetings and calibration discussions. Each Trainee Examiner will be supervised by a named examiner – usually the Chair of Examiners and one or more of the others.

Candidates

- Candidates appearing in PACES may or may not be working in the country where they sit the examination. Many travel long distances simply to appear in the examination.
- All will have already passed the Part 1 written examination within the previous seven years. Most will also have sat and passed the Part 2 written examination, although this is not mandatory before a PACES attempt.
- All will have had their readiness to sit endorsed by a proposer, usually the candidate's current or most recent educational supervisor, or most recent supervising consultant.

PACES examining day

- Most centres examine 15 candidates per day in 3 examination cycles. Some will examine 10 candidates in 2 cycles. Some centres run two cycles concurrently, examining 20 (2 x 2 cycles) or 30 (2 x 3 cycles) candidates in a day. For more information on running double cycles please see www.mrcpuk.org/get-involved-examiners/paces-examiners/administrator-hosts

Timings

- All examiners must be able to attend the examination at least one hour before the time the first candidate is due to start and be able to stay for at least half an hour after the end of the final cycle.
- All mobile phones must be turned off during all periods of candidate assessment.
- Patients and examiner pairings should remain the same for the first two cycles, then change for the third cycle. The Host Examiner is responsible for letting examiners know their pairing for each cycle.
- Calibration is vital to the fair and consistent conduct of the examination and is necessary before any cycle in which two examiners will be working together for the first time that day, or seeing a new patient or patients on that day. Typically, this means before the first and third cycles. If calibration is incomplete by the projected start time of any cycle, the examination must be delayed until all examiners are ready.
- Timings may vary if extended briefing, calibration or post-cycle meetings are required.
- Briefing meetings provide the Chair of Examiners and Host Examiner with an opportunity to update examiners on generic and local matters of importance to the conduct of the examination.
- Post-cycle meetings provide examiners with an opportunity to review and discuss the conduct of the cycle and overall performance of all candidates, as well as specific issues, such as candidates who are awarded two Unsatisfactory scores at Skill G and any other candidates recommended for counselling. Relevant candidate issues discussed at the post-cycle meetings must be documented on a PACES discussion sheet. All other issues that need to be recorded must be documented on the centre audit form.
- Indicative timings for a centre running three cycles and starting the first group of five candidates at 09.10 are shown below. Other versions of suitable timetables can be accessed at www.mrcpuk.org/get-involved-examiners/paces-examiners/administrator-hosts

Time	Activity	Comments
08.00 – 08.15	Examiners arrive	Check the time you have been asked to arrive.
08.15 – 08.30	Briefing meeting	The Chair of Examiners and Host provide updates and reminders and highlight issues of local relevance.
08.30 – 09.10	Examiner calibration	If longer is required, the start of the examination should be delayed.
09.10	First cycle starts	The candidates will be at their start Station at 09.10 and enter the first Station at 09.15.
11.15	First cycle ends	
11.15 – 11.40	Examiner coffee and post-cycle meeting	Patients and examiner pairings do not change, therefore further calibration is not required. Candidate performance is discussed.
11.40	Second cycle starts	The candidates will be at their start Station at 11.40 and enter the first Station at 11.45.
13.45	Second cycle ends	
13.45 – 14.55	Examiner lunch, post-cycle meeting and calibration	If longer is required, the start of the examination should be delayed.
14.55	Third cycle starts	The candidates will be at their start Station at 14.55 and enter the first Station at 15.00.
17.00	Third cycle ends	
17.00 – 17.30	Post-cycle meeting	
17.30	Examination ends	

Consult the documents sent to you by the organising College or team for precise timings for your examining day. Examiner pairings and station allocation will usually be included in these documents.

Conduct of the assessment

Calibration

- Examiner pairs must have time to review and discuss the patients participating in the assessment. This process, known as calibration, is essentially a standard setting process, and is critical to the fair and consistent conduct of the assessment.
- The calibration process takes at least 30–40 minutes and must always be completed before the examination starts.
- It is recommended that examiners at Stations 1 and 3 see and examine patients alone, ideally without first reviewing the clinical information provided, thus seeing the case from the candidates' perspective. Candidates should be judged on their ability to detect what an examiner detects and make diagnoses that an examiner would make.
- The calibration discussion should focus on agreeing the clinical signs or symptoms that are present, and considering together what specific criteria will be used to judge whether the candidate can be awarded a Satisfactory mark in each of the skills assessed.
- Examiners must agree the 'brief description of the case' that should be entered into the appropriate part of their marksheets. This will reduce the potential for confusion among candidates who ask to review their own marksheets after sitting the examination.
- In addition to checking physical signs, take time to ensure that patients understand what will happen during the examination and that they know they will have the opportunity after each candidate leaves to clarify anything a candidate may have erroneously stated about their condition or problem.
- Position and expose the patient in a way that will help the candidate, and ensure the introductory statement provided directs the candidate appropriately. If it requires clarification, ask for it to be changed.
- At Stations 2 and 4, the surrogate must be rehearsed; it is suggested that one of the examiners takes the role of the candidate, and specific aspects of the scenario which require clarification or emphasis are discussed. Occasionally, additional information may need to be added to the history, and the specific questions the surrogate is required to ask the candidate should be clarified.
- The patients should be briefed to answer all the candidates' questions as accurately and consistently as they can. They should be advised not to withhold information but also not to volunteer information that has not been sought by the candidate.
- Examiners at Station 5 should ensure that the problem described in each of the scenarios is focused and clear, and that each of the tasks set can feasibly be completed by a competent candidate in the eight minutes available.
- Examiners must rehearse the history, check the physical signs, and consider the important aspects of communication, as part of their calibration.
- Examiners should agree which parts of the physical examination they feel the candidate should undertake, and which parts they will instruct the candidate not to undertake should they volunteer to do so. They should ensure that the patient or surrogate is prepared to ask the candidate one or two questions, and clearly understands the scenario if it varies from their own clinical history. The requirements to pass each of the seven skills should be agreed by both examiners.
- It is only necessary to calibrate two Station 5 cases before the cycle. If either of the scenarios is felt to be unworkable then the reserve scenario should be used. Where an encounter raises an issue subject to legal or other national guidance, for example NICE guidelines or driving restrictions, the examiners must agree what it is reasonable that candidates, who may not live and work in the country, should be aware of.

Marksheets

- Candidates carry their marksheets with them throughout the examination.
- There are a total of 16 marksheets for each candidate.

- When a candidate arrives outside a Station, one of the examiners, or delegated member of the support staff should collect their marksheets for this Station. This allows sufficient time for each examiner to complete Examiner name, Examiner number, signature, and description of the case, so that the candidate receives full attention during the encounter. Examiners should ensure they record the same agreed case descriptor on their marksheets.
- There should be minimal disruption to the candidate during the reading of scenarios at Stations 2, 4 and 5.
- The candidate should have completed their own details and the centre details before the cycle starts. If not, draw this to the attention of the 11th Examiner.
- In Stations 1, 3 and 5 examiners should double check that they are filling in the correct marksheet at each encounter. The marksheets are colour coded to help.
- In stations 2, 4 and 5 examiners should copy the relevant scenario number on to the marksheet, making sure to fill in all three columns.
- Use only the 2B pencils provided to complete the marksheets.
- The sheets are optically scanned and must never be creased or folded.
- Examiners should ensure their writing is legible and written within the relevant boxes. Marksheets may need to be photocopied for internal use in the event of counselling, appeals or complaints. Copies may also be sent to candidates who fail the examination and request to see their marksheets. Block capitals aid legibility.
- Examiners should ensure that their comments are phrased in a professional manner.
- Examiners should not write or in any way mark the bar coded areas on the right hand side and bottom of the marksheet.

Lead Examiner

- One examiner should assume the lead role with each candidate, introducing the case and leading the questioning. The other examiner observes the candidate: patient encounter and listens to the Lead Examiner's questions and the candidate's responses. The roles are then reversed. If an examiner is not taking the lead on a case, as a co-examiner he/she must be present and visible to the candidate at all times. In the event of any appeal, co-examiner observations and comments are invaluable.
- Each examiner should complete the relevant 'Did you lead' box on the marksheet.
- At Stations 1, 3 & 5 each examiner in turn leads the candidate for one 10-minute encounter. At Station 5, examiners should take candidates through the two cases in the same order, and may prefer to take the lead in the same case throughout the cycle.
- At Stations 2 & 4 examiners alternate the lead role, swapping with each new candidate.

Summary of timings at each Station

- The start and finish of each 20 minute period is clearly signalled by a bell or equivalent.
- The Host centre will provide hand held clocks at each Station. Examiners must take responsibility for timing the interactions within each Station and encounter. The Host Examiner's team may be able to offer additional help with signals at pre-agreed times – this should be clarified before the cycle starts and the signals should be sufficiently different to the Station start/finish 'bell' to avoid confusion.
- Within each Station, and at each encounter, the following timings apply to the amount of time that the candidate should spend with the patient and examiner.
- It is usual for examiners to inform candidates of the passage of time during each encounter, by providing time warnings ('You have x minutes left') at the time indicated.
- Any deviations to the set timings must be reported to the Host and Chair for inclusion in the Centre Audit Form.

Station / Encounter	Time for Candidates			Examiner gives time warning at (minutes)	Comment	
	Patient interaction (minutes)	Reflection (minutes)	Examiner interaction (minutes)			
1	Respiratory	6	-	4	If a candidate indicates they are finished before 6 minutes elapse, questioning may begin.	
1	Abdominal	6	-	4		
2	History Taking	14	1	5	12	The full 14 minutes and the one minute for reflection must pass before questioning can begin.
3	Cardiovascular	6	-	4	5	If a candidate indicates they are finished before 6 minutes elapse, questioning may begin.
3	Neurological	6	-	4		
4	Communication Skills and Ethics	14	1	5	12	The full 14 minutes and the one minute for reflection must pass before questioning can begin.
5	Brief Clinical Consultation 1	8	-	2	6	The full 8 minutes must pass at each encounter before examiner questioning can begin.
5	Brief Clinical Consultation 2	8	-	2		

The candidate: patient interaction

- After initial introductions and directing the candidate to the appropriate patient and case introducer, examiners should not interrupt or direct the candidate during their clinical examination unless it is evident that the candidate needs guidance on how to proceed, or the candidate is causing the patient discomfort.
- The examiners' role during this time is to observe the candidate's interaction with the patient closely and award marks for those skills that can be assessed by observation alone, based on the marksheet guidance and the criteria agreed for each case during calibration.
- Stations 2, 4, and 5: if the candidate finishes before the time available, the Lead Examiner should remind the candidate how much time is left, and tell them that they can ask more questions of the patient or surrogate if they wish. The full time available (see table above) must pass before questioning can start, even if it is spent in silence.
- Stations 1 and 3: if the candidate finishes before six minutes has elapsed, the Lead Examiner should let the candidate know that time is left but, if they then confirm that they have finished their examination, questioning may begin.

The candidate: examiner interaction

- When the questioning period commences, the lead examiner begins the discussion with the candidate.
- Discussion should primarily cover the skills to be assessed at this encounter which cannot be assessed by direct observation alone. It is essential that all skills on the marksheet are adequately assessed.
- When the bell sounds, questioning must stop immediately. The candidate should wash their hands, be given their clipboards and any equipment they have brought, and ushered out of the Station. Examiners should try to avoid making any physical contact with the candidate, for example, putting a hand on their shoulder to guide them from one patient to another.
- The candidate should never be asked questions by both examiners simultaneously. It is only permissible for the non-lead examiner to interact with the candidate if they have not heard something that has

been said, if they believe the candidate is causing the patient discomfort or if the Lead Examiner indicates that they have no further questions to ask.

- Examiners should avoid saying anything to the candidate that could be interpreted as either encouragement or criticism.

After the candidate leaves

- Marking should be conducted independently.
- It is only permissible for examiners to discuss a candidate's performance before the marksheets are completed if they need to clarify what a candidate actually did or said, or if an issue relating to patient welfare (Skill G) is thought to have occurred.
- It is acceptable for examiners to compare marks and discuss a candidate after the marksheets have been handed in, but they should only do so out of earshot of patients, staff and other candidates.
- If an issue relating to performance in Skill G arises, examiners must also discuss this at the post-cycle meeting and ensure that a candidate Discussion sheet is completed in relation to the candidate.
- At the end of each Station, once examiners have completed their marksheets, the marksheets should be placed in the designated box or handed directly to an administrator. The marksheets will be checked for completeness by the 11th Examiner. The 11th Examiner will return incomplete marksheets to examiners for completion as soon as any omission is identified.

Candidates known to examiners

- The Colleges consider that examiners are capable of assessing any candidate in the examination fairly, consistently and without prejudice.
- However, if an examiner becomes aware, before the examination day, that a relative is due to be examined in a centre where they will be acting as an examiner, they should notify the organising College.
- It is not necessary to show a list of candidates to the examiners (or vice versa) before the examination day, however examiners should see a list of candidates to be assessed before each cycle begins.
- Examiners may encounter candidates who have worked with them previously. In this situation, it is entirely permissible for the examiner to assess the candidate.
- If any examiner believes that foreknowledge of a candidate might compromise their ability to assess the candidate fairly, or would prefer not to examine a candidate for any reason, they should indicate this to the 11th Examiner, who will step in as a substitute examiner.

Patients known to candidates

- On rare occasions, a candidate may have examined a patient before, for instance during training or a PACES preparation course. Candidates are required to inform the examiners at the Station if they have met the patient before.
- Where possible, candidates declaring that they know a patient should be directed to another patient at that Station.
- If this is not possible, examiners should take the candidate's prior knowledge of the patient into account in their marking.
- On no account must the candidate be prevented from completing the examination if they declare that they know a patient.

Detailed conduct of each Station

Respiratory, Abdominal, Cardiovascular, and Neurological Encounters (Stations 1 & 3)

- At the bell, one of the examiners will invite the candidate into the room, introduce themselves and their co-examiner, and show the candidate the written introductor for the first of the two cases. This must pose a problem for the candidate and delineate what examination is necessary. For example: 'This patient has been progressively breathless for three years. Please examine the respiratory system to establish the likely cause'.
- Examiners should keep the time with the clocks provided. It is good practice to warn the candidate that they have one minute to complete their examination after five minutes has elapsed.
- At six minutes, one of the examiners should ask the candidate to finish their examination, and commence questioning.
- If a candidate appears to finish their examination of a patient before the full six minutes have elapsed, the examiner should confirm that the candidate has indeed finished. If they indicate that they have, questioning may commence. If they wish to repeat any aspect of the examination, they may.
- At the end of ten minutes the examiner who is keeping time and/or a timekeeper from the Host team should signal the end of the encounter. The examiner must stop questioning the candidate immediately. Before moving to the next case, the examiners should offer candidates the chance to use alcohol gel or wash their hands.
- The second examiner will then show the candidate the written instructions for the second case and examination at the second encounter will commence.
- The timing of this encounter is identical to that of the first encounter. After ten minutes the bell will sound to end the second encounter and the Station. The examiners and the candidate must stop immediately. The examiners should again offer candidates the chance to wash their hands.
- The candidate will leave the Station and be directed to the next Station.
- This format and these timings must be followed. Each candidate must see only one patient per system.

History Taking and Communication Skills and Ethics Encounters (Stations 2 and 4)

- As soon as the candidate is in position at Station 2 and 4, the candidate must be given a standardised case scenario to read. It is the responsibility of the staff administering the cycle to ensure that this occurs efficiently. Candidates may make notes on the blank paper provided and may take these into the Station and refer to them at any point if they wish. The scenarios should be left outside for the next candidate. The notes should be left in the station and securely destroyed at the end of the examination; they do not form any part of the assessment.
- At the bell, one of the examiners should invite the candidate into the room, introduce themselves, the other examiner and the surrogate, remind the candidate of the Station timings and ask them to start.
- The patient: candidate interaction will involve history taking at Station 2, and some form of counselling or discussion at Station 4.
- Examiners should keep track of the time and it is good practice to advise the candidate that there are two minutes remaining after 12 minutes has elapsed.
- If the candidate appears to have finished early, either before the 12 minute reminder or between it and 14 minutes, remind them how long is left at the Station and enquire if there is anything else they would like to ask, or whether they have finished. If they indicate they have finished, the examiners and the surrogate must sit in silence and allow the candidate the remaining time for reflection. However, if the candidate, at any time within the 14 minutes, wishes to communicate further with the surrogate, they may do so. The surrogate must remain in the station until the end of the 14 minute period.
- At 14 minutes, a member of the organising team, and/or the examiners themselves, should ask the surrogate to leave the Station.

- After allowing the candidate one minute to reflect and make notes if they wish, one examiner will start the discussion with the candidate.
- At 20 minutes, the bell will sound and the candidate should be asked to leave.

Integrated Clinical Assessment (Station 5):

- As soon as the candidate is in position at Station 5, they must be given both case scenarios to read. It is the responsibility of the staff administering the cycle to ensure that this occurs efficiently. A second copy of the scenario should also be in the examination room, to which candidates can refer. Candidates may make notes on the blank paper provided, and may take these into the Station and refer to them at any point that they wish. These notes should be left in the station and securely destroyed at the end of the examination; they do not form any part of the assessment.
- At the bell, one of the examiners should invite the candidate into the room, ensuring that the candidate brings their notes with them but leaves the scenarios outside (for the next candidate). They should introduce themselves and the other examiner, and direct the candidate clearly to the first Brief Clinical Consultation (BCC1), ensuring the candidate understands which of the two scenarios relates to this case.
- Examiners should keep their own time and it is good practice to warn the candidate that they have two minutes left after six minutes has elapsed. At eight minutes, the Lead Examiner should end the candidate: patient interaction and commence questioning.
- At ten minutes, the other examiner should take over the lead, instruct the candidate to wash their hands, ask them if they wish to remind themselves of the details of the second Brief Clinical Consultation (BCC2), then follow the same procedure for the second consultation.
- After a further ten minutes the bell will sound for the end of the Station.

Method of assessment

Seven core clinical skills are assessed in the PACES examination.

Clinical Skill		Skill Descriptor
A	Physical Examination	Demonstrate correct, thorough, systematic (or focused in Station 5 encounters), appropriate, fluent and professional technique of physical examination.
B	Identifying Physical Signs	Identify physical signs correctly, and not find physical signs that are not present.
C	Clinical Communication	Elicit a clinical history relevant to the patient's complaints, in a systematic, thorough (or focused in Station 5 encounters), fluent and professional manner.
D	Differential Diagnosis	Create a sensible differential diagnosis for a patient that the candidate has personally clinically assessed.
E	Clinical Judgement	Select or negotiate a sensible and appropriate management plan for a patient, relative or clinical situation.
F	Managing Patients' Concerns	Seek, detect, acknowledge and address patients' or relatives' concerns.
G	Maintaining Patient Welfare	Treat a patient or relative respectfully and sensitively and in a manner that ensures their comfort, safety and dignity.

- Different combinations of skills are assessed at each encounter. Examiners will usually find it easier to assess some skills during the candidate: patient interaction and others during the candidate: examiner interaction. The table shows which skills are assessed at each encounter and at what point each may be most easily assessed.

Encounter	Skills Assessed	Mainly assessed during candidate:	
		patient interaction	examiner interaction
Respiratory, Abdominal, Cardiovascular, Neurological	A, B, D, E, G	A, G	B, D, E
History Taking	C, D, E, F, G	C, F, G	D, E
Communication Skills and Ethics	C, E, F, G	C, F, G	E
Brief Clinical Consultations	A, B, C, D, E, F, G	A, C, E, F, G	B, D

- Examiners may also use the five minutes between candidates to consider their judgements for each skill assessed in more detail, but should not confer with their co-examiner unless they wish to clarify what a candidate did or said, or if an issue relating to patient welfare (Skill G) may have occurred.

- Examiners must assess each separate skill using a three-point scale of Satisfactory, Borderline and Unsatisfactory.
- The appropriate lozenge for each skill on the marksheet must be shaded in 2B pencil.
- It is essential that all marksheets should be complete, legible, unambiguous and signed.
- General guidance regarding what constitutes a Satisfactory or Unsatisfactory performance at each skill is found on the marksheets. These marksheet skill descriptors are intended to support examiner judgement but should not be seen as absolute criteria. That is, a candidate need not meet all the criteria noted under Satisfactory to be awarded a Satisfactory judgement.
- Detailed definition of what will constitute a Satisfactory or Unsatisfactory performance for each skill in a particular encounter is decided by individual examiner pairs during the calibration process and recorded on the calibration sheets.
- For each assessed skill, examiners should agree what they expect a competent candidate to do, find or say. If a candidate meets their requirement for a given skill they should be awarded a Satisfactory judgement for that skill.

Not tested

- The onus is on the candidate to demonstrate each of the skills noted on the marksheet for each encounter. Any untested skill will be regarded as not demonstrated and be equivalent in the marking system to an Unsatisfactory award (0 marks).
- If an examiner feels any skill was not tested, they should shade the Unsatisfactory lozenge and write NT in the comments box.
- Examiners must manage the questioning time available to assess each of the skills appropriate to that encounter. In particular, care should be taken to assess Skill E (Clinical Judgement), at Stations 1 and 3. Examiners should note that assessment of this skill is based on a candidate's application of clinical knowledge to the case. This need not be limited to a discussion of investigation and management; for instance the skill can be assessed in relation to the discussion of the understanding of signs or diagnosis that has taken place.

Borderline judgements

- The Borderline judgement should be considered if it is felt that the candidate has not fully demonstrated the skill, but the examiner feels some credit should be given for the skill or knowledge demonstrated, or where 'linked skills marking' applies – see below.

Linked skills marking

- Candidates are assessed on the patients that they encounter in the examination and not on their knowledge of hypothetical patients with similar conditions.
- Examiners should base their questioning of the candidate around the clinical problem or questions posed in the case introductor or scenario.
- If the criteria for the award of a Satisfactory mark for Identifying Physical Signs (Skill B) are not met, it is unlikely that the criteria for award of a Satisfactory mark for Differential Diagnosis (Skill D) or for Clinical Judgement (Skill E) will be met.
- As such, in most cases in which the candidate fails to meet the examiners' criteria for Identifying Physical Signs (Skill B), and receives an Unsatisfactory award for this skill, further Unsatisfactory awards will follow for Differential Diagnosis (Skill D) and Clinical Judgement (Skill E).
- However, should a candidate demonstrate good knowledge and judgement in constructing a differential diagnosis or discussing management, when their initial findings have been partially correct, credit may be awarded, usually in the form of a Borderline judgement, for either Skill D (Differential Diagnosis) and/or Skill E (Clinical Judgement).
- It is permissible for examiners to bring the candidate back to the correct diagnosis during the discussion of patient management (particularly if the candidate has included the correct diagnosis in the differential or suggests investigations which would lead them to the correct diagnosis) but examiners

should not correct candidates regarding physical signs before a discussion of differential diagnosis has taken place.

Comments

- Make any notes on the candidate's performance in the space provided on the marksheets (continue on the reverse side if necessary). Avoid writing across the bar code areas. Take care that candidates cannot see the comments or the marks that have been awarded. Always make comments if the mark is anything other than a Satisfactory judgement for any skill.

Counselling

- If an examiner feels that the candidate's overall performance, or any aspect of their performance, has been very poor, and that the candidate should not resit the examination in the event of failure without receiving structured feedback regarding their performance, they should mark the 'counselling recommended' box. This box should also be shaded in all instances of physical or verbal 'roughness'.
- Candidates felt to merit counselling by one or more examiners must be discussed at the post-cycle meeting. The group of examiners, led by the Chair, should then make a decision about the need to make a formal written recommendation for counselling to the Clinical Examining Board (CEB). For those candidates recommended for counselling a Candidate Discussion sheet should always be completed.

Skill G

- If a candidate displays significantly inappropriate or unprofessional behaviour to a patient or relative, that may include rudeness, disrespect of the patient/relative's situation or feelings, and/or physical roughness during the clinical examination, which causes obvious discomfort, this should be assessed within Skill G (Maintaining Patient Welfare).
- Examiners should mark the candidate throughout the encounter without consulting each other, as usual, but if either examiner believes a candidate is causing significant discomfort they should point this out to the candidate. In extreme circumstances the examiner can stop the assessment.
- If, at the end of the candidate's assessment, either examiner considers that the candidate may have been physically or verbally rough, and feels the award of an Unsatisfactory mark for Skill G to be appropriate, they should identify this to their fellow examiner when the candidate leaves and discuss this specific point. They may also wish to consult the patient.
- If the individual examiners do not agree that significantly unprofessional behaviour occurred, they should simply record their own individual marks for Skill G, again with comments if they have awarded anything other than a Satisfactory judgement.
- If both examiners working as a pair agree that the candidate has displayed significantly unprofessional behaviour, then they must both award an Unsatisfactory judgement for Skill G and shade the counselling box on each of the marksheets. Detailed comments to justify the award must be written on the marksheets, and the issue must be discussed by the examiner group at the post-cycle meeting and subsequently recorded on a Candidate Discussion sheet.
- At the post cycle meeting, any candidate scoring 29 marks or more for Skill G need not be discussed, as they will have passed this skill.
- All candidates with a score of 28 or less marks for Skill G, irrespective of how that total has been reached, should be discussed by the examiner group.
- The examiner group, led by the Chair, should arrive at a conclusion regarding the gravity of the issues that led to the score of 28 or less, and must make a recommendation to the CEB as to whether they feel the candidate should fail outright on the basis of the Skill G mark. The CEB will have the final decision on the pass: fail status of a candidate in this situation.

Verbal roughness

- Verbal roughness is a serious failure to live up to one or more aspects of the GMC standards of communication.

- It may include an inappropriately raised voice, rude or insulting behaviour or dismissal of a patient's complaints.
- Within the context of Station 2 and Station 4 scenarios in the PACES exam, if an examiner believes that a candidate has been 'verbally rough' with a patient/surrogate/relative, they should confer with their co-examiner, and the surrogate if felt necessary, before awarding their marks. The surrogate may confirm that, for example, they felt dismissed, bullied, had not been listened to, or misrepresented.
- If both examiners agree that there has been Verbal Roughness, they must:
 - each award an Unsatisfactory mark for Skill G
 - each tick the counselling box on their own marksheet, and
 - raise the issue at the post-cycle meeting.
- The Chair of Examiners will then lead a discussion with the examiner group regarding the incident and make a pass or fail recommendation to the CEB.

Patient safety

- Patient management is assessed under Skill E (Clinical Judgement) and clearly inappropriate suggestions regarding investigation or treatment would result in an Unsatisfactory award for this skill.
- Rarely, a candidate may suggest a course of action (investigation or treatment) during their discussion of patient management that, if enacted in real life, would seriously endanger patient safety.
- In those rare cases when an examiner feels that a candidate is adamant and persistent in pursuing a particular course of action, and that such an action would jeopardise the safety of the patient in real life, the examiner has the additional option of awarding an Unsatisfactory mark for this under Skill G.
- Examiners should manage this situation in the same manner as described above for unprofessional behaviour. That is, when the candidate leaves, they should discuss the issue with their co-examiner. If they agree that the candidate's performance did raise serious concerns regarding patient safety, both should award Unsatisfactory judgements for Skill G, shade the counselling box on each marksheet and raise the issue at the post-cycle meeting.

Pass standard

- A total of 86 different judgements are recorded on the marksheets.
- Each judgement receives marks as follows: Satisfactory = 2 marks; Borderline = 1 mark; Unsatisfactory = 0 marks.
- The marks awarded on all 16 marksheets are summed to produce the candidate's total test score.
- The marks awarded for each of the seven Skills (A–G) are separately summed to create seven Skill score totals.
- The maximum for the total test score is 172 and the minimum zero. The maximum scores for the seven Skills vary according to the frequency with which each Skill is assessed and range from 16–32. The minimum score for each of these Skills is zero.
- Candidates are required to attain a minimum standard in each of the seven Skills assessed, AND also attain a minimum total score (currently 130) across the whole assessment. Pass marks for each Skill and the examination overall have been set by the CEB and are reviewed, and if necessary amended, annually.
- All marks presented at the post-cycle meeting and decisions regarding overall pass or fail status of individual candidates are absolutely confidential. No examiner or member of support staff should divulge any details of candidates' marks.

Counselling and feedback

- All candidates who attempt PACES receive the total of their marks by Skill and encounter. This routinely returned information ('feedback') enables candidates to see not only the encounters at which they performed poorly, but also any skills where they consistently underperformed. In the majority of cases this should support candidate preparation for further attempts. Candidates are encouraged to share this information with their current educational supervisor or those who sponsored them to sit on this occasion.

- However, the three Colleges place great importance on providing guidance to those candidates whose conduct during the PACES examination causes concern to the examiners or who perform very poorly. As such, the examiner group should attempt to identify any candidate who requires additional information regarding their performance. This additional information is known as ‘counselling’.
- Such counselling takes the form of a structured letter compiled from the handwritten comments made by examiners on marksheets. Those candidates who are identified for counselling will be contacted by their College of entry. Appropriate guidance and advice will then be given based on the marksheet comments.
- After each examination cycle the performance of each candidate will be reviewed and discussed. Candidates meeting the following criteria will be discussed, and recorded by the Chair of Examiners on the PACES Discussion Sheet:
 - Any candidate scoring 28 or less for Maintaining Patient Welfare (Skill G).
 - Any candidate who has performed exceptionally poorly (failed 6 or more skills).
 - Any candidate recorded as being (physically or verbally) rough with a patient/surrogate/relative.
 - Other – if none of the above criteria have been met but examiners still feel that counselling would be of benefit to the candidate, for example, due to a very low score for one particular Skill.
- Note that examiners are not encouraged to recommend specific counselling if a candidate is just generally poor. The multiple areas of deficiency will be evident to such individuals from the information on performance which is automatically provided to all candidates and they can request that copies of their marksheets are sent to them if they wish more detailed information.
- The comments on the marksheets should clearly state the reasons for counselling. The names of those candidates who fulfil the criteria should then be entered on the Discussion Sheet by the Host or Chair of Examiners and this should be returned to the College Examinations Department on completion of the examination. A separate Discussion Sheet should be completed for each candidate recommended for counselling.
- Examiners should be aware that candidates who are not identified by a group of examiners, or the CEB, as requiring counselling, can request to see their marksheets. In this event, they are sent anonymised copies of the marksheets with a standardised covering letter.
- Only candidates recorded on a Discussion Sheet will receive a counselling letter.

Additional Information for Hosts, Chairs and others involved in the organisation of the examination

This guide should be read in conjunction with the Host, Administrator and Registrars' guide to organising PACES (see www.mrcpuk.org/get-involved-examiners/paces-examiners/administrator-hosts)

Facilities

- The location of the examination must be well signposted; additional signage in and around the hospital may also be useful.
- Key staff should be notified in advance that an examination is to take place, especially the switchboard, the resuscitation team and those who would be involved if the patients had to be evacuated (for example, if the fire alarm sounds).
- Send a map of the location, together with any relevant travel instructions, to the Examination Department of the College, who will forward it to the candidates and examiners.
- A waiting room for candidates will be required, with convenient access to toilets, including facilities for those with disabilities. As candidates need to prove their identity using photo ID, a suitably private room should be available for any candidates wearing a veil.
- Candidates must not be able to overhear any discussion by examiners, organising staff or other candidates relating to clinical material that will be used in the cycle of the examination they will sit.
- A meeting area for the examiners will be required, with a computer, data projector and screen. The computer will need to have Microsoft Excel (2003 or later) to use the electronic Candidate Performance Summary (eCPS).
- Examiners at Stations 1, 3 and 5 should be notified of private areas, which they may use if they need to discuss diagnoses with the candidates, out of earshot of the patient.
- Adequate space and good lighting are essential for all Stations. If fundoscopic examination is required at Station 5, ensure the lights can be dimmed.
- Within the Stations, the furniture should be arranged so that the examiners are sufficiently close to the candidate and patient to be able to observe but not so close as to impede the freedom of movement of the candidate and the patient.
- Stations should, if possible, be in close proximity, but please ensure that there are an adequate number of rooms to provide patient confidentiality.
- All mobile phones or other electronic devices brought by candidates should be handed in for safekeeping.

Minimum space requirements

- Stations 1 and 3: four beds (in one or more rooms), with a candidate chair outside.
- Stations 2 and 4: one room with four chairs and a desk/table, with a candidate chair outside.
- Station 5: one room with two beds or two chairs, or one bed and one chair, with a candidate chair outside.

Catering

- Water should be available for candidates, examiners and patients before and during the cycle.
- Lunch should be available for patients, staff, helpers and examiners, and tea/coffee/soft drinks provided at breaks.

Equipment

- Each Station must have a digital timing clock provided and a wall clock that the candidate can see.
- All examiners should be supplied with a name badge which includes their examiner number.

- 2B pencils, erasers and sharpeners must be available for each examiner; spares should be available in each Station.
- Each Station should also have a 'post box' into which the examiners will place their completed marksheets. Alternatively a member of staff can be assigned to immediately gather the marksheets.
- Facilities for urine testing are not needed.
- X-rays and ECGs are not a part of the assessment and should not be used.
- Simulated drug and observations charts should be provided for Station 2 and 5 scenarios as necessary. Generic drug names should be used.
- Facilities for candidates and examiners to clean their hands must be available. These need to be accessible before a candidate proceeds to examine the next patient. Surgical wipes or alcohol gel are usually most convenient.
- Resuscitation trolley.
- Clipboards – at least 22; one per candidate, each with 16 marksheets; one per examiner, plus spare clipboards if there are trainee examiners; two at Stations 2 and 4 and three at Station 5, with one for each scenario and one for blank paper.

Examination equipment

- The Host should provide relevant examination equipment for those candidates who do not bring their own.
- Ensure that a spare stethoscope, at least one working ophthalmoscope, a tendon hammer and tuning fork are available at the relevant Stations.
- For testing sensory perception, candidates may only use equipment provided by the centre (e.g. 'Neurotips' or orange sticks), and a receptacle should be provided for their disposal.
- Candidates may use equipment such as an electronic stethoscope or magnifying ophthalmoscope, but they must inform the centre of their intention as soon as they arrive to permit examiners to have the opportunity to assess patients using it should they wish to do so. If the candidate fails to declare their intention in good time, the Host or Chair of Examiners can rule that the candidate may not use the equipment, and they should inform the candidate of the decision and the reason.
- The Host will have been notified about any candidates who will be using equipment as part of an agreed special arrangement for a disability. These candidates are always permitted to use such equipment.

Hospital acquired infection

- Centres should comply with the host hospital's infection-control policy, and inform the organising College of any specific local regulations so that visiting examiners and candidates can be informed in advance.
- If the host hospital requires other arrangements (e.g. hand washing using soap and water, or 'bare-below-the-elbows'), all examiners and candidates should fully comply. If it is anticipated that this could create difficulties in running the exam, please contact the organising College or the MRCP(UK) Central Office for advice.
- Examiners should offer candidates sterile wipes, alcohol gel or hand-washing facilities between contacts with each patient. It is recommended that hands are cleaned at the bedside, so patients can see that it is being done.

Relationship with hospital management

- It is essential to the smooth conduct of the examination that the hospital management should be aware of the examination and their co-operation and assistance obtained if appropriate. A letter should be sent to the Chief Executive/Senior Management team asking for permission to hold the examination.
- It is sometimes helpful if the examiners are able to meet members of the senior management team during the course of the examination, for example, by inviting them to lunch with the examiners or to any examiners' dinner that is to occur.

Financial arrangements

- Host Examiners will receive information of the financial arrangements from their organising College as part of the briefing documentation in advance of the examination.
- Individual examiners should claim expenses direct from the organising College.

Personnel

- Different centres run the examination with differing numbers of support staff. The following roles should be considered when determining staff requirements:
 - **Specialty Registrar or equivalent** to help recruit patients and ideally be present throughout the examining day. The selection and documentation of cases is of great importance. Scenarios for Station 5 need particular thought and the Host Examiner is required to produce scenarios for these encounters many weeks in advance of the examination.
 - **Someone to co-ordinate patient transport.**
 - **Lead time-keeper** with bell or equivalent (audible at all Stations).
 - **Enough people to indicate to each Station the appropriate time signals.** The number required depends on the geography and spread of the individual Stations.
 - **Qualified nurses and/or helpers** (medical students or St John's Ambulance Brigade volunteers, etc.) to be present throughout.
 - **Secretarial support** (photocopying, producing scenarios, examiner folders etc.).
 - **Chaperones**, usually female; ask all patients if they wish a chaperone to be present.
 - **Medical trainees** who have not yet passed PACES may assist a centre to organise the examination, provided that they are not a candidate at another centre in the current PACES diet, unless specific permission has been given by the organising College.
- All exam personnel should ensure their mobile phones are switched off.
- All exam personnel must be reminded that all material and information on the day is confidential and no materials must be removed from the centre after the examination.

Patients

Numbers of patients required

The following guidelines are recommendations, and Host Examiners may adopt a different approach if it is more suitable for their hospital. The main factors to take into account are how confident the Host Examiner is that a particular patient will attend on time, how easily a replacement could be found (e.g. from the wards) and how many cycles the patient is willing to attend, bearing in mind that some patients find it tiring to take part in the exam.

- **For centres running three cycles per day:** for the morning cycles, use two patients for each system. It is not necessary to change ALL the patients for the afternoon cycle however at least some MUST be replaced (either one or two patients per system). If you are using just one patient per system for the afternoon cycle, it is advisable to ask one of the morning patients if they will be able to stay for the afternoon in case the new patient does not attend on time, or to have a further reserve available.
- **For centres running two cycles per day:** the usual arrangement is to use two patients per system, with each patient attending for both cycles.

	Two-cycle day	Three-cycle day
Respiratory	2 patients	3–4 patients
Abdominal	2 patients	3–4 patients
Cardiovascular	2 patients	3–4 patients
Neurological	2 patients	3–4 patients
History Taking	1 surrogate 1 scenario	1–2 surrogates 2 scenarios
Communication Skills and Ethics	1 surrogate 1 scenario	1–2 surrogates 2 scenarios
Brief Clinical Consultations (total for the Station)	2–3 patients 2–3 scenarios	4–5 patients 4–5 scenarios

Selection of patients

- All organising staff must be aware of the need to maintain patient confidentiality at all times.
- It is the responsibility of the Host Examiner to ensure patients have given appropriate written consent for their inclusion in the examination.
- The organising Registrar or Host Examiner should explain in advance to each participating patient that details of their diagnosis, and the management thereof, will be discussed in some detail with the candidates. It is important that each patient is given the opportunity to accept or decline the invitation at this stage.
- The patient organiser must also indicate to the Host Examiner any clinical information of a particularly sensitive nature, e.g. an HIV-related diagnosis. If at all possible, such patients are best accommodated in a single room, or alternatively, examiners on the relevant Station are advised to conduct all discussions out of the earshot of other patients or third parties. If the above arrangements cannot be guaranteed, alternative patients must be substituted.
- The patients attending the clinical Stations should exhibit mainstream medical conditions. Patients with esoteric conditions are not suitable. Do not select patients who are MRSA-positive. Some patients may find the repeated exposure to candidates physically and mentally tiring, so it is important that

only patients who are fit enough to fulfil their commitments to the examination timetable should participate.

- No two encounters should have as their focus a patient or surrogate with an identical diagnosis. This applies to potential overlap between Respiratory, Abdominal, Cardiovascular and Neurological encounters, and encounters at Stations 2, 4 and 5.
- The patients and surrogates should normally be at least 18-years-old, and never under 16 years of age. Centres wishing to use a 16- or 17-year-old should ensure that the parent/guardian has been consulted, written consent has been obtained, the patient will present a case that falls with the CMT curriculum (i.e. is not a paediatric case) and that a chaperone is present during the examination.
- Consider the need for chaperones for all patients. Sufficient nursing or ancillary support should be available to provide a chaperone for any patient who requests or requires one.
- Patients should be given a copy of the relevant Patient Information Leaflet when they are asked to take part in the exam, as this will answer many of their questions and explain what will happen in the exam (available from the College or at www.mrcpuk.org/get-involved-examiners/paces-examiners/administrator-hosts).
- Identify suitable in-patients from the wards on the evening before the examination who could be used as reserves if needed. Try to have a reserve for each system.
- If a patient does not attend, or has to drop out at short notice and no reserve is available, it is acceptable to use a patient or volunteer with no abnormal physical signs at Stations 1, 3 or 5 as long as the case presented gives a realistic possibility of an abnormal physical sign being present.
- Introductors should be prepared in advance and pose a clear problem for the candidate to address. Examples are shown in the section on introductors (see below).
- After the exam, collect any confidential material containing patients' details (Host Examiner's notes for the examiners, calibration sheets and introductory statements) and dispose of them securely.

Patient welfare

- Appropriate nursing or support staff should be available to help patients undress and transfer off and on examination couches as necessary.
- If patients are in-patients, care should be taken to ensure that no prescribed medications are omitted during time spent at the examination.
- All patients should be asked if they wish a chaperone (other than an examiner) present when they are examined by examiners or candidates.
- Refreshments and food should be available at breaks between cycles.
- A medically qualified member of staff should be responsible for monitoring patients' wellbeing while they are in the Centre. If patients feel unwell, they should be attended to and, if necessary, other patients used for the exam.
- No patient who, for any reason, feels unable to continue to participate in the examination should be asked to do so. Hosts should ensure that the hospital's resuscitation team and switchboard know the time and place of the exam.

Introductors

- Case introductors for each patient at Stations 1 and 3 should be produced. These can be modified by the examiners if they wish, but it is valuable to have a draft version available for each case at the start of the cycle. They should be displayed clearly by the bedside and be printed in a large font.
- The introductor must ask the candidate to solve a problem, and outline what parts of the system examination are necessary.
- These examples from the cardiovascular encounter illustrate the kind of instructions that work well:
 - 'This patient was noted to have auscultatory findings at a routine insurance medical. Please examine the cardiovascular system to establish the diagnosis and discuss the appropriate next step in management of this problem'.
 - 'This patient has valvular disease. Over several months he has had increasing shortness of breath. Please examine the cardiovascular system to establish the cause'.
 - 'This patient has noticed palpitations. Please examine the cardiovascular system to establish the cause'.

Neurology case introductors

- Problems have occasionally occurred with the clarity of the introductors at the neurological encounter, because of inadequate time for the candidate to complete the task suggested, or instructions that are not sufficiently specific to allow the candidate to focus the examination.
- It is helpful to direct the candidate to concentrate on either the upper or lower limbs, or cranial nerves. If there are complex physical signs to elicit, cut down the areas you expect the candidate to cover in the examination.
- The following examples work well:
 - 'This patient has difficulty walking. Please examine the motor system in the lower limbs to establish the cause'. This could be used for a patient with a hemiparesis or a localised lower motor neurone weakness.
 - 'This patient has noticed generalised weakness. Please examine the motor and sensory system in the lower limbs to establish the cause'. This could be used for a patient with a peripheral neuropathy.
 - 'This patient complains of tingling in the fingers. Please examine the motor and sensory systems in the upper limbs to establish the cause'. This could be used for a peripheral neuropathy affecting the upper limbs.
 - 'This patient has had an episode of confusion. Please examine the cranial nerves and form a differential diagnosis'. This could be used for a patient with cranial nerve signs.

Scenarios

Scenarios for Stations 2 and 4

- Standardised scenarios for Stations 2 and 4 are provided from MRCP(UK) Central Office.
- The three organising Colleges (Edinburgh, Glasgow and London) will send the scenarios to their respective Host centres at least four weeks before the examination. The scenarios will be sent in Adobe Acrobat PDF format, which is already installed on most PCs, and can also be downloaded free from: www.adobe.com/products/acrobat/readstep2.html
- Scenarios will be password protected. The organising College will inform you of the password.
- Information indicating the dates and times on which each scenario should be used will accompany the scenarios, along with male/female suitability details and age range data associated with each scenario.
- Two scenarios should be used for each of Stations 2 and 4 on a three-cycle day (one for the first two cycles and one for the third cycle) and one on a two-cycle day. A single scenario should always be used for an entire cycle.
- Host centres should recruit appropriate surrogates who fit the scenario and are available on the day.

- Note: it is not necessary to match the age exactly providing the surrogate can roughly pass for the age indicated in the scenario.
- Hosts should ensure that the surrogates are given copies of the scenario and trained in advance of the examination day.

Changes to scenarios at Stations 2 and 4

- If a suitable surrogate is not available for a particular scenario, the organising College must be contacted. They will change the age and/or sex details of the surrogate in the scenario where possible so that they match with those of the available surrogate.
- All change requests must be directed to the organising College, who will edit the document and return an updated copy.
- In some cases, it is not permitted for changes to be made to a scenario; in these instances, the organising College will send an alternative scenario.
- If you identify any typographical, factual or other error in a scenario, please inform the organising College as soon as possible.
- In the event of emergency changes being required to a scenario, the Chair of Examiners should be consulted. Colleges email editable versions of the relevant scenarios to the Chair of Examiners a few days before the examination so that minor changes can be made in an emergency.
- Any changes to standardised scenarios should be recorded by the Chair of Examiners and on the Scenario Assessment form. This is important because standardised scenarios are used at many exam centres worldwide and the details need to be consistent for all candidates to allow analysis of how the scenarios perform.

Scenarios for Station 5

- Host Examiners will be issued with a scenario template and a writing guide for Station 5.
- Scenarios for Station 5 will be vetted by the organising College in advance of being used in the examination. The College will inform hosts of the relevant deadlines for submission.
- Final, numbered versions of the scenarios will be issued by the organising College. If any changes are subsequently made to these documents, a copy of the revised scenario(s) should be emailed to the organising College.
- Hosts must ensure that the patients (or surrogates) are given copies of the scenario and trained in advance of the examination day, paying particular attention to areas of the scenario which may differ from a patient's own condition.

Reusing scenarios at Station 5

- It is permissible for up to 50% of the scenarios used by a centre to have been used previously in the examination. However, scenarios must not be used in a centre more than once per diet.
- Host Examiners should declare when they are reusing scenarios in order to ensure that no unnecessary vetting work is carried out on these scenarios.
- Scenarios with the same physical signs and similar history, but a different patient, should be treated as reused scenarios. A scenario will be regarded as new if the physical signs to be identified are different from a previous use, or there are significant changes to the history which would affect the differential diagnosis.
- Hosts must consider feedback on previous use of a scenario before it is reused.
- Scenarios will not generally need re-vetting before reuse. However, if the scenario was first written more than 3 years previously, and has not been reviewed since, it will be re-vetted to check for currency.

Examiners

- All examiners will be given clear instructions regarding the time they must arrive and the planned finish time for the examining day.
- In the event of an examiner withdrawing at a late stage, it may be possible to identify a reserve by contacting the Examinations Department of the organising College. The 11th Examiner can be used as a last minute reserve with a non-medical member of staff taking on the administrative duties of the 11th Examiner.
- In the exceptional circumstance of only nine examiners being present, the examiners should be distributed such that there is only one examiner at either Station 2 or 4. This examiner should 'double mark' the candidate, i.e. complete a duplicate marksheet of their own assessment. This occurrence should be recorded in the Chair of Examiners report. The examination cannot begin if there are less than nine examiners present.

Pairing and rotation of examiners

- Allocation of examiners for each cycle of the day should be made in advance of the start of the examination.
- If examiners from the same specialty are paired together, they cannot examine together at a Station where that specialty is tested. For example, two cardiologists may be paired together at any Station except Station 3 (because that Station tests examination of the cardiovascular system).
- New examiners should be paired with an experienced colleague.

Single day centres

- For a two-cycle day, examiners should normally stay in the same pairs at the same Station.
- For a three-cycle day, examiners should normally stay in the same pairs at the same Station for the first two cycles. For the third cycle one examiner from each pair should usually move forward one Station (e.g. from Station 3 to 4) and one move back one Station (e.g. Station 1 to Station 5), thus ensuring all examiners change Station and partner. However, this must not result in two examiners from the same specialty being paired together at a station where that specialty is tested.

Multi-day centres

- More complex templates are used in centres running for more than one day.
- Hosts should ensure that examiners move across the full range of Stations, examine with as many different colleagues as possible, and have a balance of 'sitting' and 'standing' Stations.
- Hosts should adhere to the principle of examiners staying at the same Station and in the same pair for the first two cycles of the day.

The following template showing the suggested examiner pairings for a centre running three cycles per day is given below. The eleven examiners are 'A' to 'K', with 'K' being the Host Examiner.

Day	Cycle	Station					11 th Examiner
		1	2	3	4	5	
1	1 st	AB	CD	EF	GH	IJ	K
	2 nd	AB	CD	EF	GH	IJ	K
	3 rd	ID	AF	CH	EK	GB	J
2	1 st	GF	IH	AK	CJ	ED	B
	2 nd	GF	IH	AK	CJ	ED	B
	3 rd	CK	EJ	GB	ID	AH	F
3	1 st	DE	BG	IJ	AF	CK	H
	2 nd	DE	BG	IJ	AF	CK	H
	3 rd	HJ	FK	DG	BE	AI	C
4	1 st	IK	AE	CH	JG	BF	D
	2 nd	IK	AE	CH	JD	BF	G
	3 rd	HC	FJ	DB	EK	GI	A

Trainee examiners

- Up to two trainee examiners may be present at a PACES day.
- The relevant paperwork will be sent by the College, but can also be downloaded from www.mrcpuk.org/get-involved-examiners/paces-examiners/trainee-examiners
- The Chair of Examiners will take responsibility for the trainees on the day.
- The Host should ensure trainees know the timings of the day, as with other examiners.
- Trainee examiners should shadow mark three cycles, each at a different Station. They must spend one cycle at Station 1 or 3, one at Station 2 or 4, and one at Station 5.

Observers

- The organising College may ask if you are able to accommodate examination observers. These may be, for example, members of the Colleges' staff or academic staff from other postgraduate examinations who are attending to become familiar with the format of the exam.
- All arrangements for the visit are made by the organising College.
- No more than two trainees or observers in total should be present at any single cycle.
- No more than three individuals (other than the surrogate or the patient and their chaperone) should be present during candidate assessment.
- An observer should not follow a particular candidate around a cycle – if they rotate around the Stations, this should be in the reverse order to that of the candidates.
- All exam personnel should ensure their mobile phones are switched off.
- All exam personnel must be reminded that all material and information on the day is confidential and no materials must be removed from the centre after the examination.

Candidates

- 'No ID, No Entry' for the MRCP(UK) PACES examination has been in existence since 1 January 2013.
- Candidates will not be permitted to sit an MRCP(UK) examination if they are unable to produce suitable identification (ID) on the day of the exam. There will be no exceptions to this rule, unless a specific arrangement has been agreed with MRCP(UK) Central Office before the day of the exam.
- The MRCP(UK) Regulations specify appropriate ID to be an official document which contains a candidate's full name, signature and photograph, e.g. a valid passport, national identity card or driving licence.
- If candidates are unable to provide one piece of ID which fits these specifications, they may provide more than one other form of ID in order to satisfy the requirements, such as a valid credit or debit card, valid student card with photograph, NHS ID card, paper driving licence, or certified copy of passport or driving licence.

Candidate welfare

- Candidates presenting for the PACES exam are often tense and anxious. Host personnel should do all they can to help them relax. Some will have sat before and may be very familiar with how the cycle should be run; others will have no previous experience.
- Explain the timings to candidates clearly and give as much notice as possible of any delay.
- Ensure each candidate understands how to, and has plenty of time to, fill in all their marksheets prior to the start of the examination.
- Ensure candidates are told which Station they will start at.
- Make sure that drinking water is available in rooms or at the chairs outside each Station.
- After each cycle the candidates should be encouraged to leave the premises as soon as possible. If segregation of candidates from different cycles cannot be guaranteed by virtue of their respective finish and start times, then candidates finishing a cycle should be 'quarantined' until subsequent groups of candidates are under supervision within the examination centre.
- Candidates who are clearly unwell should be appropriately advised on whether or not to attempt the examination. If the candidate chooses to take the examination, the illness would not be grounds for any appeal based on exceptional circumstances. Illness will need to be corroborated if the candidate applies for a refund.

Timing

Before and between cycles

- The precise timings before the first cycle and between subsequent cycles can be flexible. The Host should always try and adhere to agreed start times, but it is important that examiners, patients and candidates are ready at all Stations before the exam starts.
- The timings during each cycle must be strictly controlled.
- Ensure that all Stations have hand-held timers available, and use an easily audible bell or buzzer for the start and end of each Station.
- Ideally, each centre will be provided with a digital 'Three Timer Clock'. This should be checked carefully before the exam and those responsible for the timing completely at ease with the working instructions. Use of one of these clocks greatly increases accuracy of the timing and as a result, fewer supervisors are required.
- If a digital 'Three Timer Clock' is not available, or the layout of the centre is difficult, there should be one supervisor/timekeeper for each Station or for two adjacent Stations.
- It is essential that the timings for the start and end of the assessment at each Station are strictly observed by all participants.

During the cycle

- A bell, or equivalent, will sound to mark the beginning and end of each 20 minute Station.
- Examiners should be asked to manage the timings within their own encounters using the digital clocks provided, but it is desirable for the centre support staff to additionally provide:
 - an indication of when ten minutes has elapsed at Station 1, 3 and 5. Examiners change lead at this point and move to the second encounter of the Station.
 - an indication of when 14 minutes has elapsed at Stations 2 and 4. The surrogate leaves the Station at this point.
- A tap on the door rather than a bell should mark these periods as the latter might confuse those working at the other Stations.
- If at all possible, deviation from the time schedule within a Station should be managed within that Station. Examiners should note the precise nature of the time problem (e.g. a patient was at the toilet and the candidate lost one minute of examination time) on the marksheet and also note whether they felt the timing incident had any impact on the candidate's performance. The Chair and Host Examiner must also be informed at the post-cycle meeting and report any timing issues on the Centre Audit Form.
- However, if the timing issue is felt to be significant, the Station should be extended by the appropriate time and the 11th Examiner immediately informed of any need to extend the five minute interval between Stations for all candidates.

The five minute interval between Stations

- During this period candidates move between Stations and, where relevant, read the scenario(s).
- Ensure that candidates are moved quickly and efficiently between Stations.
- As above, inform the 11th Examiner if a candidate is substantially delayed – a decision should be made to delay the start of the next Station for all candidates if reading or preparation time has been compromised significantly.
- It is important to note that candidates waiting to enter Stations 2, 4 and 5 will be reading and absorbing the detail of the scenario, so marksheets should be collected with minimal interruption, and there should be minimal noise in the area.

Documents and paperwork

- A number of administrative documents are sent to each Host centre by the organising Examinations Department. A full list is provided in the Host, Administrator and Registrars' guide to organising PACES.
- A folder for each examiner for the day, preferably on a clip board, will be useful and should contain the proposed examiner pairings, individual examiner numbers, centre number, names of all candidates, the timetable for the day, individual timings for each Station, case details, scenarios, and calibration and scenario assessment sheets. Examples can be found at www.mrcpuk.org/get-involved-examiners/paces-examiners/administrator-hosts
- Stations must be clearly labelled.
- At Stations 2, 4 and 5, candidates should be provided with blank paper on which to make notes. Any such notes must be securely destroyed when the Station has been completed, and should not form any part of the candidate's assessment.
- Patients' beds or chairs should be numbered or easily identifiable by the examiners.

Candidate Performance Summary

- The electronic Candidate Performance Summary (eCPS) serves as a backup summary of candidates' marks in case the original marksheets are lost, and forms a focus for discussion of candidate performance at the post-cycle meeting. Hosts should be aware that, in the rare instance of the original marksheets being lost, the eCPS can be used (by the CEB) to make a pass: fail decision.
- It is vital that the eCPS is completed fully and accurately. No information should be recorded on the eCPS that is not recorded on the marksheet. The eCPS is in Excel format and enables 11th Examiners and Hosts to easily tabulate and display candidates' marks. A PC or laptop with Excel 2003 (or a later version of Excel) installed is required.
- One eCPS should be completed for each cycle, and each file emailed back to the home College.
- Centres should also print two copies of each candidate's eCPS. One should be returned to the Examinations Department, and the other retained by the Host for one year. No electronic copies of the spreadsheets should be retained by the Host.
- The marks are confidential and must not be divulged.
- Some centres use photos of the candidates to help identify them during the post-cycle discussion. Please note that, before taking a photograph, the candidate's verbal consent must be obtained. The candidate should be aware that being photographed is optional. All photos must be deleted when the post-cycle discussion has finished.
- Failure to comply with these guidelines may constitute a breach of Data Protection legislation.

Marksheets

- Marksheets are optically scanned in the MRCP(UK) Central Office. It is vital that all candidate and examiner details, and marking details, are complete and accurate, to minimise the need for manual checking and rescanning.
- The administrative support team and 11th Examiner must ensure that all candidate details, centre details, examiner details, scenario numbers (at Stations 2, 4 and 5) and marks have been entered as they are received from each examiner during the cycle. Any marking omissions must be corrected or clarified. Legible comments must be written in all cases of Borderline or Unsatisfactory judgements.
- Examiners should be encouraged to take the Station marksheets from the candidates at the start of the 5 minute interval between Stations. This allows the examiners sufficient time to enter their details and the case description, and ensures that the candidate has the examiners' full attention. At some centres, administrative staff take the marksheets from the candidate and pass them to the examiners.
- It is useful to allocate a staff member or members to collect marksheets from examiners at each Station as soon as they have been completed. Alternatively, the 11th Examiner may undertake this role.
- The individual marksheets for each candidate should be collated, and sorted in Station order with Station 1 first.

- In total, there are 16 marksheets for each candidate. There are four marksheets per candidate at Stations 1, 3 and 5, and two per candidate at the other Stations.
- The examiners mark each candidate separately.
- If a mark is missing, the examiner should be asked to enter it as soon as possible. If an examiner feels a skill is not tested, the Unsatisfactory lozenge should be shaded and NT written in the comments box. Examiners must be aware that any unshaded box will score zero marks for the candidate.

Calibration sheets

- Calibration sheets must be used by each examiner at each Station.
- Each case's calibration requires one side of a sheet. Calibration sheets are double sided. These are all provided by the College Examinations Departments.
- After the examination, the calibration sheets must be collected and destroyed in a secure manner.
- Trainee examiners will also need calibration sheets for the Stations they are shadow marking. Photocopies can be used for this purpose.

Security of the examination

- Hosts should ensure the security of all scenarios, introductors and patient information lists before the examination.
- Standard cycle arrival, start and finish times should preclude candidates from cycles one and two from making contact.
- If sufficient interchange of clinical material cannot be guaranteed between the morning and afternoon sessions of a three cycle day, or in instances when there are additional security concerns, candidates from the morning cycles should be segregated after completing the exam in a manner which means they cannot make contact with candidates from the afternoon cycle.
- Printed or e-records of patient details or diagnoses and all scenarios used should be securely destroyed at the end of the examining day.
- All examination results are provisional and confidential within the examiner group.

Checklists

Checklists: Host Examiner, organising Registrar and staff

For Host Examiner before the examination day and individual Station checklists – see the Host, Administrator and Registrars' guide to organising PACES at www.mrcpuk.org/get-involved-examiners/paces-examiners/administrator-hosts

Host: on agreeing to run the examination

- Select an appropriate venue and set it up to ensure the smooth running of the examination.
- Select and brief one or two medically qualified assistants (StR, SAS or CMT) to help run the examination.
- Recruit sufficient patients and surrogates for all Stations.
- Provide patients and surrogates with a copy of the relevant information leaflet, which explains the exam and their specific role.
- Check surrogates match standardised scenarios for Stations 2 and 4.
- Generate scenarios for Station 5 and ensure scenarios are vetted by the organising College.
- Book accommodation for the examiners and ensure they are notified of travel and other local accommodation arrangements.
- Inform hospital management that an examination is occurring.

Host: before each cycle

- Ensure that patients/surrogates are in the relevant Station to allow case calibration to start promptly.
- Ensure examiners are happy with patient descriptors at Stations 1 and 3.
- Ensure appropriate candidate and examiner materials are available at each Station (pencils, erasers, sharpeners and clipboards).
- Ensure examiners understand that timing indications will be given at 10 and 14 minutes.
- Ensure that the Chair of Examiners is informed of any problems which may affect the performance of examiners or candidates prior to the examination.
- Ensure sterile wipes or hand-washing facilities are available at each Station and that examiners and candidates are aware of specific local infection-control policies.
- Ensure that all mobile phones and pagers of examiners, patients, surrogates and assisting staff are turned off before the exam starts, and that candidates' mobile phones and other electronic devices are removed for safekeeping when they arrive.

Host examiner: during each cycle

- Ensure timings are under control and the master clock is in operation.
- Ensure marksheets are given to examiners quickly at the start of each five minute interval.
- Ensure candidates move quickly and efficiently between Stations.
- Collect completed marksheets from examiners at the end of each Station.
- Check completed marksheets for marking and information errors or omissions.
- Enter/supervise candidate Skill marks into the electronic Candidate Performance Summary.
- Ensure that, at Stations 2, 4 and 5, the candidate receives the correct instructions to read outside the exam in the preceding five minutes and that the candidate instructions are not removed from the Station.
- Ensure candidates at Stations 2, 4 and 5 have blank paper on which to take notes.
- Ensure candidates, examiners and patients have access to water.

Host: after each cycle

- Thank participating patients/surrogates.
- Arrange patients' transport as necessary.
- Ensure electronic Candidate Performance Summaries are completed.
- Facilitate the post-cycle meeting (Chaired by the Chair of Examiners).
- Record any procedural concerns from examiners or extraordinary occurrences which might have compromised candidate assessment.
- Ensure Scenarios Assessment forms are completed by examiners at Stations 2, 4 and 5.
- Sort the marksheets in order of candidate number and, for each candidate, order the sheets starting with Station 1.
- Collect all the marksheets for each candidate, double check all sheets are present and complete, and collate with the electronic Candidate Performance Summary.

Host: at the end of the examination day

- Arrange patient transport.
- Arrange examiners' transport.
- Ensure the Centre Audit Form is completed with the Chair of Examiners (on last day for multi-day centres). Include any procedural issues encountered.
- Ensure badges, clocks and pencils are returned to the Examinations Department if requested by the organising College.
- Print two copies of each Candidate Performance Summary. Retain one copy for one year and return the second copy to the organising College.
- Write to the patients thanking them for taking part in the exam.

Organising Registrar or administrative staff: for the pre-cycle briefing to candidates

- Meet and welcome the candidates.
- Check ID in accordance with MRCP(UK) regulations – No ID, No Entry.
- Collect any mobile phones or other electronic communication devices (e.g. tablet computers, pagers, etc) for safekeeping. Candidates may not take books or notes into the exam, with the exception of any notes made prior to entering Station 2,4 or 5 .
- Check if any candidates wish to use their own electronic stethoscope or magnifying ophthalmoscope, and notify the Host Examiner if this is the case so that the examiners have time to assess patients using it should they wish to do so.
- Give candidates their marksheets and instruct them to fill in their name, exam number and the centre number (in digits and by crossing out the corresponding number in the column underneath) on each of the 16 marksheets with the 2B pencil provided. Advise candidates that any three-digit numbers should be written with a leading zero (e.g. centre number '245' should be entered as '0245'). Explain that the candidates should have the relevant marksheets ready on arrival at each Station.
- Tell candidates the Station at which they will start and remind them that they rotate around the cycle, and to ask for directions to the next Station if in doubt.
- Remind candidates of the timings for the Stations.
- Explain that, at Stations 2, 4 and 5, the scenario and blank paper for making notes will be outside the Station – a further copy of the scenario will be inside the Station.
- At Stations 1 and 3 the candidate should read the introductor about the case carefully and follow the instructions given. If they are in any doubt about what they are being asked to do, they should ask for clarification.
- Remind candidates to wash their hands between seeing patients, using alcohol gel or wash-hand basins. Explain the Host centre's infection-control policy and highlight any local requirements.
- Answer any questions and try to calm nerves. Remind candidates to treat each task as a new opportunity and not to carry worries from one task/Station to the next.

Checklists: 11th Examiner

It is suggested that the Host examiner carry out this role for at least the first cycle on the first day. The 11th Examiner must be prepared to fill in at short notice for any examiner who is late or temporarily indisposed, or for any examiner who feels unable to provide a totally impartial assessment of a candidate who is known to them.

11th Examiner: during the cycle

- Supervise the arrangements for accurate timekeeping.
- Ensure that:
 - at Stations 2, 4 and 5, the candidate receives the correct instructions to read outside the exam in the preceding five minutes.
 - blank paper is available for the candidate to take notes.
 - the candidate instructions are not removed from the Station.
- If there is an unresolved procedural or administrative query during the examination, following consultation with the Chair of Examiners and Host Examiner, the 11th Examiner should telephone the Examinations Department/Clinical Co-ordinator of the organising College.
- Check the marksheets from the Stations as the cycle progresses.
- Correct or enter any missing candidate information (the candidates should have filled this in before the cycle). Check the correct marksheets have been used for the encounter examined.
- Check the examiner name, signature and number. Check that individual skills are all marked.
- Check that comments are provided for Unsatisfactory and Borderline judgements or recommendations for counselling, and that they are legible.
- In the five minute interval between candidates, or at the post-cycle meeting, return any sheets to examiners if they need to add to, or correct, what they have written.
- Complete the electronic Candidate Performance Summary for each candidate and present to the Chair of Examiners for each post-cycle briefing.

11th Examiner: at the post-cycle meeting

- Inform the meeting of any errors or omissions on the marksheets so they can be corrected.
- Inform the meeting of any procedural errors so they can be discussed and recorded on the Centre Audit Form by the Chair of Examiners.
- Inform the examiners of each candidate's scores and any recommendations for counselling.
- Remind examiners that the exam results are confidential and that examiners should not disclose them.

Checklists: Chair of Examiners (CoE)

The role of the Chair of Examiners is to support the Host. He/she should be conversant with the MRCP(UK) regulations (see www.mrcpuk.org/mrcpuk-examinations/regulations) and guidance pertaining to the PACES examination. He/she is expected to liaise as necessary with the Host Examiner in advance, to provide advice and support in arranging the exam.

CoE: on examination day

- Ensure the examination is conducted according to regulations.
- Handle any untoward incidents.
- Supervise and instruct trainee examiners and others observing the exam. Further information will be circulated before the exam if trainee examiners are to attend.
- Conduct the pre- and post-cycle meetings together with the Host Examiner.
- Assist the Host Examiner with the post-exam administration, and complete the Centre Audit Form.

CoE: at pre-cycle meeting

- Ensure that the day's timetable is followed, by starting and ending the meeting promptly.
- Give welcome and make introductions.
- Highlight any new features of the examination, and items from the Chair's Letter and Hot Topics.
- Tell the examiners their pairing for the first cycle and to which Station they are allocated.
- Remind examiners to turn off their pagers and mobile phones.
- Remind examiners to use the time available to assess all Skills relevant to each encounter. In particular, ensure that Clinical Judgement is assessed at Stations 1 and 3.
- Remind examiners that a Borderline judgement can be awarded if the examiner feels that the Skill has not been fully demonstrated, but that some credit should be given.
- Remind examiners that the marksheets include a box to indicate which examiner took the lead and the scenario number for Stations 2, 4 and 5.
- Remind examiners of the need to see and agree the important features of each case they will be marking, and agree the standards they will use for marking each Skill. At all Stations, they should complete a calibration sheet. If an examiner pair has not fully completed calibration, the examination should not start.
- Remind examiners of the criteria which trigger a recommendation for counselling on the marksheet – including specifically any candidate who has been judged to be rough in their clinical method (either physically or verbally) and caused the patient/relative discomfort, or who has suggested care that would jeopardise patient safety.
- Remind examiners to wash their hands after examining patients, and encourage candidates to do the same. Tell the examiners if the hospital operates a 'bare-below-the-elbows' policy, or requires hand-washing using soap and water rather than alcohol gel, and explain whether any extra time is to be allowed for hand washing.
- If examiners wish to change the introductory sentence at their Station, assist in having the new instructions printed.
- The examiners should then be sent to see their patients/surrogates in good time before the exam. For a centre running three cycles, the pre-cycle meeting starts at approximately 08.15, and should have ended by 08.30. This allows the examiners 40 minutes for patient calibration before candidates take their seats at 09.10.
- Before the cycle commences, check that all examiner pairs have completed calibration and that any necessary changes to the candidate introductors have been made.

CoE: for post-cycle meeting

- Lead the meeting, assisted by the 11th Examiner and Host Examiner.
- Ask about any problems or issues during the examination, noting in particular any circumstances that may have adversely affected candidate performance.
- Check with the 11th Examiner on any administrative problems (marksheets not completed, missing signatures, missing comments, etc) for examiners to correct.
- Lead the discussion of each candidate, supported by the 11th Examiner who will give the scores and overall result.
- Agree with the examiner body which candidates need to be recorded on the PACES Discussion Sheet, and complete one Discussion Sheet for each candidate, with as much detail as possible.
- Remind examiners that that the results must remain confidential.
- Give the pairings for the next cycle.
- Ensure the examiners from Stations 2, 4 and 5 have completed a scenario assessment form and have handed in any copies of the scenario.
- Remind the examiners at Stations 2, 4 and 5 to make sure they have been given the correct scenario and that the correct information has been placed outside the Station ready for the next cycle.

CoE: for post-exam administration

- Complete the Centre Audit Form with the Host, and return it to the organising College with the other papers. Record any untoward events to the College, clearly indicating the nature and gravity of any event reported, and the likely impact on candidates.
- Confirm that the candidates' marks have been recorded on the electronic Candidate Performance Summary.
- If scenarios for Stations 2, 4 or 5 have been amended at short notice, ensure that the amended version has been retained to be returned to the organising College.

Troubleshooting Guidance for Hosts and Chairs of Examiners

Several problems can occur during the conduct of the PACES circuit which disrupt the smooth running of the examination. The following guidance is the Clinical Examining Board's recommended response.

Issue	Resolution
Failure of patients or a surrogate to arrive	Delay starting the cycle until at least one patient or surrogate per Station or encounter is present and the examiners have seen them to agree the signs and Satisfactory/Unsatisfactory criteria.
Failure of examiner to arrive / illness of examiner prior to examination cycle	11th Examiner acts as a substitute and administrative help to run the circuit is obtained from appropriate available personnel.
Failure of candidate to arrive	Delay the circuit for a maximum of ten minutes if the candidate has contacted the centre and is expected to arrive. If there is a spare slot later in the day, it can be offered to the candidate if the delay was beyond their control.
Candidate who is not able to comply with the No ID– No entry policy	A candidate is barred from sitting if he/she is unable to provide the correct ID. This situation will need to be dealt with sensitively by the Host and Chair of Examiners.
Severe disruption to examination e.g. transport failure preventing patients, candidates, and/or examiners attending	Inform the organising College. Agree to cancel one or more cycles and decide with the Host when the examination might begin. If candidates arrive, reschedule them during the day (if possible) or advise them that the examination is cancelled, giving reasons and advising them to contact the College of entry for instructions.
Severe disruption during cycle e.g. fire alarm and need to evacuate building, or patient, candidate or examiner suddenly becoming unwell	Note the time. Comply with the instructions from hospital staff and the Host Examiner. Examiners should take the candidate at their Station with them and segregate them from other candidates until the building is deemed safe and the exam can be restarted. Examiners should take the candidate back to the relevant Station and patient. Please resume at the start of the Station if interrupted in the first ten minutes, or at the mid ten-minute point for Station 1, 3 and 5 and the time of interruption for Stations 2 and 4. Then complete the cycle as usual. The Chair of Examiners should document any such disruption on the Centre Audit Form.

Issue	Resolution
Candidate given the wrong instruction at Stations 2, 4 or 5	Give the candidate the correct scenario information and start the Station five minutes late. Interrupt the cycle for the four other candidates at the end of the Station and allow a ten minute break before the start of the cycle again for all candidates, thereby re-synchronising the cycle for all Stations.
Timing errors during the cycle	These are serious problems that need to be discussed at the post-cycle meeting and their potential impact on the candidate recorded on the Centre Audit Form by the Chair of Examiners to inform the Clinical Examining Board.
Candidate who is rough or inconsiderate to the patient/relative	The examiner may stop the candidate from examining the patient at any time if the candidate endangers the patient by rough examination, is abusive, bullies the patient, or otherwise behaves inappropriately. The marksheets must record the facts, which must also be discussed at the post-cycle meeting. The candidate must be recommended for counselling. If the offence is of serious concern, the candidate should be prevented from completing the cycle and warned that he/she will fail the examination and that the Clinical Examining Board will consider what further action is required, e.g. informing sponsors or even, for candidates working in the UK, the GMC.
Inappropriate behaviour by an examiner	If an examiner is thought to have behaved inappropriately during the examination, it is the duty of the Chair of Examiners to discuss this with the examiner before the next cycle commences and agree a change of behaviour and/or change of future Station allocation with the examiner and the Host Examiner. A report must be sent by the Chair of Examiners to the organising College by letter or email so that appropriate follow-up can be assured.
Illness of an examiner during the cycle	If possible, complete the Station and arrange that the 11th Examiner takes over until the sick examiner recovers. If the illness is severe, stop the cycle and arrange emergency treatment. If necessary, restart the Station or encounter, while other candidates wait until the cycle is again synchronised. Please ensure unaffected examiners remain with their candidate to maintain security.

Issue	Resolution
Illness of a candidate during the cycle	Any candidate unable to recover within five minutes and complete the Station should be advised to withdraw from the examination and write to the organising College requesting the attempt be annulled and, if necessary, the PACES registration period extended – this is usually granted. This must be noted on the Centre Audit Form, including timings and Stations involved.
Enforced last minute changes to scenarios for Stations 2, 4 and 5	To be agreed between the Chair of Examiners and the Host. Changes to be recorded on the Scenario Assessment Form and Centre Audit Form with details of scenario identity, cycle date and specific changes made.
Chair of Examiners is unhappy with Host Examiner's arrangements	This must be discussed with the Host as soon as possible (preferably before the start of the examination) and, if necessary, new arrangements made. The Chair of Examiners should report the problem(s) and any corrections made to the organising College on the Centre Audit Form and/or by separate letter as appropriate.

