



Clinical Examining Board Chair's letter

2026.02

MRCP(UK) Part 2 Clinical Examination (PACES)

Introduction

The Clinical Examining Board is extremely grateful for your support for the MRCP(UK) PACES exam both as hosts, chairs and examiners. We remain completely dependent on your voluntary contribution without which it would not be possible to deliver the exam.

Please find below some up to date information on candidate numbers and performance in the recent and forthcoming diets.

I have included some up to date guidance on the conduct of the exam itself for examiners, hosts and chairs. These include minor but important changes to the arrangements for the timing of the examination as well as issues which have arisen in appeals and complaints from candidates. Please pay particular attention to these points when delivering the forthcoming diet.

Dr Rod Harvey, Associate Medical Director for Clinical Examinations / Chair, MRCP(UK) Clinical Examining Board

2025/03 diet

A total of 3002 candidates took PACES in 2025/03 which was one of the largest diets for a considerable time. The overall pass rate was 46.0% which was in line with previous diets. The pass rate in UK centres was 46.6% and in international centres was 45.6%. 64.5% of candidates sitting PACES in UK centres were UK trainees.

2026/01 Diet

The 2026.01 diet commenced in late January and will run until mid-April. 2613 candidates have registered to sit: 1284 UK and 1329 international, delivered across 52 centres (UK) and 26 centres (internationally).

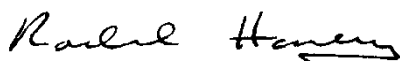
Important reminders / Hot Topics to note for forthcoming diet

- The five minute time allowed for reading written material outside stations must not commence until all candidates have rotated and are seated outside their next station. Travel between stations should normally take less than a minute, but this should always be in addition to the time allowed for reading.
- Scenario information must always be available inside rooms for Stations 1, 2, 4 and 5 as well as outside.
- Two digital timers must be available for examiner use in each station.

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- In the unlikely event of an appeal examiners must provide an independent and timely response to assist in the adjudication process.
- When recording comments on the mark sheets please ensure that these are kept succinct and legible. They should be limited to an explanation of the reason for the award of a mark other than satisfactory and not used as a check list of points required of the candidate.
- Examiners should ensure that when examining candidates who have been granted a reasonable adjustment that their judgement is based solely on the performance of the candidate in relation to the criteria agreed at calibration and is not influenced in any way by the presence of the reasonable adjustment.
- In the clinical examination encounters, examiners should normally be provided with only one patient to calibrate. However a second reserve patient must be available either on site or at short notice depending on individual logistics.
- The host guidance for the standard equipment required in the various stations has been updated in the latest version of the host guide. Provision of excess equipment should be avoided.
- Examiners should refrain from using mobile phones for any purpose during assessments.
- The questioning style of examiners should be uncritical and neutral, allowing candidates to demonstrate their knowledge and clinical findings in a supportive environment.
- Clinical signs may occasionally change or evolve during the course of an examination cycle, often as a result of the effects of medication. Candidates must be assessed against the signs actually present at the time of their assessment and examiners are reminded of the need for dynamic recalibration in such an event.



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