



MRCP(UK) Part 2 Clinical examination (PACES23)

Chair's Guide

20 February 2025

The Federation of the Royal Colleges of Physicians of the UK – global leaders in physician education



ROYAL COLLEGE
of PHYSICIANS
of EDINBURGH



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



**Royal College
of Physicians**

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 [Regulations | The Federation](#)) 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.

It is deemed good practice for the Chair/Host examiner to meet with the candidates prior to each cycle to set them at ease and provide simple advice as to the arrangements for the running of the exam and also to debrief them after each carousel to identify any issues of concern.

CoE: on examination day	
<input type="checkbox"/>	Ensure the examination is conducted according to regulations.
<input type="checkbox"/>	Handle any untoward incidents and complete centre incident report.
<input type="checkbox"/>	Supervise and instruct trainee examiners and others observing the exam. (Information about any trainee examiners will be provided by the relevant college).
<input type="checkbox"/>	Conduct the pre- and post-cycle meetings together with the Host Examiner.
<input type="checkbox"/>	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, make introduction and give full pre-exam briefing presentation provided by the College.
- ☐ Highlight the 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, mobile phones and any other electronic devices. Remind examiners to ask patients, surrogates and actors to turn off their mobile phones and any other electronic devices.
- ☐ Remind examiners to use the time available to assess all Skills relevant to each encounter.
- ☐ 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 to write legible comments on the marksheet when awarding borderline or unsatisfactory score.
- ☐ Remind examiners that the marksheets include a box to indicate which examiner took the lead and the scenario number for Stations 1a, 2, 4a and 5.
- ☐ Remind examiners to perform calibration without prior knowledge of the physical signs and agree important features of each case as well as the standards they will use for marking each Skill. At all Stations, they should complete a calibration sheet. Examination should not start until each pair of examiners have fully completed calibration.
- ☐ Remind examiners of the criteria which trigger a recommendation for counselling on the marksheet – Specifically on Skill G (physical or verbal roughness causing discomfort to patient/relative) or suggesting care that would jeopardise patient safety.
- ☐ Make sure that a discussion sheet is completed for all such candidates.
- ☐ Remind examiners to comply with local infection control procedures (confirm these with the host).
- ☐ 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 introductions 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 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 the results must remain confidential.
- ☐ Give the pairings for the next cycle.
- ☐ Ensure the examiners from Stations 1a, 2, 4a and 5 have completed a scenario assessment form and have handed in any copies of the scenario.
- ☐ Remind the examiners at Stations 1a, 2, 4a 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, complete centre incident form 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 (eCPS).
- ☐ If scenarios for Stations 1, 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 Less than 10 examiners	11th Examiner acts as a substitute and administrative help to run the circuit is obtained from appropriate available personnel. The examination can run with 9 examiners but the 9 Examiner policy must be followed (see below). The examination must be cancelled if there are only 8 examiners.
Failure of candidate to arrive	Contact the candidate using the telephone number provided for that candidate. 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 4 and the time of interruption for Stations 2 and 5. 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 1a, 2, 4a 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.

<p>Candidate who is rough or inconsiderate to the patient/relative</p>	<p>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.</p>
<p>Inappropriate behaviour by an examiner</p>	<p>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.</p>
<p>Illness of an examiner during the cycle</p>	<p>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.</p>

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 1a, 2, 4a 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.

STANDARD OPERATING PROCEDURE FOR 9 EXAMINERS

The Clinical Examining Board of MRCP UK has agreed that the PACES23 carousel can proceed with 9 examiners in the event of a late unforeseen call off from an examiner(s). In this eventuality, it is recommended that a senior examiner double mark at either station 2 or station 5 rather than cancel the examination at short notice.

The following guidelines should be followed to mitigate the associated risk:

1. All efforts should be made to replace the missing examiner. For example, the host should examine, or efforts should be made to find a local examiner who can examine at short notice.
2. If a 10th examiner cannot be found the Chair of Examiners / Host should work collaboratively and follow the procedure as outlined below:
3. Chair of examiners should speak to the candidates before each cycle informing them that there will be only 1 examiner at station 2 or 5 (specify which station). Candidates should be given the chance to withdraw with a full refund and guaranteed place in the subsequent diet, but if they choose to proceed, they cannot subsequently appeal on the basis that there were only 9 examiners.
4. The single examiner at station 2 or 5 should calibrate the physical findings with one of the other examiners. They will double mark at this station. An observer should be placed in the station with the single examiner.
5. There should be no more than one station with a single examiner. If there are only 8 examiners the cycle should be cancelled.
6. The Chair of Examiners should document in the centre audit form that the examination ran with only 9 examiners and confirm which station had a single examiner. He/she should also state whether an observer was present at the station with a single examiner.
7. The Chair/Host should notify the examination office of the host College at the earliest possible opportunity that there were only 9 examiners.
8. The College examination team should notify Central Office that one of their exam centres ran with only 9 examiners stating on which date and whether the am/pm or both cycles were affected.
9. Central Office will undertake statistical analysis of the affected cycles.

Guidance on pre cycle briefing of candidates at PACES

The chair of the examiners, or an examiner acting as a nominated deputy should brief the candidates shortly before the start of each cycle of PACES.

This can usually be done once the examiner has completed calibration or in the break between cycles.

The briefing is desirable, but is not a mandatory part of the examination. A failure to complete the briefing would not therefore constitute a procedural irregularity and would not be a valid ground for appeal.

The purpose of the briefing is to welcome the candidates to the examination, remind them of the nature of the examination, set them at ease as far as possible and thereby enable them to demonstrate their abilities effectively.

It is suggested that the following topics are covered in the briefing;

- Welcome to the venue and examination
- Currently likely nervous, but important to relax into the exam
- Avoid carrying anxiety from one station to the next – focus on task in hand
- Examiners generally are keen for candidates to pass – no trick questions
- Read the written material outside the stations carefully including the required task and plan the encounter
- Listen to the questions that the examiner asks and answer them directly (if asked for the signs give the signs, if asked for a diagnosis give the diagnosis etc)
- Avoid examining through clothes. Ensure adequate patient exposure whilst maintaining dignity
- Listen to the patients / surrogates in the communication and consultation encounters and address issues as they arise – important for Skill F Managing patient's concerns
- Sum up and agree a way forward towards the end of the Communication encounters. Important for Skill E Clinical Judgement
- Examiners personally examine the patients independently without prior knowledge of the signs or diagnosis to agree the findings and the criteria for Satisfactory marks
- Any questions

January 2025

Guidance on situation where a PACES examiner needs to leave before the end of a cycle

There may be occasional circumstances whereby a PACES examiner is unable to remain at the PACES exam to complete a full cycle of five candidates.

This may occur for two distinct reasons;

1. Where the examiner anticipates the need to leave early
2. Where an examiner becomes unexpectedly incapacitated during a cycle

1. Anticipated need to leave early

This situation may arise for example where the exam is running unexpectedly late and an examiner needs to leave before the end of a cycle as a result of pre booked travel arrangements. Where an examiner has indicated the need to leave the exam before the completion of a PACES cycle he/she should not commence the examination of any candidates during that cycle.

The 11th examiner, if available, should substitute for the examiner leaving early before the start of the cycle and should complete calibration of the cases(s) before the start of the cycle even if that necessitates a slight delay.

Where the exam is already running with ten examiners only (no 11th examiner available), the nine examiner contingency protocol should be implemented.

Candidates must be informed in advance of the cycle starting of the proposal to run with 9 examiners and double marking in one of the Consultation encounters. They should be given the opportunity to withdraw with a full refund or to proceed having signed a disclaimer over the right to appeal over this aspect of the running of the exam.

Where the absent examiner was scheduled to examine in either Stations 2 or Station 5 the existing co-examiner in that station should be asked to double mark by completing mark sheets in duplicate and a non-marking observer arranged to be present.

Where the absent examiner was scheduled to examine in Stations 1, 3 or 4 then an examiner from either Station 2 or Station 5 should move to the vacant station and complete calibration there before the start of the cycle. The chair of examiners in consultation with the host examiner will determine which examiner to move, selecting either themselves or the host by preference where that is possible. The remaining sole examiner in Station 2 or Station 5 should be asked to double mark by completing mark sheets in duplicate and a non-marking observer arranged to be present.

2. Where an examiner becomes unexpectedly incapacitated during a cycle

The situation may occasionally arise in which an examiner becomes unexpectedly unwell during the conduct of a cycle and needs to retire from that cycle. This can occur between candidates or less commonly during a candidate encounter.

2.1. Examiner leaves mid cycle between candidates

In this situation the exam should be paused. An explanation of the need for a pause must be given to the candidates who should be asked to remain seated outside the examination stations pending the resolution of the problem.

Where available the 11th examiner should substitute for the incapacitated examiner. This will require a short further delay to allow calibration to occur during which the remaining co-examiner at the station concerned should brief the 11th examiner on the cases / scenarios and the previously agreed calibration criteria.

If no 11th examiner is available then double marking in one of the Consultation Stations 2 or 5 should be instituted. Candidates scheduled still to be examined at that station should be informed of the proposal for a single examiner with double marking and given the opportunity to withdraw from the exam with a full refund should they so wish.

If the vacant examiner place is in Stations 2 or 5 then the remaining examiner should simply be asked to double mark by completing mark sheets in duplicate and a non-marking observer arranged to be present.

If the vacant examiner place is in Stations 1, 3 or 4 then an examiner from either Station 2 or Station 5 should move to the vacant station. This will necessitate a short further delay to allow for calibration during which the existing co-examiner at the station concerned should brief the new examiner on the cases / scenarios and the previously agreed calibration criteria. The chair of examiners in consultation with the host examiner will determine which examiner to move, selecting either themselves or the host by preference where that is possible.

The remaining sole examiner in Station 2 or Station 5 should then be asked to double mark by completing mark sheets in duplicate and a non-marking observer arranged to be present.

2.2. Examiner becomes incapacitated during a candidate / patient encounter

In this situation the examination for only the affected candidate should be immediately paused and the candidate asked to sit outside the examination station. The remaining candidates in the carousel should continue their examination until the end of their stations. At that time all of the candidates, including the affected candidate, should rotate as normal before the exam is paused pending resolution of the problem.

The issue of the missing examiner should then be addressed in the same way as outlined in Section 2.1 when an examiner leaves mid cycle between candidates, but with one exception as noted below.

The candidate who was affected by the examiner becoming incapacitated should re-sit the entire relevant Station (or second encounter only if the first encounter had been fully completed and marked before the examiner became unwell) at the end of the carousel. This will minimise the delay to the carousel for the other candidates, but necessitate the examiners and patients / surrogates remaining in the affected station for up to a further 25 minutes.

It should be explained to the affected candidate that they have the right to withdraw from the exam altogether and receive a full refund, or alternatively proceed on the understanding that the interruption to their examination would be regarded as a significant procedural irregularity with the potential to affect their performance and hence be a valid grounds for appeal in the event that they prove to be unsuccessful in the exam overall.