

Appeals

Appeals against results in MRCP(UK) PACES

EXAMPLES OF PACES APPEALS WHICH WERE NOT UPHELD

Unsuccessful Appeal 1

First, I would like to highlight the procedural irregularity that occurred during my case. I would like to report that there was an avoidable environmental error that adversely affected my performance in the PACES examination.

Before the exam all candidates waited in a tiny room, around 5 x 8 feet. It was a small enclosed space with poor ventilation which resulted in discomfort and headache.

Furthermore, there was a late start of the PACES examination and candidates were allowed to converse beforehand. This increased my stress.

On top of that, I would like to draw your attention to the exceptional circumstances of the death of my close relative around the time of my examination that affected my performance.

Chair of examiner response

No issues were raised on the day by any candidate.

The timing of the exam again is irrelevant as all candidates are aware that the exam may start late due to unforeseen clinical reasons – such as a patient being ill or calibration taking longer. They are informed the exam will start after a certain time. All exams are stressful, and every effort is made to minimise this as far as possible.

Host Examiner response

The size of the waiting area for the candidates is (~13.5 feet x 9.4 feet), and the ventilation is under central air-conditioning. We did not receive any complaints about the ventilation on that floor on that day. The room is designated for consultations.

The chief examiner greeted all three batches of candidates in that room. At that time, there was no concern raised about the ventilation or the size of the room.

This exam venue and the waiting room has been used at this centre for more than a decade and no previous complaints have been received regarding the ventilation in that room.

Final Outcome of Appeal -NOT UPHELD

The allegation of the waiting area being inappropriate was discounted.

The exam may on occasions run late and this does not constitute a procedural error to uphold an appeal.

MRCP UK offered condolences to the candidate on their bereavement. The candidate however presented for the examination and as such has deemed themselves “fit to sit.” The candidate could have withdrawn from the exam but chose not to so cannot appeal retrospectively.

Unsuccessful Appeal 2

In my CVS encounter the patient was not very cooperative, and all other candidates found the station difficult due to the patient being uncooperative. I scored very well across all other clinical examination stations therefore I would like to appeal as there was irregularity out of my control and I would like to get my results reviewed.

Examiner 1 response

I remember this patient very clearly. She was entirely cooperative with all the candidates throughout the day.

This candidate did not examine the JVP correctly and did not see that it was raised nor did they identify peripheral oedema and a murmur which we had agreed in calibration to be important points.

Examiner 2 response

We found very little difficulty with the patient co-operating. He may have moved a little slowly, but that is clinical practice. The candidate's technique was poor. Clinical signs were missed. None of these can be attributed to lack of co-operation from the patient.

Final Outcome of Appeal -NOT UPHELD

The examiners on the day were satisfied that the patient was sufficiently cooperative. They independently confirmed this again by email when responding to requests for further information. The appeal panel stood by examiner judgement.

Unsuccessful Appeal 3

This is to express the problems I faced during my exam.

1) instruments for proper CNS examination were not provided. There was not proper equipment to test the plantar reflex. The tuning fork provided was of wrong frequency, not vibrating. I had to strike it multiple times and obviously that wasted my time, and everyone had the same problem at that station.

2) the patient for respiratory station was resting in the wrong position. There was no way he could be positioned to examine his back properly. Examiners asked to continue the examination in the same position and were themselves standing at the head end, there was no good space to examine the patient either.

3) (Abdominal) there was no chair available for abdominal examination

Examiner 1 response

As you will see from the marksheets, I have documented time notes of the encounter. The candidate examined the back of the patient from 0141 till 0359 and during this was clearly able to do expansion, palpation, percussion, vocal resonance and auscultation of the back. This candidate failed on Skill B- in which the correct signs were not identified. The same patient was examined by us as examiners and the other candidates in the very same position as this candidate and none of these issues were encountered.

Provision of a chair is NOT an essential part of the examination for the candidate. I strongly disagree with the candidate's statement that this led to the candidate's poor performance. Here the candidate failed on skill B.

Examiner 2 response

As far as the respiratory station is concerned, no other candidate voiced any concerns that the patient was incorrectly positioned for a thorough respiratory examination to be conducted.

In summary at the abdominal encounter, the candidate appeared unrehearsed, missed important parts of physical examination, invented clinical signs which were not present and in consequence listed incorrect differential diagnosis.

Appeal Panel Member Comments

Instruments were not provided: At station 3 neuro, full marks were obtained for skills A and B which refute any procedural impact on the candidate.

Respiratory patient incorrectly positioned. -The examiners refute this. 1 mark was dropped for skill A and the reasons for this are clearly documented and unrelated to patient positioning. We also have an excellent timed commentary of the encounter.

Abdo station: A chair is not essential and the absence of one does not constitute a procedural error. Again only 1 mark is lost for examination and it is justified by the examiner. We also have a detailed timeline of the encounter.

Final Outcome of Appeal -NOT UPHELD

Examiner judgement on the day was supported. The alleged procedural issues were deemed not significant. The marks obtained and examiner comments at the encounters where procedural issues were cited do not support the assertion that physical examination was hindered.

Unsuccessful Appeal 4

During my history taking encounter the examiner gave me a warning that 2 minutes were remaining. Sometime later, approximately 30 seconds later the other examiner told me I now had 2 minutes left. This left me confused and interrupted my chain of concentration. In other stations I performed well for skill C but this procedural error caused me to get two unsatisfactory marks for skill C.

Examiner 1 response

I did give the 2 minute warning slightly early but my co-examiner corrected me immediately. The candidate received the full 14 mins with the patient and as documented on my marksheet the candidate dropped marks for reasons unrelated to the incident. I also documented on my mark sheet of the advisory warning error. My co-examiner and myself reported the incident at the post cycle de-brief

Examiner 2 response

There was a minor inaccuracy over the timing of the 2 minute advisory warning. This was corrected immediately and did not impact on candidate performance. The reasons for deducted marks are documented clearly on my mark sheets

Final outcome of appeal NOT UPHELD

2 minute warnings are advisory and any timing error with the advisory warnings are not considered grounds for appeal. The examiners say the error was immediately corrected and the incident, in their opinion, did not impact on candidate performance. There are insufficient grounds to uphold this appeal.

EXAMPLES OF PACES APPEALS WHICH WERE UPHELD

Successful Appeal 1

During my station 2 (History Taking) the patient did not seem prepared for their role. They continually referred to their notes and gave inconsistent responses to simple questions. They often had to look at the examiners for prompting. In addition, their English was not of the standard I would expect for a professional exam being run by the Royal Colleges. Because of these procedural errors I was unable to take a full history in the 14 minutes allocated to me. This resulted in me becoming confused and uncertain in an already stressful situation. I found it difficult to process my thoughts and could not provide a correct differential diagnosis due to the patient being unable to provide appropriate answers to my questions.

I failed the exam overall because I failed skill D by 1 mark and I believe I would have scored sufficient marks for skill D had the patient been better prepared for their role. But for the poor performance of the patient in station 2, I would have passed skill D and hence passed the exam overall. I respectfully ask you to consider my appeal and adjust my marks accordingly.

Examiner 1 Response

Although the event occurred a long time ago, I have fairly good recall of this station. My co-examiner and I spent some time during calibration coaching the surrogate on the scenario and how to respond to questions. We performed a rehearsal run and thought he was sufficiently prepared when the exam started. I can confirm that the surrogate's English was of a standard sufficient for PACES. The candidate failed skill D because they did not pick up important points in the history and omitted the most likely diagnosis from their differential. In all honesty I do not think the surrogate performance was the main reason they scored unsatisfactory for skill D at this encounter. However, I did note on my mark sheet that the performance of the surrogate with this first candidate could have been better and on that basis, I believe it is possible that their performance may have been hindered.

Examiner 2 response

The surrogate struggled with the first candidate of the cycle but from memory their performance improved with subsequent candidates. In my opinion his English was good and there was no procedural error in that respect. The surrogate was hesitant at times but not deliberately misleading. I formed the impression that both the candidate and surrogate were nervous. Part of the skill in history taking is to be able to glean information from patients who are not forthcoming or who cannot describe their symptoms clearly. On this occasion, however, I felt that surrogate performance may have impacted on the candidate. I recorded this on my marksheet and from memory it was discussed at the post cycle briefing.

Final Outcome of Appeal – UPHELD, EXPUNGED ATTEMPT AND FEE REFUND

The appeal panel were persuaded by the views of the 2 examiners that there had been a procedural issue which could have affected the performance of this candidate. There was no evidence that incorrect marks were awarded so altering the marks (and a condoned pass) was not considered. The Chair's report mentioned the incident but also commented on the fact that the surrogate's performance improved with subsequent candidates and, that, in the opinion of the examiners, no other candidate was adversely affected.

Successful Appeal 2

I started my PACES exam at station 4 where I performed well. On leaving the station I moved to the chair outside station 5 and was told by an administrator I could start reading and preparing for the next station. I started reading the BCC1 scenario and making notes. I then looked for the scenario for BCC2 but it was not on the desk in front of me. After about 30 seconds I was able to attract the attention of the assistant and explained the situation. She then went to look for the scenario and appeared with it approximately 30 seconds later. I expected to receive additional time but when the bell went, I was ushered into the next station at the same time as all other candidates entered their station. As a result, I had not prepared the second case sufficiently and this adversely affected my performance on BCC2. I believe this procedural error made me lose marks at station 5 and also at all other stations as I was shaken by this incident. I am therefore submitting this appeal.

Examiner Responses:

The examiners independently stated that they were unaware of any difficulty experienced by the candidate during reading time as they were inside the station. If they had been made aware they stated that they would have provided extra time to allow the candidate to re-read the scenario.

Host response

I can confirm that this candidate did not receive both scenarios at station 5 at the same time. When they alerted the administrator the second scenario was located promptly and handed to the candidate. We have excellent admin assistance at our centre and I do not believe it took 30 seconds to attract the attention of an assistant and I understand that the missing scenario was found immediately. I therefore think any loss of time was much less than a total of 1 minute. We reported this to the chair, and it was discussed in the post cycle briefing.

Chair Report:

Candidate xxxx did not receive both BCC scenarios at station 5. The second scenario was located promptly when brought to the attention of the support team. There was potentially a loss of reading time, and the consensus of the examiners was that this constituted a potential procedural error.

Final outcome of appeal- UPHOLD, EXPUNGE ATTEMPT AND FEE REFUND

The appeal panel found clear evidence of a procedural error in that the full reading time was not afforded to the candidate, irrespective of how much reading time was lost.

Successful Appeal 3

I am writing to appeal my recent PACES attempt. I wish to complain about station 3 CVS and Neuro. On entering the station, I was taken to the cardiac case first. From my marksheets I can see that I performed well at the cardiac case and picked up almost full marks. After the bell, I moved to the neuro encounter, but the patient was not present. The examiners looked surprised and uncertain what to do but the patient arrived after about 20-30 seconds stating they had been at the toilet. I proceeded to examine the upper limbs as per instruction but felt I had my examination time shortened. I completed the exam to the best of my ability but dropped marks for skill B. On leaving the station I saw other candidates leaving their station at the same time as me. I therefore did not receive the full 10 minutes with the neuro patient, and this resulted in me losing marks for skill B.

Examiner 1 Response

I was the lead examiner at the neuro encounter. There was a very brief delay when the patient returned from the toilet which I do not believe was as much as 30 seconds. The candidate dropped marks in skill B because they failed to identify an obvious parkinsonian tremor. I do not believe the minor delay was responsible for them missing this sign.

Examiner 2 Response

There was a brief delay as the neuro patient was returning from the toilet. I do not believe this affected candidate performance. As documented on my marksheet there were reasons why the candidate lost marks at skill D and through linked marking at skills D and E.

Final outcome of appeal- UPHOLD, EXPUNGE ATTEMPT AND FEE REFUND

The appeal panel considered the evidence from the 2 examiners and their opinion that any loss of time did not affect candidate performance. Despite this, it was felt that there was a significant procedural error in that there was evidence that the candidate did not receive the full 6 minutes examination time at the neuro encounter.