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MRCP PACES

THE ESSENTIAL POCKET GUIDE

& 5 EMBEDDED VIDEOS

Consultant led videos featuring the most common & rare cases per station.

Notes on how to pass your MRCP PACES Exam

WRITTEN & PRODUCED BY NHS CONSULTANTS

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Media Edition

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INTRODUCTION

Welcome to a practical eBook on passing the MRCP PACES exam.

Dr Edward Banham-Hall and Dr Nidhi Gupta are UK NHS Consultants. They are experts in training hundreds of doctors all around the world to pass their PACES and become Members of the Royal College of Physicians.

In this eBook we have guides on how to pass each of the stations, free videos as well as the most common cases you will find for each station.

We hope you enjoy this ebook.
If you would like more information, please visit our website: https://clinicalskillspro.com

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SITTING THE EXAMS

The Practicalities.
by Dr Nidhi Gupta

To start with, we will go through the practicalities of sitting the exam.

If you are taking the exam in the UK, there are three opportunities annually to take the exam. For an up-to-date list of dates, application periods and locations, visit the official MRCP Page.

How can I take the exam outside the UK?

If you are not from the UK and want to undertake the PACES portion, the final component of the Membership of the Royal College of Physicians, there are a few things you should prepare for.

The British Council have a handy website with frequently asked questions, and here is a summary with some additional information:

https://tinyurl.com/y7domr6u

Where can I take the exam?

Up until a few years ago, the exam could only be taken in the UK. However, this has now changed and there are several countries where the exam can be taken, which reduces the overall costs.

These include India, Pakistan, Malaysia and Singapore among others.

Visit the MRCP website for more information.

How much does it cost?

It is not a cheap exam, but it is well worth exam sitting it, whether you need it to enter specialist training, or if you want to prove to your patients your expertise.

How do I register?

To register for the exam visit the following website, select MRCP(UK) Examinations > Apply Online.

The exam is more expensive outside the UK, but you should also factor in the additional costs of courses, travelling, accommodation and so on. It is not just the fee itself.

What if I have a disability?

Every opportunity is taken to accommodate people with disabilities, but you have to inform them when you register to ensure the examination centre has as much notice as possible. They cannot help if you do not tell them.

What if you want to know more?

You can contact the British Council via their website from the link above, go to the MRCP website or read some of our blogs on our website, clinicalskillspro.com. We write more practical information about the exam itself.

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03

WHAT YOU NEED TO KNOW

About MRCP PACES
Dr Ed Banham-Hall

There are 11 of them and only one of you, and they determine your success or failure. But who are they?

For candidates sitting MRCP PACES in the UK (and most other places around the world) the examiners are a collection of senior hospital consultants. Their motivation is seeing the next cadre of hospital doctors trained to an adequate standard - and that includes being able to competently examine a patient.

As a minimum, PACES examiners have completed their hospital training in a medical specialty and have worked as a consultant for at least two years. They need to be clinically active and involved in general medicine.

The other requirements include clinical supervision of core medical trainees in general medicine and having undertaken equality and diversity training in the last three years.

Your examiners will all have completed a day-long training course to ensure reproducibility and fairness, and are encouraged to examine at least 30 candidates per year - a process that will usually take two or three days.

For each station you will have two examiners, who will take it in turns to lead with asking you questions or observing and taking notes. Each examiner marks candidates independently, without knowledge of what scores the other examiner is assigning.

So what does the 11th examiner do?

You are likely to not even meet them - their role is to troubleshoot during the examination cycle, collate and check marksheets and compile the candidate performance summaries. In most cases, the host examiner acts as the 11th examiner.

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HOW TO PASS MRCP PACES

Many candidates wonder how to prepare for the MRCP PACES examination. It can be hard to know where to start - after all, this is a test of clinical skill and acumen.

By Dr Nidhi Gupta

The first thing to recognise is that it is not possible to revise for this examination exclusively by doing online banks of MCQ's, or from a book. There are innumerable candidates who mistakenly conclude that because this tried and tested approach worked for their part I or part II they should stick to the same proven formula.

PACES measures a different type of knowledge. Although some basic factual knowledge is essential, this is not really what PACES is designed to test. If you have passed the part I and part II, you already have 80-100% of the knowledge you need under your belt.

PACES tests all those qualities of being a good doctor that just can't be answered with a Google search or from a book.

For example:

- The ability to elicit, interpret and contextualise clinical signs
- Displaying empathy
- Demonstrating good judgement in ethically challenging scenarios
- The ability to think on the spot
- Confidence
- Efficiency.

05

18 ESSENTIAL TIPS

At Clinical Skills Pro we know that the process of preparing for the MRCP PACES examination can be a nerve-racking experience. We know, because we've been through it ourselves. Apart from ensuring that you have the learnt all the clinical knowledge you can there are some practical things you can do to ensure you are in the right frame of mind to sit your exam.

By Dr Nidhi Gupta and Dr Ed Banham-Hall

1. Register early. Demand for sitting the MRCP PACES is high, and spaces are limited. By registering early you can plan your revision to fit the exam schedule and reduce the risk of missing out on getting your desired time slot.

2. Start revising early. Typically four to six months of hard work is required to prepare adequately.

Although some pass with less preparation time, don't risk it. We recommend starting as early as possible on practising, rehearsing your presentation skills and reviewing common clinical conditions found in the MRCP PACES examination.

3. Check the regulations. Available at the RCP website.

4. Carry your admission documents. Print out your admission documents and carry them in a document folder on the day of your exam for reference.

5. Plan your route. Either book a taxi for the morning of the exam or plan ahead very early – particularly if you have to get to the exam venue in rush hour.

6. Be prepared. Your exam will not be in the same town as where you work. Expect to travel. Ideally travel down a day ahead and stay in a hotel the night prior to your exam to reduce the risk of travel disruption.

7. Be very prepared. Don't just bring one set of exam clothes and shoes. In case of disaster or mix-up, bring two.

8. Avoid alcohol the night before. Sure, you'll be nervous but don't impair your chances by turning up with a hangover.

9. Go to bed early the night before. By this point in the run up to your exam, a good night's sleep is going to be more use to you than a couple extra hours spent cramming.

10. Avoid too much caffeine on exam day. Some people get a tremor with excessive caffeine that can be exacerbated by nervousness. You want to minimise the extent to which you appear nervous so consider cutting down on the coffee.

11. Dress conservatively. What does this mean? Generally candidates should wear clothing similar to what would be expected on a ward. This may include being bare below the elbow and nothing too likely to alarm your grandmother.

12. Arrive early. Get to your exam venue at least an hour before your exam start time.

13. Declare your equipment. Show the host any special equipment you hope to use before your exam. For example amplifying digital stethoscopes need to be tested by the examiners on the patient before you use them to determine what is fair to expect you to pick up clinically.

14. Bring photo ID to your exam.
For most people this will be a passport or driving licence.

15. Leave valuables behind. Most exam centres will offer a secure room for your phone and valuables, but to be safe it is inadvisable to bring large amounts of cash. Take just enough as a contingency for a taxi and refreshments.

16. Mark sheet madness. While you're waiting to start you'll be given 16 mark sheets. Be prepared to enter your examination number, name and centre number on each one in the time prior to starting.

17. Chat to other candidates. Once you're in the exam centre you will still have a large amount of time before being called to start. This will be a lot less painful if you can take your mind off things by chatting with the other candidates than if you sit ruminating on everything that can go wrong.

18. Plan a treat for yourself after your exam such as some annual leave or time with family. You'll be able to sustain more revision if you have something enjoyable on the horizon when it's all over.

06

PRIORITIES

Priority 1: Practice

By Dr Ed Banham Hall

Then practice some more. And then practice again.
For many PACES candidates, modern clinical medicine - with it's ready access to CT and echo - has relegated the importance of clinical examination to a cursory afterthought.

You must put that behind you and learn to maximise the value you get from examining a patient. Not only because it will help you pass the PACES but because you will be a much better doctor.

Examine your friends. Examine patients who are well. Examine patients who are ill. Examine your relatives. Examine your partner, or your sibling, or your parents.

Work on your examination routines until you don't have to give a nanosecond's thought to what you're doing and are focusing solely on deciding whether you can identify a clinical sign or not.

PACES is tough. You don't want to be spending your brain power on what to do next in your clinical examination of the patient. You need to be thinking about what you're going to tell the examiners

Priority 2: Experience

Expose yourself to clinical signs and scenarios.
Doctors taking the MRCP PACES need to discern normal variation from abnormal pathology.

Just as modern investigations have hampered doctors' ability to thoroughly examine a patient, they have also damaged their ability to interpret what they're hearing through a stethoscope.

Are you a doctor (there are many) who got in the habit of hearing a potentially abnormal heart sound and just booking an echo?

You need to get over that.

You need to be able to discern aortic stenosis from mitral regurgitation with total accuracy. But it doesn't stop there. To really boost your chances you need to recognise a VSD, a 3rd heart sound, a 4th heart sound and an ASD.

You need to be able to not only identify a renal transplant but be able to provide a likely explanation about why your patient had it in the first place.

And perhaps, speculate about what immunosuppressant they're taking based on related clinical signs.

07

5 MISTAKES

Doctors make when revising.
By Dr Nidhi Gupta

1. Avoiding the neurology station

Neurology to many medical students and young doctors can appear to be a 'dark art' and one that is to be avoided at all costs. Unless you want to become a neurologist, then for many it is a subject that can appear to be quite difficult.

However, do not let this put you off. Not only is neurology a fascinating subject, but once you have learnt a few techniques for understanding how to classify the neurological system, it does not become that hard. So do not avoid it, embrace it!

2. Not practicing history station because you do it everyday and know how to take a medical history.

This is a common issue (see the next top tip to fail as well). You are a doctor, you take a medical history everyday, so why do you need to practice it?

Well, the simple answer is, (and I can tell you this from experience in training many doctors to go through PACES), that you have bad habits and you do not take a proper medical history.

The PACES is a performance where everything is done 'by the book' and this includes the history.

So practice it as much as any other station, because you do not want to fail because you took a bad history.

3. Not practicing communications skills because that is also something you do everyday and know how to do, right?

Wrong. Again, you get into bad habits, and once you start practicing, you will find that you do a lot of the following: talk over the patient, not allow enough time for them to digest the information and generally be too fast. A lot of this comes from doctors having heard most of the responses and trying to reassure the patient.

Let the patient talk, give them time, and PRACTICE.

Again, failing because of the communications station is not pleasant.

4. Focusing on the complicated, rare conditions
Focusing on primarily the rare conditions is a sure-fire way to fail. You have to know about some rare conditions, but also, do not forget that common conditions happen commonly.

5. Not practicing presentation skills
Presentation of your findings is an important part of your PACES exam and *verbal diarrhoea* is common with nervousness. Practice your presentation skills with a friend and get them to (honestly) give you feedback.

The main thing to remember is to practice everything, repeatedly and don't leave anything to chance.

Even the aspects of your clinical examinations that you find easy or feel confident about.

08

MOST COMMON CASES PER STATION

Station 1: Abdominal
By Dr Ed Banham-Hall

In the abdominal station there is a finite number of conditions that can come up.

The abdominal station is primarily a tactile station with lots of visual clues. So make sure you look at everything. Take your time and inspect thoroughly. Remember to pull up the patient's sleeves or you will miss the all important fistula.

A tip I was given when doing any station that works particularly well for the abdominal station is to trace the line of the scar with your finger. Then if you forget to mention the scar when you give your presentation, at least during the examination you have shown the examiners that you spotted it.

By far the most common case for this station which you should learn off by heart (and maybe do a mental dance if you get it in the exam – but not an actual dance in the exam) is the transplanted kidney.

An old fistula (may still be humming – does so over a year after it has been stopped being used) in a Cushingoid individual with a lump in their right or left iliac fossa is the most wonderful patient.

The entire case is there for the taking, and you should not fail the station.

Remember, PACES is about finding the story that fits all of the clinical signs.

Other common conditions though do appear such as polycystic kidney disease (so do not forget to ballot the kidneys), isolated hepatomegaly or splenomegaly and chronic liver disease.

Also, the duo of hepatosplenomegaly commonly appears.

This is our guide on how to pass the Abdominal Station:

https://preview.tinyurl.com/y9w6qtj8

Sign up to our video course: Clinical Skills Pro (www.clinicalskillspro.com) to get access to videos of all these conditions, along with quizzes to test your knowledge.

Station 1: Respiratory

For the respiratory station there are only a limited number of conditions that can come up, and the most common really do occur commonly.

This is due to the fact that there are not many different lung sounds that exist that can be used to differentiate conditions. You will find most conditions are either diagnosed before you listen to the chest, or only through listening to the chest, with little or no clue prior to auscultating.

The most common condition in the respiratory station is interstitial lung disease which has been found by various surveys to make up at least one-third of the patients, and is primarily diagnosed through listening to the lungs. This is not hard to determine why – there are characteristic clinical auscultatory features and it is a very common condition in respiratory medicine.

Other common cases include dullness at the lung base – see how I have not said pleural effusion. There are a number of causes of dullness at the lung base.

While the most common is a pleural effusion, be careful not to ignore the other causes and get caught out.

However, I remember during my preparation listening to dullness at the lung base of the patient and assuming it was a diaphragmatic paralysis, as I had learnt so much about the weird and wonderful that I lost sight of the most obvious! So do not forget about the most obvious causes either.

Here is our guide on how to pass the Respiratory Station:

https://tinyurl.com/ybnfg4yr

Station 2: History

History is quite a tricky station, in that the possibilities are almost endless. However, in terms of the conditions, by revising for Stations 1 and 3, you will then also be revising for station 2. The key to station 2 is to having a systematic method of taking a history, and ensuring you obtain all of the information.

Remember how a full history is taken:

- Presenting complaint
- History of presenting complaint
- Systems review
- Past medical history
- Medication history including allergies
- Social history
- Family History
- Summary

This is also how you should present your findings.

Do not move on from a section until you have completed it, but if you miss a question, you can signpost i.e. ‘I’m sorry, I forgot to ask, but" is the most common method to make sure you are not jumping around too much.

The following video gives you a step-by-step guide on how to approach and pass Stations 2 and 4, as well as common pitfalls that lead to failing these stations.

There are also lots of tips for Communication skills as these are relevant to both stations.

https://tinyurl.com/yafsgjsd

Station 3: Cardiovascular

Many candidates worry about the weird and wonderful of cardiac murmurs, and there is a discrepancy between what appears commonly in everyday practice versus the MRCP PACES exam.

There are, however, some common conditions that do recur, and you will far more likely encounter a prosthetic valve or aortic stenosis as opposed to Tetralogy of Fallot with a Blalock shunt.

In countries that still have rheumatic heart disease then the patient might be younger with complications from this.

Prosthetic valves, especially mechanical ones, appear commonly and often you can hear these at the end of the bed with a characteristic metallic click. This makes your job easy - all you then need to do is determine whether the prosthetic valve click coincides with S1 or S2 to figure out if the valve is likely to be an aortic or mitral replacement.

Mitral valve disease and aortic valve disease are as common in the exam as they are in everyday practice.

Both stenosis and incompetence occur reasonably commonly in both valves so do not forget to listen in all areas and to conduct all maneuvers necessary to elicit more subtle murmurs, such as aortic regurgitation.

Atrial fibrillation is also a common finding, and you should look for associated features, such as medication (the side effects of amiodarone) or heart failure.

Mixed valve disease is also common so do not assume simply because you're confident that you've heard mitral regurgitation, for example, that there is nothing else to be found. It happens, unfortunately. In reality, everyone's cardiac auscultation improves after the echocardiogram has been done(!) but in the PACES it's just you, the patient and your stethoscope.

Station 3: Neurology

Neurology is a much-feared station for many PACES candidates but it is also one of the most passed stations (maybe because candidates are so worried about it they revise it thoroughly).

It can be unnerving and unclear where to start revision as there are so many conditions, but one useful tip is to break down your revision of neurological conditions into the terms of their origin.

These are:

- cranial nerve
- cerebellar
- upper limb
- lower limb
- systemic

Not only does this instantly make your neurological revision more manageable but can help you to work out how to examine your patient in the exam.

You will never get the whole neurological system as an examination, because it is impossible to do it properly in the time allotted.

You will get part of the system, for example upper limb, and even then there is not enough time to examine both motor and sensory function.

It is most likely that you will need to examine motor function but do not neglect the sensory system. It is something we rarely do properly in everyday practice outside of the neurological field, but one you should definitely re-learn for PACES.

A potential scenario for the neurology station is "examine the hand and then go on from there." This is typical for the systemic neurological disorders, and there are only a few that fit this area (such as Parkinson's disease and cerebellar pathologies).

So, for example in Parkinson's, the resting pill-rolling tremor should tell you all you need to know about what to examine.

Common conditions that occur in the lower limbs include peripheral neuropathy, hereditary motor and sensory neuropathy and an abnormal gait.

Cerebellar pathology usually comes up commonly as cerebellar syndrome, and so you should know all the potential causes.

Systemic conditions include myotonic dystrophy, Parkinson's disease, hemiplegia, multiple sclerosis and muscular dystrophy.

The main advice for revising and taking the neurological station is break it down into manageable pieces, don't try and cover everything in the exam (there isn't time) but do what you need to get the correct diagnosis.

Neurology Station Videos

Cranial Nerves Examination

How to Pass Guide:

https://tinyurl.com/y9z2zt2j

Upper Limb Examination

How to Pass Guide:

https://tinyurl.com/ybfk6kj6

Cerebellar System

How to Pass Guide

https://tinyurl.com/yb5pn7o2

Step 4: Communication Skills

Communication skills can appear daunting, but again, by revising stations 1 and 3 you will learn about station 4. However, there are recurrent themes:

- Breaking bad news (for example multiple sclerosis or cancer)
- First fit with withdrawal of driving licence
- Patient or relative complaint
- Explaining a procedure (for example lumbar puncture)

An example of a common station 4 is resolving a patient or relative's complaint.

A clear understanding of the NHS complaints procedure is vital for the MRCP PACES.

The first line of defence against any potential complaint is always, always to attempt informal resolution as soon as possible.

This process of attempting informal resolution is one of the commonest scenarios encountered in the MRCP PACES, and vital in your working career.

Sensible doctors recognise that a few minutes invested in formal complaint prevention through informal resolution saves vast amounts of time, effort and hassle later - not to mention having the potential to leave complainants feeling better treated and more satisfied.

It is hard to overestimate the importance of doing this well. For this reason, attempting informal resolution of a complaint is one of the most common MRCP PACES scenarios.

The key steps involve:

1) Establishing the facts, as the complainant sees them.

2) Listening and demonstrating empathy.
Expressing regret (if the complaint is not reasonable or down to a misunderstanding rather than a complaint) that the complainant feels dissatisfied, or apologising if the complaint is legitimate - in most cases an apology is the best course of action.

3) Enquiring about any other concerns.
Setting out a proposed course of action to avoid similar problems if you can identify one.

Signposting the complainant to the Patient Advice and Liaison Service (PALS) office if they wish to make a formal complaint.

Things to avoid include getting cross yourself: interrupting, failing to apologise when this is appropriate, and not listening to the complainant.

The full process for handling complaints is set out in the NHS Constitution or your local guidelines. This describes expected response times, the process in detail and how patients can pursue matters with the ombudsman if still dissatisfied.

If you work outside the NHS, look at your local guidelines, but you can also use the NHS guidelines as a resource as these are considered the gold-standard and you are being examined by NHS consultants to UK medicine standards.

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We hope you have found this guide useful.

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