

## **Remote assessment of clinical skills: An investigation of candidates' performance in the MRCP(UK) Part 2 Clinical Examination (Practical Assessment of Clinical Examination Skills - PACES) under COVID restrictions**

Gerrard Phillips<sup>1</sup>

Chris McManus<sup>2</sup> and Liliana Chis<sup>3</sup>

<sup>1</sup> Executive Medical Director, The Federation of Royal Colleges of Physicians of the United Kingdom

<sup>2</sup> Emeritus Professor, Research Department, University College London

<sup>3</sup> MRCP(UK)

### **Abstract**

**Background:** MRCP(UK) PACES examination assesses the clinical knowledge, behaviours and skills of trainee doctors who aim to enter physician higher specialist training. Seven skills are assessed in five stations (1-5): 1:Respiratory and Abdominal examinations, 2:History taking, 3:Cardiovascular and Neurological examinations, 4:Communication skills and ethics, 5:Two brief clinical consultations. Pre-COVID, assessments were delivered in-person in a hospital ward or postgraduate education centre, using patients and surrogates. During the pandemic, the format of stations 2&4 was changed to remote assessment to introduce social distancing. Candidates were examined in a separate same-day mini-carousel via a video link to the surrogates and examiners. The other stations remained unchanged.

**Summary of work:** The main question asked whether totalled scores for Skill C: Clinical Communication, and Skill F: Managing Patients' Concerns, differed for stations administered remotely during COVID compared with in-person stations from before COVID. Participants were UK trainees sitting PACES for the first time, 5,274 in 2017-2019 (pre-COVID) and 2,074 during the pandemic.

**Results:** Overall scores on stations 2&4 and 5 were slightly but non-significantly lower during COVID, but as is usual in PACES, scores on station 5 were higher than those on stations 2&4. The key analysis used ANOVA to show that there was no significant interaction of station by COVID ( $p=0.852$ ), indicating that testing stations 2&4 remotely during COVID, compared with station 5 which remained in-person, did not alter candidates relative scores.

**Discussion:** COVID did not alter the pattern of scores on communication skills when stations 2&4 were tested remotely as compared with being tested in-person as a part of the normal carousel.

**Conclusion:** Remote assessment of clinical skills in communication stations had little impact on UK trainees' performance.

**Take-home messages:** Remote assessment of clinical skills is practical under special circumstances but it should be fit for purpose ensuring that high standards are maintained.

### **References (maximum three)**

1.S. Lara, C.W. Foster, M. Hawks and M. Montgomery. “Remote Assessment of Clinical Skills During COVID-19: A Virtual, High-Stakes, Summative Pediatric Objective Structured Clinical Examination.” *Acad Pediatr.* 2020 Aug; 20(6): 760–761. Published online 2020 Jun 5. doi: 10.1016/j.acap.2020.05.029 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7273144/>