

Physician Associate Registration Assessment

Annual report 2025

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Royal College
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Introduction

The Physician Associate Registration Assessment (PARA) is the national registration examination for physician associates. It is administered by the Royal College of Physicians (RCP) Assessment Unit on behalf of the General Medical Council (GMC). Formerly known as the Physician Associate National Examination (PANE), the PARA now forms part of the regulatory pathway for physician associates. The assessment comprises two components. The knowledge-based assessment (KBA) consists of 200 questions split across four papers (as of September 2025). Each paper is 60 minutes in duration and contains 50 questions. The observed structured clinical examination (OSCE) consists of 14 ‘live’ stations covering communication, diagnosis, clinical management and core procedural skills. It also includes two rest stations, which do not contribute to a candidate’s final exam performance.

This report aims to provide clear and accessible information on the PARA, including how it is governed and the measures in place to ensure the examination is fair, reliable and aligned with professional standards. It is intended to support transparency for the wider public and to offer helpful insight for prospective candidates and educators.

The report presents pass rates for the three examination sittings held in 2025, which coincide with the implementation of the GMC’s transitional arrangements after it became the regulator of PAs in December 2024. These sittings include the January and May 2025 assessments (then known as the PANE), and the first sitting as the new PARA in September 2025.

It also includes analysis of differential attainment, focusing on gender and ethnicity, as well as the performance of disabled candidates who sat the assessments with reasonable adjustments. To protect candidate anonymity, results are not reported for any group with fewer than 10 individuals.

To maintain the primary purpose of the PARA as a safety-focused assessment required to apply for registration with the GMC, this report does not include performance data by training institution. Instead, it focuses on high-level patterns that support ongoing monitoring of fairness and standards across the profession.

Performance in 2025

Candidate outcomes

All candidates who applied to sit both the KBA and OSCE were provided an examination seat within their selected exam window.

Full cohort

Sitting numbers and pass rates 2025

Table 1: Candidate numbers and pass rates (all candidates)

		Sitting (<i>n</i>)	Pass rate (%)
KBA	January	302	84.8
	May	94	72.3
	September	478	93.5
OSCE	January	318	80.5
	May	108	78.7
	September	469	80.0

UK first-time takers

From September 2025, the GMC began approving international applicants to sit the PARA examination. Candidates who fell into this category, as well as candidates who were required to resit a component, have been removed from the data presented in the table below. The number of international candidates currently remains low, so their results are not yet reported separately. The data below therefore reflect the performance of UK first-time takers only.

Sitting numbers and pass rates 2025

Table 2: Candidate numbers and pass rates (UK first time takers)

		Sitting (<i>n</i>)	Pass rate (%)
KBA	January	226	90.7
	May	39	81.1
	September	443	95.7
OSCE	January	212	84.9
	May	38	81.6
	September	441	82.8

KBA Equality, diversity and inclusion performance

Table 3: KBA gender, ethnicity and reasonable adjustments – sitting numbers and pass rates 2025

	Sitting (n)	Pass rate (%)
Gender		
Female	558	94.4
Male	143	89.5
Prefer not to say	6	83.3
Ethnicity		
Asian / Asian British	254	91.7
Black / African / Caribbean / Black British	94	91.5
Mixed – multiple ethnic groups	25	96.0
Other ethnic group	22	86.4
Prefer not to say	45	91.1
White	268	96.3
Reasonable adjustments		
Received reasonable adjustments	110	89.1
Did not receive reasonable adjustments	598	94.1

In 2025 a total of 708 candidates sat the KBA as first-time takers from a UK institution. The non-binary gender category has been removed from reporting due to small candidate numbers.

OSCE equality, diversity and inclusion performance

Table 4: OSCE gender, ethnicity and reasonable adjustments – number sitting and pass rates 2025

	Sitting (n)	Pass rate (%)
Gender*		
Female	546	85.7
Male	139	74.8
Prefer not to say	5	60.0
Ethnicity		
Asian / Asian British	259	78.0
Black / African / Caribbean / Black British	89	84.3
Mixed – multiple ethnic groups	23	91.3
Other ethnic group	20	70.0
Prefer not to say	40	77.5
White	260	89.6
Reasonable adjustments		
Received reasonable adjustments	79	86.1
Did not receive reasonable adjustments	612	83.0

In 2025 a total of 691 candidates sat the OSCE as a first-time taker from a UK institution. The non-binary gender category has been removed from reporting due to small candidate numbers.

Quality assurance process

The RCP is committed to ensuring that all PARA examinations are fair, reliable and aligned with current clinical standards. A number of mechanisms are used to ensure the quality of both components of the PARA assessment: the KBA and the OSCE. The following section outlines these processes.

Eligibility requirements for assessment contributors

All individuals involved in the development, standard setting and quality assurance of the PARA KBA and PARA OSCE must meet the following eligibility criteria:

- be in active practice as a physician associate*
- have at least 3 years post-qualification experience
- be registered and in good standing with the GMC, or equivalent
- be up to date as appropriate with relevant national guidelines, CPD requirements, employer's equality and diversity training and appraisal process
- interested in, but not necessarily expert in, medical academic assessments.

Knowledge-based assessment

The PARA KBA undergoes an extensive quality assurance process. Some elements occur on a continuing basis, while others occur throughout the year.

Question selection and initial review

Each KBA begins with a question selection meeting led by the PARA KBA lead, who ensures that the 200 questions selected for the examination map to the [PARA content blueprint](#).

The 200 questions are then clinically reviewed by the PARA KBA question paper review group (QPRG). This group aims to include representatives from all four nations of the UK and requires a minimum of five attendees to be quorate. The QPRG is responsible for ensuring that questions are clinically accurate, clearly worded and aligned with current guidelines and best practice before they are approved for use in the examination.

Standard setting

Once the content is finalised the QPRG then proceeds to standard set the examination, using the modified Angoff method to generate the pass mark. Each exam is reviewed separately, and the four 50-item papers are combined to determine the overall pass mark. One standard error of

* Where the applicant is not a physician associate, they must have 3 years demonstrable experience of working with, training, teaching or supervising the physician associate role.

measurement (SEM) is added to the pass mark to ensure that those deemed to have passed the exam have reached the required standard.

Post-exam review

Following the examination, the KBA lead chairs a meeting of the post-exam review group (PERG), which comprises the examination board's independent physician associates, with input from the KBA lead. During this review meeting the group reviews a report prepared by the Assessment Unit's psychometrics team, which includes indicators such as item facility (percentage of candidates answering correctly) and discrimination. Any questions that do not perform as anticipated are discussed in detail. Decisions are then made on whether to retain them with a recommendation for additional review before future use, or to remove them from the examination so they do not contribute to candidates' results. Where questions are removed, the standard setting calculations are adjusted accordingly.

Examination board review

The PARA examination board then considers the overall KBA examination report, prepared by the Assessment Unit psychometrics team. This review confirms that candidates' scores are accurate and that the examination provides a valid measure of a candidate's performance. Metrics reviewed include differential attainment (gender, ethnicity and disability), performance by attempt, standard error of measurement, pass mark calculations and overall pass rates.

Ongoing question development

Alongside the assessment cycle, the question writing group generates new content and reviews items highlighted for review by the PERG or the RCP psychometrics team. This ensures that the question bank remains clinically relevant and tests knowledge in line with current guidelines.

OSCE

All individuals who examine for the PARA OSCE must complete formal examiner training provided by the RCP Assessment Unit. To uphold professional standards, examiners must also meet the following criteria:

- be currently registered on the GMC register, or equivalent
- be in good standing with the GMC (or relevant regulatory body)
- have at least 3 years' post-registration experience (or, where the applicant is not a physician associate, 3 years' demonstrable experience of working with, training, teaching or supervising the physician associate role)
- be up to date as appropriate with relevant national guidelines, CPD requirements, employer's equality and diversity training and appraisal process
- be in active clinical practice at the time of appointment or be able to demonstrate current and substantial involvement in a PA educator role (individuals may continue to examine for a maximum of 3 years after they retire from clinical practice or their role as a PA educator).

The PARA OSCE undergoes a robust, multi-stage quality assurance process to ensure that the examination remains fair, reliable and aligned with current clinical practice.

Station allocation and scenario review

Each examination cycle begins with the allocation of stations against the PARA content blueprint, undertaken by the PARA clinical examination lead and the PARA deputy clinical examination lead. These stations are then reviewed by the scenario review group, which aims to include representatives from all four nations of the UK, and requires a minimum of five attendees to be quorate. The scenario review group ensures that all scenarios are clinically accurate, clearly worded and aligned with current guidelines and best practice.

Standard setting

Station-level and overall examination pass marks are standard set using the borderline regression method. All 14 station level pass marks are aggregated to inform a total score pass mark. One standard error of measurement (SEM) is added to the total score pass mark to ensure that those deemed to have passed the exam have reached the required standard. In addition, candidates must meet a conjunctive criterion of passing at least nine out of 14 stations. This requirement helps to ensure that candidates demonstrate a sufficient breadth of clinical competence across their OSCE. Its suitability continues to be monitored through ongoing analysis.

Examination board review

The examination board meets after each assessment period to review the OSCE examination report, prepared by the RCP Assessment Unit psychometrics team. The board confirms that candidates' scores are accurate and reflect a valid measure of a candidate's performance.

Metrics reviewed include differential attainment (gender, ethnicity and disability), performance by attempt, standard error of measurement, pass mark calculations and overall pass rates.

As part of the quality assurance process, individual stations may be excluded from candidate results if required. Where a station is removed, adjustments are made to the overall pass mark and the minimum number of stations needed to pass, ensuring fairness is maintained for all candidates.

Ongoing scenario development

Stations may be referred to the scenario writing group for improvement based on feedback from examiners, the examination board or the psychometric team. Only once a station has been fully reviewed and updated is it returned to the approved station bank for future use. This continuous cycle of review and refinement helps to maintain the integrity and relevance of the OSCE.

Governance updates

April 2025

The development group discussed a structural change to the KBA, moving from two papers of 100 items to four papers of 50 items. Following consideration, this was implemented from September 2025, with the aim of improving exam security and safeguarding the integrity of the assessment.

Regulation updates

June 2025

The examination regulations were updated to reflect the changes to the KBA structure, moving from two papers of 100 items to four papers of 50 items.

September 2025

Under the GMC's transitional arrangements running from 13 December 2024 until 13 December 2026, the PARA KBAs and OSCEs held between September 2025 and November 2026 will assess all candidates via a hybrid blueprint, which will contain content found in both the [2012 Competence and Curriculum Framework for the Physician Assistant](#) and the [2023 Physician Associate Curriculum](#).

Examination board

The examination board meets three times a year, immediately following the conclusion of each examination sitting. The board reviews the psychometric reports for both the KBA and OSCE examinations to confirm the reliability and validity of the assessments before ratifying candidates results for release. The board may also make recommendations to the development group for areas that may require further review.

Table 5: Examination board membership

Role	Profession
Senior examiner	PA
Clinical examination lead	Doctor – emergency medicine
KBA lead	Clinical education assessment expert
Deputy clinical examination lead	Doctor – primary care
Deputy KBA lead	Vacant
PA Schools Council representative	PA
External assessment expert	Doctor – diabetes and endocrinology
Independent PA	PA
Independent PA	PA
Independent PA	PA
Independent PA	PA
Head of research and psychometrics	RCP staff
RCP clinical lead for assessment	Doctor – consultant geriatrician (FRCP)

Development group

The development group meets twice a year to consider examination development, strategy and governance. The group reviews papers for the PARA KBA and PARA OSCE and makes recommendations for changes or improvements to the RCP Educating Board for ratification where required.

Table 6: Development group membership

Role	Profession
Chair	RCP executive director of Education
RCP clinical lead for assessment	Doctor – consultant geriatrician (FRCP)
Senior examiner	PA
KBA lead	Clinical education assessment expert
Clinical lead	Doctor – emergency medicine
Head of research and psychometrics	RCP staff
External assessment expert	Doctor – consultant geriatrician
External assessment expert	Clinical education assessment expert
PA Schools Council rep	Doctor – general practice
Independent PA	PA
Independent PA	PA
Invited observers	GMC head of assessment delivery

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