

# Review of Primary FRCA Examination 2017-2018

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## Introduction

This document reports on the Primary FRCA conducted through the year 2017-2018. It is intended that the document will be of interest and value to examiners, staff and officers of the Royal College of Anaesthetists, the General Medical Council, trainees, trainers and members of the public.

The exam consists of two separate components – a multiple choice written component (undertaken 3 times a year) and an oral component (also undertaken 3 times a year). Overall pass rate was lower this year in the MCQ examination and slightly higher in the oral examination.

Both components saw continuing high numbers of candidates. The nature of the oral examination means that this provides significant strain on the examining body, however there is some mitigation with the increasing size of the examining board (due to increased examiner recruitment over the last few years) as well as improvements in the examination process to try to ensure more efficient use of examiner time. Core groups have continued to be scheduled where possible during the examining week minimising the need to attend the college outside that time for most examiners.

Chris Leng was elected as Chair, for the academic year commencing August 2018, with Sian Jagger and Damien Doyle as Deputy and Vice Chairs respectively.

## The Examination

The Primary exam consists of two parts:

- A written paper
- An oral day consisting of the Structured Oral Examination (SOE) & the Objective Structured Clinical Examination (OSCE)

The primary exam tests the knowledge, understanding and application of basic sciences to anaesthetic practice along with an introduction to the clinical aspects of the profession. The science topics covered fall into the realms of physiology, pharmacology and physics.

### The Primary MCQ Exam:

The primary written exam consists of 2 sections:

- a) 60 MTF (multiple true/false) questions based upon physiology pharmacology and physics/clinical measurement. These are essentially a test of knowledge. Care is taken to ensure that the aggregate, historical, mean candidate score in each of the sixty questions lies between 0.75-0.8 (or 0.48-0.52 for questions that ran prior to September 2009 with negative marking), and that no more than 10% of the questions have run within 2 years of the exam under construction.
- b) 30 SBA (single best answers). These are designed to examine the application of the knowledge tested in the MCQ section. In each SBA, 4 marks may be awarded for each question. This reflects the ability to reject the 4 incorrect answers. Candidates have expressed concern that the SBA section may be detrimental to their chance of passing but since its inception, the section pass rate in SBA has been no lower than that in the MTF section and in the last three years has been significantly higher, improving the overall pass rate.

The MCQ Core Group convenes shortly after each written paper when each question stem is reviewed along with any candidate feedback on specific questions. The latest three sittings have continued the historical trend of MTF questions appearing robust, performing well and/or being positive discriminators. The SBA sections continue to include a number of new questions that have been through a rigorous quality assurance process by the MCQ Core Group. The SBAs consistently perform well, with the best answer almost always chosen by the highest percentage of candidates.

A maximum total score of 300 is possible for the 60 MTF questions and a further 120 marks for the 30 SBA questions. There is no negative marking. Historically, the pass marks of the MTF and SBA sections of the paper are always derived separately using the independent Angoff scores of an extended group of current and previous MCQ Core Group members. Their remit is to score the likelihood that the 'minimally competent' candidate will arrive at the correct answer to each question set. It is noteworthy that the averaged Angoff scores used within the MCQ Examination have remained remarkably consistent over the years.

The Angoff derived mark for the MTF and SBA sections are summated and a reduction applied to allow for one standard error of measurement (SEM). The SEM is derived using the standard deviation of the performance of the candidates and the KR-20 (see below). In the MCQ Exam, the applied SEM consistently reduces the pass mark in the candidates' favour by a further 9-10 marks. Furthermore, where statistical analysis derives marks that are not whole numbers, these are rounded down to again favour the candidates.

The KR-20 is derived as a measure of internal reliability of the Examination and reflects the number of test items, the candidate performance on every test item and the variance thereof. The combined KR-20 of the last three papers has been between 0.89-0.9 reflecting a reassuringly high reliability of testing. (At the last three sittings, the KR-20 for the MTF section was between 0.87-0.89 and the SBA section between 0.51-0.61, the latter reflecting the lower number of questions).

Attendee numbers across the current examination year (1177) continues the year on year upward trend seen in the last five years. The pass rates in this examination year sittings (57.1%, 58.3% and 51.9%) were broadly in line with the mean pass rate of the last 5 years. (57.3%).

The nominal pass rates in the SBA section continue to be significantly higher (mean 74.4%) than the MTF section (Mean 42.7%) and almost identical to the mean nominal pass rates of the two sections over the last five years (42.9% and 74.4% respectively). The higher performance of candidates in the SBA section offsets what would otherwise be a lower overall pass rate. This has been a consistent observation over the last five years.

## Percentage pass rates for MCQ over last 7 years (21 sittings)

Table Primary MCQ Performance in the last 6 years

Examination Year	Attendees	Overall	MTF Nominal	SBA Nominal	Angoff Mean	Exam KR-20	yearly No
Sitting	Per Exam	Pass Rate	Pass Rate	Pass Rate	score/420	Reliability	of candidates
<b>2011-2012</b>							
Sep-11	308	71.4%	N/A	N/A	310	0.89	1072
Feb-12	271	55.4%	N/A	N/A	309	0.92	
Jun-12	493	61.3%	N/A	N/A	306	0.93	
<b>2012-2013</b>							
Sep-12	255*	48.6%	N/A	N/A	312	0.91	739
Feb-13	248	51.2%	N/A	N/A	297	0.91	
Jun-13	491	59.1%	N/A	N/A	307	0.92	
<b>2013-2014</b>							
Sep-13	193	48.7%	37.3%	59.6%	301	0.87	765
Nov-13	196	54.6%	38.8%	73.5%	309	0.91	
Mar-14	376	60.6%	42.6%	81.9%	304	0.92	
<b>2014-2015</b>							
Sep-14	350	64.9%	50.9%	84.0%	297	0.91	941
Nov-14	263	75.3%	44.1%	97.0%	309	0.9	
Mar-15	328	52.7%	44.5%	60.4%	313	0.92	
<b>2015-2016</b>							
Sep-15	387	46.0%	42.9%	56.9%	298	0.915	1141
Nov-15	336	55.1%	47.6%	68.8%	** 296	0.88	
Mar-16	418	49.8%	45.0%	60.5%	*** 309	0.92	
<b>2016-2017</b>							
Sep-16	435	58.9%	32.2%	82.3%	** 308	0.86	1135
Nov-16	308	54.6%	30.2%	84.1%	*** 302	0.88	
Mar-17	392	53.1%	37.8%	69.9%	301	0.91	
<b>2017-2018</b>							
Sep-17	427	57.1%	60.9%	57.9%	296	0.89	1177
Nov-17	355	58.3%	36.6%	82.0%	** 306	0.9	
Mar-18	395	51.9%	30.6%	83.3%	**** 304	0.9	
<b>Overall</b>	<b>Mean</b>	56.1%	40.4%	71.7%			
	<b>Median</b>	54.6%	40.3%	69.4%			
	<b>SD</b>	0.079562475	0.07071346	0.11079008			

\*Adjusted  
 \*\* out of 418  
 \*\*\*out of 415  
 \*\*\*\*out of 419

Candidate attendance, outcome overall and for MTF and SBA components for last 5 years of primary examination along with Angoff score and reliability (KR-20)

## Oral examination (SOE/OSCE)

The oral examination consists of two components sat at the Royal College of Anaesthetists on the same day. The Structured Oral Examination (SOE) comprises of two 30 minute oral examinations and the Objective Structured Clinical Examination (OSCE) is one 107 minute examination as described in more detail below.

On their first attempt, candidates must take the SOE & OSCE at the same sitting. If a candidate is unsuccessful in one part they may retake this as a sole item in subsequent exams (i.e. to take the SOE alone they must have previously passed the OSCE & vice versa).

The oral exam is held 3 times per year and is now timed to allow candidates to enter soon after their MCQ success should they wish to do so. Changes to timings have been designed to allow candidates more attempts before they apply for Speciality training.

## Structured Oral Examination (SOE)

The SOE section of the oral examination gives the opportunity for examiners to explore a candidate's understanding as well as their knowledge of clinical and basic science concepts. To be eligible a candidate must have passed the MCQ exam.

The SOE section consists of 2 parts.

- SOE 1 – 2 sections, testing pharmacology (15 mins) and physiology (15 mins).
- SOE 2 – 2 sections, testing clinical (15 mins) and physics, equipment, safety & measurement (15 mins)

Each examination lasts a total of 30 minutes. In each section candidates are exposed to 3 questions of 5 minutes each, and their answers are evaluated independently by 2 examiners. Thus, a total of 4 examiners are involved in independent scoring for each candidate.

Each of the 4 sections of the SOE exam have their own working party. These are chaired by a senior examiner.

- Pharmacology – Carl Stevenson
- Physiology – Ian Shaw
- Clinical – Simon Vaughan
- Physics, safety & measurement – John Donnelly

The working parties are tasked with reviewing current questions and topics, introducing new questions and setting exams. With increasing examiner numbers we are now able to hold many (though not all) of these during exam week. As examiners are finding it increasingly difficult to get time away from their trust, this is providing a more consistent attendance at meetings. In order to maintain the standard of question papers, we continue to use the difficulty index ( $p$ ) [proportion of successful outcome in a question] and the discrimination index ( $D$ ) [association between candidate's success on individual questions and their success in the SOE overall]. This data also provides support to section leads in focusing review efforts on questions that are performing poorly (either high or low difficulty or poor discrimination).

In addition to the 4 videos on the website specifically looking at the SOE questioning, we have added one on the overall process of the exam. This is designed to assist those new to the college to familiarise themselves with order of the day and the facilities to try to reduce the stress associated with attending for the oral day.

## Objective Structured Clinical Examination (OSCE)

The OSCE consists of 17 - 18 consecutive stations (16 live plus 1 -2 rest stations) of 5 minutes duration each with a 1 minute break between stations.

A candidate may score a maximum of 20 marks at each station, and the sum of the mark at every station produces their final score. This is compared against a target score created by use of Limen referencing based on the Angoff score (pass-mark) of each of the individual stations.

Each day the results are analysed to ensure consistency of the process. In particular, candidates who score 1 mark under the pass mark have their performance reviewed.

Currently, the exam is paper based. The long term aim is to move across to an electronic platform but the need for absolute reliability and to avoid significant delays has precluded this at present. This will continue to be reviewed by the exam board.

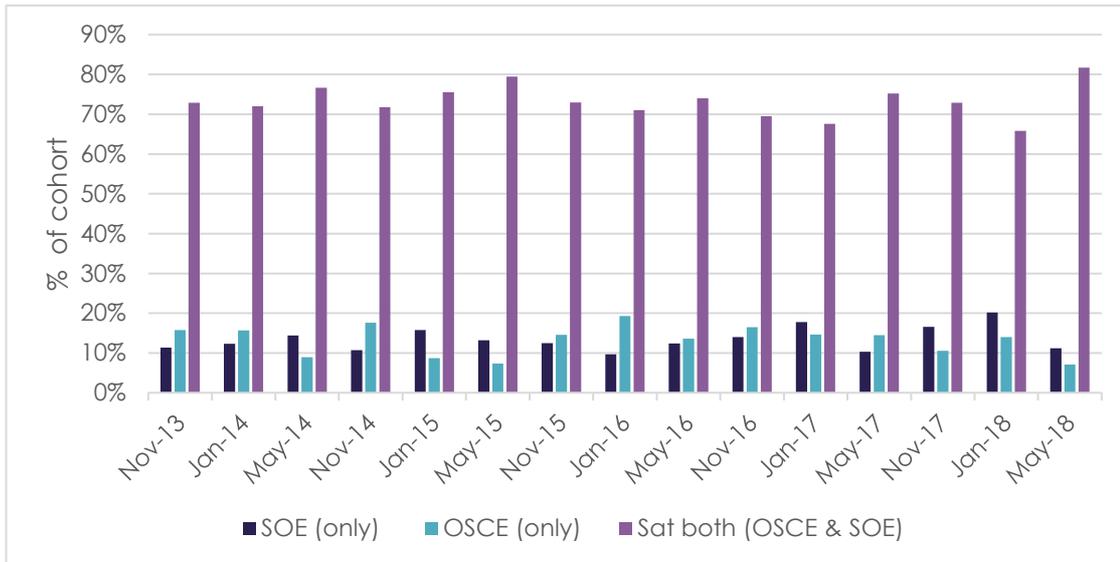
- a) Communication/history/interaction stations: the new assessment system continues to be rolled out into the history and communication stations. This better rewards those candidates who approach the question in an organised and professional manner rather than exhibiting a random scattergun approach. This approach to assessment has strong support of our Lay committee members. Following assessment of these questions, they are now 'live' and therefore part of the scored examination.
- b) Computer interactive stations: these stations remove the requirement for the presence of a dedicated examiner in the booth by designing a standalone kiosk capable of presenting a repeating 5-minute computer-based OSCE question to an entire round of candidates. Initially introduced to replace paper-based X-ray stations this approach has now been rolled out to anatomy and resuscitation stations. Despite the technical challenges encountered this has been a successful introduction and the working parties are now tasked with expanding the question bank to incorporate more booths.

The increase of computer-interactive stations should reduce the examining body requirement. This will potentially allow examiners to focus on the stations where examiner interaction provides additional benefit both in terms of the examination process and the scope of assessment.

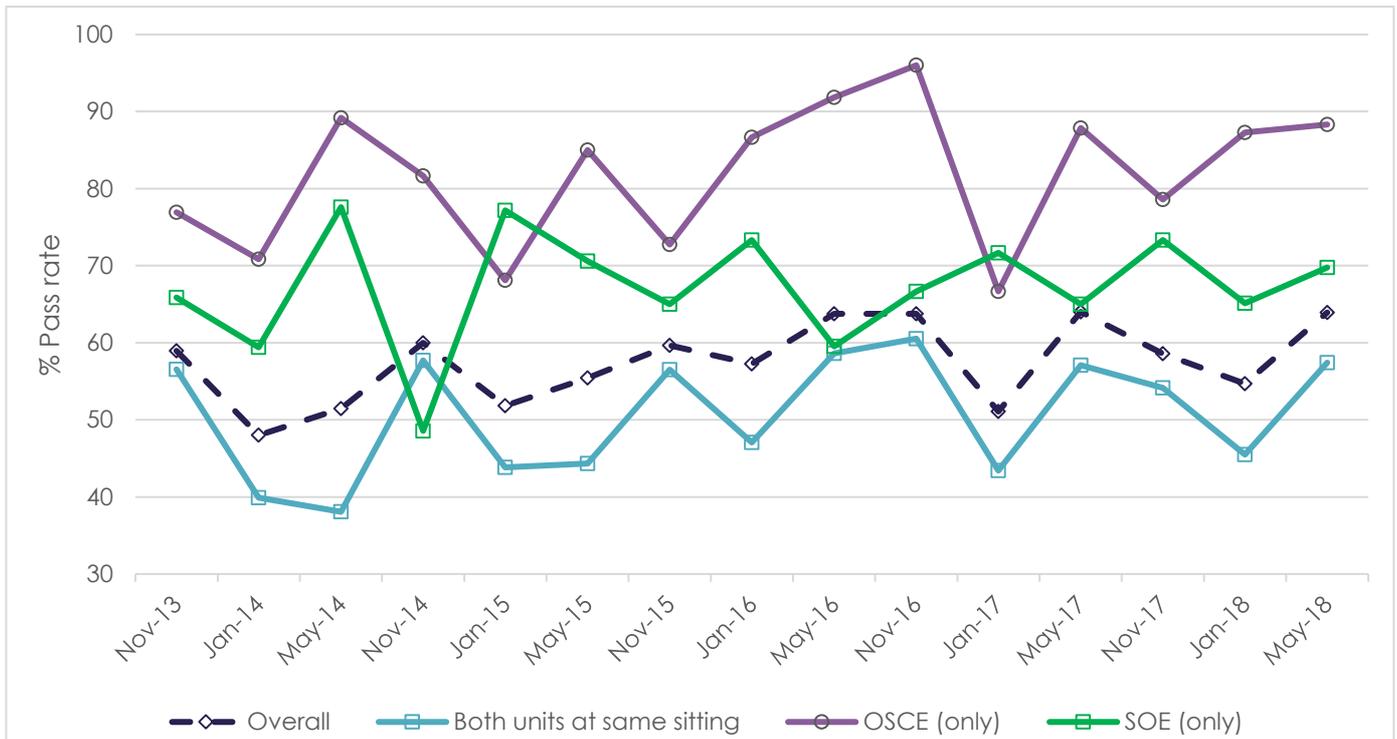
### SOE/OSCE Results 2017-2018

		PASS	Partial pass (SOE)	Partial pass (OSCE)	FAIL	n
NOV 2017	Sat both - First Attempt	58.61%	18.9%	10.7%	11.9%	244
	Sat both - resitting	26.3%	23.7%	18.4%	31.6%	38
	Sat SOE only	73%			27%	45
	Sat OSCE only	82.6%			17.4%	23
JAN 2018	Sat both - First Attempt	47.8%	19.2%	10.3%	22.7%	203
	Sat both - resitting	35.7%	28.6%	16.7%	19%	42
	Sat SOE only	64.3%			35.7%	42
	Sat OSCE only	87.3%			12.7%	55
MAY 2018	Sat both - First Attempt	59.4%	11.1%	12.6%	16.9%	207
	Sat both - resitting	50.9%	12.3%	24.6%	12.3%	57
	Sat SOE only	69%			31%	42
	Sat OSCE only	88.3%			11.7%	60

Table 2: Percentage pass, partial pass and fail for each of the 3 sittings of the oral examination with total number of candidates attending (excludes candidates who withdrew or failed to attend)



**Figure 1: Attendance at SOE & OSCE over last 5 years**



**Figure 2: Pass rate for both components, SOE only & OSCE only and overall pass rate for examination over the last 5 years.**

Overall, 1058 candidates attended the oral examination in 2017-2018 (compared with 1024 in 2016-2017). 626 passed the exam (either passing both components, or the one component they had left to pass).

This data confirms the view expressed in the 2016-2017 report that the performance of those sitting the exam for the first time in November and May have a similar expectation of success (59.42% and 58.61%). In January, the performance of those attempting the exam for the first time was significantly worse than in November or May at 47.8%.

Those candidates who sat the OSCE only in 2017-2018 compared to the previous year had a higher success rate compared to SOE only.

## Quality Assurance

It is vital to ensure the exam process is of high quality and remains fit for purpose. We are keen to ensure that the principal variable affecting the outcome for a candidate is their performance alone rather than inconsistency in the impact of the examiner, process or environment on the result. We have therefore continued our standard assurance processes around new examiners and conducting continuous monitoring of examiners by the use of appraisals and audits. In addition, we also collect candidate feedback, visitors' opinions and use the maintenance of call-over as a daily assurance of the process from the whole examining body.

## Examiners

The primary examination continues to be responsible for the induction and initial training of all examiners who join the examining body. This has been the largest cohort of new examiners which has led to significant strain on the process.

New examiners fill in a standard application form detailing their teaching, training, examination and administration experience. These are scored blindly by members of the exams committee and the top cohort of applicants duly appointed to the exam board.

All new examiners must attend a training day prior to commencing their first exam. In addition, they are expected to attend for the May exam immediately following their appointment and prior to commencing their term. New examiners are also mentored in their first week of carrying out exam assessments and they must also complete equality & diversity training. These measures are designed to ensure new examiners are well prepared for their first year of examining.

During their probationary year, new examiners are paired with experienced examiners to ensure they are familiar with the process. Videos are taken during both examining weeks and experienced examiners audit their performance. This data, along with the videos, is discussed at an appraisal at the end of their first year to give them an opportunity to reflect on their progress, formally discuss any issues they may have and discuss future contribution to the exam.

In 2017, 17 new examiners joined the board of examiners all of whom successfully completed their probationary year

- Samar Al-Rawi, Packianathaswamy Balaji, Manasi Bhagwat, Simon Ho Chau, Stuart Dolling, Manabendra Haldar, Billing John, Sumitra Lahiri, Andrew Lindley, Visweswar Nataraj, Judith Nolan, Lalitha Vedham, Thandla Raghavendra, Chhavi Srivastava, Adrienne Stewart, Jeremy Stone, Kamen Valchanov, Marcus Wood
- Following the completion of the exam year 11 examiners from years two, three and four moved to the final examination.
  - Bolaji Ayorinde, Geriant Briggs, Meera Bryant, Victor Francis, Michael Girgis, Sri Gummaraju, Manisha Kumar, Sudhansu Pattnaik, Ben Shippey, Julian Stone, Jonathan Wills.
- Tina Mcleod resigned from the board of examiners.

## Examination process

To ensure the exam process is consistent, fair and up to date we conduct regular working party meetings, where groups of examiners in the MCQ, OSCE and SOE review and update their question banks. A senior examiner chairs each of these working parties. Given the expansion in numbers we can now normally accommodate these during exam weeks, which greatly reduces the extra commitment from examiners throughout the year.

We continue to welcome and value the contribution of visitors. Whilst providing them with an insight into the exam process it will also help them to align practice sessions in their trust to the structure and standard expected in the exam. In addition, they are a valuable source of feedback on the standard of the exam as they are closely involved with trainees at this level and the standards expected of them. Reassuringly they generally assess the standard as appropriate and the quality of examiners as fair and consistent. We have recently changed the process of feedback delivery for these visits to use an online process, which we hope will ensure both more time and consideration is given to the feedback given and alone increase the independence of this appraisal.

We have regular visits from the Patient Liaison Group. As well as being interested in the overall exam process, they have been actively involved in the development of the communication stations and associated new assessment process.

At the end of each exam day, the body of examiners meets at call-over to discuss the exam for that day. Whilst not now reading the exam results each evening, call-over remains a vital part of the exam process. Results from the previous day are presented and any process issues that have been reported by the completion of an incident form are discussed to allow all examiners to learn and reflect. Candidates that performed particularly poorly are considered, and on occasion the Chair will write to the candidates College Tutor to provide feedback.

Borderline marks are reviewed in both OSCE & SOE before publication. All '36' marks in the SOE and 'fail by one' marks in the OSCE are checked for accuracy and comments are logged.

Over the year we have introduced a candidate feedback form to enable candidates to feedback to the exam about their experience and suggest developments to make the experience more bearable.

A review group of examiners meets at the end of each exam week to discuss the exam process, prize winner, new developments and problems arising during the week. This is a vital part of the process to ensure that problems, improvements and developments are appropriately discussed and approved by the senior exam body.

