

The newsletter for FRCA candidates

Welcome



This newsletter aims to keep all FRCA examination candidates abreast of examination news, changes and general statistics. *The Candidate* is published biannually and we will automatically send it to all candidates booked on to exams and post a copy on the website for future reference.

Each edition of *The Candidate* will focus on different areas of examinations regulations and remind doctors, who are thinking of applying for examinations in the near future, of exam eligibility requirements and where best to find revision resources. We will also keep you informed of the General Medical Council and Academy of Royal Medical College recommendations and guidelines.

In this edition, we provide more detailed advice on the future changes to the Final examination. Candidates who intend to apply for the September 2019 Final Written are advised that the Short Answer Question (SAQ) component will be replaced by a hybrid exam of six SAQs and six Constructed Response Questions (CRQ) in three hours. CRQ questions used in the mock exam trials along with a chair's report and summary of the mock exams is available on the <u>Final written page</u> of the website. If you have any further queries at all in regard to the changes for this exam then you should contact the examinations department exams@rcoa.ac.uk.

This newsletter will also give candidates general information on recent decisions made by the FRCA examinations committee and a look at pass rates and general statistics for the FRCA examinations held in the first half of academic year 2018–2019. If you are preparing for exams there is invaluable advice on how best to prepare.

We hope you will find this newsletter helpful. If you need further assistance in applying or preparing for examinations then please do not hesitate to contact the exams department exams@ccoa.ac.uk.

Exams Department

EXAM REVISION COURSES

PRIMARY FRCA MASTERCLASS 24–26 June 2019 | RCoA, London FINAL FRCA REVISION COURSE 1–5 July 2019 | RCoA, London



UPDATES IN ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT

17–19 June 2019 | Bristol **24–26 September 2019** | RCoA, London



CPD STUDY DAY 21 June 2019 | Hull



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Examinations roundup

Exams summary academic year 2018-2019

In academic year 17–18 there were 3,920 attempts recorded in all FRCA exams and the overall pass rate was 64.6%.

The number of attempts at the Primary MCQ was 1177, a 3.6% increase on last year. The pass rate was 62.7%, seven percentage points higher. There were 1058 attempts at the Primary OSCE/SOE, 3.2% higher than in 16–17. The 2017–18 pass rate was 59.2%, 4.9 percentage points higher than last year.

There were 819 attempts at the Final Written, a 4.5% decrease on last year's figures. 586 (71.6%) passed, which was 5.4 percentage points higher. Candidates made 866 attempts at the Final SOE examination, an increase of 13.5% on last year. 584 candidates achieved the Fellowship in 2017–18, with a 67.4% pass rate, two percentage points lower.

Summary of the Primary examinations 2017–2018

Attendee numbers for the Primary MCQ 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.

		PASS	Partial pass (SOE)	Partial pass (OSCE)	FAIL	n
	Sat both – first attempt	58.61%	18.9%	10.7%	11.9%	244
48	Sat both – resitting	26.3%	23.7%	18.4%	31.6%	38
NOV 2017	Sat SOE only	73%	_	_	27%	45
	Sat OSCE only	82.6%	-	-	17.4%	23
	Sat both – first attempt	47.8%	19.2%	10.3%	22.7%	203
Z 8	Sat both – resitting	35.7%	28.6%	16.7%	19%	42
JAN 2018	Sat SOE only	64.3%	_	_	35.7%	42
	Sat OSCE only	87.3%	_	_	12.7%	55
	Sat both – first attempt	59.4%	11.1%	12.6%	16.9%	207
MAY 2018	Sat both – resitting	50.9%	12.3%	24.6%	12.3%	57
< N	Sat SOE only	69%	-	_	31%	42
	Sat OSCE only	88.3%	_	_	11.7%	60

SOE/OSCE Results 2017-2018

The table on above gives percentage pass, partial pass and fail for each of the three sittings of the oral examination with total number of candidates attending (excludes candidates who withdrew or failed to attend)



90% 80% 70% of cohort 60% 50% 40% 30% К 20% 10% 0% Jon 15 MOY-15 × 404,15 MOY'IA 404-1A 1011-18 104⁻¹⁸ Johna 404.17 Jan hay hay is an hay OSCE (only) Sat both (OSCE & SOE) SOE (only)

The graph below shows the attendance figures for the last five years.

Overall, 1,058 candidates attended the OSCE and oral examinations in 2017–2018 (compared with 1,024 in 2016–2017). 626 passed the exam (either passing both components or 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%). However, in January, the performance of those attempting the exam for the first time was significantly worse than in November or May at 47.8%. For those candidates who sat the OSCE only in 2017–2018 compared to the previous year had a higher success rate compared to SOE only.

Final FRCA examinations summary 2017–2018

The Final FRCA Examinations 2017-2018

The improvement in the pass rate for the Final written examination seen since March 2016, continued in the 2017–2018 academic year. The pass rate of 75% in Sept 2017 was amongst the highest seen since the exam moved to its current format in September 2009. This is very encouraging and may reflect the fact that candidates now have until halfway through specialty training year 5 to complete the exam. Therefore they may feel less pressured to sit it sooner than they would like to. There is no evidence to suggest that the exam has become more or less difficult in this academic year. There have been no changes in the way the examination papers are constructed, in the sampling of questions across the curriculum or in the way the pass marks are calculated, and no significant change in the make-up of the Angoff reference group setting the pass mark. In addition, the statistical measures of internal consistency remain acceptable.



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Outcome statistics

Academic Year	2013-	2014	2014-	2015	2015-	2016	2016-	2017	2017-	2018
Examination date	Sept 2013	March 2014	Sept 2014	March 2015	Sept 2015	March 2016	Sept 2016	March 2017	Sept 2017	March 2018
Number applicants	348	461	287	471	359	534	427	470	422	428
Withdrawals / non attendees	13	20	8	9	12	20	23	16	18	13
Attendees	335	441	279	462	347	514	404	454	404	415
Pass rate: number (%)	227 (68%)	305 (69%)	114 (41%)	193 (42%)	123 (35%)	271 (53%)	285 70.5%	283 62.3%	75.0%	68.2%
MCQ Internal consistency KR-20	0.80	0.82	0.79	0.80	0.80	0.77	0.77	0.66	0.81	0.82
SAQ Internal consistency Cronbach alpha	0.68	0.74	0.79	0.78	0.79	0.77	0.77	0.80	0.86	0.82

A total of 866 candidates sat the Final SOE in 2017–2018. This was the largest number of candidates seen in the last five years, with the next largest cohort being 763 in 2016–17. The average pass rate for the academic year was 67.6%, which is in line with average pass rates in the years since the new exam format was put in place.

Academic Year	2013-	2014	2014-	2015	2015-	2016	2016-	2017	2017-2	2018
Examination date	Dec	June	Dec	June	Dec	June	Dec	June	Dec	June
	2013	2014	2014	2015	2015	2016	2016	2017	2017	2018
Candidates attending	351	384	243	267	214	319	374	389	455	411
Pass rate number (%)	235	261	157	170	142	225	253	246	294	290
	(67%)	(68%)	(65%)	(64%)	(66%)	(71%)	(67.6%)	(63.2%)	(64.6%)	(70.6%)

Summary

In the 2017–2018 academic year, there was a continued improvement in the pass rates for the written component of the Final FRCA examination when compared to the recent past. This resulted in an increased number of candidates sitting the structured oral examination, approximately two thirds of whom were successful in obtaining the Diploma of Fellow of the Royal College of Anaesthetists.

It is important to remember that one of the prime roles of postgraduate examinations is to maintain standards in healthcare. Possession of the FRCA diploma permits trainees to work with reduced levels of clinical supervision. It is vital therefore that, in order to protect those requiring the services of an anaesthetist in the UK and further afield, the standard of knowledge required to pass the FRCA examination is not reduced, and the rigorous process of exam and examiner quality control is not compromised. For these reasons, amongst others, it is important to recognize the efforts of our fellow examiners, many of whom are finding it increasingly difficult to get time away from work to perform their examination duties.



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The Primary FRCA MCQ examinations

September and November 2018

Primary FRCA MCQ Examination September 2018

447 candidates sat the September Primary MCQ, which was the biggest cohort since June 2013. The pass rate was 339/447 (75.84%). The nominal pass rates for MTF and SBA was 64.2% and 88.6% respectively, compared with 30.6% and 83.3% in March 2018. The pass rate for first time UK graduates was 82.9% compared to 74.5% in March 2018.

Primary MCQ November 2018

328 candidates sat the November 2018 Primary MCQ exam significantly lower than the 447 candidates who sat the September Primary MCQ, which was the biggest cohort since June 2013. The pass rate was 55.8%, which was similar to the mean for Primary MCQ pass rates. The nominal pass rates for MTF and SBA were 75% and 62.8% respectively. The KR20 for the exam was strong at 0.89.

Overview of candidates scores

The distribution of scores can be seen in the box and whisker diagram (right).

The range of total scores was from 208 (48.93%) to 392 (93.56%):

- The normal range (50% of candidates) scored between 298.5 (71.24%) to 339 (80.91%)
- There were five low outlying scores 205 (48.93%), 213 (50.84%), 219 (52.27%), 222 (52.98%), 238 (56.80%)
- The mean total score was 319 (76.05%) which is above the pass mark.



The Primary FRCA OSCE/SOE Examinations

November 2018 – January 2019

Primary OSCE/SOE November 2018

The majority of candidates were sitting both components; most of these were at their first attempt, some had failed both components at previous attempts.

The overall pass rate for candidates sitting both components was 49.38% (160/324 candidates). Of those who sat both components and had an overall fail, of these 29.94% (97/164 candidates passed at least one component.





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Total scores

The box plot below shows that although candidates achieved a higher mean score in the SOE component, the range of marks was much greater. Demonstrating there were a number of candidates who performed poorly in this exam. The more consistent scoring in the OSCE suggests candidates overall were better prepared for this component than the SOE. This data includes candidates sitting only one component as well as those sitting both.



	SOE		OSCE	
Range of total scores	0-48	0%-100%	207-271	49.69%-84.69%
Normal range (50% of candidates)	35-44	72.92%-91.67%	213-236	66.29%-74.38%
Median	40	83.33%	224	70.05%
Mean	38.77	80.78%	224.08	70.05%

Primary FRCA OSCE/SOE examination January 2019

367 candidates attended the January 2019 Primary FRCA OSCE/SOE exams with a pass rate of 54% which is in the normal range. There was a good range of pass rates for different days throughout the week, see left and there were no particular issues during the exam. No candidate fed back any issues about the additional OSCE round run on Tuesday evening in November, so this would be the preferred method to examine additional OSCE candidates in the future.

Overall	Pass	Fail	Pass rate
Monday	40	35	53.33%
Tuesday	41	34	54.67%
Wednesday	41	32	56.16%
Thursday	37	37	50.00%
Friday	39	31	55.71%
Overall	198	169	53.95%



Historical data

The chart below shows a slight decrease in those achieving an overall pass. The number of candidates achieving partial passes also decreased slightly from the previous November 2018 sitting to 22.34% (82 candidates). Attendance levels for this exam have fluctuated greatly since 2009.



The Final FRCA Written examination September 2018

The Final Written, September 2018

399 candidates attended the Final Written exam in September 2018. The pass rate overall was 44%. Although this is lower than the norm, the pass rates for the previous two sitting of 68% in March 2018 and 75% in September 2017 were higher than would be expected and pass rates for the last nine exams give a mean of 54.5%. We have seen similar pass rates to the current one in 2015–2016, when we experience 40%, 35% and 42% of candidates passing. The reliability coefficients for the September 2018 sitting were strong and as expected and the MCQ and SAQ exam both saw a reliability figure of >0.8. The pass rate for the SAQ section of the exam was 58%, which is a little lower than expected but comparable to previous sittings. The pass rate in the MCQ component was lower with a pass rate of 24%. There was no change to the Angoff process but fewer repeat questions were used, following concerns about candidates remembering questions. The lower pass rate is most likely to be down to a poor cohort. There was a query from the GMC in regard to a candidate questioning the low pass rate and we have sent a comprehensive reply back to the GMC.

The Final FRCA SOEs June and December 2018

Final FRCA SOE June 2018

427 candidates applied for this sitting of the Final SOE; of these 11 withdrew and 5 were absent. The overall pass rate was 70.56% (290/411). The pass rate fluctuated during the week with the strongest performing day being Monday with a pass rate of 79.55%.

Final FRCA SOE December 2018

This was the first exam in the new format, which worked extremely well. Examiners and candidates liked the new format. Examiners carried out a benchmarking exercise at the beginning of the week applying question scores and global scores to example videos. 315 candidates were examined over four days. The overall pass rate for the week was 76% which was 5 percentage points higher than the June 2018 pass rate of 71%.



The changes to the Final Exam – a closer look



From September 2019 – Changing the Short Answer Question (SAQ) Examination to a Constructed Response Question (CRQ) Examination

The Final examiners continue to run a series of CRQ writing days throughout 2018 in order to begin to build a bank of questions. Each question will go through a rigorous process of drafting, certification and approval before being accepted into the bank. As part of the question testing process a CRQ pilot exam, consisting of six questions was run at the January 2018 Final revision course. A second pilot exam will be run at the July Final revision course.

63 candidates sat the pilot exam in January, which went very well and was well received. The exam consisted of six CRQs in 1 hour and 30 minutes. The majority of candidates finished around 1 to 1.5 hours and all candidates finished in the time allowed. 90% of candidates felt it was easy to understand and most commented that they preferred the CRQ format asking if it could be introduced sooner that September 2019. A number of candidates commented that there was not enough space for answers especially where free text is required. It was agreed that we will supply spare paper for candidates to continue their answers. Some asked if they could give more answers where a specific number of options are required. Candidates commented that the mock was ICU biased but that is a reflection of the questions used rather than the exam itself. The nominal pass mark was 63% and the pass rate for the January mock was 43%, which was pretty good. The mean of the questions used was 12/20. The pilot will be run again in July and then the questions used for these mock exams will be put on the website with in-depth instructions.

The September 2019 exam will be the first exam run using CRQ questions. This first exam will be a hybrid SAQ/CRQ exam with six SAQ followed by six CRQs in three hours. It will remain a pen & paper test for at least one year (two exams) after the introduction of the new format. However, the aim is eventually to remove SAQs by September 2020 and move to computer based testing. Further details will appear on the College website in due course.

The FRCA Final examinations – Ensure you are up to date From December 2018 – the new format of the Final FRCA SOE

A number of amendments to the Final FRCA Structured Oral Examination (SOE) were introduced from December 2018:

- Change to the SOE timetable, introduction of an extra table change, so that candidates will see six examiners instead of four. This will be achieved by moving candidates to different exam floors halfway through SOE1.
- 2. SOE1 will run AM and consist of four short cases each with joined applied clinical science cases. The sequence will be short 1 followed by science 1, short 2 followed by science 2 and so on. The exam will be in two parts, Joined A and Joined B, taken in one sitting with candidates moving exam floors to sit both parts. Each part consists of two short cases with joined clinical science cases. Joined part A, run on exam floor 1, will be short and science 1 & 2. Joined part B, run on exam floor 2, will be short and science 3 & 4.
- 3. SOE2 will run PM and consist of a two-part long case followed by two stand-alone clinical short cases.



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See table below for further information:

SOE 1 AM Short cases and associated clinical science								
1st :	1st floor – To carry out Joined (Short/Sci) part A (1 and 2) all AM – Candidates move floors							
Question No.	Question type	Time/question	Examiners	Unit tested				
Short Case 1	Joined to Science	6.5 minutes	Examiner 1	See below				
Science 1	Linked to Short case	6.5 minutes	Examiner 1	Anatomy				
Short Case 2	Joined to Science	6.5 minutes	Examiner 2	See notes				
Science 2	linked to Short case	6.5 minutes	Examiner 2	Physiology				
	When bell rings candida	ates move to 2nd floor brief	fing rooms – 8 minutes					
2nd floor – To carry out (Short/Sci) part B (3 and 4) all AM - Candidates move floors								
Short Case 3	Joined to Science	6.5 minutes	Examiner 3	See notes				
Science 3	Linked to Short case	6.5 minutes	Examiner 3	Pharmacology				
Short Case 4	Joined to Science	6.5 minutes	Examiner 4	See notes				
Science 4	Linked to Short case	6.5 minutes	Examiner 4	Clinical measurement				
SOE 2 PM Clinical long case and standalone short cases								
	S	ame questions on both floor	5					
Long case preview – 10 minutes in briefing room								
Question No.	Question type	Time/question	Examiners	Unit tested				
Long Case	Pre op	6.5 minutes	Examiner 5	See notes				
Long Case	Inter-operative	6.5 minutes	Examiner 5	See notes				
Short Case 5	Stand alone	6.5 minutes	Examiner 6	See notes				
Short Case 6	Stand alone	6.5 minutes	Examiner 6	See notes				

Seven units of the curriculum will be tested in the exam:

- at least two topics from the General Duties Unit of the curriculum
- at least four topics from four of the six Essential Units of the curriculum
- may be up to one topic from the Optional Units of the curriculum.

New SOE format – marking structure and standard setting:

The exam will be in two sections, SOE1 (AM), will consist of: Four questions in Joined part A and 4 questions in Joined part B (spread over two marking sheets). Followed by SOE2 (PM) which will consists of: 2 questions in the long case and 2 questions in the stand-alone short cases (spread over two marking sheets). Therefore, there will be 12 questions in total across the SOE, two examiners marking, giving a maximum of 2 marks for each question, 12 X 2 X 2 = 48 marks total. The scoring sections will be split into Joined A (16 marks), Joined B (16 marks), Long case (8 marks), Short cases (8 marks).

The cut score will be achieved using borderline regression, backed up by an Hofstee calculation, to supply a sense-check of the BRM cut score. The statistical analysis data is reviewed by the examiners post exam. The final pass mark is agreed through a combination of statistical analysis and expert judgment. Therefore, results will not be released at the end of each exam day from December 2018 – candidates will be informed of their result on a set date following the exam.



Discussions and decisions – The Examinations Committee



Differential attainment

The College, whilst not outliers in respect of differential attainment, takes the issue very seriously. A number of research projects are in place and we aim to publish findings and answer important questions in regard to differential performance in examinations. The RCoA reported on the issue of differential attainment in the FRCA via an article in the Bulletin 92, July 2015, the article written by Dr Liam Bennan and Dr Andy Lumb presented data showing that in common with other speciality exams, some candidate groups perform better than others. The effects of gender, ethnicity, training post and primary medical qualification (PMQ) all affect outcomes. More recently, the College has undertaken two projects, which aim to better inform both candidates and trainers on how to optimally prepare for the FRCA:

Differential attainment in curricular components

This project looked at how candidate groups performed in the curricular units tested in Primary and Final FRCA. All questions from four sittings of the oral exams were mapped to the training curriculum then each candidate's score analysed (>20000 results per exam), see <u>full report</u> on the exams research page on the website.

Candidate survey of exam preparation

In three Primary and two Final exams candidates were asked to complete a questionnaire about how they had prepared for the oral examinations to identify if there was any correlation to exam performance and how candidates prepared for exams. The questions were developed with the college trainee committee, given to candidates after their exam but before the results were known, and then the responses matched to their overall result for that exam sitting, see <u>full report</u> on the exams research page on the website.

Further information and a summary of the above projects can also be found in *Bulletin* 110, July 2018.

Fair training pathways

The GMC have run a broad programme of work to better understand the nature of 'differential attainment' (why groups of doctors with certain characteristics on average perform less well in postgraduate training than their peers) and the actions examiners and others can take to help mitigate this. In 2015 the GMC commissioned the first part of a two part research project to understand what doctors in training and trainers perceived to be barriers to and enablers of progression. In part 2, which was released in May 2017, the GMC explored the findings from part 1 of the research with representatives from Royal Colleges and employers of doctors. The College played an active part in this second stage and examiners and exams staff took part. Both reports can be found on the links below:

- Fair Training Pathways for All: Understanding Experiences of Progression: Final Report
- Fair Training Pathways for All: Understanding
 Experiences of Progression. Part 2. Final Report



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An amendment to candidate briefings – changing cubicles in the SOEs

Candidates should be fully aware that the examiners will only move candidates to other cubicles under the following circumstances:

"....you will only be asked to move cubicles if either of your examiners is directly involved in your training, they are a relative or a personal friend. There is no requirement to move cubicles if you recognise your examiners from a meeting or you met them briefly in a hospital or on a course. Recognition is a two-way process if the examiner does not know the candidate then there is no requirement to move."

Additional feedback for MCQ candidates

Candidates who sit the Primary and Final FRCA MCQ are supplied with a full breakdown of question performance against the areas of the curriculum tested in the exam. Further information on the feedback provided to FRCA exam candidates can be found at Appendix 10 of the Examinations Regulations.

Reasonable adjustments at examinations – arrangements for disabled candidates

The policy on disability and reasonable adjustments give details on dealing with reasonable adjustment requests this follows the guidelines set out in the Academy of Medical Royal Colleges' *Reasonable Adjustments for Candidates with Disabilities in High Stakes Assessments* document (July 2017), which was produced following collaborative work from medical colleges. This policy was scrutinized by our legal team before being accepted into the regulations at Appendix 3. The new policy is supported by a set of Frequently Ask Questions (FAQs) which are available on the <u>College website</u> and provided to candidates who apply for all FRCA examinations.

Additional Final FRCA example questions now available

The Final Board of examiners are very aware that the most current version of the Guide to the Final is now over six years' old. However it would not be sensible to rewrite it until the new changes to the Final examinations have been introduced and proven. Therefore to assist candidates in preparing for the Final examinations in the current format the Final examiner board have released a series of new MTF, SBA and SOE questions on the <u>Resources to Candidates</u> pages of the website.





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The exam guides

Work is underway in regard to rewriting the Final guide, the chairs and leads of the Final exam have already submitted the introductions for each section and focus is now moving to writing and releasing sufficient questions to go into the new edition. It is hoped to finish the work and publish a new edition of the Guide to the Final exam in June/July 2019. Once the Final guide is complete, the Primary examiner review group will be asked to start work on a new Primary exam guide.

3D model of the exam floors

The College has completed work on a <u>3D model</u>, a virtual tour of the OSCE and SOE exam floors which can be accessed through the College website. This will allow exam applicants to take a walk around the OSCE and SOE floors before their exam day.

Exam briefing videos for SOEs

The exams department currently use a video to brief candidates attending the Final FRCA SOE exams on the rules, regulations and format of these exams. The video which has been used for the last five to six years will need renewing and rewriting to meet the new Final SOE format which is being introduced in December 2018. Therefore a new video will be produced during the summer of 2018 to meet the new requirement. It has also been agreed to produce a video for the Primary SOE candidate briefings which will ensure consistent instructions are relayed to candidates.

The curriculum review

The current curriculum is being replaced by an outcome based curricula which will consist of 14 High Level Outcomes (HLOs) to meet the GMC requirements. The largest HLOs are general and regional anaesthesia. There will be three stages of training: Stage 1 - years 1 – 3, core training. Stage 2 – years 4 – 5, intermediate and Stage 3 – years 6 – 7, advanced training. The curriculum review group are currently working on the HLOs, whilst there are 14, one HLO is not equal to one fourteenth of the curriculum.

The examinations strategy

The examiners are currently working on an examinations strategy document, which will be submitted as part of the overall College assessment strategy alongside the curriculum submission to the GMC in October 2019. The GMC documents; *Excellence by design (GMC Standards)* and *Designing and maintaining the assessment programme*, will be fundamental to completing the exams strategy template. The first task in creating this document

is to define a purpose statement for each exam component and clearly illustrate the role each exam plays against the overall assessment of trainee doctors.

Moving over from e-Portfolio to the Lifelong Learning platform

The last batch of trainees will move over to the Lifelong Learning platform in August 2019. We advise all trainees to download their e-Portfolio onto a few different devices, as the Training e-Portfolio will be decommissioned at the end of August. If you used the platform as an anaesthetist in training, please also ensure you download an offline version of your e-Portfolio record from the 'view portfolio' section. You can find a step by step guide if you click <u>here</u>.

Global Partnerships

The College is currently working with Iceland regarding core anaesthetic training and providing its expertise to set up a 'Training the Trainer' course. Icelandic trainees will be able to take the Primary exams in the UK and attend the Masterclass courses. Work is progressing quickly and the College is currently working with physicians, Emergency Medicine and ACCS.

Collaboration with the Hong Kong College of Anaesthesiologists continues and work is already underway to rewrite their curriculum to a competency based one. They have added the FRCA Final MCQ to their assessments and HKCA exam candidates will sit the FRCA MCQ paper as a part of their Final exams. The paper is sent out by courier and an FRCA examiner oversees the process and returns the candidate answer sheets to be marked by the College exams department.





Advice, exam formats and preparing for examinations



This is a regular feature and is often similar to the advice given in earlier editions of *The Candidate*.

General advice

Preparation is needed for the FRCA exams and we would suggest you start planning your revision at least three to four months before each one. Although it can be difficult to balance exam revision with a full-time job. It is possible with good organisation and discipline. On top of this, many people have other commitments such as children which makes revision even more difficult to fit in. One strategy could be to start with a half-day each weekend or a couple of evenings per week then buld up the amount of time as you get closer to the exam. Although people understandably try to fit in as much studying as possible in the run up to the exam, it is important to spend some time relaxing and doing enjoyable things too. Rather than making your time less efficient, allocating some time for relaxing is instead likely to make the time you spend on revision more productive.

A good first step would be to study in detail the College exam webpages. The resource for candidate pages provide example questions, information about the structure of the exam, videos and 3D tour software, so that you can experience walking around the exam floors before you arrive for an OSCE or SOE. There are 'run through' videos for most exam components so you can understand how a typical exam day pans out. In terms of what to revise, make sure you look carefully at the syllabus for each exam on the College website to check the areas you need to cover in your revision. There is no point covering areas which don't appear in the exam and your time would be better spend learning things which will be. It would likely be better when allocating revision time to try and concentrate on the areas you find most challenging instead.

Study leave and study budget policies vary by deanery and by hospital. Generally, study leave should be permitted to attend examinations, for private study and to attend relevant courses. You should check if your study budget can be used for exam fees or to pay for preparatory resources.

Our research shows that exam candidates who attend study group seem to perform better than those who don't. Forming a small group with colleagues who are also taking the same exam is a good way to share the burden. Teaching each other informally is a very good way of remembering key topics and being in a group can prevent the 'tunnel vision' of working alone. For practical examinations, assessing each other is one of the best ways to practise your skills.

Try and keep life going whilst you prepare for and sit exams. Keep eating healthily and keep doing some exercise, even if that's only a walk to the shops. Keep seeing friends and give yourself some time off to relax.

We are sure you don't need any advice about what to do when the exam is over. Try not to dwell on it too much and



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bear in mind that through a process of selective abstraction/ arbitrary inference we tend to remember the questions we got wrong and forget the ones we got right. When the results come out we hope you pass but if you haven't, don't be too hard on yourself. Many people have to re-sit exams, and although it may feel so at the time, it isn't the end of the world. It can feel bad if your colleagues pass and you don't and although it may feel that you are the only one in this situation, you really aren't. Take some time to get your mind around it. Work out when the next exam sitting is and try again.

The Primary MCQ

Applying online

You can apply for and pay for your exam online, go to the exam pages, MCQ and you will see the link. If you have not attended an event or an exam before you will have to register first, you can't login for an exam using your e-portfolio details. As soon as you are registered you should be able to book on to your exam, choose your exam centre and let the exams department know if you require any 'reasonable adjustments' because of a disability. You will be asked to pay for your exam using PayPal.

Reasonable adjustments

During the online application process you will be asked if you have a disability if you reply yes, you will then be asked if you require any reasonable adjustments. If you reply no or prefer not to say. Then we will assume you do not have a disability and/or do not require any reasonable adjustments for your exam. If you indicate you require adjustments, then it is your duty to follow up by emailing the exams department. You will then be contacted by the Head of Examinations to discuss the reasonable adjustments you require for your exam.

Check the address and whereabouts of your centre

The College holds written exams in London, Birmingham, Cardiff, Manchester, Sheffield, Edinburgh and Belfast. Whilst the cities remain constant the centre used may vary. If it is your first attendance then work out where the venue is and how long it will take to get there, always allow for delays and arrive early.

Practice, practice and then practice some more

Always practice as many MCQs as you can. Reading is important but practice is essential. There are many MTF questions in the public domain. Examples of the SBAs are harder to come by at present as the College continues to populate the question bank. There are 12 or so on the website and 30 in the Primary guide.

Don't leave blanks and mark only one answer. Make sure

you enter a choice for every MTF item and SBA question. If you leave one blank it will be recorded as a 'void' (no marks awarded). No marks are deducted for wrong answers. If you mark both true and false for an MTF question your answer will be void. More than one response to an SBA question will result in a void. Always check you have not done this. A good technique for answering SBAs is to cover up the five options then read the scenario and lead-in and try to think of the answer without reference to the options given, then reveal the options and see if the answer you thought of is set out in the options.

It's all a matter of timing

Practice doing 60 MTFs in less than two hours, and 30 SBAs should take approximately one hour. During the exam you will be able to see a clock from your desk and the invigilator will give time checks, ensure you are progressing as you expected. Allow enough time to transfer answers from question book to answer sheet, if this is the way you work. Allow 45 minutes to transfer the answers from your question booklet to your OMR sheet and check everything has been moved across correctly.

The Primary OSCE SOE

Read the information sheet on the College <u>website</u>. This gives you all the advice you needin regard to the exam. Please read them. As with all our exams there are a number of videos available on the RCoA <u>YouTube</u> for OSCE and Primary SOE. There is a Primary OSCE/SOE run through video that tells you what to expect on a standard day of Primary OSCE and SOE exams.





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Get organised

Arrive at the College at least 45 minutes before your first exam. Bring a £1 coin for the lockers. Listen to what the doorman has to say, you'll find it helpful. Be in the reception area in good time for your exam call. Get some fresh air between exams. Eat and drink throughout the day. Once you have done one exam forget about it and focus on what comes next.

OSCE

The OSCE is a matter of endurance, there are 16, 5 minute stations. You have one minute to read the information outside the station, ensure you take it all in. Concentrate on each question asked you, and give an answer, the Examiner can't go back over questions you miss as the answers may be revealed later in the scenario. If you feel a station didn't go particularly well, then forget it and worry later, ensure you go to each new station with a clear mind. The image and kiosk stations do not have an examiner in attendance. You will be asked questions via a computer screen about an x-ray, ECG or an anatomy pictureusing a computer screenWatch the OSCE spotlight videos on the YouTube channel.

SOE technique

Technique improves with practice. Try to look confident, smile, and speak slowly and clearly. Listen to the question. Pause before you answer, it gives you time to think. Be precise, avoid using 'probably' or 'maybe' as it could undermine any correct answer you give. If you know there are a number of different approaches to a problem, then say so and follow up by confirming the technique that you would use. Remember you are trying to demonstrate that you are knowledgeable and decisive not vague and non-committal. If you make a mistake, say so and correct yourself. Watch the Primary SOE videos on the <u>RCoA YouTube</u> channel.

The Final Written Exam

As from September 2019 the SAQ exam will begin to be replaced by the Constructed Response Question (CRQ) exam. The September exam will consist of 6 SAQs and 6 CRQs (that's 1 question every 15 minutes). Each question is marked out of 20 with the pass mark determined by the board of examiners. The pass marks for all questions are summed to give a total mark.

Each SAQ or CRQ question is split into sections (a, b, c etc) each section carries an appropriate weighted mark of the whole score for the question.

The MCQ is 60 multiple true/false (MTF) and 30 single best answer (SBA) questions.

MTF questions have five items, each item carries one mark. SBA questions are awarded four marks for each correct question. 60×5 and $4 \times 30 = 420$ available marks. The pass mark is determined using GMC approved methods.

The overall pass mark for the written exam is the sum of the percentage pass marks of the MCQ and SAQ papers. Each part carries equal weight, so if you narrowly fail in one exam component you can still pass by achieving a good performance in the other.

The Final Written examination run through video is available on the College's YouTube channel.

The exam runs from 09.00 – 17.00

It's a long day with an early start. If you have a long trip to your exam centre, consider travelling down the day before.

Prepare, practice, prepare, practice

The MCQ and the SAQ require two different exam techniques. When you decide to sit the Final Written exam don't allow any distractions, remain 100% focussed. Practice both types of exams. Past SAQ papers are available on the website. MTF questions are available in the Final guide and SBA questions are available on the website. Practice mock exams. Attend an appropriately aimed course. Talk to your training team and take advice.

SAQ/CRQ technique

The SAQ/CRQ paper is hard work, candidates rarely finish the paper and leave the exam room in less than three hours. With the September 2019 paper being a hybrid of two formats candidates will have to adjust their approach for each question type. This will take practice, as answering SAQs are not always intuitive and the CRQ questions will require a structured approach, candidates must read the questions carefully and only give the specific answers asked for. CRQs have more subsections than SAQs and may also include data and other artefacts.

Be disciplined you have 15 minutes for each question, allow 13. If you stick to this you will have enough time left at the end of the paper to review each question and add extra info as you check them.

Answer every question but only once

All 12 questions whether CRQ or SAQ are compulsory, if you don't answer all 12 then you will fail. The questions are spread out across 6 booklets (3 booklets containing SAQ and three containing CRQs. You must put your answers in the correct booklets, don't get this wrong. As you answer them in the booklets – tick them off on the question paper provided.



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In the MCQ ensure you give an answer for all MTF and SBA questions, there are no marks deducted for wrong answers. Ensure you check you haven't indicated more than one answer for each MTF or SBA or you'll receive no marks for those questions. A good technique for answering SBAs is to cover up the five options then read the scenario and lead-in and try to think of the answer without reference to the options given, then reveal the options and see if the answer you thought of is set out in the options.

Exam syllabus

Exam questions are mapped to the relevant curriculum (Final = Intermediate Level, although questions can be made up from competencies in the Basic level). The areas of the curriculum that are tested in exams are identified by the letter 'E'. These 'E' competencies make up the exam syllabus.

The Final SOE exam

The format of the Final SOE is now quite different from the structure used prior to December 2018:

Structure of the exam

SOE1 – Clinical anaesthesia with linked applied clinical science (normally am), consisting of:

Four clinical short cases each with linked applied clinical science questions. The sequence is normally, clinical short case 1 followed by science question 1, clinical short case 2 followed by science question 2 etc. However, in some instances the linked science question will be covered before the clinical short case (e.g. science question 1 followed by clinical short case 1 etc). This SOE will be in two parts, A and

B, taken consecutively, with candidates moving exam floors to sit both parts. Each part is 26 minutes in duration, comprising of two clinical short cases with linked clinical science questions, as described above, with 13 minutes devoted to each pair of questions.

SOE2 - Clinical anaesthesia (normally pm), consisting of:

A two section clinical long case followed by two standalone clinical short cases taken in one sitting. This SOE is 36 minutes in duration, comprising of 10 minutes to view clinical material, 13 minutes devoted to a two section clinical long case and 13 minutes devoted to two questions on clinical anaesthesia unrelated to the clinical long case.

Example questions in the new format (to be used from December 2018) can be found on related downloads on the Final SOE candidate resources page.

Manage your day

The clinical anaesthesia with linked science is normally held before lunch and the Clinical long and short cases SOE after lunch. Arrive at the College at least 45 minutes before your first exam. Bring a £1 coin for the locker. Get some fresh air between exams. Bring reading material as there will be lots of time between exams. Ensure you eat and drink throughout the day. Once you have finished the morning exam forget about it and focus on Science.

Listen to the question

Listen carefully to the questions and make sure you answer the question that was asked in a careful but considered





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manner. Don't just regurgitate a list of facts in a scattergun approach hoping that you might just give some key answers. If the answer is not immediately obvious to you try talking it through from first principles, draw a diagram if it helps.

Technique helps

Attend practice orals or a Final course. Whilst you will have done orals at Primary level, the Final is quite different. Watch the Final SOE films, available on the Resources For Candidates pages of the College website.

Block out the noise and consider others

The SOE environment suffers from noise issues, there are normally 12 cubicles all working through the same questions at the same time. This is usually in the background and you can blank this out by concentrating on the examiner speaking to you and focussing on your replies. However, you should consider other candidates when answering questions in your cubicle; try to keep the volume of your voice in line with that of your examiners. If you do begin to speak too loudly, you may be asked to lower your voice, don't be put off by this and just re-set your voice at a lower level and carry on.

Watch the example videos

Short examples of a long case, short case and applied clinical science questions are available on the RCoA YouTube channel. These videos should be viewed as an aid to study, and are intended as an example of a model answer. Well worth watching.

How to approach questions with images

Images such as x-rays may be used in long and short cases and there is plans to introduce images into the CRQ and MCQ exams.

Many candidates find image questions difficult. You may find these hints useful.

Use an ordered approach:

- 1. Very carefully read the question stem before looking at the image.
- 2. Then look at the image and see if you can answer the question without reading the answer stems.
- 3. Finally, read the answer stems.

This approach reduces the confirmation bias that you might otherwise experience by knowing what options are available.

It is helpful to know that each image has been very carefully reviewed several times by many examiners before each exam. They have all been able to identify the correct answer and see the abnormality without adjusting screen resolution or zooming. If you are having to do this you are probably missing a key aspect in the history or question stem.

This is in stark contrast to clinical situations where higher quality images might identify unexpected findings. Please do not be put off by this.

Put simply, the images will be of sufficient quality to allow candidates to answer the question posed and whilst they may vary in the level of detail that can be appreciated they will be suitable for the question asked. If you think you need much more detail or higher image quality than that which is provided, you are probably thinking along the wrong lines and go back to the question stem again and check it carefully.

If a question has inadvertently been placed in a written exam which, for technical reasons fails on the day, the examiner core group will identify this during the Angoff/item analysis process (post-examination question review) and it will be excluded from the overall mark for all candidates.



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EVENTS CALENDAR

Further information about all of our events can be found on our website.

www.rcoa.ac.uk/events events@rcoa.ac.uk I @RCoANews



JUNE

Regional Anaesthesia Masterclass 4 June 2019 RCoA, London

Airway Management: Training the Trainer 6 June 2019 RCoA, London

UK Training in Emergency Airway Management (TEAM) 10–11 June 2019 Solihull Hospital

Anaesthetists as Educators: An Introduction 11 June 2019

RCoA, London

FPM Study Day: Musculoskeletal System Examination for Diagnosing Pain Problems 12 June 2019 RCoA, London

FICM Annual Meeting: End of Life Matters! 13 June 2019 RCoA, London

Updates in Anaesthesia, Critical Care and Pain Management 17–19 June 2019 Mercure Hotel, Bristol

UK Training in Emergency Airway Management (TEAM) 20–21 June 2019 Royal United Hospital, Bath

CPD Study Day – Hull 21 June 2019 Double Tree by Hilton, Hull Primary FRCA Revision Course 24–27 June 2019 RCoA, London



GASagain (Giving Anaesthesia Safely Again) 26 June 2019 Royal Bournemouth Hospital

UPDATES IN ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT 17–19 June 2019 | Bristol



View the full programme online now



Discounts available for RCoA-registered Senior Fellows and Members, Anaesthetists in Training, Foundation Year Doctors and Medical Students. See our website for details.

Book your place at www.rcoa.ac.uk/events



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JULY

Final FRCA Revision Course 1–5 July 2019 RCoA, London

SEPTEMBER

Updates in Anaesthesia, Critical Care and Pain Management 24–26 September 2019 RCoA, London

Developing World Anaesthesia 30 September 2019 RCoA, London

OCTOBER

Anaesthetists as Educators: An Introduction 1 October 2019 RCoA, London

Anaesthetists as Educators: Simulation Unplugged 2 October 2019 RCoA, London

Ultrasound Workshop 8 October 2019 RCoA, London

A Career in Anaesthesia: Foundation Year Doctors 9 October 2019 RCoA, London

LTFT Matters 2019 17 October 2019 AAGBI, London GASagain (Giving Anaesthesia Safely Again) 18 October 2019 RCoA, London

UK Training in Emergency Airway Management (TEAM) 28–29 October 2019 RCoA, London

NOVEMBER

UK Training in Emergency Airway Management (TEAM) 7–8 November 2019 Royal Infirmary of Edinburgh

RCoA/RCEM Major Trauma Study Day 13 November 2019 London

Anaesthetists as Educators: Teaching and Training in the Workplace 14–15 November 2019 RCoA, London

Clinical Directors Meeting 18 November 2019 RCoA, London

Leadership and Management: Working well in Teams 20 November 2019 RCoA, London

 Anaesthetists as Educators:
 Anaesthetists' Non-Technical Skills (ANTS)
 22 November 2019
 RCoA, London

DECEMBER

Anaesthesia Research 2019 2–3 December 2019 Principal Hotel, York

Winter Symposium 10–11 December 2019 RCoA, London

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JANUARY 2020

Primary FRCA Revision Course 14–17 January 2020 RCoA, London

GASagain (Giving Anaesthesia Safely Again) 15 January 2020 Bradford Royal Infirmary

Final FRCA Revision Course 20–24 January 2020 RCoA, London



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2019/2020 DATES FOR THE DIARY

MAY	
13–17 MAY 27 May	PRIMARY FRCA OSCE/SOE EXAMINATION Bank Holiday – College Closed
JUNE	
10 JUNE	APPLICATION OPENING DATE FOR PRIMARY FRCA MCQ SEPTEMBER 19
17 JUNE	APPLICATION OPENING DATE FOR FINAL FRCA WRITTEN SEPTEMBER 19
17–21 JUNE	FINAL FRCA SOE EXAMINATIONS
JULY	
9 JULY	FFICM FINAL MCQ EXAMINATION
23 JULY	APPLICATION CLOSING DATE FOR FINAL FRCA WRITTEN SEPTEMBER 19
25 JULY	APPLICATION CLOSING DATE FOR PRIMARY FRCA MCQ SEPTEMBER 19
AUGUST	
19 AUGUST	APPLICATION OPENING DATE FOR PRIMARY OSCE/SOE NOVEMBER 19
26 AUGUST	COLLEGE CLOSED
28 AUGUST	FFPMRCA MCQ EXAMINATION
SEPTEMBER	
2 SEPTEMBER	APPLICATION OPENING DATE FOR FINAL FRCA SOE DECEMBER 19
2 SEPTEMBER	APPLICATION OPENING DATE FOR PRIMARY FRCA MCQ NOVEMBER 19
3 SEPTEMBER	PRIMARY FRCA MCQ EXAMINATION
5 SEPTEMBER 10 September	EXAMINATIONS COMMITTEE MEETING Final written examination
10 SEPTEMBER	PRIMARY MCQ CORE GROUP
18 SEPTEMBER	FINAL SAQ STANDARD CHECKING MEETING
19 SEPTEMBER	OSCE WP
26 SEPTEMBER	PA (A) OSCE

OCTOBER

3 OCTOBER	APPLICATION CLOSING DATE PRIMARY FRCA OSCE/SOE NOVEMBER 19
4 OCTOBER	NEW EXAMINER TRAINING DAY Primary and final
10 OCTOBER	APPLICATION CLOSING DATE PRIMARY Frca MCQ November 19
14 OCTOBER	APPLICATION OPENING DATE PRIMARY FRCA OSCE/SOE JANUARY 19
15 –16 OCTOBER	FFICM OSCE/SOE EXAMINATION
22 OCTOBER	APPLICATION CLOSING DATE FINAL FRCA SOE DECEMBER 19
22 OCTOBER	FFPMRCA SOE EXAMINATION
28 OCTOBER	FINAL WRITTEN OPENING DATE FOR March 20 Exam
29 OCTOBER	PRIMARY FRCA MCQ OPENING DATE For March 20 Exam

NOVEMBER

4–8 NOVEMBER	PRIMARY FRCA OSCE/SOE EXAMINATION
14 NOVEMBER	EXAMINATIONS COMMITTEE
19 NOVEMBER	PRIMARY FRCA MCQ EXAMINATION
27 NOVEMBER	PRIMARY MCQ CORE GROUP

DECEMBER

2–6 DECEMBER	FINAL FRCA SOE EXAMINATIONS
5 DECEMBER	APPLICATION CLOSING DATE PRIMARY
	FRCA OSCE/SOE JANUARY 20
12 DECEMBER	OSCE WP
25 DEC-1 JAN 20	COLLEGE CLOSED