Royal College of Anaesthetists

FRCA Annual Examination Report

Academic year, July 2024 to June 2025

Contents

Design and layout by the Royal College of Anaesthetists.

Registered Charity No: 1013887
Registered Charity in Scotland No: SCO37737
VAT Registration No: GB 927 2364 18

Information correct as at December 2025.

How to use this report

This Annual Examination Report is primarily an official quality and governance document, but several sections are designed to be directly useful for candidates, educational supervisors and College tutors.

If you are short of time, you do not need to read the report from cover to cover. Instead, you may find it helpful to focus on the sections most relevant to your role and stage of training:

If you are preparing for the Primary FRCA

- See Section 3 – Primary FRCA examination for:
  - exam structure and format
  - pass rates and cohort trends
  - information on how pass marks are set and how reliability is monitored.
- See Sections 5.1–5.3 – Candidate guidance for:
  - common candidate strengths and pitfalls in the Primary Multiple Choice Question (MCQ), Structured Oral Examination (SOE) and Objective Structured Clinical Examination (OSCE)
  - practical revision strategies and exam technique tips
  - areas of the curriculum that frequently cause difficulty.

If you are preparing for the Final FRCA

- See Section 4 – Final FRCA examination for:
  - structure and format of the Final Written (MCQ and Constructed Response Question [CRQ]) and SOE
  - pass rates, cohort trends and changes affecting outcomes, eg Standard Error of Measurement (SEM) removal.
- See Sections 5.4–5.6 – Candidate guidance for:
  - detailed advice on answering MCQ, CRQ and SOE questions
  - examiner observations on common errors and weaker topic areas
  - suggestions for structuring answers and practising under exam conditions.

If you have, or support someone with, a disability or long-term health condition

- See Section 6 – Reasonable adjustments for:
  - the RA policy and how to apply
  - evidence requirements and timelines
  - the range of adjustments that may be available in written and clinical exams.

If you are interested in exam quality assurance, policy and future changes

- See Section 7 – New examination policies and Section 8 – Examiner recruitment and quality assurance for:
  - new and updated examination policies
  - examiner recruitment, training, performance management and QA processes.
- See Section 9 – Examination reviews for:
  - key recommendations from recent internal and independent reviews
  - how these are shaping the development of new, circuit-based clinical performance examinations planned for 2027/2028.

Many candidates and trainers may wish to start with the Executive summary (Section 1) for a high-level overview, and then move directly to the relevant component-specific guidance in Section 5, using the earlier sections mainly as background on standards, reliability, and examination design.

Annual Report of the Fellowship of the Royal College of Anaesthetists (FRCA) Examination

Academic year, July 2024 to June 2025

1 Executive summary

This report presents an overview of the year's examination activity, alongside reflections on candidate performance, examiner quality assurance (QA), policy updates, and long-term developments shaping the future of the FRCA.

This academic year saw substantial progress in strengthening the delivery, governance, and long-term development of the FRCA examination. Key developments included below.

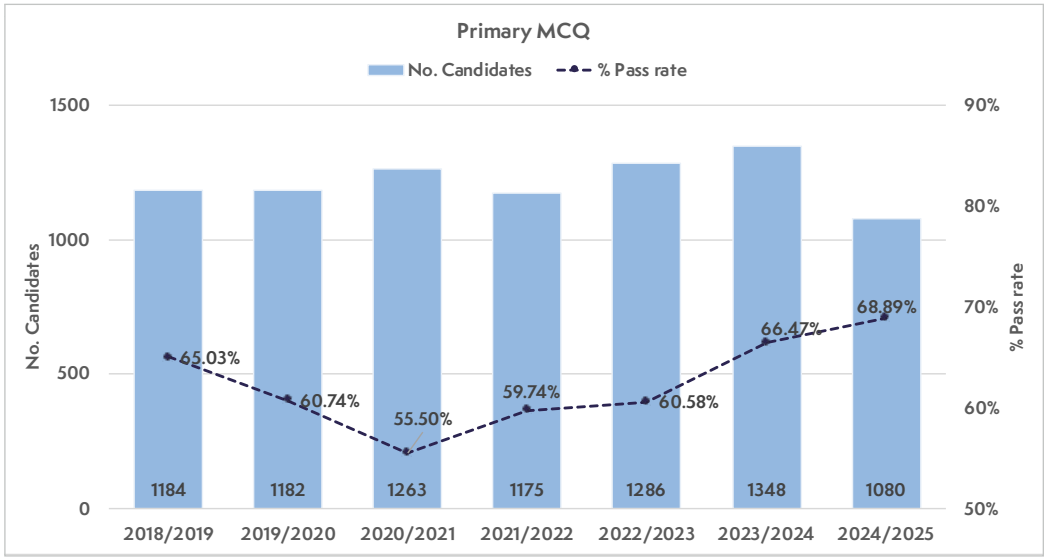
- Continued refinement of blueprinting methodology to ensure curriculum coverage and comparability between sittings.
- Implementation of a new examiner performance framework to support consistent delivery and professional standards.
- Targeted revisions to guidance and training for CRQ marking following stakeholder feedback.
- Launch of a revised reasonable adjustment (RA) policy (effective from January 2025) to improve clarity, fairness, and operational feasibility.
- Introduction of a new Complaints and Appeals Policy in August 2025, providing clearer pathways for resolution and transparency.
- Development of new online training modules for examiners, scheduled for release in September 2025 to enhance onboarding and ongoing development.

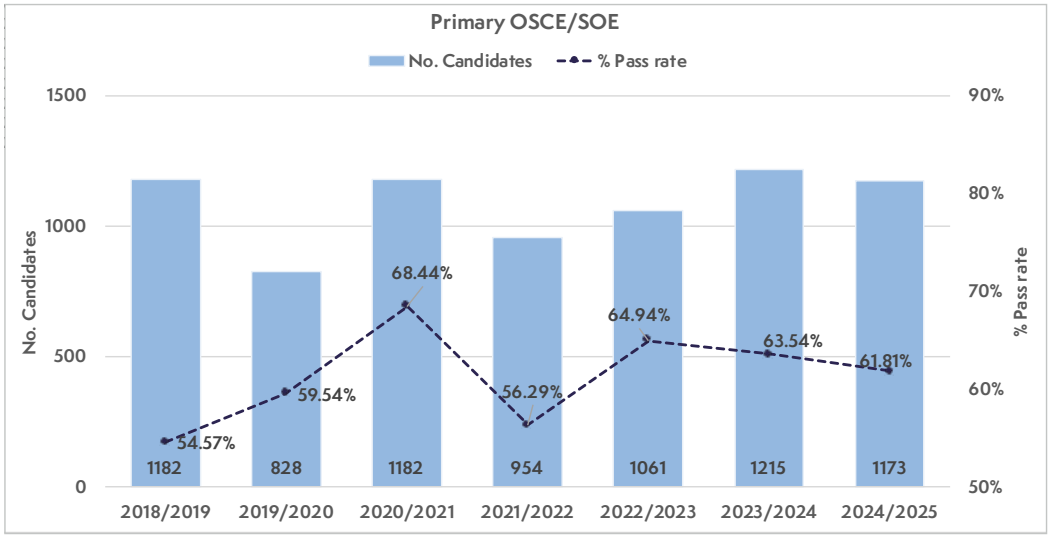
Substantial progress was also made in implementing recommendations from the 2023 internal and independent reviews of College assessments. This included work on future exam formats, clarity in standard setting, and the staged development of new circuit-based clinical performance exams scheduled for rollout in 2027/2028.

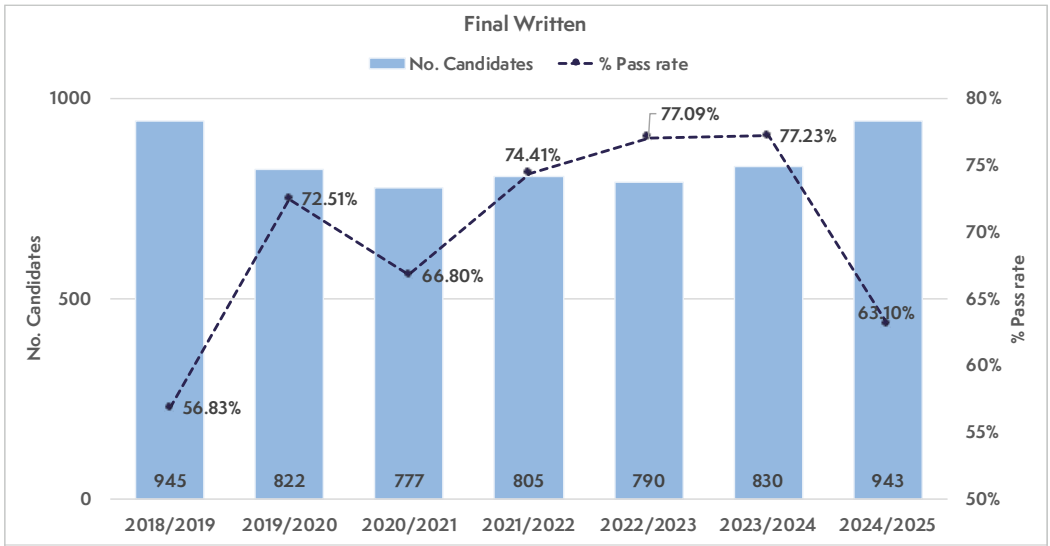
During 2024/2025, ten FRCA exam diets were delivered (six at Primary, four at Final), supporting progression through key training stages of the 2021 Anaesthetics Curriculum. A total of:

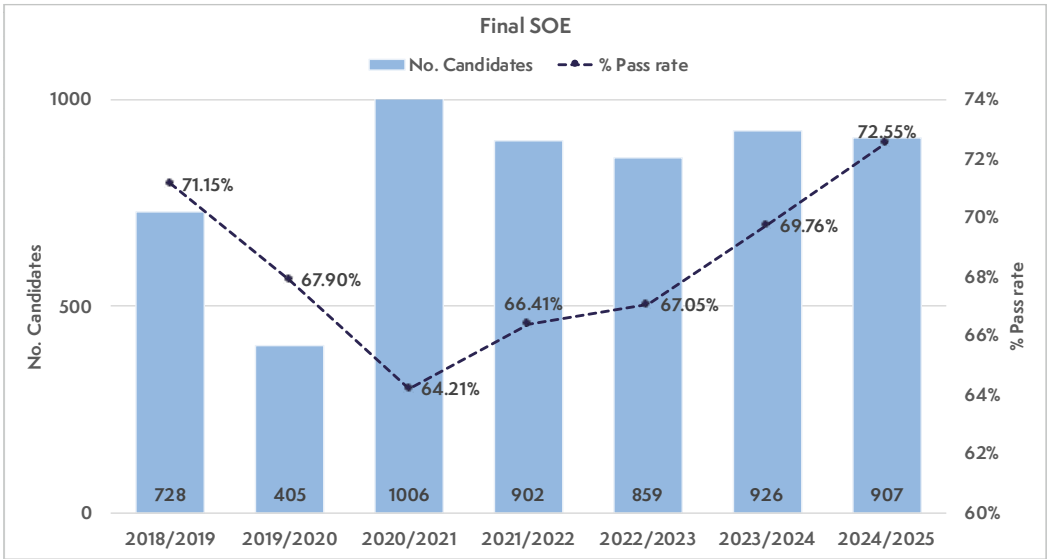
- 1,080 candidates sat the Primary FRCA MCQ
- 1,173 candidates sat the OSCE and SOE
- 943 candidates sat the Final FRCA Written Examination (SBA and CRQ)
- 907 candidates sat the Final SOE.

Figure 1 FRCA Primary and Final examinations number of candidates and pass rates over the last five years









From February 2025, the practice of reducing the Angoff-derived pass mark by one SEM was discontinued for both the Primary MCQ and the Final Written examinations. The February 2025 sittings were therefore the first to run without this adjustment.

As expected, this change influenced outcomes in the Final Written examination. The February 2025 sitting recorded a pass rate of 55.19%, contributing to an overall annual pass rate of 63.10%. While this represents the lowest annual figure since 2020/2021, it remains higher than that of a comparable 2018/2019 cohort (56.83% with 945 candidates). Early indications also suggest that candidates who progressed from the February 2025 Final Written to the June 2025 Final SOE performed well, implying that the change may have helped to strengthen candidate preparedness for the oral component. The impact of this adjustment will continue to be monitored in future sittings.

Primary MCQ outcomes in 2024/2025 were shaped by the same policy change as well as by a sharp reduction in the proportion of Temporary Exam Eligibility (TEE) candidates. In 2023/2024, 26.4% of Primary MCQ candidates (356/1,348) were TEE, with a pass rate of 30.62%. By contrast, in 2024/2025 only 8.8% of candidates (95/1,080) were TEE, with a pass rate of 23.16%. Because TEE candidates historically achieve lower pass rates, their reduced numbers provided a clearer picture of underlying performance.

Excluding TEE candidates from the analysis shows non-TEE pass rates of 79.33% in 2023/2024 and 73.30% in 2024/2025, consistent with the pattern seen in the Final Written examination where lower pass rates can be partly attributed to the removal of the SEM adjustment. In February 2025 specifically, only seven TEE candidates sat the Primary MCQ, achieving a pass rate of 28.57%, and therefore had minimal impact on the overall results.

Taken together, these outcomes – as illustrated in Figure 1 – suggest that the observed shifts in 2024/2025 reflect deliberate policy changes and candidate mix, rather than broader fluctuations in exam performance.

2 Introduction

The FRCA examination is a two-part, high-stakes postgraduate assessment that forms a core element of the UK anaesthetics training programme. It provides a nationally standardised mechanism through which anaesthetists in training demonstrate that they have met the outcomes required at key progression points in the 2021 Anaesthetics Curriculum.

The FRCA is taken in two stages:

- the Primary FRCA, typically attempted during Stage 1, assesses applied knowledge in physiology, pharmacology, physics, and clinical measurement
- the Final FRCA, taken during Stage 2, tests advanced clinical reasoning, applied knowledge, and professional judgement in both written and oral formats.

The examination is approved by the General Medical Council (GMC) for UK postgraduate medical training and is also open to eligible anaesthetic doctors outside of training. On successful completion of both stages, candidates are awarded Fellowship of the Royal College of Anaesthetists and may use the post-nominals FRCA.

Written components are delivered remotely via TestReach with online invigilation. Oral and clinical assessments, including the OSCE and SOE, are conducted in person at the College's headquarters in London. While capacity is generally sufficient, the Primary OSCE/SOE occasionally receives more applications than available places. In such cases, applications are prioritised in accordance with Section 4 of the Examination Regulations.

Each examination component is underpinned by robust quality assurance processes. These include blueprinting to the curriculum, examiner calibration and benchmarking, statistical reliability checks, eg KR-20, Cronbach's alpha, recognised standard setting methods (Angoff, Borderline Regression), and formal moderation. These safeguards help ensure that the FRCA examination remains valid, fair, defensible, and fit for purpose in preparing anaesthetists for safe, independent clinical practice.

3 Primary FRCA examination

3.1 Overview

The Primary FRCA Examination assesses a candidate's knowledge and understanding of the basic sciences that underpin anaesthetic practice, with a particular focus on physiology, pharmacology, and physics/clinical measurement. It is mapped to the learning outcomes of Stage 1 of the 2021 Anaesthetics Curriculum and represents a critical early milestone in a doctor's progression towards independent anaesthetic practice.

The examination comprises two components:

- a MCQ paper, assessing knowledge application across scientific domains
- a clinical oral assessment, combining the OSCE and SOE.

The Primary examination was delivered over three diets during the academic year. Candidates are required to pass the MCQ before proceeding to the OSCE/SOE. On first attempt at the clinical oral assessment, candidates must sit both the OSCE and SOE; in subsequent attempts, they may resit only the component(s) not yet passed.

3.2 MCQ Paper

In the academic year 2024/2025, there were three diets of the Primary FRCA MCQ in September 2024, November 2024 and February 2025. The questions in this exam are designed to examine the application of knowledge and are mapped against professionalism of Medical Practice based primarily upon physiology, pharmacology, and physics/clinical measurement.

3.2.1 Setting the pass mark

The MCQ Core Group convened shortly after each written paper to review the performance of the questions. Candidate feedback on specific questions was discussed carefully and action taken when the group determined it to be appropriate. The pass mark of the paper was derived using the independent Angoff scores of the 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. It is noteworthy that the averaged Angoff scores used within the MCQ examination have remained remarkably consistent in this academic year.

For the September and November 2024 diets, a reduction was applied to the Angoff-derived pass mark to account for one SEM. This adjustment was based on the Kuder-Richardson 20 (KR-20) statistic, which evaluates test reliability by analysing candidate responses across all items. This practice was discontinued from the February 2025 diet onwards, following a policy change to cease the removal of a SEM from the pass mark.

3.2.2 Test reliability

The Primary FRCA MCQ examination is a high-stake examination requiring good reliability. To achieve this, the MCQ paper is three hours long and comprises discrete questions. The KR-20 is a measure of internal reliability of the examination and is influenced by the quality and the number of test items, the candidate performance on every test item, and the variance thereof. The KR-20 of the last three papers has been between 0.84–0.90 reflecting a reassuringly high reliability of testing.

3.2.3 Cohort trends

Figure 1 shows that the candidate numbers for the current examination year (1,080) are slightly lower than the previous academic year (1,348). However, the overall pass rate for 2024/2025 sitting (68.89%) continues a trend of moderate year-on-year increase.

In the 2023/2024, 356 TEE candidates sat the exam out of a total of 1,348 (26.4%), with a pass rate of 30.62%. In 2024/2025, only 95 TEE candidates sat out of 1,080 total candidates (8.8%), with a lower pass rate of 23.16%.

Because TEE candidates consistently have lower pass rates, removing them from the analysis shows higher overall performance: the non-TEE pass rate was 79.33% in 2023/2024 and 73.30% in 2024/2025. This indicates the reduction in pass rates is partly attributed to the removal of the SEM (Standard Error of Measurement) adjustment from February 2025.

Notably, only seven of the 95 TEE candidates sat in the Primary MCQ February 2025 sitting, with a pass rate of 28.57%, further reinforcing the impact of their low numbers and historically lower performance on the overall pass rate trends.

Table 1 Primary FRCA MCQ pass rates over the past five years (15 sittings)

Examination name	No of candidates	Pass rate
Primary FRCA MCQ September 2020	422	69.67%
Primary FRCA MCQ November 2020	426	45.31%
Primary FRCA MCQ February 2021	415	51.57%
Primary FRCA MCQ September 2021	389	59.13%
Primary FRCA MCQ November 2021	380	63.68%
Primary FRCA MCQ February 2022	406	56.65%
Primary FRCA MCQ September 2022	289	73.36%
Primary FRCA MCQ November 2022	432	62.27%
Primary FRCA MCQ February 2023	565	52.74%
Primary FRCA MCQ September 2023	387	74.16%
Primary FRCA MCQ November 2023	480	72.71%
Primary FRCA MCQ February 2024	481	54.05%
Primary FRCA MCQ September 2024	328	75.61%
Primary FRCA MCQ November 2024	373	69.71%
Primary FRCA MCQ February 2025	379	62.27%

3.3 OSCE/SOE

The clinical oral examination consists of two components sat at the RCoA on the same day: the SOE and the OSCE. To be eligible to sit the OSCE SOE, a candidate must have passed the MCQ exam.

On a first attempt, candidates must sit the SOE and OSCE at the same sitting. If a candidate is unsuccessful in one part, they only retake the failed component in a subsequent diet, ie to take the SOE alone they must have passed the OSCE and vice versa.

The oral exam was held three times in the academic year in November 2024, January 2025 and June 2025. A summary of the format of each part follows.

3.3.1 SOE

The SOE section of the oral examination assesses a candidate's understanding as well as their knowledge of clinical and basic science concepts. It comprises two parts:

1. SOE 1: two sections, testing pharmacology (15 minutes) and physiology (15 minutes)
2. SOE 2: two sections, testing clinical topics (15 minutes) and physics, equipment, safety, and measurement (15 minutes).

Each examination lasts 30 minutes. In each section, candidates are examined on three questions of five minutes each, and their answers are evaluated independently by two examiners. A total of four examiners are involved in independently scoring each candidate for the SOE.

The four sections of the SOE exam (pharmacology, physiology, clinical and physics) have their own working party, which is chaired by a senior examiner. The working parties are tasked with writing and reviewing questions and setting each exam paper.

3.3.2 OSCE

The OSCE comprises 16 stations of five minutes each, with one minute in between to read the instructions for the next station. To increase candidate capacity, one to three 'rest' stations may be added to the circuit where necessary. No assessment takes place in these stations.

A candidate may score a maximum of 20 marks on each station, with the sum of the mark at every station providing the final, total score. The cut score (pass mark) is calculated by the sum of the Angoff score of each of the individual stations.

3.3.3 Setting the pass mark

The pass mark for the Primary FRCA SOE is fixed at 37 and based on historic records.

A modified Angoff method is used to set the pass mark for OSCE. The component questions for each complete OSCE paper/circuit are carefully selected to ensure that every paper/circuit within an exam week has a similar difficulty index.

3.3.4 Test validity and reliability

It is important to ensure that the OSCE and SOE are reliable and valid tests of knowledge and understanding of the Stage 1 anaesthetic training curriculum. All questions are based upon the Stage 1 curriculum and then constructed and reviewed by the relevant working party groups. In the SOE, examiners independently assess candidate responses using structured marking guidance and their professional judgement. In the OSCE, scoring is based on both objective checklists and domain-based marking schemes. These methods support consistency.

All questions used in the OSCE and SOE are held in an online question bank. Most have been used on a number of occasions, with any individual candidate being exposed to at most one new question. The examination matrices are put together to provide papers of approximately equal difficulty across the different days in an examination week, and also across different sittings of the examination.

3.3.5 Marking and moderation

At the end of each exam day, the examiners meet for an evening debrief to discuss any process issues from the day and any new questions coming up on the following day.

Exam results are released approximately three weeks after the last day of the exam week. A moderation board comprising senior examiners from each section and relevant members of the Examinations Team meets prior to the release of results to review the data, discuss any feedback and process issues, and confirm prize winners. Borderline marks are reviewed in both the OSCE and SOE. All marks of '36' in the SOE and 'fail by one' marks in the OSCE are checked for accuracy and cross-checked to examiner feedback on candidate performance. Moderation is a vital part of the process to ensure that problems, improvements, and developments are appropriately discussed and approved.

3.3.6 Cohort trends

Figure 1 shows there was a slight decrease in candidate numbers from 1,215 in 2023/2024 to 1,173 in 2024/2025, accompanied by a small decrease in pass rate from 63.54% to 61.81%.

The highest pass rate since 2018/2019 was observed in 2020/2021, the only year in which all three exam sittings were conducted online due to the pandemic.

When looking at individual sittings, the May/June sessions consistently have larger candidate cohorts compared to the November and January sittings each academic year. However, there is no clear relationship between the number of candidates sitting and the pass rate for each sitting.

Attendance and pass rates over the last five academic years of the FRCA Primary OSCE SOE are shown in Figure 2 and Figure 3.

Figure 2 Attendance at FRCA Primary SOE/OSCE over last five years – excludes voids

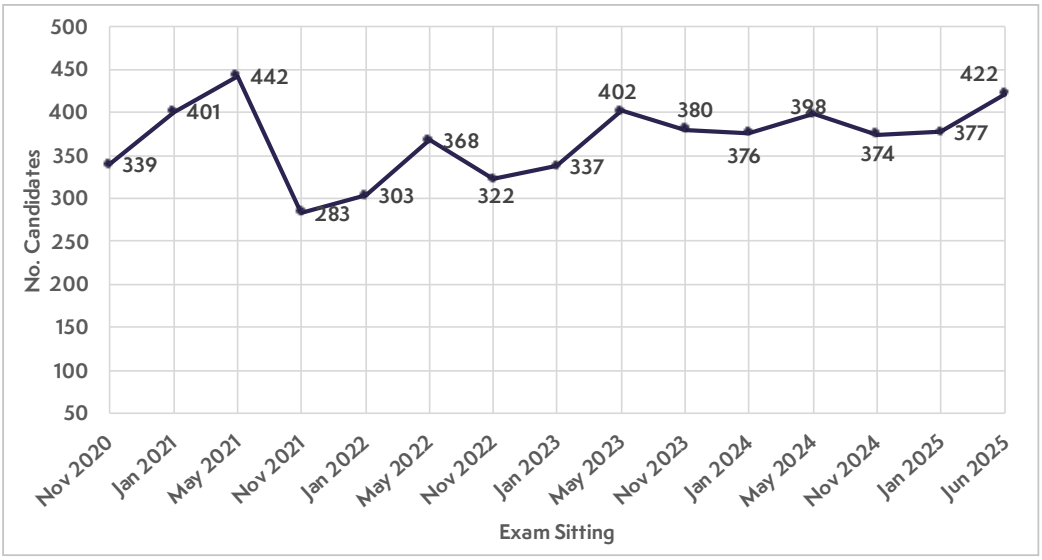
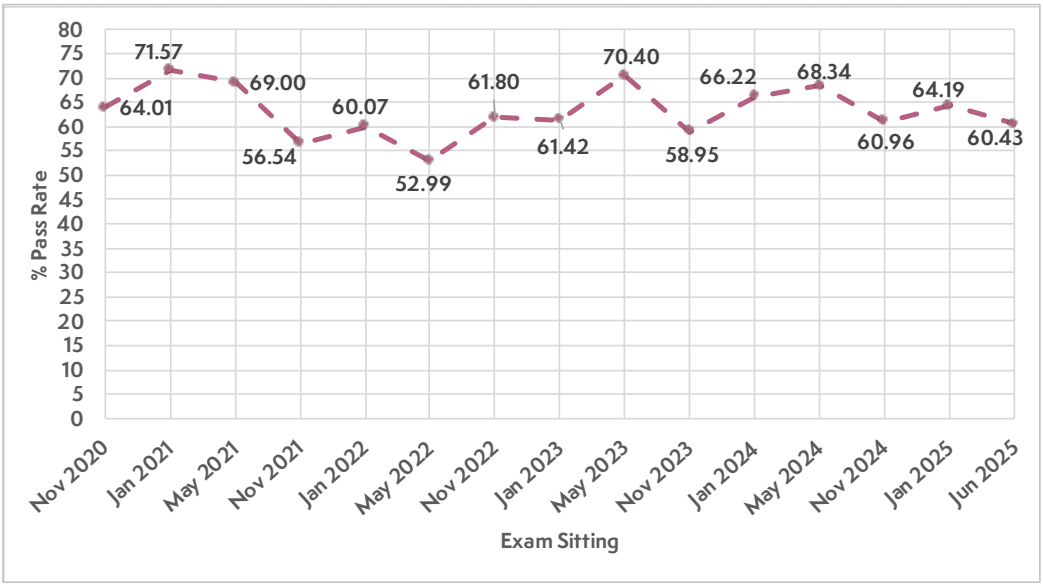


Figure 3 FRCA Primary OSCE/SOE examination pass rate for the last five academic years



4 Final FRCA examination

4.1 Overview

The purpose of the Final examination is to define a national minimum standard of knowledge and understanding that anaesthetists in training must possess to progress with their careers beyond a defined point in their training. It is taken when anaesthetists in training begin to work with much more remote supervision therefore it represents an important pillar of patient safety.

The Final FRCA examination is a national test of knowledge and judgement, as laid out in Stage 2 of the training curriculum agreed with the GMC. Anaesthetists in training may not progress beyond the end of Stage 2 without possession of this qualification (or equivalent).

The Final FRCA exam has two parts:

- a written paper
- a SOE.

4.2 Written Examination (MCQ and CRQ)

In this examination, candidates sit two papers delivered on separate days. These are:

- a written paper consisting of 90 Single Best Answer (SBA) questions
- a CRQ paper consisting of 12, multi-part questions.

The composition of the SBA and CRQ papers are mapped against the curriculum to ensure that as full a range as possible of the curriculum is sampled. The examination is passed or failed as a whole entity with marks attained from both parts of the examination added together.

The exam was held twice in the academic year 2024/2025 in September 2024 and February 2025.

4.2.1 Setting the pass mark

The pass mark for the MCQ paper is criterion-referenced and was set by a core group of examiners (the Angoff group) who use the Angoff method to assign marks to each question based on what a minimally competent candidate would be expected to know. Where there is marked variation in the Angoff scores assigned, scores are reviewed against the question.

From the February 2025 diet, the practice of reducing the Angoff-derived pass mark by one SEM was discontinued. Therefore, no SEM adjustment was applied to the February 2025 diet. This change aligns with the updated approach also applied to the Primary FRCA MCQ during the same period.

For the CRQ paper, each question was marked out of a total of 20 marks by a single examiner marking against a model answer. Examiners were divided into twelve groups and each group was given one of the 12 questions to mark for all the candidates.

To ensure a standardised approach to the marking, the CRQ core group met to approve the model answers for each question in advance of the paper delivery. Once candidates sat the exam, the examiner cohort met to mark four specimen answer papers for a single question to ensure a standardised interpretation of the model answer.

The pass mark for each individual question was set by the CRQ group but may be refined by the marking group prior to the marking phase. The pass marks for the 12 questions were summed to give a total mark for the paper. For the September 2024 diet, the final pass mark included a one SEM reduction. This practice was discontinued from the February 2025 diet onwards, in line with the updated policy to remove the SEM adjustment.

In the moderation process for these papers, question performance is reviewed alongside any candidate feedback received in advance of the moderation board. Any questions not performing as expected were looked at closely to ensure that they reflect current clinical practice and questions with content issues or ambiguity were removed from the examination.

4.2.2 Test reliability

The Final FRCA written examination is a high-stake examination requiring good reliability. To achieve this, the SBA paper is three hours long and comprises discrete questions. To establish aspects of reliability, the Kuder Richardson formula (KR-20) is calculated for each set of SBA paper results. This is a measure of internal consistency (an aspect of reliability) for dichotomous data. For the CRQ paper, which has continuous rather than dichotomous data, the test of internal consistency is the Cronbach alpha calculation.

The KR-20 values for the MCQ papers in this academic year were 0.74 (September 2024) and 0.70 (February 2025), indicating acceptable internal consistency and aligning with results from previous sittings.

Cronbach's alpha for the CRQ papers was 0.77 (September 2024) and 0.81 (February 2025), demonstrating strong internal consistency, with September 2024 value being the highest recorded since September 2020.

4.2.3 Cohort trends

Figure 1 shows the pass rate for the Final Written in 2024/2025 was 63.10%, the lowest since 2020/2021. Table 2, this decrease was largely due to the February 2025 sitting, which had a pass rate of 55.19% as opposed to September 2024 (75.62%).

Modelling confirmed that the reduced pass rate in February 2025 is in line with expectations with the cessation of the removal of an SEM in both the CRQ and MCQ components.

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, who set the pass mark.

Despite the lower pass rate in February 2025 diet, the pass rate for 2024/2025 still represents an improvement over a similarly sized cohort from 2018/2019 (945 candidates), which had a lower pass rate of 56.83%.

Table 2 Outcome statistics for the Final Written examination for the last five years

Final written exam name	No of candidates	Pass rate
Final FRCA Written September 2020	337	73.00%
Final FRCA Written March 2021	440	62.05%
Final FRCA Written September 2021	351	69.23%
Final FRCA Written March 2022	454	78.41%
Final FRCA Written September 2022	341	73.61%
Final FRCA Written February 2023	449	79.73%
Final FRCA Written September 2023	366	85.79%
Final FRCA Written February 2024	464	70.47%
Final FRCA Written September 2024	365	75.62%
Final FRCA Written February 2025	578	55.19%

4.3 SOE

Candidates may only take the Final SOE once they have been successful at the Final written examination. This exam comprises two parts:

1. SOE 1 (applied clinical science) consists of four clinical short cases with linked applied clinical science. This SOE is in two parts, A and B, which are taken consecutively with candidates moving exam floors to sit the next part. Each part is 26 minutes in duration, comprising two clinical short cases with linked clinical science questions with 13 minutes devoted to each pair of questions. Candidates will interact with four different examiners during SOE 1.
2. SOE 2 (clinical anaesthesia) consists of a two-section clinical long case followed by two stand-alone clinical short cases taken in one sitting. This SOE is 36 minutes in duration, comprising 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. Candidates will interact with two different examiners during SOE 2.

All questions are structured but in a way that allows for exploration not only of knowledge but also of the understanding and application of that knowledge.

The examination is held twice a year approximately two months after the written examination to allow smooth progression through both parts of the Final examination. In the academic year 2024/2025, the exam was delivered entirely via a face-to-face examination in December 2024 and June 2025.

4.3.1 Setting the pass mark

The pass mark for the Final SOE is set using Borderline Regression Method. This candidate-centered method for setting the pass mark means that the pass mark will vary from day to day according to the performance of the cohort of candidates. The cohort of candidates sitting the Final FRCA is relatively stable and scheduled randomly to reduce unusual or biased variation in performance.

4.3.2 Test validity and reliability

It is important to ensure that the SOE is a reliable and valid test of knowledge and understanding of the Stage 2 anaesthetic training curriculum. The questions are constructed and reviewed by the SOE group and detailed answer guidance is given. Candidate responses are assessed independently by the two SOE examiners, using their professional judgement in line with agreed criteria.

During the academic year 2024/2025, observers are welcomed to the exam comprising mainly consultants in active clinical practice from across the UK. All visitors were asked to provide written feedback on the content and conduct of the examinations they observed. These independent observers commented on the consistency of marking by examiners, regardless of examining style, and considered the assessment valid and relevant.

Like the Primary FRCA, all questions used in the SOE are held in an online question bank. Most have been used on a number of occasions, with any individual candidate being exposed to at most one new question. The SOE examination matrix is put together to provide a paper of approximately equal difficulty across the different days in an examination week, and also across different sittings of the examination.

4.3.3 Marking and moderation

As with the Primary OSCE SOE, at the end of each exam day the examiners meet for an evening debrief to discuss process issues from the day and any new questions to be used during the week.

A moderation panel comprising senior examiners from each section and relevant members of the Examinations Team meets prior to the release of results to review the data, discuss any feedback and process issues, and confirm prize winners. Borderline marks are reviewed in the SOE and cross-checked to examiner feedback on candidate performance. Exam results are released post moderation and approximately three weeks after the last day of the exam week.

4.3.4 Cohort trends

Figure 1 shows a total of 907 candidates sat the Final SOE in 2024/2025. The pass rate for the academic year was 72.55% and increase of 2.79% from 2023/2024 (69.76%) which also had a similar size cohort (907).

Attendance and pass rate for each exam diet over the last five years of the Final SOE are shown in Figure 4 and Figure 5.

Figure 4 Attendance at Final FRCA SOE Sittings over the last five years – excludes voids

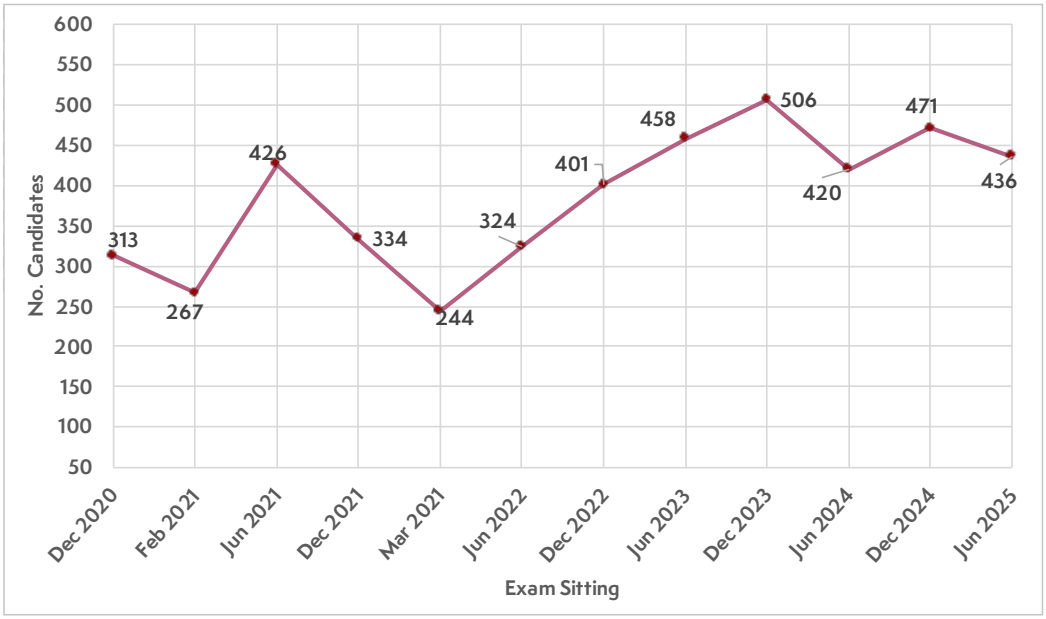
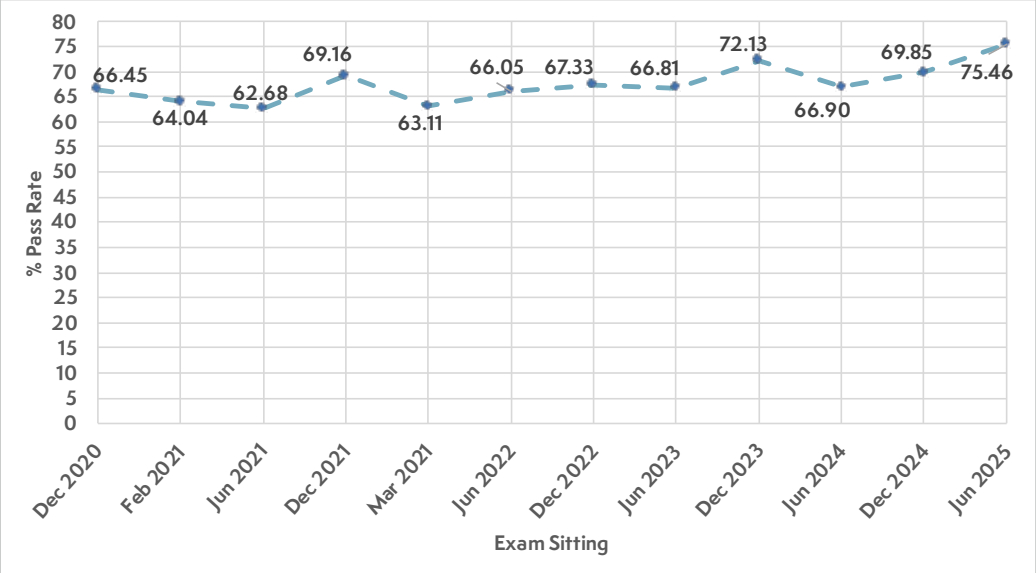


Figure 5 Overall pass rate for Final FRCA SOE examination Sittings over the last five years



5 Candidate guidance

This section provides targeted advice based on examiner observations and candidate performance across the FRCA examinations during the academic year 2024/2025. While each component examines different domains and skills, common themes have emerged around depth of knowledge and understanding, structured reasoning and prioritisation, and the ability to apply knowledge to real clinical practice. This guidance is designed to help candidates identify recurring challenges and prepare strategically for future sittings.

5.1 Primary FRCA MCQ

The Primary FRCA Written Examination assesses applied knowledge of the curriculum across physiology, anatomy, pharmacology, physics, statistics, clinical measurement, equipment and clinical scenarios including interpretation of ECGs and plain radiographs. This is not a test of simple factual recall. The examination consists of 90 single best answer questions.

Candidates who performed well in the MCQ

- Typically show a strong grasp of scientific principles and their clinical relevance and thus are able to apply them to the scenarios presented. This includes potentially unfamiliar and complex scenarios allowing candidates to demonstrate their ability to work from first principles to correctly answer questions. We found successful candidates were typically strong in core anaesthesia pharmacology, pharmacokinetics, oxygen transport physiology, calculations, and the interpretation of blood results/radiographs/ECGs.
- Successful candidates are clearly able to read through all options and consistently able to correctly rank the answer options to come to the single best answer. This includes using first principles to correctly eliminate incorrect options.
- Candidates are also demonstrating sound knowledge and understanding of the management of common emergency scenarios and clinical guidelines. They are up to date with resources including Advanced Life Support, Advanced Trauma Life Support/European Trauma Life Support and the Quick Reference Handbook from the Association of Anaesthetists.

Examiner feedback – common candidate issues

- Anatomy is an essential area of all clinical practice, explicitly included in the curriculum, and as such will always be tested. A simple guiding principle when considering which areas of this topic to revise is: if, during routine clinical practice, you will be placing cannulas/needles/tubes/drains in this area (consider core nerve blocks for example) you must know the anatomy of it in detail. Given the ubiquitous use of point of care ultrasound in clinical practice we expect candidates to be able to interpret ultrasound images too. We frequently find that candidates do not have the required level of knowledge in this area.

- Guidelines are there for our patient's safety and we must be up to date with these in our day-to-day clinical practice. As such candidates must ensure they are familiar with the latest guidelines from the GMC, RCoA, Association of Anaesthetists (and sub-groups such as the Difficult Airway Society) and Advanced Life Support groups. These guidelines underpin the management of many of the clinical scenarios presented in the examination. This includes the management of common perioperative medical problems – a core part of the curriculum. Candidates default approach should not be to call another specialty when considering the immediate management of common issues in the perioperative period.
- We frequently encounter gaps in knowledge across the curriculum stemming from inadequate knowledge and understanding of core topics. In the last year these have included: diabetes, antiepileptics, core system physiology (cardiovascular, respiratory, nervous and gastrointestinal), maternal and neonatal pharmacology and physiology, and the management of common medical pathology in the perioperative period.

Recommendations for candidates

There are consistent themes we encounter when conducting guidance interviews with unsuccessful candidates and thus here are some practical tips for success in this component of the examination.

- Give yourself enough time to ensure you have thoroughly read through and digested high-quality sources of information before attempting any practice questions. The stringent editing processes required by medical academic textbooks and journal articles ensure factually accurate information. While many good quality online resources do exist, not all are subject to such checks and as such information accuracy cannot be guaranteed. Use reliable, accurate resources when studying.
- When practicing questions from online or text-based resources start by using the 'cover-up' test. Cover the answer options and see if you can come to the correct answer before looking at the options – you will often be right.
- While examination practice will help with your timing and examination technique, do not try and question spot your way through the examination by doing thousands of practice questions. Reused questions do not reappear in the examination for several years and 50% of the examination is entirely new each sitting. A sound understanding of core concepts is required.
- Look out for distractors in the answer options. It is usually possible to narrow down options to two possible best answers. Go back to the basic science principle or clinical prioritisation when deciding which is best. Ask yourself – 'what would I really do next if faced with this scenario in clinical practice?'

5.2 Primary FRCA SOE

The Primary SOE assesses the candidate's knowledge and understanding of the basic sciences underlying clinical anaesthetic practice. The SOE comprises four 15-minute vivas on the following topics: Pharmacology, Physiology, Physics and Clinical. Each 15-minute viva comprises three five-minute questions.

The SOE is not purely testing factual recall but the candidate's ability to understand and explain the concepts being discussed.

Candidates who performed well in the SOE

- Provided structured, logical responses that were specific to the question being asked.
- Demonstrated understanding of the scientific principles and not simply factual recall.
- Were able to illustrate the relevance of the scientific principles to their clinical practice.
- Engaged with examiners and were able to adapt to follow-up questions.
- Demonstrated sound knowledge and understanding of the management of common emergency scenarios and clinical guidelines.
- Demonstrated safe anaesthetic practice.

Examiner feedback – common candidate issues

- Knowledge gaps on core topics – the depth of knowledge and understanding required to answer a question on the core topics is sometimes underestimated. Using pharmacology as an example, examiners expect that a candidate will have a very detailed knowledge of the core anaesthesia drugs (drugs that anaesthetists use every day). This is enough knowledge to confidently answer a five-minute question. This can be compared to drugs used less frequently where less detailed knowledge is expected, eg antiepileptic drugs. Here it is important to be able to classify the antiepileptic drugs and have some knowledge about each class. Applying this to physiology – the knowledge and understanding expected for the core topic of the oxygen dissociation curve is very detailed. Candidates should be able to quickly and accurately draw the curve whilst explaining the physiological principles as they go.
- Lack of understanding – some candidates have rote-learned material and are able to recall basic facts. However, on deeper questioning in the SOE, a lack of understanding is sometimes demonstrated.
- Poorly structured answers – failing to answer the question that has been asked and failure to adopt a structure to the answer can result in poor progression through the question and omission of important subject areas.

Recommendations for candidates

- Having passed the written examination, candidates should possess the requisite core knowledge. Candidates now have to translate that knowledge into a format ready for the SOE. Viva practice is very useful here, but it must only be used to polish your technique and is not a substitute for core knowledge. It is an interesting observation that candidates who feel the 'luckiest' with their oral examination questions are those who have engaged in the most comprehensive and deep-seated revision.
- Examiners are committed to creating a supportive environment and genuinely want you to pass. Don't be disconcerted if you don't know an answer – encyclopaedic knowledge is not expected. Importantly, do not allow a gap in knowledge to negatively impact your performance on subsequent questions.
- Create model answers with a defined structure for common questions and practise verbalising these model answers. Make sure that you formulate an opening statement that will help you to classify and structure your answers appropriately.

- Practice verbalising your knowledge and drawing pertinent diagrams. This should be to yourself initially and then to colleagues/peers before advancing onto formal viva practice. Formal viva practice should incorporate three five-minute questions to give you a realistic idea as to the amount of content that can be covered in five minutes.
- On exam day, structure your answers in a logical and articulate manner. Classify when you can. Draw clear and concise diagrams – explaining as you draw.

5.3 Primary FRCA OSCE

The OSCE is a summative assessment of a candidate's clinical and communication skills together with applied technical knowledge of anaesthetic equipment, clinical monitoring and measurement.

The OSCE evaluates this range of skills during 16 five-minute stations. Stations include: simulation, interactive resuscitation, technical skills, history taking, measurement and monitoring, physical examination, equipment, communication, anatomy, clinical data and hazards.

The OSCE is not purely testing factual recall but the candidate's ability to apply their knowledge and demonstrate their clinical and communication skills.

Candidates who performed well in the OSCE

- Delivered clear, confident, and empathetic communication with both actors and examiners.
- Had a wide range of knowledge within the Stage 1 syllabus and were able to apply this to the range of topics examined.
- Were well prepared for the variety of station formats and adapted their approach accordingly.
- Demonstrated sound clinical judgement and safe anaesthetic practice.

Examiner feedback – common candidate issues

- Anatomy stations are commonly poorly answered by candidates. Anatomy is an essential area of all clinical practice, is explicitly included in the curriculum and therefore included in the OSCE. Revision should be curriculum based to ensure that all relevant anatomy topics are covered.
- Candidates often perform poorly in the Interactive Resuscitation stations. Candidates must ensure that they are up to date with the Guidelines from the Advanced Life Support Groups. Of note is that an inability to identify the cardiac rhythm in this station is surprisingly common.
- Candidates with inadequate knowledge commonly exhibit low levels of confidence and a lack of fluency in clinical reasoning when under the time constraints of the OSCE.
- Some candidates, whilst having some knowledge, lack the ability to categorise and rank answers into a logical order.

Recommendations for candidates

- Preparing for the OSCE requires a different approach to the MCQ and the SOE. The breadth of station types and range of skills assessed necessitate a combination of knowledge-based and practical-based revision. Practice OSCEs are invaluable as they will not only open your eyes to the range of questions that you may be asked but allow you to experience working within a five-minute time constraint. Yet again, the candidates who feel the OSCE to be a fair examination and have been 'lucky' with the questions are those that have done the most revision/OSCE practice.

- On the day of the OSCE present yourself in smart yet comfortable professional clothing (analogous to work attire, excluding scrubs) – this will hopefully put you at ease and allow you to perform the desired clinical skills without impairment.
- Simulate timed stations with peers and seek out formal OSCE practice where possible. It is important to seek out and act upon feedback from these mock stations.
- Be inquisitive in your daily practice with reference to all of the equipment that you use. Do you know what it is, how it works, when to use it, salient safety features etc? Don't assume that you know enough about a familiar piece of equipment. Dig deeper before the OSCE rather than finding out in a station that there really is more to know about, for example, 'suction in theatre' than you realised.
- Engage with scenarios beyond the expected 'textbook' cases – with particular emphasis on emergency guidelines. As such candidates must ensure they are familiar with the latest guidelines from the GMC, RCoA, Association of Anaesthetists (and sub-groups such as the Difficult Airway Society) and Advanced Life Support groups. These guidelines underpin the management of many of the clinical scenarios presented in the examination.
- Focus on structure, timing, and clarity in the history and communication stations. Candidates should note that half of the marks for these stations are related to the content elicited and the remainder allocated according to your communication skills.
- Allowing a poor performance in one station to affect subsequent stations can be catastrophic for a candidate. A poor performance in one station does not mean that you will fail the OSCE. It is imperative that you look forward and not backwards.

5.4 Final FRCA Written Examination (MCQ)

The Final FRCA MCQ examination assesses applied knowledge across the full breadth of the Stage 1 and 2 RCoA curriculum. This includes the integration of clinical medicine, applied basic sciences, investigative interpretation, perioperative guidelines and the principles underpinning safe anaesthetic practice. The questions are designed to test not only factual knowledge but also the ability to prioritise and make decisions within realistic clinical scenarios.

Candidates are expected to demonstrate understanding across the whole curriculum, including general and subspecialty anaesthesia, critical care, perioperative medicine, pain management, and core supporting sciences.

Candidates who performed well in this component

- Show a broad and consistently applied understanding of the entire Final FRCA curriculum, rather than relying on narrow or selective revision.
- Demonstrate accurate and up-to-date knowledge of major national guidelines, including those from the RCoA, Association of Anaesthetists, Difficult Airway Society, Obstetric Anaesthetists' Association, and relevant perioperative care standards.
- Apply clear clinical prioritisation in scenario-based questions, recognising immediate threats to life, interpreting investigations appropriately, and choosing interventions aligned with current best practice.

- Integrate multiple pieces of information-history, examination findings, imaging, laboratory data, and physiological principles-to determine the single best answer, even when the scenario is unfamiliar.
- Use structured reasoning to eliminate distractors and differentiate between options that may all seem superficially plausible.

Examiner Feedback – common candidate Issues

1 Deficits in regional anaesthesia knowledge

Many candidates showed insufficient understanding of core principles underpinning regional anaesthesia. The most frequent problems included:

- poor anatomical knowledge relevant to commonly performed blocks
- inability to select the most appropriate block for a given surgical procedure or clinical context.

2 Difficulty prioritising in clinical scenarios

A proportion of candidates struggled to identify:

- the first intervention in an unstable patient
- the most urgent investigation.

3 Failure to stay up to date with recent guidelines

A recurrent concern was limited awareness of updated national guidance. Candidates frequently missed questions that relied on knowledge from more recent or revised guidelines, including those from the Association of Anaesthetists, Difficult Airway Society, Obstetric Anaesthetists' Association and perioperative care groups.

This reflected both gaps in revision strategy and over-reliance on outdated resources, leading to the selection of answers inconsistent with current recommended practice.

Recommendations for candidates

To optimise performance in this component of the examination.

- Revise comprehensively across the entire curriculum, including areas less frequently encountered in day-to-day clinical work.
- Ensure strong familiarity with current guidelines, particularly those governing emergency management and common perioperative scenarios.
- Practise clinical prioritisation, asking: 'What would I actually do next for this patient?' This is essential for eliminating near-correct distractors.
- Prioritise high-quality learning resources such as College guidelines, peer-reviewed texts and reputable revision materials.
- Do not rely solely on high-volume question banks. Mastery of underlying concepts is required because new questions appear at every sitting.
- Review regional anaesthesia carefully, including anatomy, sono-anatomy and complication management, as this continues to be a common area of difficulty.
- Practise SBAs under timed conditions to refine exam technique and decision-making under pressure.

5.5 Final FRCA Written Examination (CRQ)

The Final FRCA CRQ assesses candidates' ability to apply clinical knowledge, prioritise, and structure free-text responses across 12 questions in three hours.

High-performing candidates in the CRQ paper

- **Perioperative medicine:** identified and prioritised *the most clinically relevant investigations* rather than listing every possible option.
- **Critical incidents:** used a structured ABC approach, clearly differentiating immediate actions from secondary steps.
- **Applied physiology and pharmacology:** linked physiology to practical management – for example, explaining *why* a fluid bolus or vasopressor was chosen.
- **Intensive care/critical illness:** integrated current guidelines, eg Surviving Sepsis, into concise, prioritised management plans.
- **Pain and regional anaesthesia:** provided balanced answers covering multimodal analgesia, regional techniques, and patient-specific considerations.
- Across domains, they signposted their reasoning, eg 'First… Next… Finally…', and avoided unfocused narrative.

Examiner feedback – common candidate issues

- **Perioperative medicine:** candidates sometimes listed extensive investigations without prioritising the most relevant ones, eg in preoperative assessment of complex patients.
- **Critical incidents:** responses were often descriptive rather than structured into immediate priorities, leading to missed early marks.
- **Applied physiology and pharmacology:** weaknesses in areas such as fluid responsiveness, pharmacological management of hypotension, and ventilatory strategies.
- **Pain and regional anaesthesia:** limited detail on multimodal strategies and inadequate differentiation between acute and chronic pain approaches.
- **Intensive care/critical illness:** gaps in structured management of sepsis and peri-arrest scenarios, with insufficient integration of guidelines into responses.

Recommendations for candidates

- Practise timed CRQs to improve pacing across 12 questions.
- Train in clear, prioritised answer structuring – concise, ranked points often score more reliably than unfocused text.
- Ensure broad coverage of the curriculum, with attention to:
  - perioperative optimisation and prioritisation of investigations
  - applied physiology and pharmacology underpinning management decisions
  - structured approaches to acute events and critical incidents
  - pain management strategies and regional techniques
  - integration of ICM principles, especially sepsis and organ support.
- Review published CRQ reports for diet-specific commentary and question-level insights.

Further information

Full CRQ Reports for each diet, including question-specific commentary, are published on the College website and remain the primary feedback resource for candidates and trainers.

5.6 Final FRCA SOE

The Final SOE assesses the candidate's knowledge and understanding of the clinical sciences and clinical anaesthesia.

SOE 1 (Clinical Sciences) – delivered in the morning, comprising two sections.

- **SOE 1A:** Clinical anatomy (13 minutes) and clinical physiology (13 minutes), examined by two examiners (26 minutes total).
- **SOE 1B:** Clinical pharmacology (13 minutes) and clinical measurements (13 minutes), examined by two examiners (26 minutes total).

SOE 2 (Clinical Anaesthesia) – delivered in the afternoon.

- Candidates have 10 minutes of preparation time for a clinical scenario.
- One examiner then conducts 13 minutes of structured questioning on the scenario while the second examiner observes and scores.
- The roles then switch: the second examiner asks two questions on different clinical anaesthesia topics (13 minutes), while the first examiner observes and scores.

The SOE does not simply test factual recall. It assesses a candidate's ability to understand, explain, and apply clinical concepts in a structured and logical way.

Candidates who performed well in the SOE

- Provided structured, logical responses that were specific to the question being asked.
- Demonstrated understanding of underlying scientific principles rather than relying on rote factual recall.
- Illustrated the relevance of scientific principles to clinical anaesthesia practice.
- Showed sound judgement in applying knowledge to clinical decision-making, eg prioritisation in trauma or perioperative risk communication.
- Engaged with examiners and adapted effectively to follow-up questions.
- Demonstrated knowledge of the management of common emergency scenarios and clinical guidelines.
- Displayed safe and appropriate anaesthetic practice.

Examiner feedback – common candidate issues

- **Knowledge gaps on clinical topics** – some candidates underestimate the depth required. For example:
  - in anatomy, examiners expect detailed knowledge of the femoral nerve (commonly blocked in lower limb surgery). This is sufficient for a six-and-a-half-minute question, whereas less detail is expected for less frequently used blocks such as the obturator nerve

  - in physiology, candidates should be able to explain the factors affecting gastric pH and describe both central and peripheral control of vomiting, including the chemoreceptor trigger zone, as postoperative nausea and vomiting are common.
- **Lack of deeper understanding** – candidates who rely on memorised material sometimes fail when probed further, revealing gaps in true conceptual understanding.
- **Poorly structured answers** – failing to directly answer the question, or presenting information without a clear structure, can lead to omissions and weaker performance.

Recommendations for candidates

- Having passed the written examination, candidates should now focus on translating their knowledge into the SOE format. Viva practice is valuable for refining technique but is no substitute for core knowledge. Those who feel most confident often have the deepest and broadest revision.
- Examiners are committed to creating a supportive environment and genuinely want you to succeed. Encyclopaedic knowledge is not expected. If you do not know an answer, do not allow this to affect your performance in subsequent questions.
- Create model answers with a clear structure for common questions, and practise verbalising them. Start with yourself, then peers, and progress to formal viva practice.
- Incorporate diagrams into your preparation. Practise drawing them neatly while explaining aloud.
- Simulate exam conditions in practice:
  - four six-and-a-half-minute questions for SOE 1A
  - four six-and-a-half-minute questions for SOE 1B.
- A 10-minute preparation scenario followed by four six-and-a-half-minute questions for SOE 2. This will help you judge how much detail can realistically be covered in the time available.
- On exam day, deliver answers in a logical, articulate, and calm manner. Use classification where possible, and keep diagrams clear and concise.

6 Reasonable adjustments

The College is committed to ensuring that candidates with disabilities or long-term health conditions can access the FRCA examinations on an equal basis. All requests for RAs are considered in accordance with the Equality Act 2010, GMC principles, and current guidance from the Academy of Medical Royal Colleges (AoMRC) and the Equality and Human Rights Commission (EHRC).

6.1 RA policy and process

A revised RA policy was launched in **August 2024** and applies to all FRCA examinations delivered from **January 2025** onwards. This policy aims to enhance clarity, fairness, and consistency for candidates and exam teams, and aligns with national expectations for equity in postgraduate medical assessment.

Key policy features include:

- **early submission deadlines** to allow adequate time for review, clarification, and implementation
- a **new online RA request form**, enabling candidates to describe their specific needs in greater detail
- clearer evidence requirements: diagnostic reports must be dated **after age 16** and include **explicit recommendations** tailored to the specific FRCA exam component
- defined response timelines: candidates will receive a decision **within 14 working days** for standard requests, and **within 28 working days** for more complex adjustments.

A range of adjustments is available depending on the nature of the candidate's condition and the exam component. These include:

- **extra time**, rest breaks, or separate accommodation
- **interface adaptations** for written exams delivered via TestReach, such as font magnification, screen zoom, annotation and highlighting tools
- a **dyslexic stylesheet**, which alters font type and background colour to improve readability.

All requests are logged and reviewed by the Exams Quality and Standards team, with operational support from the Digital Assessment and Bookings teams to ensure adjustments are applied accurately and securely.

6.2 Requests and outcomes

Across AY 2024–25, 404 candidates requested RAs. The majority of disclosures related to Specific Learning Difficulties (64%), followed by Pregnancy and Post-Partum needs (11%), Neurodiversity including ADHD/ASD (5%), Long-term medical conditions (4%), Injury or temporary impairment (1%), and Mental health conditions (1%), with 13% falling into unclassified or unclear categories.

Outcome data for candidates with RAs is not currently captured, but the College will introduce improved reporting next year to enable monitoring of outcomes and equity across all components.

6.3 Quality assurance and oversight

In November 2025, the College will launch a centralised RA tracking log to support oversight, transparency, and audit-readiness. Adjustments will be linked to candidate exam records and monitored through a quality assurance lens to ensure delivery is consistent across exam sittings. Long-term RA trends will be monitored to inform policy review and operational planning.

7 New examination policies

7.1 Cost of training

The examination fees are set to reflect the costs incurred and not to provide an operational surplus to the College. Cost of training is explained in full on the College website.

8 Examiner recruitment and QA

8.1 The examiner pools in summary

In the academic year July 2024 to June 2025, there were 139 examiners in the Primary board of examiners and 122 in the Final board.

8.1.1 Primary examiners

13 new Primary examiners joined the board of examiners all of whom successfully completed their probationary year. Following the completion of a 10-year tenure, one examiner retired from examining and four examiners moved to the 'Retire and Return' contract. Two Retire and Return examiners stepped down from examining.

8.1.2 Final examiners

In the Final board of examiners, nine new examiners joined the board at the start of the academic year, replacing colleagues relinquishing their examining role at the end of their term of office. Eight examiners came to the end of their 10-year tenure but have joined the pool of retire and return examiners. Three examiners came to the end of their extended tenures and have stepped down from examining and two Retire and Return examiners stepped down from examining.

8.2 Training new examiners

All new examiners attend a training day prior to commencing their first exam, as well as completing exam-specific equality and diversity training. This training day is updated regularly, and online e-learning modules are under consideration for future use. During the probationary year, new examiners are mentored by experienced examiners to ensure they are familiar with the process. These measures are designed to ensure new examiners are well prepared for their first year of examining. The pairing of new examiners with more experienced colleagues allows rapid assimilation to the professional standard expected.

8.3 Quality assurance

Examiner training, audit and appraisal, benchmarking activities, CPD, and exam-specific, annual equality and diversity modules help ensure that examiners function appropriately in their role alongside processes that allow us to identify and deal with any problems. Any candidate feedback is also taken seriously and investigated. Prior to each examination diet, benchmarking exercises are carried out to calibrate examiners to the standard required for each part of the examination.

On-going audit of all examiners takes place during the examination week, which is performed by senior examiners, and the audit is videoed, discussed with the individual examiner and reviewed. Audits of examiner performance conducted during the year identified no major causes for concern. Feedback is given after auditing to highlight areas of good performance and where improvements might be made.

A new examiner performance policy was created this year which accompanies the current code of conduct and misconduct policies. This performance policy provides a process to formally address repeat issues with, for example, writing of feedback and behaviours and mannerisms that emerge during the audit process or via candidate feedback.

A CPD day was not held during the 2024/2025 academic year, as these events are now scheduled on a biennial basis. Previous CPD events took place in 2021 and 2023, with the next scheduled for the 2025/2026 academic year. For the first time, this upcoming event will include participation from all three Faculties alongside the FRCA examiner cohort.

8.4 Affiliate examiners

Recruitment for Affiliate Examiners is open to substantive consultants, SAS doctors and higher trainees (post-FRCA). This role is a professional post undertaken on a voluntary basis with duties comprising writing and reviewing questions and participation in panel meetings. Three full-day meetings are held at different points in the year, two virtually, one in person at the College. As of June 2025, there are 22 Affiliate Examiners appointed (11 Primary and 11 Final). A formal Affiliate Examiner Framework-covering recruitment, appraisal, contribution, and progression-has been developed by a college short-life working group and will be finalised, launched, and reported on from next year.

8.5 Examiner diversity and leadership representation

The College recognises that diversity across both the examiner pool and leadership roles is essential to ensuring fairness, credibility, and inclusivity in its assessments. A diverse examining body, including those in senior decision-making positions, strengthens the integrity of the FRCA examination and helps reflect the diversity of the profession and patient population it serves.

8.5.1 Current examiner pool – demographic overview

Demographic data was collected through voluntary self-declaration across key domains. The aggregated data is summarised below:

Gender	Primary Examiners	Final Examiners	Leadership Role[†]	Combined Total
Female (%)	35%	36%	37%	36%
Male (%)	64%	62%	63%	62%
Unanswered/prefer not to say	1%	2%		2%

[†]Leadership roles – including Chairs, Vice Chairs, Core Group Leads shape examination policy and practice at the highest level.

Ethnicity	Primary Examiners	Final Examiners	Combined Total
White – British	22%	15%	37%
Asian British – Indian	16%	15%	31%
White – Scottish	3%	3%	6%
White – Northern Irish	2%	0%	2%
Asian British – Pakistani	2%	0%	2%
White – Welsh	1%	1%	2%
Black British – African	1%	1%	2%
Asian British – Chinese	1%	1%	2%
White – Irish	1%	0%	1%
Asian British – Sri Lankan	0%	2%	2%

9 Examination reviews

An internal review of the FRCA examination was started in January 2020, postponed due to the pandemic and published in January 2023. A second independent review was commissioned by the College as a consequence of issues in the delivery of the RCoA assessment processes in 2021 and published in February 2023. The outcome and recommendations of the internal and independent examination reviews were discussed by the senior examinations team, Chairs and Council members towards the end of 2022. This was followed by scheduled listening events hosted by Council members and examination leads to invite feedback and generate discussion from examiners and anaesthetists in training in 2023. The recommendations from these reviews were prioritised, feedback from stakeholders was taken into consideration and an action plan with an implementation timeline was published in February 2023.

The FRCA examiner groups have moved a considerable distance since the publication of the exam reviews. The purpose of the Primary and Final components of the FRCA examination have been revisited and an outline of how the new exam may look is under construction. The FRCA examination will continue to be a summative assessment that sets the standard for performance at Stage 1 of the 2021 curriculum in Primary and at Stage 2 in Final. All written exams will comprise SBAs and the face-to-face oral exams will become circuit based, clinical performance examinations that focus on clinical skills, decision-making, clinical reasoning, prioritisation and critical thinking.

As part of this process of developing the Primary and Final FRCA examination, members of different working parties visited the exams of other Royal Colleges to observe how they are delivered and to take away areas of best practice and learn from their experiences. Additionally, leads from the SBA and OSCE working groups attended specialised courses in postgraduate medical education and assessment to acquire a thorough grounding in the theory, design, delivery, and quality assurance of examinations.

The short-term timeline (2022/2023) consisted of outlining the frameworks for the exam and establishing a governance structure in the form of a new Examinations Development and Assurance Group (EDAG). In the medium-term timeline (2023 to 2026), standard setting methods will be agreed upon, exam materials created and piloted, and training materials and candidate resources will be developed. Candidates and Trainers will be informed of any changes to the exam a year in advance. The new exam formats will be introduced in the academic year 2027/2028 following the publication of transition plans. Adequate notice of any changes will be given to members of the college before changes are put in place.

10 Visitors and observers

We continue to welcome and value the contribution of visitors, who are a valuable source of feedback on the standard of the exam. Whilst providing visitors with an insight into the examination process, it also helps them to align practice sessions in their trust to the structure and standard of the exam. Reassuringly, visitors generally assess the standard as appropriate and the quality of examiners as fair and consistent.

We have recently changed to an online process for visitor feedback, which we hope will ensure more time and consideration is given to the feedback and will increase the independence of this appraisal. Candidates can also feedback on the exam via the post-exam survey or by email to exams@rcoa.ac.uk.

We have regular visits from Patient Voices, who as well as being interested in the overall exam process, participate in core group activities and provide representation on the Examinations Development and Assurance Group, the advisory group for all RCoA examinations.

11 Conclusion

Postgraduate medical examinations play a vital role in safeguarding patient care by ensuring that doctors meet the required standards of knowledge, judgement, and professionalism. The FRCA examination is a high-stakes assessment that determines whether anaesthetists in training are ready to progress to more independent clinical practice. As such, it is essential that the standard required to pass is upheld, and that the processes which underpin exam delivery remain rigorous, transparent, and fair.

This report outlines the multiple ways in which quality assurance is embedded throughout the FRCA examination process. Reliability measures such as KR-20 for SBA papers and Cronbach's alpha for CRQs are reported for each sitting to demonstrate internal consistency. Standard-setting methods, including Angoff and Borderline Regression Method, are used across written and oral components to ensure a fair and defensible pass mark. Examiner benchmarking, audit, and moderation processes are described in detail, along with the structured maintenance of question banks and the introduction of a new examiner performance policy in 2023/2024. Feedback from candidates, examiners, visitors, and stakeholders is routinely gathered and considered, and recent changes reflect both this feedback and recommendations from internal and independent reviews. The FRCA examination continues to evolve in response to this input, with a clear direction of travel outlined through planned reforms and development timelines.

At the heart of these processes is the commitment and professionalism of the examiners, whose contributions are central to maintaining the integrity and quality of the examination. The College recognises the growing pressure faced by clinicians in securing time away from their clinical roles to support examining, and we are grateful to all those who continue to support the delivery and improvement of the FRCA examination.

We hope this report provides a clear and useful summary of the July 2024 to June 2025 academic year and supports a shared understanding of how the FRCA examination operates and is quality assured. We remain committed to transparency, fairness, and continuous improvement as the examination evolves to meet the needs of candidates, patients, and the profession.

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