Report on the Constructed Response Question Paper – September 2025

This report has been compiled by the Chairs of the Constructed Response Question Group to provide information for candidates and trainers about how the Constructed Response Questions (CRQs) are written, how the paper is put together, how pass marks are set and how marking is standardised. This report combines general information about the CRQ process with commentary specific to the September 2025 paper. There is a section at the end with comments about the individual questions which we hope you will find useful.

The CRQ paper examines a candidate's knowledge of stages 1 and 2 of the training curriculum as specified by the Royal College of Anaesthetists. It is partly factual recall but also tests judgment, and the ability to prioritise information within the answer.

Structure of the CRQ paper

The September 2025 CRQ paper consisted of 12 questions to be answered in 3 hours. All CRQ questions are mapped to a specific section of the curriculum. Despite the curriculum change in 2021, the CRQ paper retained the same format as the previous papers: 6 questions taken from each of the previous mandatory units of training and 6 from the general duties, optional and advanced science modules, as described below.

- Mandatory units: anaesthetic practice relevant to neurosurgery, neuroradiology and neurocritical care, cardiothoracic surgery, intensive care medicine, obstetrics, paediatrics and pain medicine.
- General duties: airway management, day surgery, critical incidents, general/urology/gynaecology surgery, ENT/maxillofacial/dental surgery, management of respiratory and cardiac arrest, non-theatre duties, orthopaedic surgery, regional anesthesia, sedation practice, transfer medicine, trauma, and stabilisation practice.
- Optional modules: anaesthetic practice relevant to ophthalmic surgery, plastics & burns surgery, vascular surgery
- Advanced sciences: anatomy, applied clinical pharmacology, applied physiology/biochemistry, physics/clinical measurement, and statistical basis of clinical trial management.

The CRQ paper has been designed to comprise questions with varying levels of difficulty, however, there is always an equal balance of questions judged to be difficult, moderately difficult, and easy. Post-exam analysis confirmed that the distribution of item difficulty and discrimination was in line with expectations for a balanced paper.

The level of paper difficulty and the pass mark are set using modified Angoff referencing, which takes place during the CRQ Group and Standard Setting meetings of the Final examiners. Angoff referencing uses the experience of the examiners to set a pass mark for each question. All questions must be attempted but candidates do not have to pass all the questions to pass the paper.

To facilitate an objective and reproducible marking process, a model answer template is provided for each question, which shows the number of marks available for each part of a question. All questions

are subjected to an exhaustive editing and peer review process before use in an examination and this is explained below in the section on quality control.

Quality Control for the September 2025 CRQ Examination

Monday, 16th June 2025 CRQ group meeting

The CRQ group convened at the College on the Monday of the Final FRCA SOE examination session for paper checking. This was a final review of the paper to check for factual accuracy, clarity of language and ease of understanding. The group made any necessary amendments and assigned a provisional pass mark to each question.

Wednesday, 24th September 2025 – Standard Setting Day (SSD)

The Final examiners were divided into twelve groups of 5-7 people, each chaired by a member of the CRQ group. Each group was given one question and its associated model answer template. The groups then marked 4 anonymised answer scripts (without candidate or College reference numbers). The lead coordinator for CRQ chose the 4 sets of scripts based on MCQ scores, to represent the spectrum of ability within the candidate cohort. The MCQ results for the anonymous candidates were not given to the examiners. Subsequent discussion within each group ensured that all these scripts were awarded the correct marks as permitted by the answer template, and that each examiner applied a consistent standard across all 4 sets of booklets. In addition, prior to standard setting day, each table lead had access to 20 random scripts to get an idea of the range of answers candidates might give for each question. At the end of SSD, a finalised Angoff- referenced pass mark was confirmed for each question.

The process described means that for each candidate the 12 questions are marked by 12 different examiners, which helps eliminate any risk of bias that could arise when a single examiner marks all 12 questions. Members of the CRQ group also re-mark a sample of each examiner's scripts to further quality assure and check for consistency of marking. The Standard Setting and Psychometrics Manager liaised with staff from the examinations department to scrutinise the submitted marks and clarify any ambiguities within the marked scripts before the exam was moderated and individual scores ratified.

Results – Thursday, 16th October 2025

The overall pass rate for this paper was 66.94%

This compares with recent CRQ papers:

- February 2025 57.61%
- September 2024 74.52%
- February 2024 55.17%
- September 2023 79.78%
- February 2023 71.94%
- September 2022 77.42%

Analysis of results

There were 7 repeat questions and 5 new questions in this paper. The topics chosen were thought to be clinically relevant and reflect cases that the candidate would encounter during their day to day practice. Of the repeat questions, 5 were well answered but the liver question and the elderly patient question were not well answered.

Some candidates disadvantage themselves in the following ways.

- Failure to interpret the stem correctly or pick up on the key word(s). For example, in the liver resection question, part f asked for post op complications **specifically** related to liver resection, but many candidates gave generic/general post op complications.

- Incorrect units/doses. In the airway question, several candidates quoted the maximum dose of lidocaine for anaesthetising the airway as 9mls/kg and in the paediatric question, some of the doses for premedication were a long way out. This might account for only the odd dropped mark but for the borderline candidates this could be the difference between pass and fail.

- Failure to prioritise answers. Candidates should remember that this exam seeks specific answers and writing as much as possible in the hope of alighting on the correct answer will not guarantee marks. When answering the questions, the candidate needs to think about what are the most important points that need to be included in the answer. For example, if asked for 3 differential diagnoses, you need to think about what would be the most important 3-4 diagnoses in this case and answer appropriately. Writing the tenth or eleventh most common diagnoses, though correct, may not result in marks. The candidate instructions clearly state that only the first distinct answer per line will be awarded marks. If a candidate writes several answers on one line, the first will be marked and the rest discounted. Generally, though, this was less of an issue than in previous papers.

- Candidates should endeavor to gain clinical experience in the sub-specialities prior to sitting the Final FRCA. For example, although the lung resection question was answered well, marks were dropped on the more practical aspects of the question rather than the theoretical aspects.

Results for individual questions

Question 1: Anaesthesia for liver resection surgery

A repeat question but despite this, it had a low pass rate. Marks were dropped on risk factors for post-op liver failure, anaesthetic techniques to reduce blood loss, effects of the Pringle manoeuvre and specific post-op complications.

Question 2: Paediatric anaesthesia for MRI

A new question and well answered. Most candidates knew the common causes of malignancy and understood the implications of a new diagnosis of malignancy in a child. This question had the highest pass rate.

Question 3: ERAS/hip replacement

This was a new question and thought to be moderately difficult. Most candidates knew about the practicalities of various nerve blocks but marks were dropped on benefits of ERAS other than reduced mortality, pre-op components of ERAS and the disadvantages of neuraxial anaesthesia.

Question 4: Awake craniotomy

A repeat question, well answered with a high pass rate.

Question 5: ICU/brainstem death

A repeat question and a good discriminator. Reasonably well answered but marks were dropped on essential criteria for brainstem death testing, blood gas criteria during testing and other pathophysiological changes that occur with brainstem death.

Question 6: Pain/opioid tolerance

A new question that was generally well answered. Most candidates did well on the practical aspects of pain management in the opioid dependent patient but marks were dropped on the risk factors for opioid tolerance (dose and duration) and the definition of opioid induced hyperalgesia.

Question 7: Obstetrics – incidental surgery

A new question and the pass rate was lower than expected. Marks were dropped on the pre-op and intra-op strategies to reduce concerns about the foetus. Many candidates did not know the first line tocolytic agent recommended by NICE.

Question 8: Sickle cell

A repeat question and a core topic. This was generally well answered and was a good discriminator. Candidates dropped marks on the test to differentiate trait from disease, the cardiovascular effects of sickle cell disease and the indications for hydroxyurea.

Question 9: Gastric aspiration

A repeat question that was well answered. Marks were dropped on intraoperative risk factors for aspiration in this case and the antral volume at which a patient can be considered fasted.

Question 10: Elderly patient

A repeat question which surprisingly had the lowest pass rate. Particularly poorly answered were the respiratory physiological changes with age that lead to anaesthetic complications and the pharmacological reasons to reduce the dose of induction agents in the elderly.

Question 11: Thoracics/lung resection

A new question with a good pass rate. The theoretical parts of the question were well answered but marks were dropped on the more practical aspects such as DLCO threshold for lung resection, FEV1 for lobectomy, post op estimation of FEV1 and indications for leaving a chest drain in for more than 24 hours.

Question 12: Airway

A repeat question that was well answered with a high pass rate. As mentioned above several candidates gave the wrong units for the maximum dose of lidocaine (mls/kg instead of mg/kg)

Summary

The overall standard of the written paper was good, with reliability and item performance indices within expected ranges, and the pass rate was in keeping with previous sittings.

We congratulate the successful candidates on the standard and breadth of their knowledge.

The lowest pass rates were for the elderly patient, obstetrics, and liver resection questions. The paediatric, neuro and airway questions had the highest pass rates. Prior to sitting the Final FRCA, it is important that candidates gain clinical exposure to the subspecialities to get practical experience to supplement theoretical knowledge.

Some candidates are still trying to write as many answers as possible per question but in doing so they are potentially disadvantaging themselves. As mentioned previously, only the first answer per line will be marked and all other answers on that line will be discounted (correct or not) and writing too much may cause time pressures.

Finally, the conduct of the written paper would be impossible without the hard work of the Final FRCA examiners and of the staff of the Examinations Department and we are extremely grateful for their continued and enduring support.

Dr John Jones, Dr Dafydd Lloyd
Chairs, Constructed Response Question Group
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