

Examination FAQs

At the MCQ, I informed the invigilator of a question I considered unclear/contentious. What happened next?

All questions are reviewed by the MCQ Core Group before and again after each sitting of the MCQ paper. All queries about questions raised by candidates sitting the MCQ paper are discussed in detail at the MCQ Core Group's meeting held a week after the MCQ paper. Any questions assessed as being contentious or unclear are discounted from the marking of the paper.

What is the revision syllabus for the examination?

The syllabus for the examination is the Basic, Intermediate, Higher and Advanced Pain Medicine component of the CCT in Anaesthetics curriculum.

In addition, suggested reading has been included in the FFPMRCA Guidance pamphlet [1]. A trainee who recently took and passed the examination has also written an article for Transmitter with a full library of suggested reading [2]. The Training & Assessment Committee has provided a curriculum expansion document [3].

- [1] http://www.rcoa.ac.uk/system/files/FPM-exam-guide 0.pdf
- [2] http://www.rcoa.ac.uk/document-store/transmitter-autumn-2013
- [3] http://www.rcoa.ac.uk/document-store/advanced-pain-training-curriculum-guidance

How is the examination fee set?

The Examination fee is set by the RCoA and the FPM and is designed to break even on paper (and in reality lose money once overheads are included). The Examination is subsidised by Fellowship subscriptions in order to not fully pass the cost burden onto examinees. The FPM appreciates that the cost is higher than the FRCA (although still lower than other Colleges) – holding a high standard, well designed, quality assured and continuing improving examination is not an inexpensive endeavour.

Here is an example of the budget for 2012/13 (each amount rounded to the nearest £10).

Income		Expenditure	
Area	Cost	Area	Cost
MCQ fees	£26,130	Core Groups & Standard	£9540
		Setting	
SOE fees	£37,130	Support & Development	£18,360
		MCQ sitting direct costs	£660
		SOE sitting direct costs	£26,040
		Estimated overheads	£47,970
TOTAL	£63,260	TOTAL	£102,570

This leads to an overall loss of £39,310 once overheads are included. Two important factors to note are that 2012/13 included a number of extra examinees due to it being the first two sittings and the

above figures do not include additional staffing costs of the FPM secretariat, which are included within the overall FPM budget.

Why is the MCQ almost as expensive as the SOE, which is a more complex examination to run? It is entirely understandable for those taking the exam to perceive the actual examination days themselves as the major part of the exam process. In reality, each exam sitting, whether MCQ or SOE, takes a considerable amount of development, both in times of physical days (Standard Setting Groups, Core Groups for question writing, training etc.) and remote development (IT systems, engagement with the Academy/GMC on national assessment changes). A difference in fee of over £200 has been agreed to reflect the different costs of the actual exam days, in similar ratio to that of the FRCA.

Why is there no MCQ booklet along the lines of the FRCA?

The FRCA has been in existence for a considerable time longer than the FFPMRCA and therefore has a bank of question many times bigger, allowing a number of used questions to be released for revision purposes. So far the FFPMRCA has released a small sample of questions [1]. We will continue to release example questions at a rate made possible by question writing. The Court of Examiners is already considering ways to increase question writing to support this.

[1] http://www.rcoa.ac.uk/document-store/ffpmrca-example-exam-questions

The pass/fail margin appeared quite close. How is the pass mark decided?

MCQ: The pass mark for each MCQ exam is set using a modified Angoff method. An Angoffing group, comprising examiners and independent Pain consultants (including junior consultants who have recently attained the Fellowship), grade each question in the paper according to difficulty using the proxy of the likelihood of borderline candidates knowing the answer. A week following the exam a meeting takes place in which the group spends several hours discussing the scores given, with particular regard to the questions where there is disparity in the responses. Once an agreed score for each question has been reached a raw score for the paper can be calculated. The raw score is adjusted to allow for the potential for guessing the correct answers. The t pass mark is set as the adjusted raw score further reduced based upon the Standard Error of Measurement (SEM), a statistic relating to the reliability (Kuder-Richardson 20 score) of the exam. This resulting figure is then rounded down to the nearest whole number to give the pass mark.

SOE: At least two standard setting tools are employed in setting the pass mark for the oral component of the exam. Prior to the exam examiners are asked to consider a number of parameters based on pass rate and pass mark, for an exam at this levelthese parameters are then cross referenced against actual cohort performance to generate a Hofstee chart. During the exam, in addition to candidates being marked on each question, performance at the exam is graded by examiners on a global ratings scale. This global rating is then cross-referenced against performance in individual questions using a linear regression method. The suggested pass marks generated by these two methods (which, to date, have been the same figure) are then used as a basis for discussion between examiners. The individual performance of all candidates whose scores are just above or just below the suggested pass mark are reviewed by the court of examiners in coming to a decision regarding whether they have demonstrated sufficient knowledge and understanding to be awarded the Fellowship. Discussion of these borderline candidates' performances' determines the final decision of where the pass mark should be set. Angoff and Ebel referencing methods have also been employed to assist in setting the pass mark.