

Fellowship by Examination

Professor Dave Rowbotham, Vice Dean



Presently, our trainees can apply for the Fellowship of the Faculty of Pain Medicine when they have completed the advanced pain training module and successfully undertaken a range of workplace assessments. Many Fellowships have been awarded under these regulations and the quality of applicants has been impressive. The Board of the Faculty has now embarked on a project that will take our admission process one stage further – Fellowship by Examination.

Pros and cons

This decision was taken after extensive consultation and careful consideration of the pros and cons. There were two principle arguments against an examination: (i) setting up and running a modern validated examination is a substantial task and (ii) it is another hurdle for our trainees who already have a multitude of local assessments to undertake as well as the FRCA examination. Also, this additional burden may turn off potential pain doctors.

With respect to the first point, we all have great ambitions for the Faculty of Pain Medicine and the Board, Fellows and Faculty staff are committed to achieving these, no matter how much work is required. Introducing another burden for our trainees is a more difficult consideration. However, consultation with Faculty trainee representatives and with those attending our Advanced Pain Study events has convinced us that this is not a problem, despite the requirement for more stressful trips to Churchill House and the burning of additional midnight oil. 'It makes the Fellowship a real achievement', 'it is something to be proud of' and 'nobody who is serious about pain medicine would be put off by the exam' were typical comments.

Advantages

The advantages of an examination are obvious. For example, it is a requirement in other countries and we should be seen to be on a par with these. Our patient and public representatives are very supportive of an examination, they would be far more confident of a fellow's ability to manage their pain if they knew that passing a robust examination was a requirement. Furthermore, entry by examination will enhance the credibility of the fellowship in the eyes of other healthcare professionals and managers in the NHS and beyond.

Full steam ahead

Preparations for the examination are now well under way. The format of the exam and its regulations will be based broadly on the final FRCA, utilising written and viva-based assessments on clinical management and the science underpinning our practice. This work is highly specialised and we are grateful to a small group of present and past FRCA examiners with an interest in pain who are leading on this. We have advertised for new examiners in the *Bulletin* and the FPM website to join the team. A bank of questions that are fit for purpose in the modern educational age is being developed along with an examination curriculum, based on IASP recommendations.

When will it start?

A significant period of notice (probably one year) will be given before the examination starts and the present assessment process is modified. This will enable the first cohort of trainees to prepare and the examination process to be validated. A precise timetable, curriculum and guidance to trainees and trainers will be published shortly. Below is a list of our current question writers who will soon start to produce our question bank:

- » Dr Adrian Dashfield
- » Dr Anthony Davies
- » Dr Graham Johnson
- » Dr Andy Nicolaou
- » Dr Mike O'Connor
- » Dr Rhian Lewis
- » Professor Andrew Rice
- » Dr Mark Rockett
- » Dr Mick Serpell
- » Dr Karen Simpson
- » Dr Richard Summerfield



Examination Development

Dr Kate Grady, Project Clinical Lead
Mr Daniel Waeland, Project Manager

The question writers first met on 23 April 2010 and after a very useful presentation from Dr Sue Hill, an MCQ advisor for the FRCA, who continued to support the writers throughout the day, the writers dived straight into writing the first Multiple Choice Questions.

The question writing leads

Following the meeting, the leads for the three sub-groups were agreed, with Dr Adrian Dashfield leading on the Clinical Structured Oral Examination, Dr Mike O'Connor on Multiple Choice Questions and Dr Mick Serpell on the Science Structured Oral Examination. The three sub-group leads will work closely with the Lead Question Writer, Dr Jeremy Cashman, to ensure the bank of questions is filled evenly, appropriately and at a steady pace. Drs Cashman, Dashfield, O'Connor and Serpell come to us with a wealth of experience from the FRCA.

Examiners

The writers are now in the process of working in their sub-groups to start to fill up the bank and develop their expertise. We are pleased to say that all the current question writers were successfully appointed as examiners, along with ten others. This leaves us with an initial cohort of 21 examiners, which the Executive and our FRCA advisors recommended as a reasonable number to balance question generation with exposure to examining experience. The examiners have now been allocated to the existing question writing sub-groups,

with their respective leads mentoring them. The examiners will meet, and be officially sworn in, during November. A full list of the appointed examiners is available on the last page of *Transmitter*.

Format and timelines

The Examination is gradually taking shape and is moving quickly towards its final format, which will be communicated in due course. The first examination looks set to take place during 2012, with the MCQ and oral examinations taking place around three months apart, twice a year.

Communications

A formal release from the Faculty, at least 12 months before the date of the first MCQ paper, will appear on the website. The release, among a number of other areas, will detail the closure of the Fellowship by Assessment routes that Fellowship by Examination will supersede.

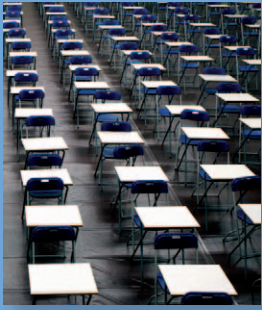
The future

In the meantime, there is still a large amount that needs to be done for the first stages of the Project, including formalising the governing regulations of the exam and developing the online systems to support the question bank. Finally we would like to thank all those who applied to be an examiner. It was heartening to see the large amount of interest in taking on this important position and we congratulate those who were successful during this first round of recruitment.

The First FFPMRCA Court of Examiners

Dr Jeremy Cashman, St George's Hospital
Dr Beverly Collett, Leicester Royal Infirmary
Dr Adrian Dashfield, Nobles Hospital
Dr Anthony Davies, Derriford Hospital
Dr John Goddard, Sheffield Children's Hospital
Dr Kate Grady, University Hospital of South Manchester
Dr Sanjeeva Gupta, Bradford Royal Infirmary
Dr Richard Howard, Great Ormond Street Hospital
Dr Graham Johnson, Blackpool Victoria Hospital
Dr Edward Lin, Glenfield Hospital
Dr Douglas Natusch, Torbay Hospital

Dr Andy Nicolaou, St George's Hospital
Dr Mike O'Connor, The Great Western Hospital
Dr Rhian Pennant-Lewis, Ysbyty Gwynedd
Dr Nick Plunkett, Royal Hallamshire Hospital
Professor Jon Raphael, Russell's Hall Hospital
Dr Mark Rockett, Derriford Hospital
Dr Mick Serpell, Gartnavel General Hospital
Dr Manohar Sharma, Walton Centre
Dr Karen Simpson, Seacroft Hospital
Dr Mark Taylor, Derriford Hospital



Examination development

Dr Kate Grady, Project Clinical Lead
Mr Daniel Waeland, Project Manager

The examination was formally announced on the FPM website in December 2010. Trainees starting their Advanced Pain Training from the 1 February 2011 will be required to pass the FFPMRCA examination as part of the award of Faculty Fellowship. The Faculty realises that the exam is a considerable commitment on the part of trainees. However, the benefits to the Faculty, to Pain Medicine, to its clinicians and to our patients are many and varied. Standards can be more closely monitored and improved. Higher and Advanced Pain Training will be recognised as a unique and focal part of anaesthetic training. The Faculty will be brought in line with other Faculties of national, international and political importance, including the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FPM ANZCA).

Why 1 February?

The ultimate aim of the Faculty and its examiners is to ensure they deliver an examination to you that is fit for purpose, educationally and fit for excellence. In order to standard set and quality assure, we need to guarantee a large enough cohort for the first examination. Additionally, the Faculty is a charity and has to pre-plan its budget. The FFPMRCA examination is importantly not a barrier to your CCT, and award of the FFPMRCA is not an essential criterion of Pain Medicine consultant appointments. The examination is for the profession, for standards and for education.

Website releases

We plan to published further exam releases on the website detailing other important matters as they are developed and finalised, such as Examination Regulations, the date of the first examinations and fees; the examination is developed using a standalone financial plan and whilst we have a responsibility to ensure we stick to budget, we will ensure the fee remains competitive. The fee will guarantee the examination breaks even and will not be to generate revenue. The finalised dates will be posted following the Examinations Committee towards the end of May. We also plan to have some example questions on the website by September.

DFPMRCA

As we are a Faculty of the Royal College of Anaesthetists, the FFPMRCA will only be awardable to those with the FRCA. However, the Faculty recognises the important achievements of non-FRCA trainees who complete the full CCT programme (including Higher and Advanced Pain Training). Consequently, the Examination Executive and RCoA Council have approved the post-nominal DFPMRCA (Diploma of the Faculty of Pain Medicine of the Royal College of Anaesthetists) for those who complete Higher and Advanced Pain Medicine training and assessments as part of the CCT programme, and pass the examination.

Question writing

The examiners are in the middle of a long period of question writing and following a successful question writing day in November 2010, had a two-day question writing marathon on 17 and 18 March. The groups, overseen by Dr Jeremy Cashman, have slipped into their working relationships with a harmony and enthusiasm that has clearly demonstrated their dedication to forging a top notch examination for Pain Medicine. Dr Mike O'Connor, Chair of the MCQ Group, has kindly stepped forward to lead on standard setting and presented his initial concepts to the examiner group on 17 March. Our SOE Group Chairs, Dr Adrian Dashfield (Clinical) and Dr Mick Serpell (Science) are also busy with their groups creating the oral components of this examination.

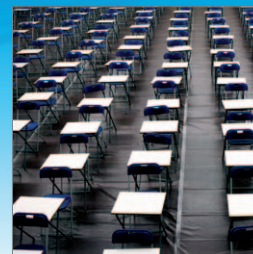
Information technology

And of course no project would be complete without an IT element. In order to balance both security and openness between question writing groups for transference of constructive criticism and fresh ideas, the examiners are using a secure online server to post and refine their banks. The FPM will also be developing a version of the relational database used by the FRCA which will allow proactive monitoring of the question bank and in-depth statistical analysis so we can ensure the examination stays up to standard and of the highest quality.

Dr Douglas Natusch, one of our examiners, has kindly taken a lead in this area. We would like to thank once again, all those who have contributed to this important project.

Examination Development

Dr Kate Grady, Project Clinical Lead
Mr Daniel Waeland, Project Manager



The FFPMRCA Examination will be introduced in autumn 2012 for all Pain Medicine trainees who entered their Advanced training on or after 1 February 2011. The FFPMRCA will comprise two sections, the first a written paper of Multiple Choice Questions and the second a Structured Oral Examination. Below are a series of key areas of the Examination Project with a short update on each.

Guidance

A guidance document was sent to all trainees who registered with us via our trainee representative, Neeraj and is posted on the website. The Examination Regulations were added to the website in September.

Scope

The questions will be mapped against the Pain Medicine and Generic sections of the CCT in Anaesthetics.

Eligibility

Doctors who have undertaken at least six months of their Advanced Pain Medicine Training year (including those who have completed the entire year). These arrangements may change in the future when the two parts of the examination may be uncoupled following an initial period of quality assessment.

FFPMRCA

Doctors who have completed Advanced Pain Medicine Training as part of a CCT programme who hold the FRCA qualification and are successful in the Pain Medicine examination will be awarded the FFPMRCA.

DFPMRCA

Doctors who have completed Advanced Pain Medicine Training as part of a CCT programme and are successful in the Pain Medicine examination but who have qualifications other than the FRCA will be awarded a Diploma of the FPMRCA subject to the further criteria detailed in the Regulations.

Application

Over the next nine months, the Examinations section of the FPM website will transform into an application portal for the FFPMRCA Examination with full details on application forms and paperwork requirements. The process will run similarly to the FRCA.

Dates and timings

The first MCQ paper will be held on 19 September 2012 with the SOE component following on 14 November (with a second day on 15 November if numbers require). The spring MCQ paper will be held on 29 January 2013 with the SOE on the 3 April 2013.

Format

The MCQ will consist of a three-hour paper comprising 40 Multiple True/False questions, 25 Single Best Answer questions and 25 Extended Matching Questions. The SOE will be divided into two subsections. The Clinical Pain Medicine SOE will be 50 minutes in duration and consist of a Long Case and three Short Clinical Questions. The Science SOE will be 30 minutes in duration and consist of four advanced science oral questions.

Questions

Example questions for all parts of the examination are available on the FPM website.

Preparation

The Examination Guidance document circulated earlier in the year has detailed advice on preparation. Please also discuss this with your Regional Advisor in Pain Medicine.

Course

The January course will have a number of talks relevant to those preparing for the examination. Please see the events section for further information.

Fees

The fee for the examination is near agreement following confirmation of the budget for the first examination in 2012. As noted in the previous edition of Transmitter, the total income from fees will need to cover the full cost of the examination but will not run to a profit.

Standard setting

The examiners have been busy question writing all summer as well as taking the first steps towards standard setting the examination. A criterion referencing day was held in July with the assistance of examiners, RAs in Pain Medicine and pain medicine consultants. Further days involving recently appointed consultants are planned for early 2012. A two day examiner seminar in November includes training for the oral component of the examination for examiners as well as an opportunity to standard set the oral component.

For more information updates, please visit the following URL:

<http://www.rcoa.ac.uk/index.asp?PageID=1773>.



Examination Development

Dr Kate Grady Project Clinical Lead

Mr Daniel Waeland Project Manager

We are finally in the year of our first Faculty examination with only five months to go until the first MCQ paper in September. The Faculty's most sincere appreciation goes to the examiners who have given up so much of their time to create the Faculty question bank. The Board's thanks also go to Jeremy Cashman (Standard Setting), Adrian Dashfield (Clinical SOEs), Doug Natusch (FileMaker Pro), Mike O'Connor (MCQs and Quality Assurance), Mick Serpell (Science SOEs) and Nick Plunkett (Deputy Chair of the Court of Examiners) for their expertise, patience and hard work in their respective lead areas.

The examiners met for their final two-day meeting in March to set the paper and agree the standard for the first examination as well as the various statistical methods that will be used to inform the final pass mark. They also undertook further SOE practice during the meeting.

The RCoA have agreed that the FRCA Examination Team will run the FFPMRCA Examination for the Faculty. The Team, managed by Graham Clissett, will bring all their know-how and efficiency to our examination and are currently working on the Pain Medicine examination web portal which will be available by the summer, with applications for the first MCQ accepted from 25th June.

Tutorials

The Faculty has set up a Tutorial Series for the examination in order to assist trainees in their preparation for the examination. The first Series will be held across two days on the 24th and 25th May 2012. This replaces the previously advertised Summer Study Day originally scheduled to be held on 25th May. The Tutorial Series will consist of a run of individual tutorials comprising a tutor and 3+ trainees (depending on the final number of attendees). Trainees will move around six tutorials, with each touching on a different subject. There will also be lectures with plenty of time given for Q&As. All topics will be taken from the list of 27 topics e-published on the FPM website: www.fpm.ac.uk.

In the future, the tutorials will run bi-annually, circa 3 months prior to the MCQ paper of each sitting of the examination. They will be single days and are planned to

have the same format as that described above. The next Tutorial Series will take place on 14th December 2012. If you would like to attend the May Tutorials, please contact the Faculties Department at fpm@rcoa.ac.uk.

Regulations

The Regulations for the examination have now been approved by the Board of the Faculty and the Council of the Royal College of Anaesthetists and are available on the website. The Regulations contain details of the eligibility criteria for the examination as well as information on the marking systems and examination structure.

Award of the FFPMRCA and DFPMRCA

Applications for the examination are allowed from trainees who expect to have completed 6 months of their Advanced Pain Medicine Training by the date of the examination. For the full award of the FFPMRCA and DFPMRCA the trainee will need to complete their full CCT programme to include Advanced Pain Training, have been successful in the examination and apply for Fellowship by Assessment or Associate Fellowship respectively for award of the post-nominals.

Fees

The final fees for the examination have now been agreed by the Examination Executive and the Royal College of Anaesthetists. Throughout the examination project we have tried to ensure that the examination stays as affordable as possible, even without the economy of scale which benefits some examinations like the FRCA. The examination crucially will not be run for profit but funded for sustainability.

The examination has been introduced to define the standard of practice of Pain Medicine in the United Kingdom. The examination will encourage learning and rigorous training and in turn impact positively on our practice and the care delivered to our patients. It is expected therefore, that the examination will increase the stature of the Faculty and make the FFPMRCA a prestigious qualification. The existence of the examination will bring the FPM into line with other faculties nationally and internationally.



Examination Development

Mr Daniel Waeland
Head of the Faculty

Thirty-two Pain Medicine trainees sat the first ever FFPMRCA MCQ paper on 19th September this year. Hidden within one deceptively thin paper are three years of build up and project management; twenty-one consultants busily writing, rewriting and standard setting questions; and months of administrative beavering away behind the scenes. One week afterwards, the examiners and the standard setting group convened to deliberate about their standard setting results and the MCQ outcomes. Consequently, we had a very positive success rate of 91%.

The first FFPMRCA Tutorial Series was held in May. Forty-one Pain Medicine trainees came to the two days, which featured a series of tutorial stations, each tackling a separate area of the knowledge competencies that would be covered in the exam questions, as well as a few key lectures. The tutorials proved a very helpful way to tackle the exam areas in a way that promoted discussion and questions. The feedback we received both in the informal Q&A sessions

at the end of the each day and the formal written feedback will help the Faculty to improve these days for the future. We plan to run this bi-annually, a few months prior to the examination. Dr Mark Jackson has agreed to act as lead for the tutorials, which in future will run for one day and feature a similar mix of tutorials with some lectures. The next will be held on **17th December 2012**.

Naturally, work on the exam continues at the same pace, with the Structured Oral Examination following in November. In the coming months we hope to release a few more example questions onto the website – this will be a continual process as the exam establishes itself and we are availed of a bigger bank of reserve questions.

If you have any comments, concerns or questions about the examination, please get in contact with the Faculty at fpm@coa.ac.uk or via the Faculty's Trainee Representative, Dr Emma Baird.

Examination Calendar November 2012 – July 2013

	FFPMRCA MCQ		FFPMRCA SOE	
Applications and fees not accepted before	Monday 5 Nov 2012			Thursday 7 Feb 2013
Closing date for FFPMRCA Exam applications	Thursday 13 Dec 2012			Tuesday 26 Feb 2013
Examination Date	Wednesday 30 Jan 2013		Wednesday 14 Nov 2012	Wednesday 10 Apr 2013
Examination Fees	£475		£675	£675

Examination Calendar August 2013 – July 2014

	FFPMRCA MCQ		FFPMRCA SOE	
Applications and fees not accepted before	Monday 24 Jun 2013	Monday 21 Oct 2013	Thursday 12 Sep 2013	Thursday 23 Jan 2014
Closing date for FFPMRCA Exam applications	Thursday 15 Aug 2013	Thursday 5 Dec 2013	Thursday 26 Sep 2013	Tuesday 18 Feb 2014
Examination Date	Wednesday 4 Sep 2013	Wednesday 15 Jan 2014	Tuesday 15 Oct 2013	Wednesday 2 Apr 2014
Examination Fees	TBC		TBC	TBC

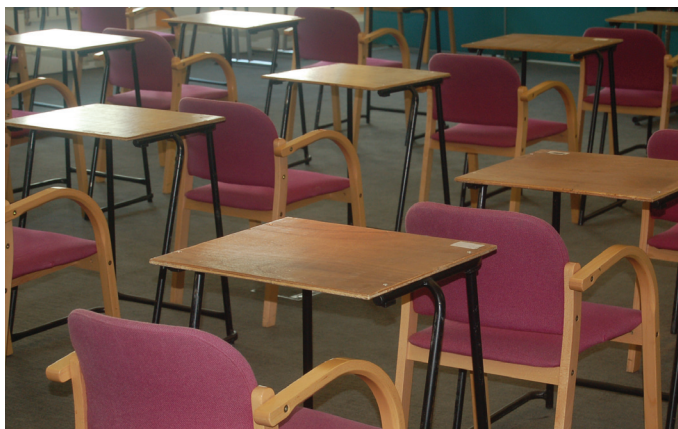
FFPMRCA: A Candidate's Perspective

Dr Julian Scott-Warren



The FRCA was a difficult experience. The anhedonia of months of involuntary social withdrawal, strained relationships and Parbrook were bad enough the first time, but because both I and my wife went through the Primary and Final separately, it got really tiresome by the fourth round. But we made it through.

Behaviours I now recognise as catastrophising and fear avoidance were evident in both myself and my peers, and just like in the pain clinic were anecdotally associated with poor outcomes. It was with considerable relief that my candidate number was on the notice board at the end of it. No more exams ever again, I concluded, reward centres swimming in dopamine. And had I thought a bit differently and done obstetrics instead, I'd have been right.



Pain Medicine is a growing subspecialty, both in terms of service demand and in complexity. From a prospective Pain Medicine doctor's point of view, it doesn't therefore seem unreasonable that there should be a postgraduate exam in it. Such an exam as the FFPMRCA should serve to safeguard high standards of clinical competence and knowledge in the consultants of the future. Patients will benefit. It's just a shame that it happens to be me that has to sit it.

Exams have many positives, even for the candidate. Without the extra motivational drive provided by a fixed deadline, the studying doesn't get done as much (although my wife and children don't consistently see this bright side), and it's nice as a trainee to feel like your clinical acumen is coming up to scratch.

What really adds to the difficulty this time is being in the first diet. The reason? Exams have rules. Don't break them and you pass. Transgression is, by contrast, suicide. Take the FRCA for example. Turning up to the viva being unable to draw the oxyhaemoglobin dissociation curve is breaking the rules. Can't quote the gas laws or define MAC? See you in six months. But

the trouble with doing new exams is that the rules are much less clear. My inability to quote the evidence for Spinal Cord Stimulation in Complex Regional Pain Syndrome might be a rule breaker, or it might not.

This leaves the candidate in a difficult position, because the amount of potential reading material and knowledge that exists in the pain literature is so unimaginably vast that it would take several lifetimes to fully digest. There is of course a reading list on the Faculty website (<http://www.fpm.ac.uk/document-store/ffpmrca-examination-guidance>); to read and learn everything suggested here might only take one or two.

At the time of writing, the written part of the exam has been done, and the 32 candidates who sat it await their respective verdicts*. Results are due out in a couple of weeks, and in the meantime life returns to a more tranquil normality. I'm contemplating reading a book that doesn't have "Pain" or "Atlas" in the title, and might go somewhere that isn't "home", "hospital" or "the road in between". The exam itself seemed in retrospect rather tricky. It rudely exposed a number of gaps in my knowledge, and to be honest I can't remember whether the conversion of tyrosine to DOPA is the rate limiting step or whether pKa affects volume of distribution. So, biochemistry and pharmacokinetics are the newest additions to the burgeoning things-to-do list.

*29 out of the 32 candidates passed the MCQ paper

FFPMRCA Examination Tutorial

Monday 17th December

£85 for trainees

Approved for 5 CPD credits

The FPM Examination Tutorial Series for trainees includes both tutorials and lectures with opportunities for discussion. These are interactive days covering a wide range of topics. Trainees are expected to pre-prepare for the day to encourage discussion and interactive learning.

Online booking now available

For a full programme and booking information, please visit:
<http://www.rcoa.ac.uk/education-and-events/ffpmrca-examination-tutorial-series>

FFPMRCA Examination Report



Dr Karen Simpson Chair of the Court of Examiners

The third sitting of the Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists Examination was held in 2013. The MCQ took place on 4 September 2013 with a smaller group of 16 candidates; this compares with 22 candidates for the January 2013 paper and 32 candidates for the September 2012 paper. The combined MTF, SBA and EMQ pass/fail boundary was decided by the Chairman and Court of Examiners after summing the Angoff-based individual section pass marks that had been determined as 68%; this was lower than the January pass mark that was 72%.

Dr Jeremy Cashman then provided a detailed analysis that summarised how the Angoff group decided upon the pass mark for the September 2013 sitting. The small number of candidates made it difficult to draw firm conclusions so a statistical reliability comparison with previous papers was not possible. Nevertheless the following observations regarding the September 2013 MCQ paper are valid. The paper was of a similar level of difficulty to previous papers. The Angoff score did not indicate any increase in the standard expected. However, the paper was attempted by a somewhat less well prepared cohort of candidates. The pass rate simply reflected this combination of factors. I am indebted to Jeremy for the hours of work he put into analysing the exam results, thus ensuring that we meet the rigorous quality assurance needed to maintain our exam standards; he explains the process in more detail in his article in this edition of *Transmitter*.

The SOE examination took place on 15 October 2013; 13 candidates attended with a 77% pass rate. As usual the Angoff, Ebel, linear regression and Hofstee calculations were plotted against the exam data

post-exam. The Court of the FPM Examiners used the figures obtained as a starting point to inform the discussion of all candidates in the borderline area. The final pass mark was reached through a combination of statistical analysis and expert judgment.

Despite the reduced number of candidates most examiners took part in this examination. The examination has been quality assured since its outset; as usual in this examination two experienced FRCA examiners Mike O'Connor and Richard Howard were invited to audit the examiners' performance at SOE. All examiners received detailed feedback. All that were audited performed well, with close adherence to the guidance they had received during pre-examination training. There were three visitors to the examination: Dr Mehta of St Bartholomew's hospital, Dr Evans of Barnet General Hospital and Dr Kanakarajan of Aberdeen Royal Infirmary. All three visitors felt the overall standard was set correctly and all gave positive feedback.

The Court of FFPMRCA Examiners has recommended that all candidates who reach the level of 'distinction' in both parts of the FFPMRCA examination at their first attempt will receive a letter of commendation from the Chairman of FFPMRCA Examiners. A distinction is defined as: FFPMRCA MCQ top 10% of examination candidates at that sitting and FFPMRCA SOE a maximum score of 40 marks. At the discretion of the Board of the Faculty of Pain Medicine, the Candidate(s) who achieve the highest level of distinction in both parts of the FFPMRCA, based on the letters of commendation for each academic year, will be awarded the FFPMRCA Prize.

On completion of the Spring SOE examination a list of candidates who received commendation letters over the current academic year, along with their scores in each part of the examination, will be provided to the FFPMRCA Training and Assessment Committee. The Committee will make a recommendation to the Board of the Faculty of Pain Medicine for the award of the Prize, to the candidate(s) who has/have achieved the highest level of distinction from the commendations made for that academic year. The successful candidate will be advised in writing.

Standard Setting for the FFPMRCA Examination



Dr Jeremy Cashman Lead for Standard Setting

Background

In April 2010 the Postgraduate Medical Education and Training Board (PMETB) merged with the GMC. As a result of its new legal functions in relation to the regulation of, and setting standards for, specialty training the GMC produced *Reliability issues in the assessment of small cohorts*. The guidance was of particular relevance to medical Royal Colleges and Faculties who have small numbers of candidates for their examinations such as the Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists (FFPMRCA) examination which was under development at the time.

Reliability

According to the GMC, for high stakes medical examinations a reliability coefficient >0.8 , where 80% of the variance is due to genuine differences between candidates and 20% is due to error, is deemed the minimum acceptable. The only candidates who will be affected by this error are those around the pass mark and calculating the Standard Error of Measurement (SEM) and hence the Confidence Interval (CI) around the pass mark can be used to define borderline candidates. Thus for a pass mark of 50% with SEM 2.5%, the 95% confidence interval ($\text{Mean} \pm 2\text{SEMs}$) for borderline candidates would be between 45% and 55%.

GMC Standards

The GMC requires that standard setting methods must be appropriate and that reliability measurements are necessary. Two characteristics are required in order to calculate reliability; the examination should consist of an adequate number of items, and there must be an adequate number of candidates. The FFPMRCA examination satisfies the first requirement in having

a number of discrete component parts. However, each sitting of the FFPMRCA examination attracts a relatively small number (<30) of candidates. A sample size of around 100 is considered to be the minimum for a reliability coefficient >0.8 . Nevertheless the GMC accepts that measurement of reliability is problematic with small cohorts for the reasons outlined in its supplementary guidance document. Furthermore the GMC states that reference to the fact that the same assessment methods have been established to be reliable elsewhere using sufficiently large samples (viz. the FRCA examinations) is acceptable.

Criterion referencing

A standard is the score in a test that serves as a boundary between those who perform well enough and those who do not: the pass mark. Normative referenced standards by which a set proportion of candidates fail regardless of how well they perform have been replaced by criterion referenced standards by which candidates pass or fail depending on whether they meet specified criteria for assessment of competence. Although the pass mark should permit the competent candidate to pass whilst failing the incompetent candidate, there will always be uncertainty that it represents the exact score where competence is demonstrated. For this reason a number of criterion referenced standards are used to arrive at the pass mark for the different components of the FFPMRCA examination. Approaches to criterion referencing fall into four broad categories based on:

- Judgments of test items, e.g. Angoff, Ebel and Nedelsky methods
- Judgments of individual candidates, e.g. Regression based method
- Judgments of groups of candidates, e.g. Cohen and Wijnen methods
- Compromise methods, e.g. Hofstee.

To date the pass mark for the MCQ component of the examination has been arrived at using one of the judgements of test item methods (Angoff). Whilst the pass mark for the Structured Oral component of the examination has been arrived at using a combination of methods based on judgement of test items (Angoff and Ebel), judgements of individual candidates (Regression) and compromise (Hofstee) methods.

Setting the pass mark

In common with the Royal College of Anaesthetists, the Faculty employs Angoff Criterion Referencing for its MCQ paper. For each paper an Angoff group comprising of 10-15 experienced experts, of whom at least two are non examiners, pass judgment on the proportion of minimally competent (borderline) candidates who would correctly answer an item. When there is disagreement over the independent ratings of the experts, these are discussed by the whole group. If the question being judged has been used before, there may be statistical information ('normative' data) available on its previous performance.

The judges' estimates are averaged for each item and the initial cutoff point is set as the sum of these averages. The 90% Confidence Interval for that exam is then used to arrive at the pass mark. In this way, the pass mark is set according to the difficulty level of the exam paper, and the performance of each candidate is compared to this standard.

Initially the pass mark for the oral component was set using four methods of criterion referencing (Angoff, Ebel, Regression and Hofstee). However, as a result of the consistency of agreement between the Regression and Hofstee methods only the latter two are used now. With the regression based method examiners make a global judgement about the performance of a candidate based on that particular oral interaction according to a six point scale, from clear fail to outstanding pass. In order to identify the

cut-off score all of the candidates' global judgements are plotted as a regression line against all of their test item numerical scores (see *Figure 1*).

With the Hofstee method examiners are asked to specify the minimum and maximum acceptable cut off scores (green lines in figure below). They are also asked to indicate the minimum and maximum acceptable fail rates (red line in figure below). The results are averaged and graphed to identify the rectangle bounded by fail rates and percent correct scores. A diagonal is drawn through the rectangle from top left (minimum score/maximum failure rate) to bottom right (maximum score/minimum failure rate) and the examinee performance curve is superimposed. The point where the diagonal intersects the examinee performance curve is taken as the cut-off score (see *Figure 2*).

The Regression and Hofstee methods can only be applied after all of the oral examinations have been completed. The performance of all borderline candidates, both above and below the cut-off, are then discussed by the court of examiners before a final decision is made.

Summary

Standard setting for a high stakes, low volume examination such as the FPPMRCA presents particular challenges with respect to assessing its reliability. Whilst accepting that there is no perfect standard setting method and that no method is absolutely accurate, the overall utility of the expert assessment process has proved to be robust.

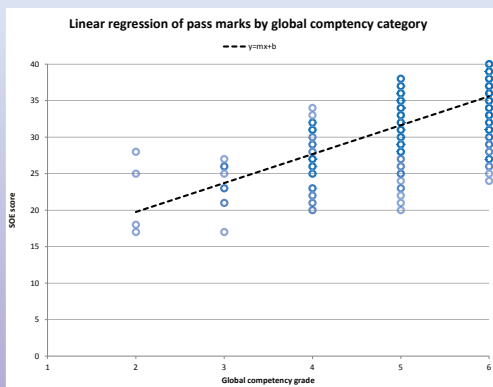


Figure 1

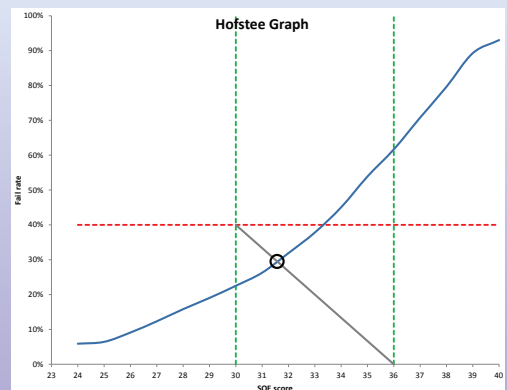


Figure 2

Observing the FPMRCA Examination

Dr V. Mehta, Consultant in Pain Medicine & Honorary Senior Lecturer, London

Having tutored in the FPMRCA crammer course and spoken a few times at the FPM course, I was naturally interested to observe the real thing. This would give me an opportunity to experience the exam situation and also judge the standard of both the preparation needed and quality of candidates taking up the challenge. So when the opportunity to observe the viva part of the FPMRCA examination arose, I was looking forward to the day.

The examination process is very well outlined in the FPMRCA booklet. Essentially the oral day comprises of two sessions (depending upon the number of candidates). One session consists of clinical scenarios (long and short cases) and the other session of basic science orals (four questions). The day started with a brief introduction by Dr Karen Simpson who has recently taken over the Chairmanship of the examination. Karen went through the process very diligently and explained the dos and don'ts of the examination. The examination is quite a young entity and a fairly recent addition to the area of assessments. But it has undergone a very rigorous process to ensure standardisation and the Faculty needs to be congratulated for this. The exam questions have all undergone very careful scrutiny and are discussed at length amongst examiners to eliminate any ambiguities before the actual examination.

The candidates had a very understandable anxiety as they walked to the table, but felt fairly assuaged once the questions (or for that matter answers!) started to roll out. The marking was very fair. Once the oral is finished for a candidate, the examiners would mark it independently without consulting each other. Once marked, they then would carefully tease out and discuss the responses given by the candidate.

The standard of the examination is what you would expect from an Advanced level pain trainee and definitely encapsulates the ethos of Pain Medicine as a multimodal specialist area in its own right. It needs preparation but success is definitely achievable. The examination itself sets a standard envisaged by the FPM and in all purposes is the pain qualification for the future.



Dr S.Kanakarajan, Consultant in Anaesthesia & Pain Medicine, Aberdeen

Last October, I got an opportunity to observe the Structured Oral Examination of the FPMRCA. It was an interesting experience. The day began with a briefing by Dr. Karen Simpson, Chair of the Court of Examiners, about the format of the exam, the floor plan, roles, the number of candidates and the dos and don'ts of the day. I was also given a sneak preview of question and answer keys chosen for the day.

As there were a low number of candidates for this sitting, both clinical and science orals were conducted in the morning itself. I observed one clinical and two science stations with six different examiners.

The questions covered a wide range of topics and were mapped to the Pain Medicine curriculum explicitly. The standard was set at a suitably high level. I was glad to see the depth of knowledge demonstrated by candidates for each question, particularly in the clinical. They covered areas essential to the practice of Pain Medicine.

The examiners were friendly, positive and encouraged candidates. Their commitment to maintain high and fair standards stood out. None of candidates burst into tears, which is a good sign of a standard examination! The emerging theme from the different questions was to assess whether the candidate would become a good Pain Medicine specialist in their independent practice able to incorporate a multi disciplinary way of working.

FFPMRCA Examination Update



Dr Karen Simpson
Chair of the Court of Examiners

I hope that this update on the FFPMRCA examination finds you all in good spirits having had a nice warm summer and already thinking about Christmas. It is hard to believe that the fourth sitting of the Fellowship has occurred and we are already planning the fifth in October 2014. As expected, candidate numbers have stabilised after the initial large cohort.

Dr Cashman has provided a detailed analysis of the results so far; the Court of Examiners has used this data to underpin all decisions about the exam processes. This detailed number crunching exercise has demonstrated that our quality control systems are excellent. I am indebted to Jeremy for his hard work and delighted that Dr Tony Davies has agreed to acquire the necessary skills to oversee this essential aspect of the exam in due course. The examination is also quality assured by routine audit at the SOEs. All examiners have been audited and all have performed well; these audits will form part of ongoing examiner appraisal.

There have now been several UK visitors and some from abroad who have spent a day observing the SOE. I take great care to gain feedback when I debrief them at the end of their day with us. All have commented in a very positive way about the organisation of their day and our exam processes and standards in general.

I am pleased to announce the appointment of three new examiners: Victor Mendis (London); Richard Sawyer (Oxford); Jeremy Weinbren (London) and three new question writers: Ganesan Baranidharan (Leeds); Saravanakumar Kanakarajan (Scotland) and Vivek Mehta (London). The new examiners will be formally admitted to the Court of Examiners at the

next exam and after a period of training they will examine for the first time in April 2015.

The question writers will join the MCQ group with immediate effect and I am sure they will be a true asset allowing us to release more example MCQs for trainees. The appointment process forced very difficult choices for the selectors because the applications were all so strong. In my view this truly shows the maturity and talent that the field of Pain Medicine now enjoys in its consultant body.

In May 2014 I was honoured to attend Diplomates Day at Central Hall Westminster with Kate Grady and Dave Rowbotham on behalf of the FFPMRCA examiners. It was a long awaited experience for me to see our first Fellows by examination mount the creaky steps to the stage to receive recognition for their hard work from the RCoA President, J-P van Besouw.

The exam section on the FPM website is an excellent resource and I hope that trainees and trainers will check the site regularly for updates about the exam and related matters. Finally, I would like to give my personal thanks to my fellow examiners, and to Kate Grady, Daniel Waeland, Graham Clissett and all the Faculty/Exam staff who have made my transition to the role of Examinations Chairman such a pleasant experience and who ensure that each exam runs like a well oiled machine. In the words of Marcus Aurelius (121-180 AD): "The secret of all victory lies in the organisation of the non-obvious", and the Faculty and Exams staff certainly excel at this particular talent.



FFPMRCA Examination



Dr Karen Simpson
Chair of the Court of Examiners

The sixth FFPMRCA examination occurred in October 2015 and the exam has now entered a stable and mature phase. The evolution of the exam has been supported throughout by robust Quality Assurance (QA) and this, of course, remains a top priority for the Court of Examiners and the FPM. All questions are subject to multiple redrafting, refining and peer review. The FPM made a conscious decision to include non-examiners in this process to 'reality check' all questions - some of which are posted on the FPM website as examples of the standard and range of topics covered. Further example questions are planned for release by the end of the year. It is important to recognise the gratitude of the FPM to many colleagues who have assisted with question development. They put in a lot of work in their own time and are the workforce that supports our growing question bank. I am especially grateful to our three new exam question writers Dr Ganesan Baranidharan, Dr Saravana Kanakarajan and Dr Vivek Mehta who have contributed so diligently to this process.

We have recently lost some excellent examiners, some because they have retired from practice. The FFPMRCA exam regulations mirror the FRCA and recommend that examiners who are

candidate-facing are no more than 6 months post-retirement. This is right and proper as the 'dictator perpetuo' position, exemplified by [Julius Caesar](#) that elevated his dictatorship into the monarchical sphere, has no place in modern examining. However as a classics fan I do have a sneaking admiration for his charisma and audacity. On a more serious note, it is my opinion that 'retired' examiners can still play a vital role in the exam process e.g. audit, QA and representing the FPM at overseas exams. We must value and not lose experienced examiners.

Examiners are chosen on the basis of competitive national application. We will have appointed three new examiners by the end of 2015. I do hope that, in the future, the ever increasing pressures of NHS life do not deter good candidates from applying. We must invest in the FFPMRCA examiners of the future. The RCoA provides excellent training for examiners, not only in the exam process but in other important areas such as equal opportunities and diversity. I was an FRCA examiner for 13 years and I have been deeply involved in the FFPMRCA exam. Examining has been one of the best experiences of my professional life. I would urge colleagues to consider applying for examiner posts when they appear and to support colleagues who wish to become examiners. I will end with Marcus Aurelius who said 'our own worth is measured by what we devote our energy to' - so think about examining in the future it is worth the effort!

As ever I would like to give my personal thanks and those of all the examiners to Graham Clissett and his fantastic team who meet every request for help with calm and pleasant efficiency.

Examination Calendar Nov 2015 - 2016

	FFPMRCA MCQ	FFPMRCA SOE
Applications and fees not accepted before	Monday 2 Nov 2015	Monday 15 Feb 2016
Closing date for FFPMRCA Exam applications	Thursday 17 Dec 2015	Thursday 17 March 2016
Examination Date	Tuesday 2 February 2016	Tuesday 12 April 2016
Examination Fees	£510	£720

FFPMRCA Examination

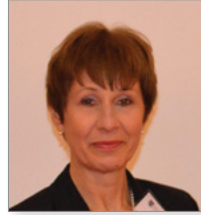


Dr Nick Plunkett

Deputy Chair of the Court of Examiners

As we go to press we are in the midst of the 8th sitting of the FFPMRCA Examination. A total of 20 candidates sat the MCQ part of the exam on 2 February 2016; the successful candidates have been notified and will be expected to be preparing for the SOE Examination on 12 April. The pass mark was 69.92%: 13 out of 20 candidates passed giving a pass rate of 65%, slightly lower than the average pass rate of 77% calculated from the proceeding 7 MCQ sittings.

The previously very well described and highly rigorous approach to quality assurance of every aspect of the examination was adhered to, as on all occasions. The MCQ Angoff group, which is now mature as well as expert, utilised validated methodology to determine the pass



Dr Karen Simpson

Chair of the Court of Examiners

mark, as on previous occasions.

The previous (7th sitting) of the examination took place in September and October of last year. Fourteen candidates presented to the SOE Examination, with 10 achieving the pass mark of 31/40 (reached through a combination of statistical analysis and expert judgment) giving a pass rate of 71% which is slightly higher than SOE average. No candidate scored maximum marks in the SOE and therefore no candidate met the criteria for a commendation letter at this sitting.

Of the fourteen candidates who sat the exam, ten were on their first attempt, two on their second attempt, and two on their third attempt.

FFPMRCA Examination Calendar August 2016 - July 2017

	FFPMRCA MCQ		FFPMRCA SOE	
Applications and fees not accepted before	Mon 20 Jun 2016	Mon 1 Nov 2016	Mon 29 Aug 2016	Mon 6 Feb 2017
Closing date for FFPMRCA Exam applications	Thurs 4 Aug 2016	Thurs 15 Dec 2016	Thurs 22 Sep 2016	Thurs 9 Mar 2017
Examination Date	Wed 31 Aug 2016	Wed 1 Feb 2017	Tues 18 Oct 2016 (backup day 19 Oct)	Tues 4 Apr 2017 (backup day 5 Apr)
Examination Fees	£510	£510	£720	£720

All four candidates on multiple attempts passed the examination. As well as being professionally and personally rewarding for the candidates involved, this is reassuring for all (Court and Candidates alike) that the examination is fit for purpose as a quality standard universally recognised in UK Pain Medicine as worth attaining. It also illustrates to candidates who are unsuccessful on their first attempt that they should, according to the adage, "try, try again!".

The examination was well attended by most of the Court of Examiners, all of whom gained specific training in equality and diversity. The Court of Examiners was delighted to welcome three new examiners who doubtless will enrich the current cohort with specific expertise and drive: Drs Vivek Mehta, Ganesan Baranidharan and Saravanakumar Kanakarajan. New question writers, Drs Mark Jackson and Glyn Williams, and examiners also attended a training half day specific to their needs, attended also by Lay Representatives, who gave very positive feedback about content and process. In addition, new examiners had further specific training including mock examination practice.

The majority of examiners were again audited in real time as to their performance; feedback was given, with no significant issues identified. All new examiners and question writers attended a brief ceremony to mark their induction into their new roles, congratulated by the Court members.

Special thanks go to question writers, and all examiners for the time and effort taken to deliver every aspect of this exam to meet and surpass its high standards. We also acknowledge the work that goes on throughout the year to maintain question banks and quality assurance activities such as Angoff and Ebel quality assurance work. The time and effort involved in an increasingly adverse climate with respect to employer recognition of these vital roles is acknowledged, as is the fact that much of this activity goes on in free time.

Special thanks also and as ever, to the inexhaustible enthusiasm, professionalism, diligence and calm of the RCoA Examinations Department, especially Graham Clisset, Neil Wiseman and Beth Doyle for making every aspect of the exam run as smoothly as it does.



FFPMRCA Exam Tutorials

FFPMRCA Exam Tutorials are held biannually.

The next tutorial will be taking place on:

Friday 9th SEPTEMBER 2016

Location: The Royal College of Anaesthetists

Fee: £95.00

For more details and to book please visit www.fpm.ac.uk or email: fpm@rcoa.ac.uk

'Audit' of examiners in the FPMRCA SOE



Dr Michael O'Connor
Former Consultant in Pain
Medicine

'Audit'. Yes deliberate scare quotes – the (worthy but potentially a bit dull) comparison of practice against standards.

When I was a new consultant visiting the exams in the late 1980s, there were few explicit standards around. The questions were certainly not standardised, examiners brought their own. How examiners behaved was, de facto, 'The Standard' and as far as I could see, it worked pretty well.

By the time I became an examiner in the 1990s times were changing, standards and audit were becoming obligatory. Questions were taken from a bank which was regularly reviewed. Standards were set for examiner behaviour but what were these behavioural standards to be? Well, they were such stunners as, "The examiner greets the candidate and is polite". The auditor ticked his boxes and seldom gave any feedback to the examiners beyond, "That was fine". Lest this all sounds a bit inadequate I should point out that this was the very early days of clinical governance and audit in the Health Service generally, and that there were many parallel moves going on to improve the exams. For example a lot of work was going into examiner training; new examiners were being filmed and given individual feedback on their performance. However, while audit of examiners ensured we met minimum standards of behaviour, it remained well worthy but largely dull.

The game-changer was led by Jane Pateman with the expansion from box-ticking "audit" to 'professional observation'. Rather than simply comparing behaviour against standards, professional observation was, "a contemporaneous account of observed behaviours which are then discussed with the subject". Rather than the 'audit' of individual examiners, professional observation changed to observation of a pair of examiners using the same questions on two consecutive candidates before the

observer/auditor gave feedback. This enabled a comparative approach, so that the professional observation conversation between observer and examiners was much more, "We could all see that the candidate was very nervous; you had very different styles of questioning, which did you think helped the candidate settle down most?" or "I liked it that you were both conscious of the need to allow the anxious candidate time to answer without letting pauses become too long".

We have been running this approach to the FPM Structured Oral Exam for a few years now - how do examiners actually perform? Rather well actually! From the beginning of the FPM exam I have been impressed at how easily new examiners have taken to conducting the SOE, far more so than in other College exams (entirely anecdotal evidence of course). I think the reason is that conducting an SOE is extraordinarily like a Pain Clinic conversation: Introduce yourself, be polite, settle the candidate/patient down, start with open questions and use more probing, closed questions to elucidate detail.

Is all now perfect? Well, not quite. One big problem is that time is tight with short intervals between candidates. If the candidate has done well there is time for the observer to have a conversation with the examiners. If the candidate has performed less well, the examiners are occupied reviewing the candidate's answers and recording their areas of concern. So in those situations where observer feedback to the examiners would be of most value, we have the least time to do it. There remains some more work to do, perhaps by tweaking our timings on the day of the exam a little so that we can really get the maximum value from professional observation and feedback.



FFPMRCA Exam Tutorials

FFPMRCA Exam Tutorials are held biannually.

The next tutorial will be taking place on:

Friday 3rd March 2017

Location: The Royal College of Anaesthetists

Fee: £95.00

For more details please visit www.fpm.ac.uk

FFPMRCA Examination Update



Dr Nick Plunkett

Deputy Chair of the Court of Examiners



Dr Karen Simpson

Chair of the Court of Examiners

Since the last Transmitter FFPMRCA examination report, the 8th sitting of the exam has been completed. A total of 20 candidates sat the MCQ and 13 passed; using rigorous quality control the Court of Examiners determined a pass mark that was equivalent to previous sittings. There was a slightly reduced pass rate of 65% compared to previous sittings. On 12th April 2016, 14 candidates presented for the SOE. The pass mark was determined by the usual

quality control measures with a combination of statistical analysis and expert judgement; eight candidates achieved the required score giving a pass rate of 57%. This is slightly less than at some previous sittings, but within the overall range as established over the last 5 sittings (56-71%, average over five sittings 60%).

It was noteworthy that the spread of marks was either at or above the pass mark, or significantly (in two cases very significantly) below it, i.e. there was a very clear cut point between those candidates who passed and those who failed. In this situation there needs to be little discussion by the Court of Examiners when assessing the marks, as there were so few borderline cases. The examination is designed to make sure that borderline candidates are given careful consideration and the 'benefit of any doubt'.

Continuing the policy of demonstrating the highest levels of Quality Assurance, Dr Jeremy Weinbren presented data showing the stability of the FFPMRCA examination over its seven diets. The predicted pass mark, utilising Angoff scoring, matched the actual pass mark, indicating the validity of this technique, and confirmed its utility in helping to set the pass mark accurately. There were further data to show that another validated technique also routinely employed (Hofstee) has been highly reliable, showing a tight relationship

FFPMRCA Examination Calendar Spring 2017

	FFPMRCA MCQ	FFPMRCA SOE
Applications and fees not accepted before	Mon 1 Nov 2016	Mon 6 Feb 2017
Closing date for FFPMRCA Exam applications	Thurs 15 Dec 2016	Thurs 9 Mar 2017
Examination Date	Wed 1 Feb 2017	Tues 4 Apr 2017 (backup day 5 Apr)
Examination Fees	£510	£720

over the seven exams in successfully determining the pass mark boundaries. In addition, data were presented that showed that the SOE exam subsections (Science and Clinical) had a range of values with respect to both relevance and difficulty within an acceptably narrow range. As the examination and its processes mature, it is reassuring that the techniques that have been used to set standards were, and remain, highly valid in supporting the expert judgement of the examiners, and the data have been stable and reliable over the past four years.

The examiners were audited in real time whilst conducting the SOE exam, as is our usual practice. This aspect of Quality Assurance is the subject of a further article by Dr Mike O'Connor, FPM Exam Audit Lead in this edition of Transmitter.

Two visitors attended the April 2016 SOE examination, Dr Mohjir Baloch (Frimley Park Hospital) and Dr Alistair Dodds (City Hospitals Sunderland). Both enjoyed the day; they felt that the examination was a fair test of knowledge and understanding, and that it was conducted in a manner befitting its importance as a high stakes examination.

Karen Simpson attended the Fellowship of Pain Medicine Examination in Hong Kong as an external examiner in 2016. She was involved in question setting, marking and viva examinations. It was an enjoyable and interesting experience; the local examiners were all very welcoming and it was a pleasure to assist in the conduct of their exam.

As before, special thanks to all examiners and question writers who commit much time and effort to the examinations, and the important work of constructing questions and quality assuring them, which goes on all year round. Our very special thanks to two retiring examiners, Dr Beverly Collett and Dr Jeremy Cashman, for their significant expertise and commitment to the exam project from its inception to its current state of vitality. We wish them well!

Finally, many thanks to the RCoA Examinations Department, especially Graham Clissett, Beth Doyle and Neil Wiseman for their expertise in ensuring the exams and all related activity run so very smoothly.



2016 Case Report Prize Winner - Dr Katrina Dick

Congratulations to Dr Katrina Margaret Dick for winning the 2016 prize for her case report:

‘Postoperative chronic pain, can it be prevented?’

The full case report can be accessed from the ‘Awards and Recognition’ section of the Faculty website

Abstract:

Chronic post-operative pain was first defined in 1999. Since then the incidence of chronic post-surgical pain remains high. There are many complex reasons why patients might develop chronic pain after surgery: physiological, psychological and genetic. This case presentation explores post-operative chronic pain in a patient demonstrating some risk factors for chronicity, and discusses aetiological factors for development of this phenomenon.

FFPMRCA Examination



Dr Nick Plunkett

Deputy Chair of the Court of Examiners

Since the last Transmitter FFPMRCA Examination update report in autumn, we are now in the midst of the 10th FFPMRCA examination, an event which resonates with the FPM's 10th birthday!

In the autumn 2016 diet of the exam 19 candidates sat the MCQ with 15 passing; a 79% pass rate. The pass mark was determined by the Court of Examiners using rigorous quality control methodologies as described previously. Thereafter 14 candidates presented for the SOE; determination of the pass mark occurred by the usual quality control measures employing a combination of statistical analysis and expert judgement. Eight candidates were deemed to have reached the appropriate standard to be granted the FFPMRCA. This gave a pass rate of 57% that was identical to the previous SOE



Dr Karen Simpson

Chair of the Court of Examiners

sitting. Both autumn pass rates were close to previous averages for these exams. The latest February 2017 MCQ results showed 10 of the 12 candidates who presented for the exam passing; an 83% pass rate.

Overall the average pass rate for the 10 MCQ sittings to date is 77%; for the SOE sittings it is 64%. This range of values is within reasonable tolerances, given small candidate numbers and has been stable over time apart from a particularly low MCQ pass rate in autumn 2013. The Court of Examiners scrupulously assessed the autumn 2013 result and was content that it was valid. Although there is a small difference between the average pass rates for the two parts of the examination, this is considered acceptable in specialist examinations such as the FFPMRCA.

FFPMRCA Examination Calendar August 2017 - July 2018

	FFPMRCA MCQ		FFPMRCA SOE	
	Applications and fees not accepted before	Mon 19 Jun 2017	Mon 30 Oct 2017	Mon 28 Aug 2017
Closing date for FFPMRCA Exam applications	Thu 3 Aug 2017	Thu 14 Dec 2017	Thu 21 Sep 2017	Thurs 8 Mar 2018
Examination Date	Wed 30 Aug 2017	Tue 21 Jan 2018	Tue 17 Oct 2017	Tue 17 Apr 2018
Examination Fees	£510	£510	£720	£720

It is worth noting that the 1st time MCQ pass rate is 68.5% and this should act as encouragement to all potential candidates. Also reassuring, and particularly encouraging to those candidates who approach the SOE examination with some trepidation, is that everyone who re-sat the SOE examination has passed it eventually. In fact the pass rate for resit candidates increases through serial sittings, to 100% for those very small numbers of candidates who had required four SOE attempts. This shows that those who resit eventually do perform well enough to pass. This is likely to be due to a combination of exam experience coupled with further requisite study and clinical experience. It is particularly worth noting that no candidate who has presented to date to resit the SOE has failed the exam completely.

The number of candidates presenting for the FPMRCA examination has remained fairly stable. There are approximately 30 applicants each academic year for MCQs and SOEs; this reflects the current number of Pain Medicine trainees across the UK.

The examiners were audited whilst conducting the SOE examination, as is our usual practice since the inception of the exam. There are further planned improvements to our audit tools and processes,

under the direction of Dr Mike O'Connor, FPMRCA Examination audit lead. He has also noted that continuous improvements have resulted in the conduct of the SOE resembling a professional clinical conversation predicated on demonstrating high levels of knowledge and understanding. This examination standard therefore befits the stated aim: "The examination will be designed and conducted in accordance with the highest standards and further raise standards of Pain Medicine in the UK."

We had two visitors attending the October 2016 SOE examination. Both enjoyed the day and felt that the examination was a fair test of knowledge and understanding, and that it was conducted in a manner befitting its importance as a high stakes examination.

As before, special thanks to all examiners and question writers who commit much time and effort to the examinations all year round. They are a dedicated group who actively commit to the important work of constructing questions and quality assuring them. Finally, many thanks to the RCoA examinations department, especially Graham Clissett, Beth Doyle and Samara Branker, for their expertise in ensuring that the exams and all related activity run so very smoothly.



FFPMRCA Exam Tutorials

FFPMRCA Exam Tutorials are held biannually.

Tutorials include key topic lectures and VIVA practice

The next tutorial will be taking place on:

Friday 1st SEPTEMBER 2017

Location: The Royal College of Anaesthetists

Fee: £95.00

For more details please visit www.fpm.ac.uk or email: fpm@rcoa.ac.uk

FFPMRCA Examination



Dr Nick Plunkett

Chair, FFPMRCA Examinations



Dr Anthony Davies

Vice-Chair, FFPMRCA Examinations

The 11th MCQ took place on 30th August 2017 where 13 candidates attended. This is comparable to the candidate cohort for February 2017 which was 12. At this exam, the pass mark was 69.73%; equal to a raw score of 258 or above out of 370. The Core Group removed some questions from the total, before the pass mark was calculated, due to reasons of error or ambiguity in the question content. No candidates were disadvantaged in this process. After adjustment, the maximum scores available were: 194 in MTF (six stems removed), 92 in SBA (two questions removed) and 84 in EMQ (four questions removed). The pass mark was agreed by summing the Angoff-based individual sections using the same method as previously described. The candidate mean was 71.68%, with a pass rate of 69% (9 out of 13) which is 14 percentage points lower than the February 2017 pass rate of 83%.

Prior to the SOE examination the Court of Examiners carried out a paper checking exercise to assess the relevance and difficulty of the questions in line with other exams and the examiners' expectations. The Court assessed the question set used at the October exam to be at an acceptable level of difficulty and relevance, similar in overall difficulty

to previous examinations. The SOE took place on Tuesday 17th October 2017 during which 14 candidates were assessed. 10 out of 14 candidates passed the FFPMRCA examination giving a 71% pass rate which is higher than the April 2017 and October 2016 pass rates of 61% and 57.2% respectively. Linear regression and Hofstee calculations were plotted against the exam data after the exam.

The statistical analysis was discussed by the Court of the Examiners and the data obtained were used as a starting point to agree the pass mark. The final pass mark of 31 out of 40 was reached through a combination of statistical analysis and expert judgment and this is in line with pass marks set for previous exams. The range of candidate scores was 21 to 38. Two candidates were borderline (scoring 30 and 32) and the performance of both was discussed at length by the Court of Examiners who agreed that their results should stand and the pass mark remained at 31.

Of the 14 candidates who sat the exam, 10 were on their first attempt, two on their second attempt and two on their 3rd attempt. 9 out of 10 passed at their first attempt. One candidate passed at their third attempt. Both candidates sitting at their second attempt failed the exam and one candidate failed at their third attempt. The Court of Examiners agreed that all candidates who failed the exam should be invited to attend a guidance interview. No candidates at this sitting met the criteria for the prize.

The examination has been quality assured since its outset and this process is continually assessed and adjusted to meet best practice. This was the first exam where feedback was given using video footage, following the successful testing of the videoing process and equipment at the April exam. Examiner practice was found to be of a uniformly high standard, with feedback given to aid further improvement. Three visitors attended on the day and all felt the standard was set appropriately and gave positive feedback.

The Chair and Vice Chair would like to thank Graham Clissett and the examinations team for a polished and professional examination.



FFPMRCA Examination Update

Dr Nick Plunkett

Chair, FFPMRCA Examinations

Since our last report in the winter Transmitter 2018, the fourteenth sitting of the FFPMRCA MCQ examination has now occurred.

The MCQ took place on 30 January 2019. 15 candidates presented for this sitting. The Anghoff Group met on 6th February and discussed individual Anghoff scores, and scrutinised questions. Following discussion, it was decided to remove some questions from the total (19 out of 400 possible marks), as the Group judged there to be error or ambiguity in the question content, before the pass mark was calculated. No candidates were disadvantaged in this process. The pass mark was agreed by summing the Anghoff-based individual scores using the same

methodology as previously described, before applying the usual Standard Error of the Mean (SEM) of 1.64. The pass mark was found to be 69.29% (similar to the pass mark at the previous Autumn sitting of 70.03%), equal to a raw score of 264 or above out of 381.

10 out of 15 candidates achieved a pass, giving a pass rate of 67%, rather less than the pass rate from the previous Autumn sitting (82%). The average pass rate for all 14 sittings to date is 77% for the MCQ.

The next SOE sitting is 2nd April 2019 and I look forward to reporting this in the next Transmitter.

FFPMRCA Examination Calendar August 2019 - July 2020

	FFPMRCA MCQ		FFPMRCA SOE	
Applications and fees not accepted before	Mon 17 Jun 2019	Mon 28 Oct 2019	Mon 19 Aug 2019	Mon 3 Feb 2020
Closing date for FFPMRCA Exam applications	Thurs 1 Aug 2019	Thurs 12 Dec 2019	Thurs 26 Sep 2019	Thurs 5 Mar 2020
Examination Date	Wed 28 Aug 2019	Wed 5 Feb 2020	Tues 22 Oct 2019	Tues 31 Mar 2020
Examination Fees	£530	£530	£740	£740

FFPMRCA EXAM TUTORIAL

Monday 2nd September

For more information and online booking:

www.fpm.ac.uk/faculty-of-pain-medicine/events/examination-tutorials

FFPMRCA Examination Update



Dr Nick Plunkett

Chair, FFPMRCA Examinations



Dr Anthony Davies

Vice-Chair, FFPMRCA Examinations

The 14th sitting of the FPM SOE examination took place on 2nd April 2019, prior to which the Court of Examiners carried out a paper checking exercise to assess the relevance and difficulty of the questions in line with other exams and the examiners' expectations. This examination was found to be of an acceptable level of difficulty and relevance, similar overall to previous examinations. 13 candidates presented for examination, and following diligent application of rigorous standard setting methodologies, 9/13 candidates passed, giving a 69% pass rate which is in the normal range for this examination.

As part of the standard setting process, borderline regression and Hofstee calculations were plotted against the exam data after the exam. The statistical analysis was discussed by the Court of the FPM Examiners and the data obtained was used as a starting point in agreeing the pass mark. The final pass mark of 32/40 was reached through a combination of statistical analysis and expert judgment and this is in line with pass marks set for previous exams. The range of candidate scores were 24 - 40, one candidate scored 32, one candidate scored 31 and three scored 33. The performance of all borderline candidates was discussed at length by the Court of Examiners and it was agreed that their results should stand and the pass mark remain at 32. Eleven candidates were on their first attempt. Two candidates were on their second attempt and both passed at this sitting.

Examiners were audited during the exam through video observation undertaken by Dr Mike O'Connor and Dr Karen Simpson, of the audit and feedback team. Feedback on performance was given using the video footage collected. Examiner practice was found to be of a uniformly high standard, with advice given to further improvement.

One visitor attended on the day, Professor Connail McCrory, ex-Dean of the Faculty of Pain Medicine of the College of Anaesthetists of Ireland. Professor McCrory felt the standard was set appropriately and gave positive feedback.

In the academic year 2018-2019, two candidates met the criteria from the October 2018 and April 2019 sitting of the exam and were considered as possible prize winners. After due consideration, the Court of Examiners agreed that Dr Sangram Patil and Dr Hoi Wong both achieved the highest level of distinction. Both candidates were ranked first in their respective MCQ sittings achieving similar scores and both attained a score of 40/40 in the SOE at their first attempts. Therefore, a recommendation was made to the Board that they be awarded the FFPMRCA Prize for academic year 2018-2019. It was a distinct pleasure to commend them, and Dr Mahesh Kodivalasa (a previous winner) to Dr Barry Milller, in one of his last official roles as Dean, for the awards at the Diplomates Day held in London on 6 September at the Central Hall, Westminster. It was also wonderful to see many successful candidates from the previous FPM examinations receive their certificates, to the applause and support of all diplomates and dignitaries, and most especially family members to whom, it is acknowledged, so much is owed.

As ever, we would like to thank Graham Clissett and the examinations team for a polished and professional examination. We would like to take this opportunity to especially wish a fond farewell to Graham, who has been a constant support to us all in our roles as examiners since the very first foundation of the Court to construct a high quality, valid and reliable examination from scratch. The fact that the examination has been an undoubted success in achieving its aims is due in no small measure to the advice and guidance from Graham over the years. In recognition of Graham's pivotal

role within the RCoA family, Graham was awarded the President’s Commendation at the Diplomates Day. For now, Graham, a keen horticulturist, is moving on to (quite literally) pastures new!

We would also like to welcome Fiona Daniels, RCoA Head of Examinations, who in her role replacing Graham, comes with huge and relevant expertise in high stakes assessments and with whom we look forward to a continuing, close and fruitful relationship.

Finally, friend and colleague Dr Manohar Sharma has taken the decision to demit his role as examiner, to focus on the numerous other roles within Pain Medicine, which benefit from his efforts. A foundation examiner from the outset, Manohar has given great service as an examiner, question writer, and Court member with contributions both honest and wise.

FFPMRCA Examination Calendar February - October 2020

	FFPMRCA MCQ		FFPMRCA SOE	
Applications and fees not accepted before	Mon 28 Oct 2019	Mon 15 June 2020	Mon 3 Feb 2020	Mon 10 Aug 2020
Closing date for FFPMRCA Exam applications	Thurs 12 Dec 2019	Tues 21 July 2020	Thurs 5 Mar 2020	Tues 15 Sept 2020
Examination Date	Thurs 6 Feb 2020	Wed 26 Aug 2020	Tues 31 Mar 2020	Tues 13 Oct 2020
Examination Fees	£530	£tbc	£740	£tbc



New Faculty website

Work has been underway to develop new College and Faculty websites.

The new websites are launching in November and an announcement will be made when they are live.



FFPMRCA EXAMINATION UPDATE



Dr Nick Plunkett
Chair FFPMRCA



Dr Ganesan Baranidharan
Vice-Chair FFPMRCA

Since the last Examinations report in the spring edition, the Faculty has delivered two further exams: the SOE on 13 April 2021, and the MCQ for the Autumn sitting on 25 August 2021.

The SOE was again performed remotely. As will now be recognised, both the Faculty of Pain Medicine examiners, and the RCoA Exam Committee are now experienced and skilled at the delivery of remote exams, with very positive feedback obtained following the first remote delivery of the SOE in October 2020 from the examiners, auditors, and candidates. Therefore, there was a high degree of confidence with respect to the delivery of this exam.

The prior specific and bespoke processes, essentially unaltered from our previous remote exam, were employed, and there were no significant technical glitches with respect to the delivery of the examination.

A total of 20 candidates presented for examination, and following the usual and robust quality assurance processes to define the pass mark, a total of 14 candidates were considered to have achieved the required standard, with the pass mark set at 32. This represents a 70% pass rate, consistent with recent average pass rates.

Candidate feedback

As before, candidate feedback was sought, with satisfaction expressed with respect to the online booking and delivery process, with a high degree of satisfaction also for audio-visual quality.

There has been a recent sitting of the MCQ remotely on 25 August 2021. There were 10 candidates and there

were no reports of significant technical glitches. The FPM Anghoff Group sat on 8 September to consider the examination questions and raw results in detail. Each question was reviewed and some were removed for reasons of ambiguity, for which no candidate was disadvantaged. A total of 16 marks out of 400 marks were thus removed, and following the usual processes a pass mark of 264/386 was agreed, giving a pass mark of 68.39, which 7/10 candidates achieved, giving a pass rate of 70%, consistent within the expected range of previous pass marks.

Due to the now established and reliable delivery of remote MCQ examinations across RCoA and FPM, and candidates very positive feedback on this process, future candidates should be aware that

it is planned that the MCQ will continue to be delivered remotely going forward.

The SOE examination 12 October 2021 will also be delivered remotely. It remains the hope and expectation that in the new year (2022) the Faculty will be able to revert to face-to-face SOE examinations.

New examiners

The Faculty is now in a position to advertise for new examinerships. We

encourage all eligible colleagues with an interest and some experience in teaching, training, research, and assessment methods/examination to apply for examinerships. Applicants will be assessed according to robust criteria, and are invited from all fields of pain medicine, including acute, chronic, cancer, and paediatric pain medicine, with a special encouragement for female and BAME colleagues to apply. The details will be published on the FPM website, by

email to all Fellows, Faculty tweets, and the President's News.

Thank you

The FPM Court of Examiners would like to thank the RCoA exams department especially Fiona Daniels, David Rowand and Beth Doyle, for their dedication and resilience in continuing to deliver the FPM exams within the constraints imposed by COVID, and in effect normalising the candidate experience as much as possible.

	FFPMRCA MCQ	FFPMRCA SOE
Application and fees not accepted before	Mon 22 November 2021	Monday 17 January 2022
Closing date for FFPMRCA exam applications	Thursday 6 January 2022	Wednesday 2 March 2022
Examination date	Wednesday 9 February 2022 Online	Tuesday 29 March 2022 Online TBC
Examination fee	£560	£780



FPM Learning is updated every month. Be sure to have a look at the FPM's open resource for all pain trainees, providing a variety of teaching materials including case reports, journal club, recommended reading and podcasts.

www.fpm.ac.uk/fpmllearning