



Female representation on the FPM Board of Examiners: Is 10% Acceptable?

Dr Rhian Lewis

Member of FPMRCA Board

Much is written about equality and diversity, and we are reminded almost daily (whether by the Cabinet, or industrial boards, or the entertainment industry) of the need to ensure that female/male ratios are improved.

Does it matter? Should we celebrate the first “female” astronaut, etc? Doing so ensures that female achievement is recognised, but it also particularises that achievement, as if women deserve praise for achieving despite being women. Most women don’t go around feeling “female” in their interactions at work. They focus on the job rather than their gender. It is interesting, however, that I still get patients (usually older women) saying, “Oh, I didn’t expect a lady doctor”, though they are often grateful for this, because “it is easier to discuss things with another woman”.

A recent BMJ supplement explored some of the sexist comments made to or about female doctors, and also emphasised that these comments are frequently left unchallenged by male doctors in the room. Indeed, some of those male doctors are complicit in the undermining of females in the workplace. As de Beauvoir noted, the patriarchal system is ingrained into all our psyches, including women themselves, from an early age. On a hopeful day I feel that things are improving, but sadly I am often reminded that, although things are much better than during the era of “first wave feminism”, there is still a long road to travel.

The number of females in senior NHS roles, for instance, varies greatly, although anaesthesia has always had a greater number than other specialties. However, the current ratio of male to female persistent pain consultants in the UK is approximately 3:1, which leaves something to be desired in terms of gender equality. It will be

intriguing to see how these ratios alter over the next decade as the ratio of female graduates alters.

For pain clinicians, the FPM and its examinations set standards for the whole discipline, and it is therefore important that we draw on the full range of talent available to us to help achieve that. In turn, this means ensuring that the full diversity (geographical, gender, class, ethnicity) of FPM membership is reflected on its board of examiners. Yet currently only 2 out of 23 examiners are female, approximately 10%, far below the 25% that would be expected in terms of pain consultants, and of course extremely low compared to the 50% that might be expected in a world where there is equal gender representation!

We would like to see more women join the FPM examining team, not because they are women per se, but because the involvement of women ensures a full range of perspectives from people with diverse backgrounds and experiences, resulting in less danger of “groupthink”. It is also worth noting that painful pain states are often more prevalent in females, and some of the problems associated with ongoing pain have psychosocial contributors that are more likely to be part of women’s lives. It is not impossible that being female enables greater empathy with this, and that this in turn might better ensure these factors are considered in the reviewing of the written clinical questions.

It has also been shown that female representation and having a role model within a group makes it easier for us to feel “yes I can do that”. This may indeed be why many of us are where we are now; I certainly recollect useful advice and support from female anaesthetists in my early years.

Do female candidates feel more comfortable with female examiners? Certainly, knowing that there is space for females is vital in any environment, particularly when there is the stress of an assessment process. A more gender-balanced exam board may also make female candidates feel, even subconsciously, that the environment is balanced and thus may help put candidates at ease so that they can perform at their best.

A diverse board can also aid in disrupting stereotypes and help change the story of medicine as an upper-class male-dominated arena. Mixed gender groups will inevitably be somewhat different to male dominated groups and a greater proportion of women can be valuable. I therefore believe that women should put themselves forward and hopefully be elected to the board.

So, what does being an examiner involve? Apart from the time commitment of writing and reviewing questions, there are two examination sessions per year (a total of 6 days in London).

Becoming an examiner is challenging but perfectly doable. The team includes District General Hospital consultants and academic 'high flyers'; both are needed so that the questions reflect

not only the latest scientific knowledge but also ongoing clinical practice. I found writing questions to be demanding at first; because I had to sit down and structure my knowledge for the topics I was assigned. But developing the ability to do that concisely was rewarding. In the examination room itself, I found that pain consultation skills are transferable to, e.g. rephrasing a question so that less able candidates can give their best. The reading and the exam itself is certainly ongoing CPD for the examiners themselves and some of the skills refreshment during the exam preparation and feedback sessions is extremely valuable.

The camaraderie among the examination team is infectious and not only have I made new friends, but I also feel that I am doing something positive for our Faculty and our profession by contributing towards the maintenance and improvement of standards in pain treatment.

I would encourage more women to think of applying, not only to adjust the ratios but to be the role models for the next generation of female pain clinicians. Anyone thinking of applying is welcome to contact one of the two current examiners: rhian.lewis3@wales.nhs.uk or Suellen.walker@ucl.ac.uk.



FFPMRCA Ethnicity and Gender Performance Review



Dr Nick Plunkett
Chair FFPMRCA



Dr Anthony Davies
Vice-Chair FFPMRCA

As part of an ongoing review of the FPM exam's process and outcomes, and following a similar review of FRCA work on the matter, it was decided that our exam was now of sufficient maturity to undertake a routine review of exam outcomes with respect to Differential Attainment (DA).

This explored the pass rate among candidates based on special characteristics including self-report of gender and self-report of ethnicity- BME (Black and Minority Ethnic) and White. It is important to note that there had been no complaints raised, or potentially relevant issues raised in any way, at any time, from candidates, exam staff, examiners or observers. This was undertaken as a proactive exercise to ensure we are acting openly and fairly.

It should be recognised that due to overall small numbers, a significant number of exam diets were reviewed to give sufficient numbers to allow statistically robust data, and its meaningful interpretation.

Process:

This report looks at the FFPMRCA MCQ examination from February 2015 to January 2019, which covers 9 diets, totalling 138 exam sittings and 119 candidates, and the FFPMRCA SOE examination from April 2015 to October 2018, covering 8 diets, totalling 122 exam sittings and 95 candidates.

Demographics:

- Gender: For both the MCQ and SOE excluding previous attempts the proportion of female and male candidates sitting these

exams was approximately 32% and 68% respectively. This appears to approximately reflect the overall representation of males to females in APT posts.

- Ethnicity split (SOE): BME-54%, White- 43%, Other- 3%.
- 64% of BME candidates obtained their primary medical qualification (PMQ) outside the UK and Europe, and 75% of White candidates obtained their PMQ from UK or Europe.

Exam attempts:

The number of exam attempts was reviewed with respect to ethnicity. BME candidates on average have very marginally more attempts at the MCQ (1.18 sittings) compared to White candidates (1.16 sittings). BME candidates appear to have less attempts at the SOE (1.25 sittings) than White candidates (1.33 sittings). Assuming failing candidates do re-sit, these are non-significant differences.

MCQ Exam:

For the MCQ exam considering only the candidates' most recent result and initially disregarding the number of exam attempts, BME candidates have a pass rate of 85.25%, which is significantly lower than White candidates at 94.12%.

For candidates on their first attempt, BME pass rate is lower (70.18%) than White candidates (86.27%). When we look at candidates on their second attempt, BME and White candidates pass rate are the same at 80%. This may indicate that BME candidates are initially less familiar with the MCQ exam format and methodology.

There was further scrutiny as to whether there was a difference in first time MCQ success in different components of the MCQ (to determine if any aspect of the MCQ structure, MTF, SBA, or EMQ) was a source of differential attainment. The only difference was for those candidates who failed the MCQ on their first attempt and this difference was only seen in the EMQ component, when comparing BME to white candidates: 75.2 v 78.6% pass rates.

There was no difference in MCQ pass rate over the paper or subsections thereof when comparing performance in the BME group for those whose PMQ was within versus those whose PMQ was outside, the UK & Europe.

MCQ Gender evaluation: The pass rate for male candidates is 4% higher than for female candidates.

SOE Exam:

For the SOE, again looking only at candidates most recent result, BME candidates pass rate is 90.6% and for White candidates it is lower at 85%.

BME candidates SOE pass rate on their first attempt is 75%, which is similar to that of White candidates at 76.2%. As the number of attempts increases the pass rate falls for both BME and White candidates, but BME candidates pass rate is then always higher than White candidates.

We also considered the pass rate of SOE candidates, taking into account the number of attempts they had to achieve the MCQ. The pass rate for the SOE candidates on their first attempt who also achieved their MCQ on their first attempt, was very similar for both BME and White candidates (71.88% & 72.22% respectively). This would suggest that there is no ethnic difference in this performance marker.

The pass rate for male candidates in the SOE was slightly less than for female candidates, by 2.31%. When the pass rate is broken down by ethnicity and gender, BME candidates' success rate is

significantly higher than their White counterparts. (BME Female pass rate 100%, White female pass rate 84.21%, BME male pass rate 88.37% and White male pass rate 85.71%).

Female candidates who were successful in their MCQ after 1 or 2 attempts and then went on to pass the SOE at just one attempt, had a success rate higher than male candidates (Females: 1st attempt MCQ 83.33% & 2nd attempt MCQ 75% vs Males: 1st attempt MCQ 70.83% & 2nd attempt MCQ 55.56%).

Summary:

Overall, these results are reassuring and indicate that while some small differences in attainment have been noted, there is no consistent difference in terms of attainment and success in either parts of the FPM examination. Where there are minor differences, these may have a number of explanations. The MCQ is a test of knowledge and some understanding. Its anonymous nature reduces the risk of examiner related unconscious bias. The SOE is a potential source of bias, from the questions, or the questioning style of examiners. It appears that there is no bias inherent in that process from the analysis to date. All examiners undergo face to face and e-learning modules in Equality and Diversity training to further reduce risk of unconscious bias in the question format or questioning style.

With grateful thanks to Samara Branker for her expert assistance in compiling and analysing data used in this report.



FFPMRCA EXAMINATION UPDATE



Dr Nick Plunkett
Chair FFPMRCA



Dr Ganesan
Baranidharan
Vice-Chair FFPMRCA

Starting in 2020, the ‘new normal’ has been remote working secondary to the pandemic. This update will reflect the challenges and outline how we have managed to continue with exam delivery. The last report was released just before the SOE examination occurred – the first remote SOE in the College’s rapidly evolving experience.

The SOE examination was delivered via Zoom on 13 October 2020. There was significant preparation from all colleagues (examiners and the examination department) with training in Zoom technology, and attainment of additional skills in assessing remotely, conducting practice examinations as both examiners and as candidates. This resulted in important feedback on the potential candidate experience, helping us optimise the examination delivery. A series of measures were adopted to mitigate the potential effects of technical failures and glitches. We made provision of a third examiner shadowing each examination rooms, prepared to

actively examine at a moment’s notice. The process and additional safeguards worked perfectly on the day, with exams department, examiner, and candidate feedback highly positive.

Pass rates

Of 18 candidates attending, 14 were determined to achieve the necessary standard with a pass mark of 31/40, and a pass rate of 78%. The pass rates for both elements of the Autumn sitting (MCQ and SOE) exam were in the upper range of pass rates. This was reassuring for the Examination board given the challenges faced and the remote delivery of the Exam.

The most recent MCQ occurred remotely on 6th January 2021, delivered by TestReach as before. There were 15 candidates- following a remote Anghoff meeting on 20/1/21, the papers were reviewed using the methodology previously described, and a pass mark of 70% was determined, achieved by 13 candidates, giving a pass rate of 87%.

The FPM are well aware of the challenging times that potential candidates may have faced as a result of upheaval in training as well as responding to the pandemic in their varied professional and personal roles. By way of reassuring and encouraging

candidates, the pass marks of all exams delivered remotely thus far are similar to the in person/at College delivery, and pass rates also remained stable.

Taking a slightly longer view of SOE pass rates over a 6-year period prior to COVID, in the first 3-years the average pass rate was approximately 60%, while over the latter 3-years the average pass rate was approximately 75% indicating improved quality of candidate preparation, and demonstrating the exam's standing with trainees.

Candidates can be reassured

The remote exam processes are now 'tried and tested', so candidates will benefit from the FPM's experience, as well bespoke materials to assist the candidate on the remote process. Overall, the impression of all involved appears to be that, once one gets over the fact that the interaction is through a screen, the process is as natural and authentic as it would be face to face.

To further reassure those candidates considering sitting for the next remote SOE on 13 April, we thought it would be useful to feedback the candidates' comments from the remote SOE in October 2020, noting these were provided before the candidates had

received their results. The questionnaire was devised to assess remote delivery processes (rather than exam content). There were 13 (out of 18) respondents – percentages are approximate.

Q1 Was this your first time taking the FFPM SOE exam?

Yes 85 %, No 15 %

Q2 How satisfied were you with the online booking confirmation process for the exam?

Either satisfied or extremely satisfied- 85%

Q3 Was the information you received from the examinations department prior to this exam appropriate?

Yes 100%

Q4 Was the candidate brief you received on the day of the exam appropriate?

Yes 100%

Q5 Was the I.D and Environment check appropriate?

Yes 100%

Q6 If you needed assistance during the exam, were the college staff responsive?

Yes 54%, not applicable 46%

Q7 Could you hear and see your examiner throughout your exam?

Yes 100%

Q8 Did you experience any noticeable connection issues?

No 85%, Yes 15% (both candidates affected indicated the problem was minor with no impact on performance).

Sample candidate comments

"It was perfect. Thanks to the exams team and examiners."

"Very well organised."

"The organisation of exam was very well done. No connection issues."

"Wasn't stressful. Clear instructions. I'd be happy to sit this remotely again (fingers crossed I don't have to)."

"The online process made the whole experience better in my opinion, it definitely took away the stress of catching the train to London."

"Very well organised, no issues at all. The college has always set its standard and I am glad they did the same this time in spite of the pandemic."

It is gratifying that the FPM was the first within the RCoA and FICM family to deliver both MCQ and SOE assessments remotely and successfully – all a testament to the additional hard work in preparation for these events from all concerned.

| | FFPMRCA MCQ | FFPMRCA SOE |
|---------------------------------------------------|-------------------------------------------|----------------------------------------|
| Application and fees not accepted before | Tuesday 1 June 2021 | Monday 1 February 2021 |
| Closing date for FFPMRCA exam applications | Thursday 8 July 2021 | Tuesday 2 March 2021 |
| Examination date | Wednesday 25 August 2021 Online | Tuesday 13 April 2021 Online |
| Examination fee | £560 | £780 |

FFPMRCA Examination: Quality Assurance



Dr Nick Plunkett

Deputy Chair of the Court of Examiners



Dr Karen Simpson

Chair of the Court of Examiners

It is timely, following the conclusion of the fifth diet of the FFPMRCA examination in October 2014, with over 75 successful candidates to date, to present a review of the quality assurance that underpins the integrity of the examination. The stated aim of this examination is to improve the quality of Pain Medicine training and practice for the benefit of patients. Successful candidates are awarded the right to use the post-nominals FFPMRCA; these indicate that they have achieved a world class qualification from a Faculty of a Royal College. Not including those who were not successful at the most recent exam (who will be coming back for their second attempt soon), 93% of those who have applied to take the exam have gone on to pass.

Quality assurance (QA) was at the forefront in the 4 years of planning that went into this exam prior to the first sitting in Autumn 2012. QA has remained a top priority at each and every examination in its individual planning and execution. In general terms, the purpose of the entire process is to define a pass mark that is considered, on the basis of all the QA measures, to be the standard at which a 'just passing' candidate would be acceptable for

interview for a consultant post with a Pain Medicine component. The methods of the QA programme have been reviewed and supported by the GMC. QA is integral to every aspect of the examination, i.e. the questions, the examiners, and the examination itself. By controlling all of these variables we are highly confident that, in the examination itself, the only significantly unknown variable is the standard of knowledge and understanding possessed by the candidate, the assessment of which is, of course, the express purpose of the examination.

All questions are drafted to FRCA standard in terms of structure. All MCQ and SOE questions are written by trained and experienced examiners and question writers. They are subject to multiple redrafting and peer review. Every question is tested by the group in terms of its applicability to the safe and effective practice of Pain Medicine. Each question is rigorously and specifically tested for relevance and difficulty.

Examiners are chosen on the basis of competitive application. The exam cohort is fortunate in having a significant number of examiners with wide experience in the FRCA examination. Many examiners have attained Fellowship by examination in internationally recognised examinations such as Fellowship of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FFPMANZCA) and Fellow of Interventional Pain Practice (FIPP). All examiners have had specific training for the FPM examination in technique and marking consistency. Examiner performance within the examination has consistently been audited in a programme designed and led by the senior FRCA Examiner Audit Lead, Dr Jane Pateman.



New FFPMRCA examiners and question writers 2014: (l-r) Dr G Baranidharan, Dr V Mehta, Dr S Kanakarajan, Dr K Simpson (Chair), Dr R Sawyer, Dr J Weinbren, Dr V Mendis

Each MCQ and SOE paper is chosen to test the depth and breadth of Pain Medicine knowledge and understanding in all areas of practice in the published curriculum.

After the examination any borderline candidates are discussed in detail by the whole group of examiners who then agree the final pass mark.

Each paper is carefully reviewed for overall balance. Following the MCQ examination the pass mark is set by an expert Anghoff reference group that includes senior pain clinician representation from outwith the Court of Examiners. The group reviews every single leaf of each MCQ for its ability to discriminate between strong and weak candidates. This provides an internal measure of reliability.

“ **All MCQ and SOE questions are written by trained and experienced examiners and question writers... each question is rigorously and specifically tested for relevance and difficulty** ”

The Faculty has developed a highly valid examination with the most robust QA processes possible to ensure that it successfully identifies candidates who have demonstrated the knowledge and understanding needed to attain a qualification indicative of the highest standards of Pain Medicine training and to act as a guarantor of the highest quality of Pain Medicine practice.

The SOE paper is reviewed in detail by the examiners on the day before the examination. This is to standardise the process of administering questions and define an agreed level of knowledge required to pass. This enhanced QA process is unique to our Faculty. After every examination there is detailed group discussion on the pass mark. A range of validated measures are used to help define the pass mark for both papers, including Anghoff, Ebel and Hofstee methods; this is supported by multiple regression analysis of examiner scale judgement. Whilst these methods are not sufficient in themselves to define a pass mark, they add quality and validity to the ultimate decision made by the Court of Examiners.

The QA process was developed and refined by Jeremy Cashman without whose skills we would not have been able to progress so fast and so far. The QA has now been handed to Tony Davis who has already shown that we can be confident that the stringent QA process that has been put in place will continue and evolve.

In addition we rely completely on the support of our excellent examinations team under the guidance of Graham Clissett and we offer them our thanks for their unfailing support. We would like to give special thanks to Neil Wiseman whose knowledge and skills in quality assurance have been invaluable.

FFPMRCA Examination Calendar August 2015 – July 2016

| | FFPMRCA MCQ | | FFPMRCA SOE | |
|--------------------------------------------------|-----------------------|------------------------|------------------------------------------------|------------------------------------------------|
| Applications and fees not accepted before | Mon 22 Jun 2015 | Mon 2 Nov 2015 | Mon 31 Aug 2015 | Mon 15 Feb 2016 |
| Closing date for FFPMRCA Exam applications | Thurs 13 Aug 2015 | Thurs 17 Dec 2015 | Thurs 24 Sep 2015 | Thurs 17 Mar 2016 |
| Examination Date | Wed 2 Sep 2015 | Tues 2 Feb 2016 | Tues 20 Oct 2015 (backup day 21 Oct) | Tues 12 Apr 2016 (backup day 13 Apr) |
| Examination Fees | TBC | TBC | TBC | TBC |