

Intercollegiate Committee for Basic Surgical  
Examinations

## **2014/15 ANNUAL REPORT**

### **MRCS**

**The Membership Examination of the Surgical Royal  
Colleges of Great Britain and in Ireland**

### **DO-HNS**

**The Diploma in Otolaryngology – Head & Neck Surgery**

**June 2015**

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*The Intercollegiate Committee for Basic Surgical Examinations (ICBSE) would welcome comments on this Annual Report and ways in which it can be improved in future years. If you have comments on this Report please send them to: The Chairman, ICBSE, c/o [lsmith@icbse.org.uk](mailto:lsmith@icbse.org.uk)*

## **1. Introduction**

This is the **eighth** Annual Report of the Intercollegiate Committee for Basic Surgical Examinations (ICBSE) and covers the period August 2014 to July 2015.

The purpose of the Annual Report is to provide a definitive source of information about the Membership Examination of the Surgical Royal Colleges of Great Britain (MRCS) and the Diploma in Otolaryngology – Head & Neck Surgery (DO-HNS) for all interested stakeholders including candidates, trainers, Assigned Educational Supervisors and the public.

The structure, standard and quality assurance of the MRCS and DO-HNS examinations are the responsibility of the ICBSE which has a number of specialist subgroups each responsible for a different aspect of the examination.

The purpose of ICBSE is as follows:

- To develop and oversee Intercollegiate Membership examinations for assessing the standards of trainees during and at the end point of Core Surgical Training;
- To develop and oversee the DO-HNS examination.

ICBSE's work may be classified into three activities:

- maintaining the quality and standard of the examinations within its remit;
- delivering incremental improvements in service standards;
- developing the examinations within its remit to meet internal and external requirements.

These three activities have equal priority.

## **2. The MRCS examination: purpose and structure**

The Membership Examination of the Surgical Royal Colleges of Great Britain and in Ireland (MRCS) is designed for candidates in the generality part of their specialty training. It is a crucial milestone that must be achieved if trainees are to progress to specialty surgical training as defined by the surgical Specialty Advisory Committees (SACs). The purpose of the MRCS is to determine that trainees have acquired the knowledge, skills and attributes required for the completion of core training in surgery and, for trainees following the Intercollegiate Surgical Curriculum Programme, to determine their ability to progress to higher specialist training in surgery.

It is anticipated that on achievement of the intended outcomes of the curriculum the surgical trainee will be able to perform as a member of the team caring for surgical patients. He or she will be able to receive patients as emergencies, review patients in clinics and initiate management and diagnostic processes based on a reasonable differential diagnosis. He or she will be able to manage the peri-operative care of patients, recognise common complications and be able to deal with them or know to whom to refer them. The trainee will be a safe and useful assistant in the operating room and be able to perform some simple procedures under minimal supervision and perform more complex procedures under direct supervision.

The MRCS examination has two parts: Part A (written paper) and Part B Objective Structured Clinical Examination (OSCE).

## **2.1 Part A (written paper)**

Part A of the MRCS is a machine-marked, written examination using multiple-choice Single Best Answer and Extended Matching items. It is a four hour examination consisting of two papers, each of two hours' duration, taken on the same day. The papers cover generic surgical sciences and applied knowledge, including the core knowledge required in all surgical specialties as follows:

Paper 1 - Applied Basic Science  
Paper 2 - Principles of Surgery-in-General

The marks for both papers are combined to give a total mark for Part A. To achieve a pass the candidate is required to demonstrate a minimum level of knowledge in each of the two papers in addition to achieving or exceeding the pass mark set for the combined total mark for Part A.

## **2.2 Part B (OSCE)**

The Part B (OSCE) integrates basic surgical scientific knowledge and its application to clinical surgery. The purpose of the OSCE is to build on the test of knowledge encompassed in the Part A examination and test how candidates integrate their knowledge and apply it in clinically appropriate contexts using a series of stations reflecting elements of day-to-day clinical practice.

## **3. The MRCS and the Intercollegiate Surgical Curriculum Programme (ISCP)**

The MRCS examination is an integral part of the assessment system of the Intercollegiate Surgical Curriculum Programme (ISCP) <http://www.iscp.ac.uk>. Ten surgical specialties: cardiothoracic surgery; general surgery; neurosurgery; oral & maxillofacial surgery; otolaryngology; paediatric surgery; plastic surgery; urology; vascular; and trauma & orthopaedic surgery collaborate through the ISCP in developing a competence-based curriculum which defines the attributes required of a successful surgeon. The web-based ISCP curriculum and its assessment system, including the MRCS and DO-HNS, have been approved by the General Medical Council (GMC).

The MRCS content has been reviewed to ensure that it continues to articulate with the changes to ISCP. The MRCS content guide continues to set out for candidates a comprehensive description of the breadth and depth of the knowledge, skills and attributes expected of them, and thus provides a framework around which a programme of preparation and revision can be structured. It also sets out the areas in which candidates will be examined. It has been formatted to maximise its accessibility to candidates and examiners and is available on the intercollegiate website <http://www.intercollegiatemrcs.org.uk/new/guide.html>

## **4. The MRCS Examination**

### **4.1 Part A (written paper)**

Based on the ISCP curriculum, a syllabus blueprint for the Part A examination sets out a broad specification for the numbers of questions on each topic to be included in each paper of the examination. It is not possible to sample the entire syllabus within a single Part A paper but the blueprint and specification ensures that the common and important content is routinely covered and that the entire syllabus is sampled over time.

Questions are coded according to the area of the syllabus to which they relate and are held in a computerised item bank. Groups of question writers are commissioned to produce new questions according to the agreed specification and, following editing and specialist review, these questions are added to the item bank. For each diet of the examination questions are selected from the bank using the examination blueprint and are compiled into a paper by the MCQ question paper group of the ICBSE.

Questions are carefully planned from the outset to be at an appropriate level of difficulty. The standard for the paper is originally set using a modification of the Angoff procedure where a group of colleagues estimates the performance of a notional 'just good enough to pass' candidate. In order to ensure that standards are set at an appropriate and realistic level the colleagues include practising surgeons, specialist basic scientists, trainers, trainees and a patient representative.

A number of 'marker' questions taken from a previous examination are included in each Part A paper and are used to calibrate the standard and help to ensure that there is continuity of the standard of the examination over time.

Following each examination a standard setting meeting is held at which the performance of candidates on each question is scrutinised together with their performance on the test overall. A range of statistical measures is used to evaluate the reliability and facility of the examination and its individual questions. It is at this stage that candidate feedback on the examination is considered and taken into account when deciding whether or not to exclude a specific question from the overall examination outcome. Using the benchmark of the previously described Angoff exercise, the performance of candidates on the marker questions is reviewed together with other statistical data from the present and previous examinations to set the pass/fail cut-off mark.

Candidates are given their Part A score and the score required to pass the examination, thus giving them an indication of how far short of, or above, the required standard they are.

### **2014-15 Part A (written paper) Review of Activity**

The Principles of Surgery in General paper of the Intercollegiate MRCS Part A exam now includes Single Best Answer (SBA) items as well as Extended Matching (EM) items.

There was a phased introduction of the SBAs:

April 2013	up to 30 SBAs
September 2013	up to 30 SBAs
January 2014	up to 30 SBAs
April 2014	up to 60 SBAs

The continuation of this process is planned to proceed as follows:

September 2014	up to 60 SBAs (45 used)
January 2015	up to 60 SBAs (45 used)
April 2015	up to 60 SBAs (45 used)

The two types of questions are organised in to separate groups within the paper. The number of questions in the Principles of Surgery in General paper remains the same at 135 and there is no change in the time allowed for candidates to complete the paper.

The change was implemented to further improve the reliability of the MRCS Part A examination.

In addition, the Content Review Sub-Group met on several occasions throughout the year to introduce a refined coding system to the multiple choice question bank. This process was completed in September 2014 and the coding of the questions will allow the bank to be mapped against the syllabus, ensuring an appropriate coverage of syllabus areas across each examination paper. Now this process has been completed for Part A, a similar process has commenced refining the coding system used for the OSCE scenarios with the same aim of achieving appropriate syllabus coverage.

As a result of the coding of the Part A question bank, the Content Review Group has produced a full report outlining recommendations for a future test specification for the Part A Examination so that it adequately tests, and is clearly mapped to, the topics and skills defined within the ISCP core curriculum. These recommendations will be submitted to the GMC for approval.

#### **Summary descriptive statistics: MRCS Part A (written paper)**

	Total number sat	Passing % (and number)	Failing % (and number)	Pass mark %	Measure of reliability*	Measurement error**
September 2014	2206	35.0 (772)	65.0 (1434)	69.1	0.95	7.10
January 2015	1401	35.3 (494)	64.7 (907)	69.4	0.95	7.13
April 2015	1743	38.6 (672)	61.4 (1071)	69.7	0.95	7.23

\* An expression of the consistency and reproducibility (precision) of the examination. The measure used here is KR-20.

\*\* Measurement error refers to the difference between the 'true' score and the score obtained in an assessment. Measurement error is present in all assessments but is minimised by good item design and test construction.

## **4.2 Part B (OSCE)**

Scenarios and questions for the OSCE stations are written by a team of Broad Content Area (BCA) specialists, headed by leads and deputies using detailed templates and following detailed writing guidance. Draft scenarios are scrutinised by a team of reviewers before being edited and approved for piloting. All scenarios are piloted either as an unmarked extra station in a 'live' examination or as part of a specially arranged event. Following further revision as necessary, these new scenarios are then added to the question bank.

Scenarios from the bank are then selected and grouped into examination 'circuits' so as to achieve the appropriate balance of content and challenge. A number of different circuits are selected for use throughout the examination period, with the same circuit used in each of the Colleges on any given day. Each 'circuit' is taken by a statistically significant number of candidates for quality assurance purposes.

At the end of each examination diet, the results of all candidates in each 'circuit' are combined and the pass/fail boundaries are agreed at a single standard setting meeting attended by representatives of each of the Colleges.

The MRCS Part B (OSCE) was introduced in October 2008 and has been revised over time.

ICBSE continues to review and further develop the MRCS examination based on the evidence available. In December 2010 it established a working party to undertake a review of the examination programme to commence after three diets of the May 2010 revision; evidence for the proposed changes was based on six diets of the examination (May 2010 to February 2012).

This evidence indicated that the OSCE had an appropriate number of active stations (18) along with two preparation stations, and that this provides an adequate opportunity to sample a candidate's performance. The working party proposed a number of smaller changes which, together, represented a major change to the MRCS Part B (OSCE).

## **2014-15 Part B (OSCE) Review of Activity**

### **Review implementation**

In 2014-15 ICBSE concentrated on establishing and improving the processes that were introduced following the MRCS major change submission that was approved by the GMC in 2012. The main areas of activity:

- A proposal was sent to the GMC Curriculum Advisory Group in May 2014 to improve further the MRCS Part B standard setting process and was subsequently approved in August 2014. The changes will ensure that the examination processes evolve in line with current best practice and provide better evidence to inform the standard setting process. The results pre and post the standard setting change have been monitored with no significant effect on the pass rate.
- The introduction of more precise metrics to measure the reliability of OSCE scenarios. The analysis of these figures will continue to be reviewed over a period of time, facilitating the development of historical performance data for each question to better inform the question composition of future Part B OSCE circuits.
- In May 2015 the use of tablet computers for showing images in the OSCE was piloted. The use of tablets will improve picture quality and allow candidates to zoom. This will also replicate the candidates working environment.
- ICBSE Content Review Group has been coding the current OSCE question bank and mapping the scenarios against the curriculum in order to identify areas of question deficiency. The group hope to complete this task by Autumn 2015.

### **Standard Setting**

Each standard setting meeting continues to begin with an analysis of the level of discrimination and facility of each of the OSCE circuits and their constituent stations, including a review of candidate, examiner and assessor feedback, to ensure consistency and comparability of demand.

Each candidate's performance on each of the examined stations continues to be assessed in two ways:

- a mark is awarded using a structured mark sheet containing assessment criteria for each content area and for each assessed domain;
- an holistic judgement is given using one of the categories: pass, borderline or fail.

The following information is therefore available for each candidate:

- a total mark for each station;
- a category result for each station i.e. pass, borderline, fail;
- a total mark for the OSCE;
- a total mark for each of the two combined BCAs, described by the shorthand, 'Knowledge' and 'Skills'.

The borderline regression method of standard setting is used to determine the contribution of each station to the pass mark. These contributions are summed to give a notional pass mark for each of Knowledge and Skills for each 'circuit'.

The review of the OSCE carried out in 2012 had concluded that using the borderline regression method and adding 0.5 Standard Error of Measurement (SEM) to each broad content area pass mark retained the previous rigour. This position had been accepted by the GMC, as was the recognition that the ICBSE would retain some flexibility in the multiple of the SEM to be used based on an evaluation of all of the available evidence.

The experience of the first examination conducted under the revised rules (that of February 2013) was that the addition of 0.5 SEM to each of Knowledge and Skills did not maintain the previous standard and it was agreed that the multiple to be used should be 0.84 SEM. It was further agreed that the addition of 0.84 SEM should remain the default position until evidence suggested that it should be changed, and this figure has been used in all subsequent examinations. It may be noted that, because both Knowledge and Skills have to be passed at the same sitting, the SEM for the OSCE as a whole may be considered to be in excess of the 1.0 value widely accepted as the desirable minimum.

To safeguard the interests of patients, and as a driver to learning, it is a requirement for passing the OSCE that candidates must achieve a minimum level of competence in each broad content area at the same examination.

Since its inception, the MRCS Part B OSCE examination has used a single pass rule at each examination session, even though the form of the test (circuit) has not been identical on every day of that examination session. Parity of standards has been maintained through statistical methods and through the scrutiny by assessors.

To further enhance the standard setting process ICBSE in conjunction with the GMC have agreed that a different pass mark should be generated (using the current borderline regression methodology) by circuit, rather than for the examination as a whole. This means that, though the pass mark will be similar for different circuits, it is unlikely to be identical. This will reflect the variation in the relative difficulties of the scenarios that make up any given circuit. The consequences of doing so have been modelled and found to yield a very similar overall pass rate.

This standard setting process for the MRCS Part B came in to effect as of October 2014 examination.



***Each candidate is given detailed feedback showing their mark on each broad content area (Knowledge and Skills) and for the OSCE overall.***

#### **Summary descriptive statistics: MRCS Part B (OSCE)**

	Total number sat	Passing % (and number)	Failing % (and number)	Pass mark % (range for all circuits)	Measure of reliability* (range for all circuits)	Measurement error** % (raw) (range for all circuits)
October 2014	490	59.8 (293)	40.2 (197)	Knowledge: 66.25 - 68.13% Skills: 64.5 - 66%	Knowledge: 0.68 – 0.78 Skills: 0.77 – 0.83	Knowledge: 5.3 - 5.6 (8.4 – 8.9) Skills: 10.2 - 10.9 (6.4 – 6.8)
February 2015	372	58.1 (216)	41.9 (156)	Knowledge: 68.75 - 70% Skills: 65.5 – 66%	Knowledge: 0.66 - 0.71 Skills: 0.75 - 0.80	Knowledge: 5.1 - 5.3 (8.2 - 8.4) Skills: 5.9 – 6.6 (9.5 - 10.6)
May 2015	453	57.4 (260)	42.6 (193)	Knowledge: 66.88 - 68.88% Skills: 64.5 – 66%	Knowledge: 0.68 - 0.79 Skills: 0.70 - 0.81	Knowledge: 4.9 – 5.6 (7.8 - 8.9) Skills: 5.6 – 6.5 (9.0 - 10.4)

\* An expression of the consistency and reproducibility (precision) of the examination. The measure used here is Cronbach's alpha.

\*\* Measurement error refers to the difference between the 'true' score and the score obtained in an assessment. Measurement error is present in all assessments but is minimised by good item design and test construction.

### **5. The Diploma in Otolaryngology – Head & Neck Surgery (DO-HNS)**

The Diploma in Otolaryngology – Head and Neck Surgery (DO-HNS) was established as an intercollegiate examination in April 2008. Its purpose is to test the breadth of knowledge, the clinical and communication skills and the professional attributes considered appropriate by the Colleges for a doctor intending to undertake practice within an otolaryngology department in a trainee position. It is also intended to provide a test for those who wish to practise within another medical specialty, but have an interest in the areas where that specialty interacts with the field of otolaryngology. It is also relevant for General Practitioners wishing to offer a service in minor ENT surgery.

The Intercollegiate DO-HNS examination has two parts:

**Part 1 – Written Paper** comprising Multiple True/False Questions and Extended Matching Questions in one paper to be completed in two hours.

**Part 2 – Objective Structured Clinical Examination (OSCE)** normally comprising approximately 25 bays normally of seven minutes' duration each.

With effect from August 2011, trainees who have achieved a pass in Part A of the Intercollegiate MRCS examination *and* a pass in Part 2 of the Intercollegiate DO-HNS examination have been eligible to apply for MRCS (ENT) membership of one of the Royal Surgical Colleges.

### **Standard setting the DO-HNS examination**

The DO-HNS standard setting procedure for the Part 1 written paper is very similar to that described above for the MRCS (see 4.1 above) and is based on an initial Angoff process, the use of marker questions and the scrutiny of individual items and statistics at a standard setting meeting.

The standard setting technique used in the OSCE to determine the pass mark is an Angoff process: all examiners determine a pass mark for each station based upon the minimum level of competence expected of an ENT trainee at the end of his/her CT2/ST2 post before entry to higher surgical training or just at the start of higher surgical training. Using this method, at least 12–15 examiners will ascribe a pass mark to each station. The marks are totalled and averaged and this then determines the region of the pass mark. The final pass mark is determined by inspection of the mark distribution around the Angoff pass mark.

### **2014-15 DO-HNS Examination Review of Activity**

During 2014-15 the Part 2 OSCE was held in Dublin in October 2014, Glasgow in February 2015 and London in May 2015.

In order to recognise the two career routes (ENT and general surgery), ICBSE and GMC agreed to allow four attempts at both routes instead of the four combined attempts at MRCS Part B and DO-HNS Part 2. This acknowledged that there were two career routes and allows candidates who had failed DO-HNS Part 2 on four occasions in attempting to gain MRCS (ENT) then to have four attempts at MRCS Part B to allow access to Higher Surgical Training in General Surgery.

A full review of the DO-HNS examination processes has been ongoing through the year. Areas of development have been:

- the development and introduction of an Assessor process
- review of the Part 2 (OSCE) marking format and question bank procedures
- investigations into the possible inclusion of Lay Examiners for the Part 2 (OSCE)

### **Summary descriptive statistics**

#### **DO-HNS Part 1 (written)**

	Total number sat	Passing % (and number)	Failing % (and number)	Pass mark %	Measure of reliability*	Measurement error** % (raw)
September 2014	42	69 (29)	30.9 (13)	74.9	0.91	2.1 (6.66)
January 2015	35	74.3 (26)	25.7 (9)	71.6	0.98	2.1 (6.74)

April 2015	36	72.2 (26)	25.7 (10)	78.2	0.92	2.1 (6.31)
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\* An expression of the consistency and reproducibility (precision) of the examination. The measure used here is KR-20.

\*\* Measurement error refers to the difference between the 'true' score and the score obtained in an assessment. Measurement error is present in all assessments but is minimised by good item design and test construction.

## DO-HNS Part 2 (OSCE)

	Total number sat	Passing % (and number)	Failing % (and number)	Pass mark %	Measure of reliability*	Measurement error** % (raw)
October 2014	72	50 (36)	50 (36)	Day 1: 68.9 Day 2: 69.3	Day 1: 0.70 Day 2: 0.57	Day 1: 2.9 (14.43) Day 2: 2.9 (14.71)
February 2015	64	62.5 (40)	37.5 (24)	Day 1: 69.8	Day 1: 0.78	Day 1: 2.6 (14.11)
May 2015	81	69.2 (56)	30.9 (25)	Day 1: 67.9 Day 2: 67.9	Day 1: 0.82 Day 2: 0.68	Day 1: 2.7 (14.28) Day 2: 2.6 (13.96)

\* An expression of the consistency and reproducibility (precision) of the examination. The measure used here is Cronbach's alpha.

\*\* Measurement error refers to the difference between the 'true' score and the score obtained in an assessment. Measurement error is present in all assessments but is minimised by good item design and test construction.

## 6. Quality Assurance

### 6.1 The role of the Internal Quality Assurance Committee (IQA)

The quality of the MRCS and DO-HNS examinations is monitored by the ICBSE's intercollegiate Internal Quality Assurance Committee (IQA). The IQA meets three times each year and receives, for each part of the examinations, the following information:

- overall pass rates and descriptive statistics for the latest diet and previous diets;
- pass/fail breakdown by candidates'
  - first language for the latest diet and previous diets;
  - gender for the latest diet and previous diets;
  - primary medical qualification for the latest diet and previous diets;

After each examination, every candidate is invited to complete an anonymous feedback questionnaire. Examiners are invited to complete similar questionnaires. The IQA receives and reviews the feedback from examiners and candidates and correlates them with the statistical information on the examination. IQA also receives a feedback report from the Assessors for each diet of examinations.

In its interpretation of the data on the examination, the IQA is advised and assisted by an independent Educational Consultant who analyses the information and writes a brief report on each part of the examination, drawing any potential anomalies to the attention of the Committee for consideration and action.

The IQA Committee will refer matters which it considers to be in need of attention or further scrutiny to the appropriate subgroups of ICBSE. It also makes regular reports and

recommendations to the ICBSE, which has overall responsibility for the MRCS and DO-HNS examinations.

It is also the remit of the IQA Committee to review and implement the JSCM Equality and Diversity policy

## **6.2 Assessors**

Independent Assessors, established by IQA in 2010/11, attend every diet of the MRCS Part B (OSCE) at each College. Their role is to:

- monitor, evaluate and provide feedback on the conduct and performance of examiners in all components of the MRCS to ensure that the highest possible standards of examining are achieved and maintained;
- act as guardians of standards for the intercollegiate examinations over time and across examination venues;
- enhance the professional experience of examiners by encouraging reflective practice;
- act as mentors for new examiners to help them build confidence and develop into the role;
- provide feedback to examiners via the examiner's feedback reports issued after each diet
- assist in the review of the assessments used to enhance the comparability, validity and reliability of the examinations.

It has been recognised that greater pressures will be placed on the pool of Assessors with the phasing out of the OCC in January 2016 and increase in overseas OSCE venues.

## **2014-15 IQA Review of Activity**

### **6.3 Equality & Diversity**

As a consequence of the introduction of the Joint Surgical Colleges Meeting (JSCM) Equality and Diversity policy in July 2013, the ICBSE undertook the following activities:

#### **6.3.1 Equality & Diversity examiner training**

ICBSE commissioned the development of an examination-specific training programme to enhance awareness of Equality and Diversity issues while examining. This will help to ensure that all candidates experience a fair examination and to mitigate the risk of any unintended bias within the examination. It is envisaged that the two module programme aimed at examiners, assessors, committee members and exams staff will be completed by summer 2015, with a completion by examiners expected by the end of 2015, or before their next diet of examining.

#### **6.3.2 Review and improve the collection and monitoring of equal opportunities data.**

In recognising the importance of collecting equal opportunities data for candidates and examiners in ongoing monitoring of exam outcomes, ICBSE have amended the Equal Opportunities (EO) form to ensure that Colleges are collecting as much EO data as possible for monitoring purposes. Whilst acknowledging that stakeholders are not legally required to provide the information it is hoped the provisions implemented will help ICBSE in the

monitoring of the protected characteristics. The data currently held internally for examiners and candidates is included in Appendix 1 below.

### **6.3.3 Analysis of pass rates between the protected characteristics**

The GMC published exam outcome data reports in March 2015 for all postgraduate exams as they held virtually complete data with regards to ethnicity and gender. The findings highlighted differential attainment across all postgraduate medical exams and the ICBSE are in dialogue with the GMC about possible collaborative projects in this area.

### **6.3.4 Analysis of the language used in MCQs and OSCE scenarios.**

ICBSE commissioned a report in to the language used within the Part A (MCQ) exam and will be feeding the findings back to the question writers. Discussions are ongoing around a collaborative project for the analysis of the language used in the OSCE scenarios once funding has been secured.

### **6.3.5 Review of procedures**

A review of the appeals, reasonable adjustment, malpractice and examiner recruitment and appointment procedures has been carried and will be continuing to ensure the documentation is up to date and follows best practice.

## **6.4 Research**

### **6.4.1 Intercollegiate Research Fellow**

ICBSE have advertised for and will be recruiting a Research Fellow who will lead on several Research initiatives in relation to the development and outcomes of the MRCS in line with work being carried out by other medical Royal Colleges. The work will focus on the predictive validity of MRCS for the FRCS examination, and whether MRCS predicts ARCP outcomes- it is envisaged that the MRCS data could be used to assess both practical skills and knowledge based WBAs.

### **6.4.2 Examiner marking variance**

ICBSE have carried out initial analysis to compare examiner marking between Colleges and circuits. It is thought the outcomes of the research would be beneficial to all practical skills based medical examinations that use examiners in this format.

### **6.4.3 Effectiveness of MRCS Assessor System**

A further study is being developed to assess the effect of Intercollegiate Assessors on candidate feedback in the MRCS by comparing feedback before the ICBSE assessors were introduced with the current situation.

### **6.4.4 Overseas examiner human factors.**

Following on from the ICBSE work on the effect of human factors in examiner performance (published in the British Journal of Surgery, March 2015), this project has been extended to include overseas based examiners.

## **6.5 IQA Policy Development**

Additionally, the IQA Committee have been working on several projects throughout the year. These include:

- the recruitment, appointment and training of 10 new Assessors
- development of individualised extended candidate feedback
- development, introduction and review of examiner feedback
- review of the MRCS and DO-HNS statistical reports that are submitted to IQA
- development of an examiner remediation protocol

Peter Brennan, ICBSE Chair  
Lee Smith, ICBSE Manager

1 July 2015

**PROTECTED CHARACTERISTICS: EXAMINERS/ASSESSORS AND CANDIDATES AT 22 JANUARY 2016**

*Candidate statistics: candidates in 2015 for each stage or type of exam*

**AGE PROFILE - EXAMINERS/ASSESSORS**

	TOTAL	%
20-29	0	0.0%
30-39	24	1.7%
40-49	317	22.0%
50-59	556	38.5%
60-69	297	20.6%
70+	30	2.1%
Unspecified	220	15.2%
Total	1444	

**AGE PROFILE - CANDIDATES**

	TOTAL	%
20-29	4110	50.3%
30-39	3467	42.4%
40-49	521	6.4%
50-59	69	0.8%
60-69	6	0.1%
70+	0	0.0%
Unspecified	1	0.0%
Total	8174	

**GENDER PROFILE - EXAMINERS/ASSESSORS**

	TOTAL	%
Female	164	11.4%
Male	1280	88.6%
Transgender	0	0.0%
Unspecified	0	0.0%
Total	1444	

**GENDER PROFILE - CANDIDATES**

	TOTAL	%
Female	2041	25.0%
Male	6120	74.9%
Transgender	9	0.1%
Unspecified	4	0.1%
Total	8174	

**MARITAL STATUS PROFILE - EXAMINERS/ASSESSORS**

	TOTAL	%
Civil Partnership	0	0.0%
Cohabiting	<5	0.3%
Married	245	17.0%
Prefer not to say	6	0.4%
Separated/Divorced	10	0.7%
Single	19	1.3%
Unspecified	1159	80.3%
Widowed	<5	0.1%
Total	1444	

**MARITAL STATUS PROFILE - CANDIDATES**

	TOTAL	%
Civil Partnership	5	0.1%
Cohabiting	63	0.8%
Married	649	7.9%
Prefer not to say	116	1.4%
Separated/Divorced	10	0.1%
Single	1063	13.0%
Unspecified	6267	76.7%
Widowed	<5	0.0%
Total	8174	

**SEXUAL ORIENTATION PROFILE - EXAMINERS/ASSESSORS**

	TOTAL	%
Bisexual	7	0.5%
Heterosexual	639	44.3%
Homosexual	0	0.0%
Prefer not to say	22	1.5%

**SEXUAL ORIENTATION PROFILE - CANDIDATES**

	TOTAL	%
Bisexual	80	1.0%
Heterosexual	5117	62.6%
Homosexual	36	0.4%
Prefer not to say	526	6.4%

Unspecified	776	53.7%
Total	1444	

Unspecified	2415	29.5%
Total	8174	

**RELIGIOUS PROFILE - EXAMINERS/ASSESSORS**

	TOTAL	%
Buddhist	30	2.1%
Christian	211	14.6%
Hindu	134	9.3%
Jewish	<5	0.2%
Muslim	140	9.7%
No religion	40	2.8%
Other	20	1.4%
Prefer not to say	10	0.7%
Sikh	9	0.6%
Unspecified	847	58.7%
Total	1444	

**RELIGIOUS PROFILE - CANDIDATES**

	TOTAL	%
Buddhist	458	5.6%
Christian	1250	15.3%
Hindu	717	8.8%
Jewish	21	0.3%
Muslim	2289	28.0%
No religion	326	4.0%
Other	307	3.8%
Prefer not to say	280	3.4%
Sikh	49	0.6%
Unspecified	2477	30.3%
Total	8174	

**DISABILITY PROFILE - EXAMINERS/ASSESSORS**

	TOTAL	%
No	863	59.8%
Partial	<5	0.1%
Unspecified	569	39.4%
Yes	11	0.8%
Total	1444	

**DISABILITY PROFILE - CANDIDATES**

	TOTAL	%
No	6423	78.6%
Partial	116	1.4%
Unspecified	1562	19.1%
Yes	73	0.9%
Total	8174	

**ETHNICITY - EXAMINERS AND ASSESSORS**

<u>With GMC/IMC Number</u>	TOTAL	%
Asian or Asian British	260	26.9%
Black /African/ Caribbean/Black British	16	1.7%
Mixed / Multiple Ethnic Groups	32	3.3%
Other Ethnic Group	43	4.4%
Prefer not to say	0	0.0%
Unspecified	335	34.6%
White	281	29.1%
Total	967	

**ETHNICITY - CANDIDATES (calendar year 2015)**

<u>With GMC/IMC Number</u>	TOTAL	%
Asian or Asian British	697	21.9%
Black / African / Caribbean/Black British	158	5.0%
Mixed / Multiple Ethnic Groups	230	7.2%
Other Ethnic Group	180	5.7%
Prefer not to say	103	3.2%
Unspecified	577	18.1%
White	1236	38.9%
Total	3181	



<b>No GMC/IMC Number</b>	<b>TOTAL</b>	<b>%</b>
Asian or Asian British	<b>95</b>	19.9%
Black /African/ Caribbean/Black British	<b>10</b>	2.1%
Mixed / Multiple Ethnic Groups	<b>33</b>	6.9%
Other Ethnic Group	<b>52</b>	10.9%
Prefer not to say	<b>1</b>	0.2%
Unspecified	<b>213</b>	44.7%
White	<b>73</b>	15.3%
<b>Total</b>	<b>477</b>	

<b>No GMC/IMC Number</b>	<b>TOTAL</b>	<b>%</b>
Asian or Asian British	<b>1460</b>	29.2%
Black / African / Caribbean/Black British	<b>154</b>	3.1%
Mixed / Multiple Ethnic Groups	<b>373</b>	7.5%
Other Ethnic Group	<b>931</b>	18.6%
Prefer not to say	<b>171</b>	3.4%
Unspecified	<b>1783</b>	35.7%
White	<b>122</b>	2.4%
<b>Total</b>	<b>4994</b>	

<b><u>All</u> Examiners/Assessors</b>	<b>TOTAL</b>	<b>%</b>
Asian or Asian British	<b>355</b>	24.6%
Black /African/ Caribbean/Black British	<b>26</b>	1.8%
Mixed / Multiple Ethnic Groups	<b>65</b>	4.5%
Other Ethnic Group	<b>95</b>	6.6%
Prefer not to say	<b>1</b>	0.1%
Unspecified	<b>548</b>	38.0%
White	<b>354</b>	24.5%
<b>Total</b>	<b>1444</b>	

<b><u>All Candidates in 2015</u></b>	<b>TOTAL</b>	<b>%</b>
Asian or Asian British	<b>2157</b>	26.4%
Black /African/ Caribbean/Black British	<b>312</b>	3.8%
Mixed / Multiple Ethnic Groups	<b>603</b>	7.4%
Other Ethnic Group	<b>1111</b>	13.6%
Prefer not to say	<b>274</b>	3.4%
Unspecified	<b>2360</b>	28.9%
White	<b>1358</b>	16.6%
<b>Total</b>	<b>8174</b>	