ICBSE | Intercollegiate Committee for Basic Surgical Examinations

# Intercollegiate Committee for Basic Surgical Examinations

# 2024/25 ANNUAL REPORT

## MRCS

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

## MRCS (ENT)

### The Membership Examination of the Surgical Royal Colleges of Great Britain and in Ireland (Ear, Nose and Throat)

**August 2025**

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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 Chair, ICBSE, c/o* z.sajjad@icbse.org.uk



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## 1. Introduction

This is the seventeenth Report of the Intercollegiate Committee for Basic Surgical Examinations (ICBSE) and covers the period **1 August 2024 to 31 July 2025**.

The purpose of this 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 Membership Examination for the Surgical Royal Colleges – Ear, Nose and Throat (ENT) for all interested stakeholders including candidates, trainers, Assigned Educational Supervisors and the general public.

The structure, standard and quality assurance of the MRCS and MRCS (ENT) examinations are the responsibility of the ICBSE, which has several 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 MRCS (ENT) 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.

More recently, ICBSE has been involved in innovative research around the MRCS including the effects of human factors on examiner performance, and the predictive validity of MRCS in higher surgical training.

## 2. Executive Summary

This Annual Report summarises activity across the MRCS Part A, MRCS Part B (OSCE), and MRCS (ENT) examinations for the 2024/25 academic year. Key performance indicators and service developments are set out below to provide a high-level overview for stakeholders.

Candidate Volumes

- MRCS Part A: 11,372 candidates across three diets
  (Sep 2024: 4,321; Jan 2025: 3,643; Apr 2025: 3,408)

- MRCS Part B (OSCE): 2,513 candidates across three diets
  (Oct 2024: 897; Feb 2025: 755; May 2025: 861)

- MRCS (ENT) OSCE: 573 candidates across three diets
  (Oct 2024: 198; Feb 2025: 173; May 2025: 202)



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Pass Rates

- MRCS Part A: Pass rates remained stable at ~54–55% across all diets.
- MRCS Part B (OSCE): Pass rates ranged from 51% to 66% depending on circuit and diet.
- MRCS (ENT) OSCE: Pass rates ranged from ~69% to 82%, reflecting variation in delivery day and station combinations.

Access & Test-Centre Delivery

- MRCS Part A continued successful global test-centre delivery via Pearson VUE, supporting the largest-ever annual candidate volume and expanding geographic reach.
- MRCS Part B (OSCE) delivered examinations in over 15 international centres, including KL, Penang, Hyderabad, Karachi, Mumbai, Colombo, Cairo, and Islamabad.
- Expanded overseas delivery continues to reduce travel burden and widen candidate access.

Key Quality Assurance Actions

- Eligibility Criteria Change (2023): Examiner eligibility broadened to include SAS-grade surgeons, increasing examiner capacity and widening participation.
- E\&D Compliance: Ongoing Equality & Diversity training mandatory at appointment and renewal, with continuous monitoring of training completion.
- Enhanced Quality Monitoring: IQA oversight across examiner performance, incident reporting, feedback analysis, and risk-register updates.
- Expanded Feedback: MRCS Part B now gives candidates domain-level feedback (Knowledge, Skills, Communication, Professionalism).

Examination Development & Modernisation

- RISR implementation (Part B OSCE):
    - Phase 1: End-to-end question-management system.
    - Phase 2: iPad-based digital marking, reducing transcription error and streamlining examiner workflow.
- Continued refinement of standard-setting methodologies across all examination parts.

MRCS (ENT) Changes

- Formal cessation of the MRCS (ENT) OSCE after February 2026 (pending GMC approval).
- Future ENT trainees will complete MRCS Part B as the mandatory waypoint assessment.

## 3. 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 GMC has mandated that core surgical trainees cannot receive an ARCP outcome demonstrating they have completed Core Surgical Training without passing the MRCS examination. 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. They will be able to receive patients as emergencies, review patients in clinics and initiate management and diagnostic processes based on a reasonable differential diagnosis. They will be able to manage the perioperative 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 theatre 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 (MCQ) and Part B Objective Structured Clinical Examination (OSCE).

### 3.1 Part A (written paper)

Part A of the MRCS is an examination using multiple-choice Single Best Answer items. It is a five-hour examination consisting of two parts, taken on the same day. The parts cover generic surgical sciences and applied knowledge, including the core knowledge required in all surgical specialties as follows:

Part 1 - Applied Basic Science (three-hour exam)
Part 2 - Principles of Surgery-in-General (two-hour exam)

The marks for both parts 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 parts in addition to achieving or exceeding the pass mark set for the combined total mark for Part A.

### 3.2 Part B Objective Structured Clinical Examination (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.

## 4. 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; otorhinolaryngology; 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 MRCS (ENT), have been approved by the General Medical Council (GMC).

An MRCS Assessment Review took place during 2017/18 and 2018/19, to ensure that MRCS content continues to articulate with changes to ISCP. During 2018, the MRCS assessment blueprint was mapped to the Generic Professional Capabilities (GPCs) framework described in the GMC May 2017 document: *Excellence by Design: Standards for*

*Postgraduate Curricula*. 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 at:
https://www.intercollegiatemrcsexams.org.uk/mrcs/candidate-guidance/

ICBSE will continue to ensure that the MRCS syllabus maps the curriculum agreed by the JCST and GMC.

## 5. The MRCS Examination

### 5.1 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. A linguistic review is undertaken of all questions in Part A.

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 estimate the performance of a notional 'just good enough to pass' candidate. To ensure that standards are set at an appropriate and realistic level the colleagues include practising surgeons, specialist basic scientists, trainers, trainees, patient representative.

Several 'marker' questions taken from a previous examination are included in each Part A paper and are used to maintain the standard of the examination between full applications of the Angoff procedure.

Following each examination, a meeting is held at which the performance of candidates in 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 considered, when deciding whether 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. In addition, candidates are provided with their score in the main broad content areas (BCAs) along with the average score of all candidates in those BCAs within their cohort. This

feedback is provided to both unsuccessful and successful candidates to allow trainees to reflect on their performance in the exam and for their future professional development.

**2024/25 Part A (written paper) Review of Activity**

Following original introduction for the May 2022 diet, ICBSE has continued to support the delivery of MRCS Part A through the test-centre delivery, with seven diets now successfully delivered using this approach.

The test-centre approach has enabled ICBSE and the four Surgical Royal Colleges to provide candidates with greater-than-ever access to the MRCS Part A, using Pearson Vue's global network of centres. This has been evident in the substantial number of candidates sitting the exam with one of the four Colleges in the past year, as shown in the table below.

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

| | Total number of candidates | Passing % (and number) | Failing % (and number) | Pass mark % | Measure of reliability* | Measurement error** |
|---|---|---|---|---|---|---|
| **September 2024** | 4321 | 54.32 (2347) | 45.68 (1974) | 62.16 | 0.95 | 7.63 |
| **January 2025** | 3643 | 54.9 (2000) | 45.1 (1643) | 59.04 | 0.95 | 7.17 |
| **April 2025** | 3408 | 54.28 (1850) | 45.72 (1558) | 63.88 | 0.96 | 7.06 |

* An expression of the consistency and reproducibility (precision) of the examination. The measure used here is KR-20.
** Measurement error reflects the small natural difference between a candidate's true ability and their test score. It exists in all assessments but is reduced through careful test design. Here it is shown on a scale of 300 (the maximum possible mark).

## 5.2 Part B (OSCE)

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

Questions from the bank are then selected and grouped into examination circuits to achieve the appropriate balance of content and difficulty. Several 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 enough candidates to ensure statistical reliability and quality assurance.

At the end of each examination diet, the pass/fail boundaries are agreed at a standard setting meeting attended by the BCAs and representatives from each of the Colleges.

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). The review cycle for the exam continued in 2017/18 when the OSCE Review Panel reconvened to consider advancements and improvements to the exam, which resulted in a GMC submission that was heard in June 2019 and approved in July 2019. The full GMC submission can be obtained as a separate document from ICBSE. A summary of major changes is included in the bullet points below and in Section 6.4 of this report. The changes to the exam were implemented from the October 2020 exam diet although pandemic-related changes to the OSCE were also incorporated in this diet.

The next review will look at the division of labour between the MRCS Part B and the MRCS Part A in covering the MRCS syllabus. This process is pertinent given the introduction of computer-based assessment in Part A since the last review. This has enabled the current exam to assess material in a way different to when it was a paper-based assessment, ensuring that there may now be the opportunity to assess more of the syllabus in the Part A rather than the Part B.

**2024/25 Part B (OSCE) Review of Activity**

In 2024/25 examination diets for Part B, we continued to see the model of agreed delivery that was implemented in October 2021, which was the planned pre-covid structure and which implemented GMC approved changes that reduced the number of stations in the examination from 18 to 17 (by reducing the number of physical examination stations from 4 to 3).

The examination continued to be successfully delivered in the UK and Ireland across the four Surgical Colleges. We saw a continued development of international activity for Part B with overseas examinations delivered as follows:

| College | Centre | Date |
|---|---|---|
| **Edinburgh** | KL | Jan 2025 |
| **Ireland** | Penang | Jan 2025 |
| **England** | Hyderabad | Jan 2025 |
| **Edinburgh** | Karachi | Feb 2025 |
| **Ireland** | Bahrain | Feb 2025 |
| **England** | Mumbai | Mar 2025 |
| **Edinburgh** | Kerala | Apr 2025 |
| **England** | Colombo | Apr 2025 |
| **England** | Cairo | Apr 2025 |
| **Ireland** | Cairo | Apr 2025 |
| **Ireland** | KL | May 2025 |
| **Glasgow** | Pune | May 2025 |
| **Edinburgh** | Islamabad | May 2025 |
| **Edinburgh** | Cairo | June 2025 |
| **England** | Lahore | June 2025 |
| **England** | Cairo | July 2025 |
| **England** | Delhi | July 2025 |
| **Edinburgh** | Chennai | July 2025 |

**Development activity for the MRCS Part B (OSCE)**

ICBSE has implemented an innovative approach to question management, using the RISR software platform. The has been delivered as a two-phase project as follows:

- **Phase 1** – Question management software to support the development of OSCE circuits via the examination blueprint. This has allowed the Colleges to download agreed circuits via the system, and ICBSE to manage and develop circuit scenarios on the system. ICBSE implemented this new system from the February 2024 diet, following successful piloting in Autumn 2023.
- **Phase 2** – Tablet marking via iPad to allow examiners to mark directly onto the RISR Assess system, reducing the need for manual marking and data upload. This has been fully implemented for UK based exams across the four Colleges working successfully. This has made the marking process more streamlined and straightforward, in addition to reducing the potential for human error.

**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 stations continues to be assessed in two ways:

- a mark out of 20 is awarded using a structured mark sheet containing assessment criteria for each content area and for each assessed domain;
- an overall 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 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 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 apart from OSCEs held under pandemic conditions where there were fewer questions, and the examination could test on knowledge and not skills. It may be

noted that, because both Knowledge and Skills must be passed at the same sitting, the SEM for the OSCE may be more than 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 GMC requirement for passing the OSCE that candidates must achieve a minimum level of competence in each broad content area at the same examination.

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

To enhance further the standard setting process ICBSE, with GMC approval, agreed that a different pass mark should be generated (using the current borderline regression methodology) by circuit, rather than for the examination. 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 found to yield a remarkably similar pass rate. This current standard setting process for the MRCS Part B came into effect from the October 2014 examination.

Previously, candidate feedback consisted only of their mark in the Knowledge and Skills components, plus their mark for the OSCE overall. However, as part of a wider ICBSE policy to expand the feedback provided to candidates, results from the four assessment domains - Clinical and technical skill, Clinical knowledge and its application, Communication, and Professionalism - were added. ICBSE delivered the extended feedback from the February 2019 diet

In addition, the OSCE Subgroup monitor and analyse the performance of the OSCE scenarios during the standard setting process. A chart has been developed that combines the written feedback and the scenario performance data. The resulting document enables the Subgroup to make an informed decision when agreeing the pass mark.

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

| | **Total number of candidates** | **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 2024** | 897 | 51.39 (461) | 48.61(436) | 105-117 | 0.65 – 0.82 | 7.76 – 9.22 |
| **February 2025** | 755 | 61.45 (464) | 38.55 (291) | 109-118 | 0.63 – 0.79 | 7.41 – 9.71 |
| **May 2025** | 861 | 65.85 (567) | 34.15 (294) | 105-118 | 0.66 – 0.88 | 6.80 – 8.83 |

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

** Measurement error reflects the small natural difference between a candidate's true ability and their test score. It exists in all assessments but is reduced through careful test design. Here it is shown on a scale of 260 (the maximum possible mark).



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## 6. The MRCS (ENT) Examination

The MRCS (ENT) qualification remains 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 (ENT) 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 otorhinolaryngology.

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 ENT surgical patients. They will be able to receive patients as emergencies, review patients in clinics and initiate management and diagnostic processes based on a reasonable differential diagnosis. Candidates who successfully complete the examination will be able to manage the perioperative 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.

### Standard setting the MRCS (ENT) Examination

MRCS Part A is now sat as part of the ENT qualification, and the standard setting procedure is described above (section 4) 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 their CT2/ST2 post and 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.

### Cessation of the MRCS (ENT) Examination

Following a stakeholder engagement process, ICBSE and the four Surgical Royal Colleges of the UK and in Ireland will stop offering the MRCS (ENT) examination, subject to GMC approval. This will ensure that the waypoint assessment between the general phase of training (Core Surgical Training) and subsequent specialist phase of training (Higher Surgical Training) is consistent between all the surgical specialties. The last diet of the MRCS (ENT) OSCE will be delivered in February 2026.

Following the last diet of the MRCS (ENT) OSCE, candidates wishing to enter Higher Surgical Training in ENT will be required to successfully complete the MRCS Part B as a matter of course. These candidates may choose to move over to the MRCS Part B at any time and do not need to sit the MRCS (ENT) OSCE.

The eligibility of candidates to enter Higher Surgical Training in ENT having successfully completed the MRCS Part B has been confirmed by the Specialty Advisory Committee in ENT.

**2024/25 MRCS (ENT) Examination Review of Activity**

MRCS ENT Part 2 (OSCE) retained the delivery format established during the pandemic, which includes:

- The exam has two parts: written stations delivered remotely using the same questions for all candidates; clinical stations would be delivered in a short six- or seven-station circuit (four examined stations and two or three preparation stations). The marks are combined to a single pass mark, as at present.
- The ear examination station was removed from the temporary circuit.
- The examination was held at three of the four Colleges (England, Ireland and one in Scotland) to reduce travel for candidates.
- Some Colleges' candidates therefore took the exam at a different College.

The MRCS (ENT) sub-group continue to monitor and develop the MRCS (ENT) OSCE question bank. They have also liaised with the four Surgical Royal Colleges to improve the recruitment and induction processes for new examiners to expand the examiner cohort to meet demand.

**Summary descriptive statistics: MRCS (ENT) OSCE**

**MRCS (ENT) OSCE**

| | **Total number sat** | **Passing % (and number)** | **Failing % (and number)** | **Day** | **Pass Mark %** | **Measure of reliability*** | **Measurement error** % (raw)** |
|---|---|---|---|---|---|---|---|
| **Oct-24** | 198 | 81.81 (162) | 18.19 (36) | 1 | 67.3 | 0.92 | 12.55 |
| | | | | 2 | 68.46 | 0.78 | 12.92 |
| **Feb-25** | 173 | 69.36 (120) | 30.63 (53) | 3 | 67.3 | 0.88 | 12.42 |
| | | | | 1 | 70 | 0.84 | 13.31 |
| **May-25** | 202 | 72.27 (146) | 27.73 (56) | 2 | 70.19 | 0.82 | 12.76 |
| | | | | 1 | 73.07 | 0.8 | 12.18 |
| | | | | 2 | 73.26 | 0.9 | 12.69 |

* 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.

## 7. Quality Assurance

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

The quality of the MRCS and MRCS (ENT) examinations is monitored by the ICBSE's intercollegiate Internal Quality Assurance Committee. 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
- a breakdown of the feedback from the candidates and examiners
- quality assurance reports from the Assessor group
- the Chair reports and minutes from the examination subgroups.

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

In its interpretation of examination data, the IQA is advised and assisted by an independent Educational Consultant who analyses the information and authors 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 that it considers needing 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 MRCS (ENT) examinations.

It is also the remit of the IQA Committee to review and implement the Joint Surgical Colleges' Meeting (JSCM) Equality and Diversity policy. IQA continues to develop and update a risk register for the MRCS and MRCS (ENT) examinations.

### 7.2 Assessors

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

- monitor, evaluate and provide feedback on the conduct and performance of examiners, including supervising examiners, in all components of the MRCS and MRCS (ENT) to ensure that the highest 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 examiner feedback reports issued after each diet;
- assist in the review of the assessments used to enhance the comparability, validity, and reliability of the examinations.

**2024/25 IQA Review of Activity**

In addition to the examination-specific development projects outlined previously in this report the Internal Quality Assurance (IQA) committee has continued its activity in a few key areas, including differential attainment (examiner diversity training; action planning), reviewing incident reporting, appeal reporting, and ongoing work around policy development.

The IQA made a recommendation regarding eligibility criteria for MRCS and MRCS (ENT) examiners, which was approved by ICBSE in July 2023 and subsequently ratified by JSCM later that month. This ensured that the criteria for examining are based on skills and experience, rather than substantive clinical role. This has enabled SAS-grade surgeons to apply to be MRCS examiners, with the application process augmented by a revised, structured reference document. As well as widening participation in the examining process,

this change has also provided the potential for increased examiner numbers in the context of increasing candidate demand for the exam.

## 7.3 Equality & Diversity

With the introduction of the JSCM Equality and Diversity Policy in July 2013, the ICBSE has undertaken and completed multiple Equality & Diversity work streams since 2013 to ensure all MRCS and MRCS (ENT) processes match best practice wherever possible.

### 7.3.1 Equality & Diversity examiner training

Following the commissioning of E&D examiner training, ICBSE continues to ensure that E&D training for examiners is upheld, and that all candidates experience a fair examination. All examiners undergo E&D training when they are appointed, and again at the renewal of their appointment (6 years). This will help to ensure all candidates experience a fair examination and mitigate the risk of any unintended bias within the examination. IQA, in conjunction with the Surgical Royal Colleges, continue to monitor the completion rate and will review and update the training material continuously.

### 7.3.2 Review and improve the collection and monitoring of equal opportunities data

In addition to the ongoing analysis by the GMC of trainee examinations outcomes, ICBSE continue to review the processes for collecting and monitoring the Equal Opportunities (EO) data collected from the candidature and examiners. The reporting of the first set of enhanced EO data was included in the 2014-15 ICBSE Annual Report and continues to be monitored and published. A further set of enhanced data for 2024/25 is included in Appendix 1 below.

## 7.4 Research

The ICBSE, with the support from the four Surgical Royal Colleges, embarked on a process of improving the surgical research portfolio to match the activity of other postgraduate medical institutions. Two Research Fellows have been appointed to date, one in 2015 and one in 2019, with both going on to attain a PhD through their published work. The research team has won several national awards for their work.

A collaboration is underway with the other intercollegiate committees – the Joint Committee for Intercollegiate Examinations (JCIE) and the Joint Committee for Surgical Training (JCST) – framing a consolidated approach to look at surgical training and assessment more holistically when identifying the requirement for ongoing work in this area.

Recent ICBSE Research-related publications from the last three years are listed below.


1. Ellis R, Cleland J, Scrimgeour DS, Lee AJ, Hines J, Brennan PA. Establishing the predictive validity of the intercollegiate membership of the Royal Colleges of Surgeons written examination: MRCS Part A. Surgeon. 2023 Aug 4: S1479-666X (23)00080-X. Doi: 10.1016/j.surge.2023.07.004. Epub ahead of print. PMID: 37544852.

2. Ellis R, Cleland J, Scrimgeour DS, Lee AJ, Hines J, Brennan PA. Establishing the predictive validity of the intercollegiate membership of the Royal Colleges of Surgeons written examination: MRCS part B. Surgeon. 2023 Oct;21(5):278-284. Doi: 10.1016/j.surge.2023.07.003. Epub 2023 Jul 28. PMID: 37517979.

3. Ellis R, Brennan PA, Hines J, Lee AJ, Cleland J. Examining the diversity of MRCS examiners. The Surgeon. 2023. https://doi.org/10.1016/j.surge.2023.02.002.

4. Ellis R, Brennan PA, Phillips AW, O'Regan D. The Surgical Trainer. Journal of Surgical Education. 2023. https://doi.org/10.1016/j.jsurg.2023.01.006

5. Ellis R. Predicting success at the Intercollegiate Membership of the Royal Colleges of Surgery (MRCS) Examination. Doctoral Thesis, University of Aberdeen. 2022 Mar 30. DOI: 10.13140/RG.2.2.13227.11045

6. Ellis R, Brennan PA, Lee AJ, Scrimgeour DSG, Cleland J. Differential attainment at MRCS according to gender, ethnicity, age,and socioeconomic factors: A retrospective cohort study. Journal of the Royal Society of Medicine. 2022;115(7):257-272. DOI: 10.1177/01410768221079018

7. Ellis R, Brennan PA, Scrimgeour DSG, Lee AJ, Cleland J. Does performance at the intercollegiate Membership of the Royal Colleges of Surgeons (MRCS) examination vary according to UK medical school and course type? A retrospective cohort study. BMJ Open 2022;12: e054616. Doi: 10.1136/bmjopen-2021-054616

8. Ellis R, Goodacre T, Mortensen N, Oeppen RS, Brennan PA. The application of Human Factors at Hybrid meetings: facilitating productivity and inclusivity. Br J Oral Maxillofac Surg. 2022 Jan 3;60(6):740–5. DOI: 10.1016/j.bjoms.2021.12.055.

9. Ellis R, Cleland J, Lee AJ, Scrimgeour DSG, Brennan PA. Can MRCS performance predict surgical specialty destination? The Bulletin of the Royal College of Surgeons of England, 2022; 104:1,20-27. DOI: 10.1308/rcsbull.2022.9

10. Ellis R, Shakib K, Brennan PA. MRCS Performance by OMFS trainees: An update and call to action. Br J Oral Maxillofac Surg. 2021 Nov; S0266435621003995. DOI: 10.1016/j.bjoms.2021.11.007

11. Ellis R, Cleland J, Lee AJ, Scrimgeour DSG, Brennan PA. A cross-sectional study examining MRCS performance by core surgical training location, Medical Teacher, 2021. DOI: 10.1080/0142159X.2021.1995599

12. Ellis R, Brennan PA, Scrimgeour DSG, Lee AJ, Cleland J. A cross-sectional study examining associations between Foundation School and MRCS performance. The Bulletin of the Royal College of Surgeons of England 2021 103:8, 398-402. DOI: 10.1308/rcsbull.2021.144

13. Ellis R, Cleland J, Scrimgeour DSG, Lee AJ, Brennan PA. Does the MRCS fulfil its function as a gatekeeper to the profession of surgery? The Bulletin of the Royal College of Surgeons of England 2021 103:7, 344-350. DOI: 10.1308/rcsbull.2020.344

14. Ellis R, Brennan PA, Scrimgeour DS, Lee AJ, Cleland J. MRCS: Who recruits the best candidates? Surgical Life: The Journal of the Association of Surgeons of Great Britain and Ireland, 2021;60,33-36.

15. Ellis R, Scrimgeour DSG, Brennan PA, Lee AJ, Cleland J. Does performance at medical school predict success at the Intercollegiate Membership of the Royal College of Surgeons (MRCS) examination? A retrospective cohort study. BMJ Open 2021;11: e046615. doi:10.1136/ bmjopen-2020-046615

16. Ellis R, Cleland J, Scrimgeour DSG, Lee AJ, Brennan PA. The impact of disability on performance in a high-stakes postgraduate surgical examination: a retrospective cohort study. J R Soc Med. 2022 Feb;115(2):58-68. doi: 10.1177/01410768211032573.

17. Ellis R, Cleland J, Scrimgeour DSG, Lee AJ, Brennan PA. A cross-sectional study examining the association between MRCS performance and surgeons receiving sanctions against their medical registration. The Surgeon. 2022 Aug 1;20(4):211–5. DOI: 10.1016/j.surge.2021.04.003.

18. Ellis R, Brennan PA, Scrimgeour DS, Lee AJ, Cleland J. Performance at medical school selection correlates with success in Part A of the intercollegiate Membership of the Royal College of Surgeons (MRCS) examination. Postgrad Med J. 2021 Mar 10; doi: 10.1136/postgradmedj-2021-139748

19. Ellis R, Hardie J, Summerton DJ, Brennan PA. Dual Surgeon Operating to Improve Patient Safety. Br J Oral Maxillofac Surg. 2021. Jul;59: 752-756. DOI: https://doi.org/10.1016/j.bjoms.2021.02.014

20. Ellis R, Scrimgeour DSG and Brennan PA. The personal cost of postgraduate medical exams: Are we asking too much of trainees? BMJ. 2021. https://blogs.bmj.com/bmj/2021/02/02/the-personal-cost-of-postgraduate-medical-exams-are-we-asking-too-much-of-trainees/

21. Ellis R, Oeppen RS,Brennan PA. Virtual postgraduate exams and assessments: the challenges of online delivery and optimising performance. Br J Oral Maxillofac Surg. 2020. DOI: https://doi.org/10.1016/j.bjoms.2020.12.011

22. Ellis R, Scrimgeour DSG, Brennan PA. Surgical Training during the COVID-19 pandemic: Preparing for future uncertainty. Br J Oral Maxillofac Surg. 2022 Jan;60(1):42-45. DOI: https://doi.org/10.1016/j.bjoms.2020.11.017.

23. Ellis R. Hay-David AGC. Brennan PA. Operating during the COVID-19 pandemic: How to reduce medical error. Br J Oral Maxillofac Surg. 2020 Apr 13: S0266-4356(20)30146-7. doi: 10.1016/j.bjoms.2020.04.002. Epub ahead of print. PMID: 32312584; PMCID: PMC7152882.

24. D S G Scrimgeour, J Cleland, A J Lee, P A Brennan, Prediction of success at UK Specialty Board Examinations using the mandatory postgraduate UK surgical examination, BJS Open, Volume 3, Issue 6, December 2019, Pages 865–871, https://doi.org/10.1002/bjs5.50212

25. Scrimgeour D, Patel R, Patel N, Cleland J, Lee AJ, McKinley AJ, Smith F, Griffiths G, Brennan PA. The effects of human factor related issues on assessors during the recruitment process for general and vascular surgery in the UK. Ann R Coll Surg Engl. 2019 Apr;101(4):231-234. doi: 10.1308/rcsann.2019.0008. Epub 2019 Feb 18. PMID: 30773892; PMCID: PMC6432962.

26. Scrimgeour D, Brennan PA, Griffiths G, Lee AJ, Smith F, Cleland J. Does the Intercollegiate Membership of the Royal College of Surgeons (MRCS) examination predict 'on-the-job' performance during UK higher specialty surgical training? Ann R Coll Surg Engl. 2018 Oct 5;100(8):1-7. doi: 10.1308/rcsann.2018.0153. Epub ahead of print. PMID: 30286650; PMCID: PMC6204508.

27. Scrimgeour DSG, Cleland J, Lee AJ, Brennan PA. Factors predicting success in the Intercollegiate Membership of the Royal College of Surgeons (MRCS) examination: a summary for OMFS. Br J Oral Maxillofac Surg. 2018 Sep;56(7):567-570. doi: 10.1016/j.bjoms.2018.04.008. Epub 2018 May 5. PMID: 29739636.

28. Scrimgeour D, Cleland J, Lee AJ, Brennan PA. Predictors of success in the Intercollegiate Membership of the Royal College of Surgeons (MRCS) examination. Ann R Coll Surg Engl. 2018 Jul;100(6):424-427. doi: 10.1308/rcsann.2018.0073. Epub 2018 Apr 1. PMID: 29607719; PMCID: PMC6111907.

29. Scrimgeour DSG, Higgins J, Bucknall V, Arnett R, Featherstone CR, Cleland J, Lee AJ, Brennan PA. Do surgeon interviewers have human factor-related issues during the long day UK National Trauma and Orthopaedic specialty recruitment process? Surgeon. 2018 Oct;16(5):292-296. doi: 10.1016/j.surge.2018.01.006. Epub 2018 Mar 5. PMID: 29519709.

30. Scrimgeour DSG, Cleland J, Lee AJ, Brennan PA. Which factors predict success in the mandatory UK postgraduate surgical exam: The Intercollegiate Membership of the Royal College of Surgeons (MRCS)? Surgeon. 2018 Aug;16(4):220-226. doi: 10.1016/j.surge.2017.10.001. Epub 2017 Nov 6. PMID: 29102295.

31. Scrimgeour DSG, Cleland J, Lee AJ, Griffiths G, McKinley AJ, Marx C, Brennan PA. Impact of performance in a mandatory postgraduate surgical examination on selection into specialty training. BJS Open. 2017 Aug 29;1(3):67-74. doi: 10.1002/bjs5.7. PMID: 29951608; PMCID: PMC5989976.

32. Scrimgeour D, Brennan PA, Griffiths G, Lee AJ, Smith F, Cleland J. Does the Intercollegiate Membership of the Royal College of Surgeons (MRCS) examination predict 'on-the-job' performance during UK higher specialty surgical training? Ann R Coll Surg Engl. 2018 Oct 5;100(8):1-7. doi: 10.1308/rcsann.2018.0153. Epub ahead of print. PMID: 30286650; PMCID: PMC6204508.

33. Scrimgeour D, Cleland J, Lee A, Brennan P A. When is the best time to sit the MRCS examination? BMJ 2017; 356: j461 doi:10.1136/bmj. j461

Mr Amr Mohsen, ICBSE Chair
Zareen Sajjad, Head of ICBSE
August 2025

# PROTECTED CHARACTERISTICS: EXAMINERS/ASSESSORS AND CANDIDATES ON 4 July 2025

***Candidate statistics: candidates sitting from July 2024 – June 2025***

***Examiners: actual on June 2025***

## *AGE PROFILE - EXAMINERS/ASSESSORS

| | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| 20-29 | <5 | <5 | <5 | <5 | **<5** | 0.07% |
| 30-39 | <5 | <5 | 0 | <5 | **5** | 0.39% |
| 40-49 | 31 | 24 | 11 | 28 | **94** | 7.41% |
| 50-59 | 141 | 115 | 60 | 84 | **400** | 31.59% |
| 60-69 | 204 | 151 | 51 | 58 | **464** | 36.59% |
| 70+ | 53 | 84 | 25 | 26 | **188** | 14.82% |
| Unspecified | 22 | 35 | 24 | 35 | **116** | 9.14% |
| Total | **452** | **411** | **171** | **234** | **1268** | 100.0% |

## AGE PROFILE - CANDIDATES

| | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| 20-29 | 2317 | 5306 | 117 | 916 | **8656** | 46.15% |
| 30-39 | 2829 | 4658 | 182 | 1017 | **8686** | 46.31% |
| 40-49 | 397 | 670 | 25 | 169 | **1261** | 6.72% |
| 50-59 | 50 | 82 | 6 | 15 | **153** | 0.8% |
| 60-69 | <5 | <5 | <5 | <5 | **<5** | 0.0% |
| 70+ | <5 | <5 | <5 | <5 | <5 | 0.0% |
| Unspecified | 17 | <5 | <5 | <5 | **19** | 0.1% |
| Total | **5593** | **10716** | **330** | **2117** | **18756** | 100.0% |

## GENDER PROFILE - EXAMINERS/ASSESSORS

| | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Female | 60 | 82 | 24 | 47 | **213** | 16.79% |
| Male | 389 | 328 | 147 | 186 | **1050** | 82.80% |
| Prefer not to say | <5 | <5 | <5 | <5 | **<5** | 0.23% |
| Transgender | <5 | <5 | <5 | <5 | **<5** | 0.15% |
| Total | **452** | **411** | **171** | **234** | **1268** | 100.0% |

## GENDER PROFILE - CANDIDATES

| | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Female | 1668 | 3445 | 101 | 671 | **5885** | 31.33% |
| Male | 3682 | 7261 | 199 | 1430 | **12572** | 66.93% |
| Prefer not to say | 230 | 13 | <5 | <5 | **247** | 1.31% |
| Transgender | <5 | <5 | <5 | <5 | **<5** | 0% |
| Unspecified | 29 | <5 | 27 | 18 | **76** | 0.4% |
| Total | **5611** | **10721** | **330** | **2120** | **18782** | 100% |

**Figures are rounded to 1 decimal place. Percentages are calculated using unrounded underlying values and then rounded for presentation. Cell counts fewer than 5 are suppressed and shown as “<5”; corresponding percentages are not reported. Due to rounding and suppression, totals may not sum exactly to 100%.*



The ROYAL COLLEGE of SURGEONS of EDINBURGH
Royal College of Surgeons of England
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
RCSI

**MARITAL STATUS PROFILE - EXAMINERS/ASSESSORS**

**MARITAL STATUS PROFILE - CANDIDATES**

| | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Civil Partnership | <5 | <5 | <5 | <5 | **<5** | 0.07% |
| Cohabiting | <5 | <5 | <5 | <5 | **9** | 0.70% |
| Married | 217 | 97 | 61 | 88 | **463** | 36.51% |
| Prefer not to say | <5 | <5 | <5 | <5 | **8** | 0.63% |
| Separated/Divorced | 10 | <5 | <5 | <5 | **21** | 1.65% |
| Single | 15 | 9 | <5 | 11 | **36** | 2.83% |
| Unspecified | 205 | 295 | 100 | 126 | **726** | 57.25% |
| Widowed | <5 | <5 | <5 | <5 | **4** | 0.31% |
| Total | **452** | **411** | **171** | **234** | **1268** | 100.0% |

| | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Civil Partnership | 24 | 33 | <5 | <5 | **59** | 0.31% |
| Cohabiting | 50 | 229 | 19 | <5 | **299** | 1.59% |
| Married | 1738 | 3103 | 106 | 132 | **5079** | 27.04% |
| Prefer not to say | 825 | 322 | 20 | 23 | **1190** | 6.33% |
| Separated/Divorced | 19 | 46 | <5 | <5 | **66** | 0.35% |
| Single | 2777 | 6094 | 159 | 199 | **9229** | 49.13% |
| Unspecified | 176 | 890 | 25 | 1763 | **2854** | 15.1% |
| Widowed | <5 | <5 | <5 | <5 | **6** | 0% |
| Total | **5611** | **10721** | **330** | **2120** | **18782** | 100% |

**SEXUAL ORIENTATION PROFILE - EXAMINERS/ASSESSORS**

| | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Bisexual | <5 | <5 | <5 | <5 | **12** | 0.94% |
| Heterosexual | 315 | 176 | 92 | 156 | **739** | 58.2% |
| Homosexual | <5 | <5 | <5 | <5 | **5** | 0.39% |
| Prefer not to say | 7 | 6 | 5 | 8 | **26** | 2.05% |
| Unspecified | 125 | 224 | 72 | 65 | **486** | 38.32% |
| Total | **452** | **411** | **171** | **234** | **1268** | 100.0% |

**SEXUAL ORIENTATION PROFILE - CANDIDATES**

| | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Bisexual | 60 | 111 | 6 | 9 | **186** | 0.99% |
| Heterosexual | 3957 | 8462 | 263 | 303 | **12985** | 69.13% |
| Homosexual | 8 | 177 | <5 | 8 | **193** | 1.02% |
| Prefer not to say | 1492 | 903 | 38 | 79 | **2512** | 13.3% |
| Unspecified | 94 | 1068 | 23 | 1721 | **2906** | 15.4% |
| Total | **5611** | **10721** | **330** | **2120** | **18782** | 100% |

**RELIGIOUS PROFILE - EXAMINERS/ASSESSORS**

| | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Buddhist | 16 | <5 | <5 | 8 | **28** | 2.20% |
| Christian | 117 | 55 | 26 | 65 | **263** | 20.74% |
| Hindu | 80 | 30 | 28 | 23 | **161** | 12.69% |
| Jewish | <5 | <5 | <5 | <5 | **5** | 0.39% |
| Muslim | 61 | 55 | 21 | 53 | **190** | 14.98% |
| No religion | 30 | 15 | 6 | 10 | **61** | 4.81% |
| Other | <5 | <5 | 6 | <5 | **14** | 1.10% |
| Prefer not to say | 7 | <54 | 6 | 6 | **23** | 1.81% |
| Sikh | <5 | <5 | <5 | <5 | **13** | 1.02% |
| Unspecified | 132 | 242 | 73 | 63 | **510** | 40.22% |
| Total | **452** | **411** | **171** | **234** | **1268** | 100.0% |

**RELIGIOUS PROFILE - CANDIDATES**

| | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Buddhist | 154 | 209 | 7 | 9 | **379** | 2.01% |
| Christian | 556 | 1302 | 46 | 38 | **1942** | 10.33% |
| Hindu | 956 | 1658 | 60 | 21 | **2695** | 14.34% |
| Jewish | <5 | 15 | <5 | <5 | **15** | 0.07% |
| Muslim | 2617 | 5091 | 107 | 280 | **8095** | 43.09% |
| No religion | 140 | 742 | 23 | 14 | **919** | 4.89% |
| Other | 98 | 80 | 27 | <5 | **207** | 1.10% |
| Prefer not to say | 992 | 606 | 39 | 42 | **1679** | 8.93% |
| Sikh | 16 | 42 | <5 | <5 | **62** | 0.33% |
| Unspecified | 82 | 976 | 18 | 1713 | **2789** | 14.84% |
| Total | **5611** | **10721** | **330** | **2120** | **18782** | 100% |

**DISABILITY PROFILE - EXAMINERS/ASSESSORS**

| | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| No | 402 | 200 | 100 | 171 | **873** | 68.84% |
| Partial | <5 | <5 | <5 | <5 | <5 | 0.23% |
| Unspecified | 47 | 207 | 69 | 60 | **383** | 30.20% |
| Yes | <5 | <5 | <5 | <5 | **9** | 0.70% |
| Total | **452** | **411** | **171** | **234** | **1268** | 100.0% |

**DISABILITY PROFILE - CANDIDATES**

| | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| No | 5333 | 9947 | 300 | 414 | **15994** | 85.15% |
| Partial | 171 | 147 | 5 | 10 | **333** | 1.77% |
| Unspecified | 66 | 539 | 25 | 1692 | **2322** | 12.36% |
| Yes | 41 | 88 | <5 | <5 | **133** | 0.70% |
| Total | **5611** | **10721** | **330** | **2120** | **18782** | 100% |

**ETHNICITY - EXAMINERS AND ASSESSORS**

| With GMC/IMC Number | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Asian or Asian British | 119 | 53 | 56 | 26 | **254** | 31.78% |
| Black / African / Caribbean / Black British | 9 | <5 | <5 | <5 | **17** | 2.12% |
| Mixed / Multiple Ethnic Groups | 20 | 8 | <5 | 5 | **37** | 4.63% |
| Other Ethnic Group | 19 | 17 | <5 | 11 | **50** | 6.25% |
| Prefer not to say | <5 | <5 | <5 | <5 | **5** | 0.62% |
| Unspecified | 42 | 107 | 39 | 33 | **221** | 27.65% |
| White | 97 | 46 | 38 | 34 | **215** | 26.90% |
| White Gypsy or Irish Traveller | <5 | <5 | <5 | <5 | <5 | 0% |
| Total | **308** | **234** | **142** | **115** | **799** | 100.0% |

| No GMC/IMC Number | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Asian or Asian British | 52 | 26 | 6 | 26 | **110** | 23.4% |
| Black / African / Caribbean / Black Br. | 6 | <5 | <5 | <5 | **12** | 2.55% |
| Mixed / Multiple Ethnic Groups | 18 | <5 | <5 | 15 | **37** | 7.88% |
| Other Ethnic Group | 11 | 33 | <5 | 17 | **64** | 13.64% |
| Prefer not to say | <5 | <5 | <5 | <5 | <5 | 0.21% |
| Unspecified | 30 | 75 | 9 | 29 | **143** | 30.49% |
| White | 27 | 36 | 11 | 28 | **102** | 21.74% |
| White Gypsy or Irish Traveller | <5 | <5 | <5 | <5 | <5 | 0% |
| Total | **144** | **177** | **29** | **119** | **469** | 100.0% |

**ETHNICITY - CANDIDATES**

| With GMC/IMC Number | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Asian or Asian British | 517 | 1360 | 35 | 22 | **1934** | 36.33% |
| Black / African / Caribbean / Black British | 82 | 333 | 5 | 7 | **427** | 8.02% |
| Mixed / Multiple Ethnic Groups | 60 | 251 | 7 | <5 | **318** | 5.97% |
| Other Ethnic Group | 94 | 578 | 16 | 10 | **698** | 13.11% |
| Prefer not to say | 163 | 144 | 14 | <5 | **323** | 6.06% |
| Unspecified | 69 | 331 | 10 | 17 | **427** | 8.02% |
| White | 220 | 914 | 51 | 10 | **1195** | 22.45% |
| White Gypsy or Irish Traveller | <5 | <5 | <5 | <5 | <5 | 0% |
| Total | **1205** | **3911** | **138** | **68** | **5322** | 100.0% |

| No GMC/IMC Number | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Asian or Asian British | 2384 | 2768 | 100 | 113 | **5365** | 39.85% |
| Black / African / Caribbean / Black Br. | 108 | 358 | 15 | 20 | **501** | 3.72% |
| Mixed / Multiple Ethnic Groups | 140 | 244 | <5 | 26 | **413** | 3.06% |
| Other Ethnic Group | 306 | 2564 | 34 | 112 | **3016** | 22.40% |
| Prefer not to say | 1126 | 156 | 9 | 44 | **1335** | 9.91% |
| Unspecified | 310 | 652 | 19 | 1731 | **2712** | 20.14% |
| White | 32 | 68 | 12 | 6 | **118** | 0.87% |
| White Gypsy or Irish Traveller | <5 | <5 | <5 | <5 | <5 | 0% |
| Total | **4406** | **6810** | **192** | **2052** | **13460** | 100.0% |

| **All Examiners/Assessors** | Edin | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Asian or Asian British | 171 | 79 | 62 | 52 | **364** | 28.70% |
| Black / African / Caribbean / Black Br. | 15 | <5 | <5 | 8 | **29** | 2.28% |
| Mixed / Multiple Ethnic Groups | 38 | 12 | <5 | <5 | **74** | 5.83% |
| Other Ethnic Group | 30 | 50 | 6 | 28 | **114** | 8.99% |
| Prefer not to say | <5 | <5 | <5 | <5 | **6** | 0.47% |
| Unspecified | 72 | 182 | 48 | 62 | **364** | 28.70% |
| White | 124 | 82 | 49 | 62 | **317** | 25% |
| White Gypsy or Irish Traveller | <5 | <5 | <5 | <5 | <5 | 0% |
| Total | **452** | **411** | **171** | **234** | **1268** | 100.0% |

| **All Candidates** | Edinburgh | England | Glasgow | Ireland | TOTAL | % |
|---|---|---|---|---|---|---|
| Asian or Asian British | 2901 | 4128 | 135 | 135 | **7299** | 38.86% |
| Black / African / Caribbean / Black Br. | 190 | 691 | 20 | 27 | **928** | 4.94% |
| Mixed / Multiple Ethnic Groups | 200 | 495 | 10 | 26 | **731** | 3.89% |
| Other Ethnic Group | 400 | 3142 | 50 | 122 | **3714** | 19.77% |
| Prefer not to say | 1289 | 300 | 23 | 46 | **1658** | 8.82% |
| Unspecified | 379 | 983 | 29 | 1748 | **3139** | 16.71% |
| White | 252 | 982 | 63 | 16 | **1313** | 6.99% |
| White Gypsy or Irish Traveller | <5 | <5 | <5 | <5 | <5 | 0% |
| Total | **5611** | **10721** | **330** | **2120** | **18782** | 100% |