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FROM THE EXAMINATIONS DEPARTMENT

Public Report on the Part 2 FRCOphth Examination September/November 2010

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The written papers of the fifth sitting of the Part 2 FRCOphth examination were held in London on Monday 6th September 2010. The oral examination took place in Stoke Mandeville Hospital on 8th and 9th November 2010

1. Candidates

The candidates

26 candidates presented themselves for the written examination.

The written papers

The written papers consisted of a 2-hour, 90 question single best answer from 4 MCQ paper and a 45 stem, 90-question EMQ paper lasting 3 hours. Candidates must pass the written papers to be allowed to sit the clinical part of the examination. To pass, candidates must gain a total score from both papers that equals or exceeds the combined marks from the Ebel standard setting process. They must also gain at least the pass mark minus 1 SEM in each paper.

2. The MCQ paper

Reliability (KR20):	0.770
Standard error of measurement:	3.85

Notes: (see standard setting for further details)

1. Pass mark derived from standard setting:	59/90
2. Final adjusted pass mark after removal of one incorrect question	58/89
3. Lower confidence interval (Pass mark - 1 SEM)	54/89

Table MCQ 1: Distribution of marks:

Score	Distribution	
36-40	//	2
41-45		0
46-50	///	3
51-55	////	5
56-60	///// /	6
61-65	///// //	7
66-70	///	3
71-75		0
		26

2a) Blueprint

The subjects that were assessed in the MCQ paper are summarised below:

Table MCQ 2

Basic science	Anatomy & embryology	2
	Microbiology	3
	Optics	7
	Genetics	1
	Pathology	6
	Physiology	3
Clinical ophthalmology	Cataract	2
	Neurology & pupils	5
	Glaucoma	3
	Strabismus	3
	Paediatrics	2
	Vitreo-retinal*	2
	Medical retina & uveitis	5
	Oculoplastics and orbit	2
	Cornea & external eye	4
	Oncology	1
Management & therapeutics	Pharmacology & therapeutics	9
Investigations		13
Miscellaneous	Statistics and research	8
	Medicolegal	2
	Health economics	1
	Ethics	1
	General medicine	1
	Guidelines	3
Total		89

* One question was removed from the paper

2b) Analysis of questions

Table MCQ 3

	Difficult (<26 correct)	Moderate (25-74 correct)	Easy (>75 correct)	Total
Negative discrimination	0	7	5	12
Poor discrimination (0-0.19)	2	12	21	35
Good discrimination (0.2-0.5)	3	20	12	35
Excellent discrimination (>0.5)	1	7	0	8
Total	6	46	38	90
Comparison to Ebel	7	53	42	

2c) Standard setting for MCQ paper

The examiners agreed the pass mark using the Ebel technique.

Table MCQ 4: Classification of the questions:

	Difficult	Moderate	Easy	
Essential	0	14	20	34
Important	3	27	16	46
Supplementary	3	2	4	9
Total	6	43	40	89*

Table MCQ 5: Percentage correct by borderline candidates

	Difficult	Moderate	Easy
Essential	0.575	0.675	0.875
Important	0.45	0.575	0.7
Supplementary	0.225	0.315	0.5

Table MCQ 6: Weighted score

	<i>Difficult</i>	<i>Moderate</i>	<i>Easy</i>	
<i>Essential</i>	0	9.45	17.5	26.95
<i>Important</i>	1.35	15.525	11.2	28.075
<i>Supplementary</i>	0.675	0.63	2	3.305
<i>Total</i>	2.025	25.605	30.7	58.33

MCQ pass mark: 58/89

*One question was found to be contentious and was removed from the paper after marking. The pass mark has been adjusted to take account of this amendment.

3. The EMQ paper

Reliability (KR20): 0.781
 Standard error of measurement: 3.9

Notes: (see standard setting for further details)

1. Pass mark derived from standard setting: 58/90
2. Lower confidence interval (Pass mark - 1 SEM) 54/90

Distribution of marks:

Table EMQ 1

Score	Distribution	Number
31-35		0
36-40	/	1
41-45	//	2
46-50	////	4
51-55	//	2
56-60	////	5
61-65	//// //	9
66-70	/	1
71-75	//	2
		26

3a) Blueprint

The subjects that were assessed in the EMQ paper are summarised below:

Table EMQ 2

Clinical ophthalmology	Uveitis	2
	Paediatrics	4
	Vitreo-retinal	2
	Medical retina	8
	Strabismus	4
	Oculoplastics and orbit	4
	Cornea/external eye	6
	Trauma	2
	Cataract/lens	4
	Glaucoma	4
Neurology and medicine	Neurology	12
	Medicine	4
Basic sciences	Pathology/genetics	6
	Optics/refraction	2
	Anatomy/physiology	2
Pharmacology and therapeutics	Pharmacology	12
Investigations		12
Total		90

3b) Analysis of questions

Table EMQ 3

	Difficult (<30% correct)	Moderate (30-70% correct)	Easy (>70% correct)	Total
Negative discrimination	2	2	3	7
Poor discrimination (0-0.19)	3	12	20	35
Good discrimination (0.2-0.5)	2	24	15	41
Excellent discrimination (>0.5)	0	7	0	7
Total	7	45	38	90
Comparison to Ebel	8	41	41	

3d) Standard setting for EMQ paper

The examiners agreed the pass mark using the Ebel technique.

Table EMQ 4: Classification of the questions:

	Difficult	Moderate	Easy	Total
Essential	0	14	25	39
Important	6	20	9	35
Supplementary	2	7	7	16
Total	8	41	41	90

Table EMQ 5: Percentage correct by borderline candidates

	Difficult	Moderate	Easy
Essential	0.575	0.675	0.875
Important	0.45	0.575	0.7
Supplementary	0.225	0.315	0.5

Table EMQ 6: Weighted score

	Difficult	Moderate	Easy	
Essential	0	9.45	21.875	31.325
Important	2.7	11.5	6.3	20.5
Supplementary	0.45	2.205	3.5	6.155
Total	3.15	23.155	31.675	57.98

EMQ paper pass mark: 58/90

4. Overall results from the written papers

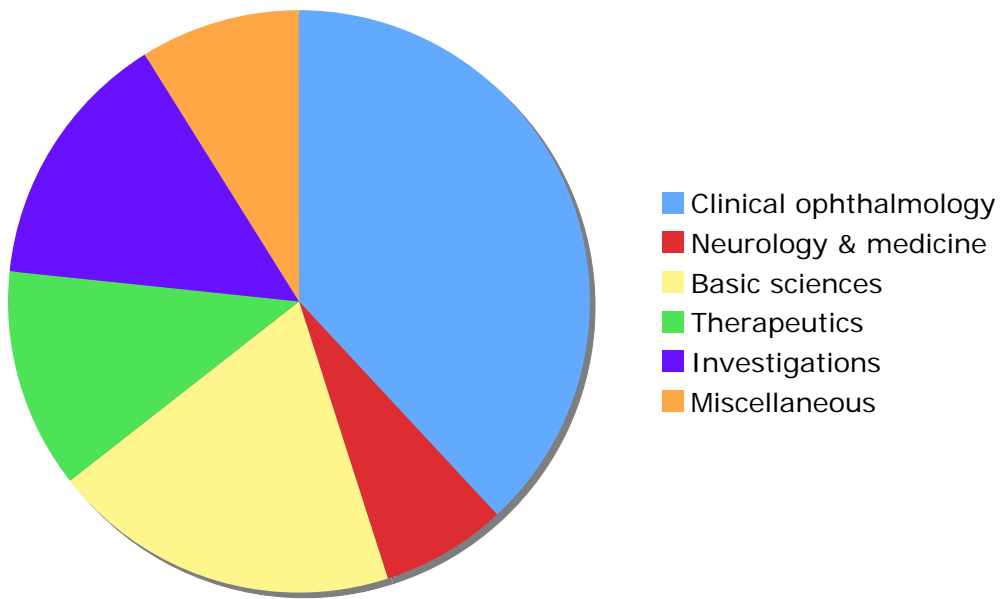
Distribution of marks:

	Distribution	Mark
61-70		0
71-80	//	2
81-90		0
91-100	//	2
101-110	//// /	6
111-120	//// /	6
121-130	//// //	7
131-140	///	3
Total		26

4a) Combined blueprint from both papers

Theme	Topic	N=	%
Clinical ophthalmology 65 (36%)	Retina and uveitis	15	8
	Paediatrics and strabismus	13	7
	Vitreo-retinal	4	3
	Oculoplastics and orbit	6	3
	Cornea/external eye	10	6
	Trauma	2	1
	Cataract/lens	6	3
	Glaucoma	7	4
Neurology & medicine 22 (12%)	Oncology	1	1
	Neurology	17	9
Basic sciences 33 (18%)	Medicine	5	3
	Pathology/genetics	16	9
	Optics/refraction	9	5
	Anatomy/physiology	7	4
Therapeutics 21 (12%)	Therapeutics	21	12
Investigations 25 (14%)	Ophthalmic & Neuro-imaging	25	14
Miscellaneous 15 (8%)	Statistics, research, epidemiology	8	4
	Economics, ethics, law, guides	7	4
Total		179	100

blueprint



4b) Breakdown of Written Results

Breakdown of written results by training

	Failed	Passed	Total
In OST	4	12*	16
Not in OST	7	3	10
Total	11	15	26

* 1SpR

These differences are statistically significant ($p = 0.03$ Fisher's exact test)

Breakdown of written results by stage of training

	Failed	Passed	Total
ST4	1*	2**	3
ST5	2	7	9
ST6	1	1	2
ST7	0	1*	1

* LAT

**1 LAT

Breakdown of results by deanery

	Failed (ST)	Passed (ST)	Total
London	0	2 (5, 4)	2
Mersey	0	2 (6, 5)	2
Northern	0	1 (5)	1
Oxford	1 (5)	3 (5, 5)	4
SE Scotland	0	1 (5)	1
Severn	0	2 (5, SpR)	2
W Scotland	1 (6)	0	1
Yorkshire	2 (5, 4)	1 (4)	3
	4	12	16

Breakdown of written results by gender

	Failed	Passed	Total
Female	3	6	9
Male	8	9	17
Total	11	15	26

These differences are not statistically significant ($p = 0.40$ Fisher's exact test)

Breakdown of written results by country of qualification

	Failed	Passed	Total
UK	2	9	11
Outside UK (Inc Republic of Ireland)	9	6	15
Total	11	15	26

These differences are statistically significant ($p = 0.04$ Fisher's exact test)

Breakdown of written results by number of previous attempts

Attempts	Failed	Passed	Total
1 (First)	8	11	19
2	2	2	4
3	1	2	3
Total	11	16	26

4c) Candidates who were invited to attend the oral examination.

To satisfy the requirements to proceed to the clinical examination, candidates must achieve the following:

1. Obtain a combined mark from both papers, which equals or exceeds the combined pass mark from both papers and
2. Obtain a mark in each paper that equals or exceeds the pass mark in that paper after it has been reduced by 1 SEM

15 candidates obtained at least a combined total of 116. 14 of these candidates obtained at least 58 in the MCQ and 58 in the EMQ papers. One candidate obtained 57 in the MCQ paper but cross-compensated by obtaining 65 in the EMQ paper.

This represents a pass rate for the written papers of 15/26 or 58%.

Practical examinations

The fifth sitting of the practical component of the Part 2 FRCOphth examination was held in Stoke Mandeville Hospital on 8th and 9th November 2010

5. The Structured Vivas

There were five structured vivas, which were held the afternoon of 8th November 2010 in the Postgraduate Medical Centre of Stoke Mandeville Hospital. The communication skills OSCE station was conducted as one of the viva stations, making six stations in all. Each viva lasted 10 minutes. The stations were:

- Station 1.** Patient investigations and data interpretation
Biometry
- Station 2.** Patient management 1
Pre-proliferative diabetic retinopathy
- Station 3.** Patient management 2
Management of angle closure glaucoma
- Station 4.** Attitudes, ethics and responsibilities.
Paediatric consent
- Station 5.** Audit, research and evidence based practice.
Optic Neuritis Study (5 minutes)
Health promotion and disease prevention
Endophthalmitis monitoring (5 minutes)

The vivas were held in one, well-sized room, with each of the stations divided by screens. The examination was conducted in two rounds, with two added rest stations. Seven candidates were examined in the first rotation, eight in the second. The examiners were very happy with the facilities.

Each station began with a clinical scenario, and subsequent discussion was based upon, but not limited to, the clinical diagnosis suggested by the scenario.

5a) Structured Viva Results:

Maximum mark (5 stations, 10 examiners, 12 marks per station):	120
Pass mark (using borderline candidate method):	61
Mean score:	76.9
Median score:	83
Range:	45-93
Reliability: (Cronbach alpha)	0.79
SEM:	6.2
Adjusted pass mark (+ 1 SEM)	67

Modifying the pass mark up by 1 SEM did not alter the pass rate for the structured viva examination. One candidate, who failed the viva examination, received a red flag.

Table Viva 1: Correlation between examiner's marks at each station:

<i>Station 1</i>	<i>Station 2</i>	<i>Station 3</i>	<i>Station 4</i>	<i>Station 5</i>
<i>PI</i>	<i>PM1</i>	<i>PM2</i>	<i>AER</i>	<i>Role HPDP</i>
0.740	0.900	0.824	0.662	0.722

Table Viva 2: Correlation between examiner's global judgements at each station:

<i>Station 1</i>	<i>Station 2</i>	<i>Station 3</i>	<i>Station 4</i>	<i>Station 5</i>
<i>PI</i>	<i>PM1</i>	<i>PM2</i>	<i>AER</i>	<i>Role HPDP</i>
0.675	0.419	0.788	0.099	0.515

Table Viva 3: Correlation between viva stations:

		<i>Station 2</i>	<i>Station 3</i>	<i>Station 4</i>	<i>Station 5</i>
		<i>PM1</i>	<i>PM2</i>	<i>AER</i>	<i>Role HPDP</i>
<i>Station 1</i>	<i>PI</i>	0.157	0.459	0.376	-0.110
<i>Station 2</i>	<i>PM1</i>		0.027	0.364	0.449
<i>Station 3</i>	<i>PM2</i>			-0.162	-0.162
<i>Station 4</i>	<i>AER</i>				0.117

The correlation between the viva stations is notably poorer than in previous years.

5b) Table Viva 4: Standard setting for the structured vivas:

	<i>1</i>		<i>2</i>		<i>3</i>		<i>4</i>		<i>5</i>		<i>Total</i>
<i>Number of borderline candidates</i>	10	10	7	2	2	3	4	4	6	1	49
<i>Median borderline candidate mark</i>	5	5	8	7.5	6	5	5.5	5.5	7	6	60.5

The pass mark for the structured viva was increased by 1 SEM to 67/120 (56%).

5c) Structured Viva Feedback

Candidate Feedback – Structured Viva

Noise levels were not considered a problem.

General attitude and kindness of examiners was excellent.

Candidates felt that the question and topics in general were reasonable.

The Patient Management 2 question on angle closure in a 60 year old was felt to be confusing by a number of candidates as it indicated the patient was a diabetic.

Candidates also felt that the tracings shown in the biometry station were complicated and that the examiners were rushing through, not making it clear as to what was expected from the candidate.

The Attitudes, Ethics and Responsibilities station was thought by some candidates to be unclear and the examiners did not lead them to the relevant subject when they strayed on to the benefits of squint surgery as the main purpose of the station rather than how consent could be obtained in a situation as described in the stem.

Examiner Feedback – Structured Viva

Patient Investigations Viva - Biometry

Examiners felt that the biometry provided were not ideal to get the candidates to demonstrated their knowledge base, even though the unusual nature of the values given in the print outs raise important questions about the decision making process.

6. The OSCE

There were seven OSCE stations in all. The six clinical stations were held on 9th November 2010 in the Eye Department at Stoke Mandeville Hospital. The communication OSCE was conducted with the vivas. There were three rotations, each of five candidates, over the course of the day. Four of the OSCE stations lasted 15 minutes. The medicine and neurology stations ran as a double station and lasted 30 minutes. The communication OSCE lasted 10 minutes. There were two examiners at each station. In the communication OSCE, one examiner was a trained lay assessor. Patients with the following clinical problems were made available by the host department for the examiners:

Morning Rotation

Station 1 – Cataract & Anterior Segment

Cataract and iris

- Fuch's dystrophy, right cataract, left IOL
- Cataract & AMD
- Rieger's anomaly
- Heterochromic cyclitis, pseudophakia
- Fuch's
- Chronic uveitis with KPs, GCA, Amiodarone (cornea)
- Salzmann's nodular degeneration

Station 2 – Glaucoma & Lid

Glaucoma

- Optic nerve atrophy, asteroid hyalosis, pseudophakia, ERM left eye
- Pigment dispersion syndrome
- Acute glaucoma, YAG peripheral iridotomy, COAG
- Glaucoma, optic atrophy
- Upper lid dermatochalasis
- Direct brow lift
- Lateral canthal suspension
- Bilateral lower lid ectropion, upper lid papilloma

Station 3 – Posterior Segment

- Pigmentary retinopathy, acute glaucoma, probably RP
- Epiretinal membrane, haemorrhage, glaucoma, trabeculectomies
- Small right coloboma
- Exudative diabetic maculopathy
- Proliferative diabetic retinopathy right eye, pre proliferative left eye
- Right inferotemporal retinoschisis
- Bilateral carotid artery disease, bilat endarterectomies, right ocular ischaemia

Station 4 – Strabismus & Orbit

- Distance left exotropia
- Distance esotropia, longstanding bilateral rectus weakness
- Left exotropia, left amblyopia
- Left over right squint

Medicine & Neurology – Station 5 and 6

- Peripheral corneal melt secondary to Wegener's, pseudophakia
- Rheumatoid arthritis
- Sarcoidosis uveitis, retinal vasculitis
- Sjogren's, keratitis, scleritis
- Adies Pupil
- Benign intracranial hypertension
- Pineal tumour, dorsal midbrain syndrome
- Subarachnoid haemorrhage, residual III nerve palsy
- Cauda equine syndrome
- Old left temporal lobe infarct
- Bilateral carotid artery disease, bilat quadrantanopia, carotid artery disease, left BRVO
- Goitre, mild thyroid disease, TED

Afternoon Rotation

Station 1 – Cataract & Anterior Segment

Cataract and iris

- Bilateral subluxed lens + ARMD
- Bilateral cataract, AMD
- Pigment dispersion syndrome
- Fuch's heterochromic cyclitis, IOL, trab, cupped disc
- Phthisical eye, corneal graft, BK, Irido cyclitis, chorioretinitis
- Fuch's corneal dystrophy, IOLs, glaucoma
- Map dot fingerprint corneal dystrophy
- Bilateral corneal grafts for Fuch's + cat exn

Station 2 – Glaucoma & Lid

Glaucoma

- Bilateral primary open angle glaucoma
- Bilateral trabeculectomies, cupped discs
- Secondary glaucoma, relative afferent pupillary defect
- Primary open angle glaucoma
- Bilateral brow ptosis, dermatochalasis and upper lid ptosis
- Basal cell carcinoma

Station 3 – Posterior Segment

- Right drusen, left fibrovascular scar
- Right macular naevus
- Pseudoxanthoma elasticum
- Left CRVO and POAG
- AMD
- Sarcoidosis, multiple chorioretinal scars
- Right background diabetic retinopathy, left ERM, CSMO, grid laser for PPDR
- Left optic disc drusen, mild BK

Station 4 – Strabismus & Orbit

- Right Browns
- Consec exotropia, residual exotropia, residual left hypotropia
- Restriction bilateral on upgaze
- Longstanding left superior rectus under action

Medicine & Neurology – Station 5 and 6

- Rheumatoid arthritis
- Left superior homonymous quadrantanopia
- Left jaw winking (Marcus Gunn)
- Port wine stain, raised pressure
- Bilateral dysthyroid eye disease, BIH
- Pineal tumour, dorsal midbrain syndrome
- Cauda Equina syndrome
- Left RAPD secondary to RA occlusion
- Right hemianopia, left stroke – occlusive
- Left ophthalmic artery occlusion, disc pallor, field defect
- Goitre, mild thyroid eye disease
- Pituitary tumour, Craniopharyngioma

Station 7 - Communication Skills Scenario

Cataract surgery complicated by a dropped nucleus

6a) OSCE Results

Candidates examine three patients in stations 1-3, two patients in stations 4, four patients in station 5 and one patient in station 6. Each patient is worth a maximum of 12 marks (2 examiners x 3 marks x 2 criteria). To balance the contribution to a candidate's mark from each station, the mark from each of stations 1-3 and 7 is weighted by 0.666. The relative contribution from each station in the OSCE is thus 2,2,2,2,4,1.

Maximum mark after weighting: 156

Stations 1-3: 2 criteria scored 0-3 for 3 patients by 2 examiners x 0.666 = 24

Station 4: 3 criteria scored 0-3 for 2 patients by 2 examiners = 24

Station 5: 3 criteria scored 0-3 for 4 patients by 2 examiners = 48

Station 6: 3 criteria scored 0-3 for 1 patient/actor by 2 examiners x 0.666 = 12

Pass mark (using borderline candidate method):	91/156
Mean score:	112
Median score:	116
Range:	70 - 135
Reliability (Cronbach alpha):	0.872
SEM:	6.5
Adjusted pass mark (+1 SEM)	97/156 (62%)

Table OSCE1: Correlation between examiner's marks at each station

Station 1	Station 2	Station 3	Station 4	Station 5/6	Station 7
Cat/AS	Glauc/lid	Posterior	Orbit/Strab	Med/neural	Comm.
0.610	0.741	0.613	0.873	0.848	0.651

Table OSCE2: Correlation between examiner's global judgements at each station

Station 1	Station 2	Station 3	Station 4	Station 5/6	Station 7
Cat/AS	Glauc/lid	Posterior	Orbit/Strab	Med/neural	Comm.
0.706	0.784	0.528	0.862	0.918	0.732

Table OSCE3: Correlation between station scores (combined marks 2 examiners)

		Station 2	Station 3	Station 4	Station 5/6	Station 7
		Glauc/lid	Posterior	Orbit/Strab	Med/neuro	Comm.
Station 1	Cat/AS	0.487	0.325	0.191	0.625	0.302
Station 2	Glauc/lid		0.409	0.292	0.249	0.564
Station 3	Posterior			0.290	0.460	0.412
Station 4	Orbit/Strab				0.576	0.412
Station 5	Med/neuro					-0.022

6b) Table OSCE4: Standard setting for the OSCE

Station	1		2		3		4		5 & 6		7	
No. of borderline candidates	2	4	3	2	3	4	2	3	4	5	4	3
Median borderline candidate score	6	8	8	9	10	5	7	5	14	13	3	2

The pass mark for the OSCE was increased by 1 SEM from 91 to 97.

6c) OSCE Feedback

Candidate Feedback

Facilities for candidates were excellent and patients were all friendly.
Generally, examiners were helpful and friendly
Clinic staff were helpful and the clinic rooms were good, all with working equipment.

Some candidates thought that there were too many (four) cases in the medicine and neurology stations and were a little rushed but others felt it was good and had time to discuss the management.

Some candidates commented that the room for Posterior Segment was a little small but understood the need to accommodate the couch for BIO.

The assessor reported that many candidates were not happy with the ocular motility station. Comments given were:

1. The request to carry out various tests was regimented with no flexibility given to the candidates to demonstrate their own way of eliciting the appropriate physical signs.
2. The two examiners in this station appeared to be unhelpful, did not smile or show any empathy compared to the attitude of the examiners in the other stations. There was no hint of any rudeness or bullying but no emotions expressed by either of the examiners to indicate how the candidate was performing!

A few of the candidates felt that the duration for communication station could be a little shorter for the topic given or the examiners could have changed the topic of discussion once they felt that the candidate had dealt with the patients concerns well. They felt that, especially when the 5 min to go signal was given, they were repeating themselves many times over to fill the time.

Examiner Feedback

Posterior Segment

It was necessary for the examiners to position all three patients in the room together for which permission from the patients was sought. Examiners felt that seeing three patients in this station was difficult in the time available.

7a) Final results

Pass rate for the oral examination	11/15	73%
Pass rate for the examination overall	11/26	42%

Correlation between scores in each part of examination:

	EMQ	VIVA	OSCE
MCQ	0.455	0.271	0.332
EMQ		-0.132	0.058
VIVA			0.672

Correlation between written and oral examinations 0.171

7b) Breakdown of Clinical Examination

Breakdown of clinical examination results by training

	Failed	Passed	Total
In OST	2*	10	12
Not in OST	2	1	3
Total	4	11	15

* Both LAT These differences are not statistically significant ($p=0.31$)

Breakdown of clinical examination results by gender

	Failed	Passed	Total
Female	1	5	6
Male	3	6	9
Total	4	11	15

These differences are not statistically significant ($p = 0.92$)

Breakdown of results by deanery

	Failed	Passed	Total
London	1	1	2
Mersey	0	2	2
Northern	0	1	1
Oxford	1	2	3
SE Scotland	0	1	1
Severn	0	2	2
Yorkshire	0	1	1
Total	2	10	12

Breakdown of results by level of training

	Failed	Passed	Total
ST7	1*	0	1
ST6	0	1	1
ST5	0	7	7
ST4	1*	1	2
Total	2	9	11

- LAT

Breakdown of clinical examination results by country of qualification

	Failed	Passed	Total
UK	1	8	9
Outside UK (Inc Republic of Ireland)	3	3	6
Total	4	11	15

These differences are not statistically significant ($p = 0.283$)

Breakdown of clinical examination results by number of previous attempts

Attempts	Failed	Passed	Total
1 (First)	2	9	11
2	1	1	2
3	1	1	2
Any resit	2	2	4

7c) Comparison to previous examinations

Date	Oct 08	April 09	Sep/Nov 09	April 10	Sep/Nov 10
Candidates	7	15	16	21	26
MCQ pass mark	61%	64%	64%	66%	65%
Reliability	0.55	0.81	0.77	0.83	0.77
EMQ pass mark	64%	64%	66%	65%	64%
Reliability	0.82	0.90	0.83	0.86	0.81
Viva pass mark	59%	59%	64%	57%	56%
Reliability	0.88	0.80	0.84	0.90	0.79
OSCE pass mark	65%	60%	63%	61%	62%
Reliability	0.85	0.82	0.94	0.80	0.87
Written pass rate	86%	53%	38%	48%	58%
Oral pass rate	50%	50%	33%	50%	73%
Overall pass rate	29%	27%	13%	24%	42%

8) Summary

The Part 2 FRCOphth examination is now a well-established assessment of ophthalmic specialist training in the UK. The pass rate has improved with over 40% of candidates passing the examination overall. Almost three quarters of the candidates who sat the oral examination, passed. Candidates in OST were more successful than those outside, which implies that the examination is appropriately assessing against the curriculum. The most successful candidates in both the written and oral papers were in ST5. The standard expected of successful candidates is therefore appropriate. Apart from the OSCE, there has been an unfortunate reduction in the reliability of all components of the examination.

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