

Annual Report on the FRCA Examination 2023-2024

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Annual Report of the Fellowship of the Royal College of Anaesthetists (FRCA) Examination, Academic year, September 2023 to July 2024

Introduction

The aim of this report is to provide a summary of the Fellowship of the Royal College of Anaesthetists' examination undertaken during the academic year September 2023 to July 2024. It includes a summary of the format for each part of the FRCA examination, a review of the performance of the examination diets with guidance to candidates, new examination policies, support to candidates with reasonable adjustments, information on examiner recruitment and training, and developments in the examination.

In previous years, separate reports were produced for the Primary and Final examinations. This year, the decision was taken to merge these into a single, streamlined report to reduce duplication, improve readability, and provide a clearer, more cohesive picture of how the FRCA examination functions as a whole. This combined approach reflects the interrelated nature of the two parts and is intended to better support a broad readership, including candidates, examiners, College departments, the General Medical Council (GMC), and the wider public, by offering a balanced overview of exam delivery, performance, and quality assurance.

The FRCA examination provides anaesthetists in training with the opportunity to demonstrate the required outcomes of the curriculum and determine satisfactory progression at each critical progression point within the training programme. The FRCA examination is also open to anaesthetic doctors who are not in an approved training programme.

The FRCA is sat in two parts:

- The Primary examination, which is aligned to stage 1 of the training curriculum, followed by:
- The Final examination which is aligned to stage 2 of the training curriculum.

Each part of the FRCA examination tests different outcomes and competencies using validated assessment methods to test a broad-spectrum of knowledge, understanding, skills, behaviours and attitudes. The exam is approved by the General Medical Council (GMC) for UK postgraduate medical training and follows the UK curricula and guidelines.

On successful completion of both the Primary and Final elements of the FRCA examination, candidates become a fellow of the Royal College of Anaesthetists by examination and can use the post-nominals FRCA.

Written examinations are delivered online with remote invigilation by our provider TestReach. The clinical oral examinations usually take place in person at the Royal

College of Anaesthetists.

The majority of the examinations have sufficient capacity to assess all those who apply, however, the Primary FRCA OSCE SOE is sometimes oversubscribed and in such cases, section 4 of the Examination Regulations, [Prioritisation of Applications](#) may be applied and a waiting list opened.

Quality assurance is a key theme throughout this report. Each examination component is subject to robust quality controls, including reliability analysis (e.g., KR-20, Cronbach's alpha), examiner benchmarking, standard-setting methods (e.g. Angoff, Borderline Regression method), moderation processes, and candidate feedback analysis. These processes ensure that the FRCA examination remains valid, fair, and defensible.

The Primary FRCA Examination

Overview of the Primary FRCA Examination

The purpose of the Primary FRCA examination is to test the knowledge, understanding, and application of basic sciences to anaesthetic practice along with an introduction to the clinical aspects of the profession. The science topics cover physiology, pharmacology, and physics.

The Primary FRCA examination is a national test of knowledge and judgement, as laid out in stage 1 of the training curriculum agreed with the General Medical Council. Anaesthetists in Training may only progress to stage 2 on successful completion of the Primary.

The Primary FRCA exam has two parts:

- A written paper
- An oral exam comprising a Structured Oral Examination (SOE) and an Objective Structured Clinical Examination (OSCE)

The Primary FRCA MCQ Examination

In the academic year 2023-2024, there were three diets of the Primary FRCA MCQ in September 2023, November 2023 and February 2024. The questions in this exam are designed to examine the application of knowledge and are mapped against professionalism of Medical Practice based primarily upon physiology, pharmacology, and physics/clinical measurement.

In this year, the format of the Primary MCQ examination was revised and comprised 90 Single Best Answer (SBA) questions with all remaining Multiple True-False (MTF) questions removed. This change followed a phased transition starting in 2021 to remove MTF questions from the exam. The format of the SBA questions did not change with each question comprising five answer options. The marking scheme was also updated with one mark rather than four awarded for each correctly

answered SBA question and a total of 90 marks available overall. There is no negative marking in this exam.

Setting the pass mark

The MCQ Core Group convened shortly after each written paper to review the performance of the questions. Candidate feedback on specific questions was discussed carefully and taken into consideration where the group determines it is appropriate. The pass mark of the paper was derived using the independent Angoff scores of the MCQ Core Group members. Their remit is to score the likelihood that the 'minimally competent' candidate will arrive at the correct answer to each question. It is noteworthy that the averaged Angoff scores used within the MCQ examination have remained remarkably consistent in this academic year.

A reduction is applied to the Angoff-derived mark to allow for one standard error of measurement (SEM). The SEM is formed using a method that uses data from every candidate response to every question and derives a statistic that reports the reliability of the test - the Kuder-Richardson 20 (KR-20).

Test reliability

Candidate numbers across the current examination year at 1348 are slightly up from the previous year. The overall mean pass rate of 66.97% for the three sittings has shown a moderate increase in the mean pass rate of the previous four years at 59.29%.

The Primary FRCA written examination is a high-stake examination requiring good reliability. To achieve this, the SBA paper is 3 hours long and comprises discrete questions. The KR-20 is a measure of internal reliability of the examination and is influenced by the quality and the number of test items, the candidate performance on every test item, and the variance thereof. The KR-20 of the last three papers has been between 0.89-0.91 reflecting a reassuringly high reliability of testing.

Quality performance metrics on the three sittings of the Primary MCQ examination in the academic year 2023-24 are shown in **Table 1** with a comparison to the previous four years.

Quality performance metrics

Table 1 - Percentage pass rates for MCQ over last 5 years (15 sittings)

Candidate attendance, outcome overall and for MTF and SBA components for the last 5 years of the Primary examination along with Angoff score and reliability (KR-20)

Examination Year Sitting	Per Exam	Pass Rate	MTF Nominal Pass Rate	SBA Nominal Pass Rate	Angoff Mean Score	Total possible Score	Exam KR-20 Reliability	Yearly No. of candidates
2023-2024								
Sep-23	387	74.16%	N/A	N/A	49	87	0.89	1348
Nov-23	480	72.71%	N/A	N/A	48	88	0.91	
Feb-24	481	54.05%	N/A	N/A	50	89	0.91	
2022-2023								
Sep-22	289	73.36%	68.86%	71.97%	232	379	0.90	1286
Nov-22	432	62.27%	54.86%	67.82%	249	390	0.93	
Feb-23	565	52.74%	53.27%	52.39%	240	380	0.92	
2021-2022								
Sep-21	389	59.13%	41.65%	73.26%	268	394	0.93	1175
Nov-21	380	63.68%	41.84%	78.68%	264	395	0.92	
Feb-22	406	56.65%	45.57%	67.73%	267	401	0.91	
2020-2021								
Sep-20	422	69.67%	43.84%	84.36%	269	401	0.89	1263
Nov-20	426	45.31%	29.34%	58.69%	264	390	0.92	
Feb-21	415	51.57%	44.10%	59.52%	265	394	0.91	
2019-2020								
Sep-19	472	72.25%	58.69%	82.84%	294	409	0.92	1182
Nov-19	292	48.63%	30.14%	76.37%	300	414	0.90	
Mar-20	418	56.22%	56.22%	66.03%	291	407	0.92	
Overall	Mean	60.83%	*47.37%	*69.97%				
	Median	59.13%	*44.84%	*69.90%				
	SD	9.39%	*11.07%	*9.46%				

*Due to the change in examination structure, the overall nominal MTF and SBA pass rates do not take the 2023-2024 result data into account.

The Primary Clinical Oral Examination (SOE/OSCE)

The clinical oral examination consists of two components sat at the Royal College of Anaesthetists on the same day: The Structured Oral Examination (SOE) and the Objective Structured Clinical Examination (OSCE). To be eligible to sit the OSCE SOE, a candidate must have passed the MCQ exam.

On a first attempt, candidates must sit the SOE and OSCE at the same sitting. If a candidate is unsuccessful in one part, they only retake the failed component in a subsequent diet, i.e., to take the SOE alone they must have passed the OSCE and vice versa.

The oral exam was held four times in the academic year in November 2023, January 2024, May 2024, with an additional sitting in July 2024 due to a significant oversubscription in the May 2024 sitting. A summary of the format of each part follows.

Structured Oral Examination (SOE)

The SOE section of the oral examination assesses a candidate's understanding as

well as their knowledge of clinical and basic science concepts. It comprises two parts:

1. SOE 1: two sections, testing pharmacology (15 minutes) and physiology (15 minutes).
2. SOE 2: two sections, testing clinical topics (15 minutes) and physics, equipment, safety, and measurement (15 minutes)

Each examination lasts 30 minutes. In each section, candidates are examined on three questions of five minutes each, and their answers are evaluated independently by two examiners. A total of four examiners are involved in independently scoring each candidate.

The four sections of the SOE exam (pharmacology, physiology, clinical and physics) have their own working party, which is chaired by a senior examiner. The working parties are tasked with writing and reviewing questions and setting exams.

Objective Structured Clinical Examination (OSCE)

The OSCE comprises 16 stations of five minutes each, with one minute between to read the instructions for the next station. To increase candidate capacity, 1-3 "rest" stations may be added to the circuit where necessary. No assessment takes place in these stations.

A candidate may score a maximum of 20 marks on each station, with the sum of the mark at every station providing the final, total score. The cut score (pass mark) is calculated by the sum of the Angoff score of each of the individual stations.

Test validity and reliability

It is important to ensure that the OSCE and SOE are reliable and valid tests of knowledge and understanding of the Stage 1 anaesthetic training curriculum. All questions are constructed and reviewed by the working groups specific to each component. In the SOE, examiners independently assess candidate responses using structured marking guidance and their professional judgement. In the OSCE, scoring is based on objective checklists and domain-based marking schemes to support consistency.

All questions used in the OSCE and SOE are held in an online question bank. Most have been used on a number of occasions, with any individual candidate being exposed to at most one new question. The examination matrices are put together to provide papers of approximately equal difficulty across the different days in an examination week, and also across different sittings of the examination.

Setting the pass mark

The pass mark for the Primary FRCA SOE is fixed at 36 and based on historic records. A modified Angoff method is used to set the pass mark for OSCE.

Questions are selected to form a paper according to their Angoff scores ensuring that papers are of the same relative difficulty on each day and the pass mark is also similar.

Marking and moderation

At the end of each exam day, the examiners meet for an evening debrief to discuss any process issues from the day and any new questions coming up on the following day.

Exam results are released approximately three weeks after the last day of the exam week. A moderation board comprising senior examiners from each section and relevant members of the Examinations Team meets prior to the release of results to review the data, discuss any feedback and process issues, and confirm prize winners. Borderline marks are reviewed in both the OSCE and SOE. All marks of '36' in the SOE and 'fail by one' marks in the OSCE are checked for accuracy and cross-checked to examiner feedback on candidate performance. Moderation is a vital part of the process to ensure that problems, improvements, and developments are appropriately discussed and approved.

Quality performance metrics on the three sittings of the Primary OSCE SOE are shown in **Table 2** and **figures 1 and 2**.

Quality performance metrics

Table 2, Percentage pass marks for each sitting within the academic year 2023-2024

Percentage pass, partial pass and fail for each of the 4 sittings of the Primary OSCE SOE with total number of candidates attending (excludes candidates who withdrew or failed to attend)

		PASS	Partial pass (SOE)	Partial pass (OSCE)	FAIL	n
NOV 2023	Sat both - First Attempt	57.94%	17.46%	10.32%	42.06%	252
	Sat both - resitting	21.95%	29.27%	12.20%	78.05%	41
	Sat SOE only	74.00%			26.00%	50
	Sat OSCE only	86.49%			13.51%	37
JAN 2024	Sat both - First Attempt	67.87%	14.08%	6.86%	32.13%	277
	Sat both - resitting	21.74%	30.43%	26.09%	78.26%	23
	Sat SOE only	82.86%			17.14%	35
	Sat OSCE only	65.85%			34.15%	41
MAY 20	Sat both - First Attempt	67.90%	14.39%	7.01%	32.10%	271
	Sat both -	34.29%	28.57%	5.71%	65.71%	35

	resitting					
	Sat SOE only	80.95%			19.05%	42
	Sat OSCE only	84.00%			16.00%	50
JUL 2024	Sat both - First Attempt	45.45%	18.18%	6.82%	54.55%	44
	Sat both - resitting	16.67%	16.67%	0.00%	83.33%	6
	Sat SOE only	0.00%			0.00%	0
	Sat OSCE only	54.55%			45.45%	11

Figure 1: Attendance at SOE and OSCE over last 5 years

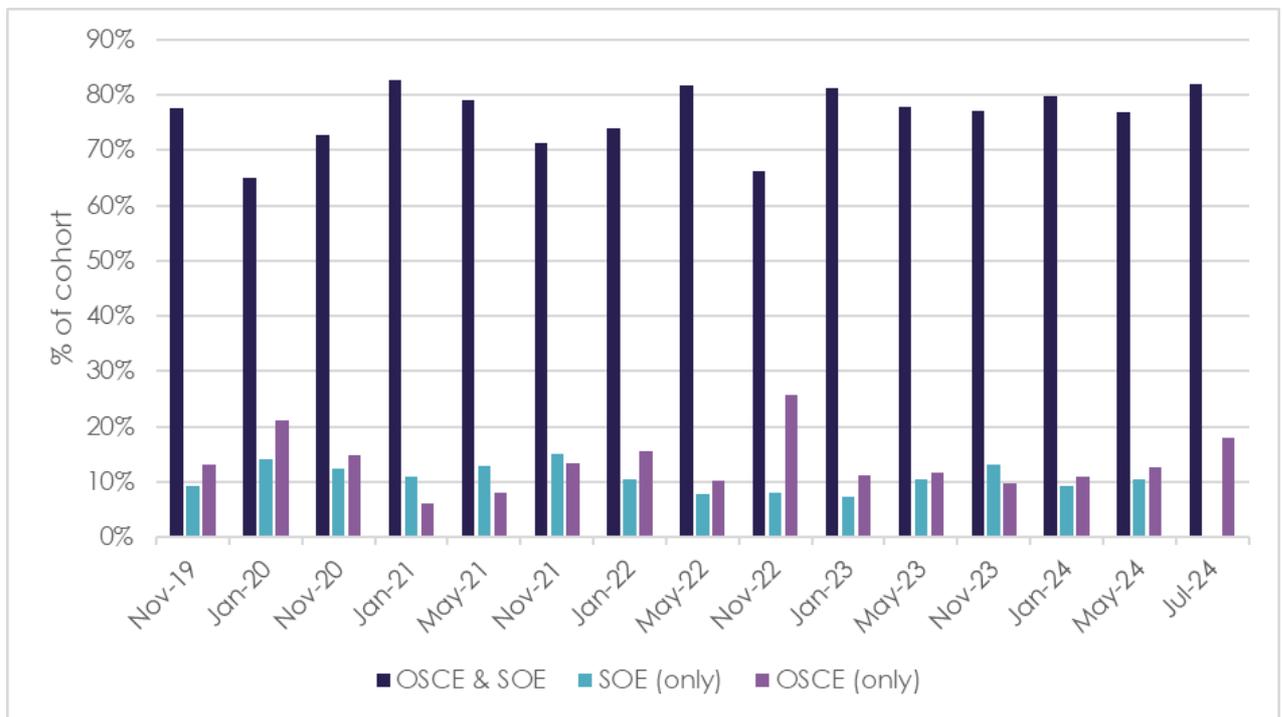
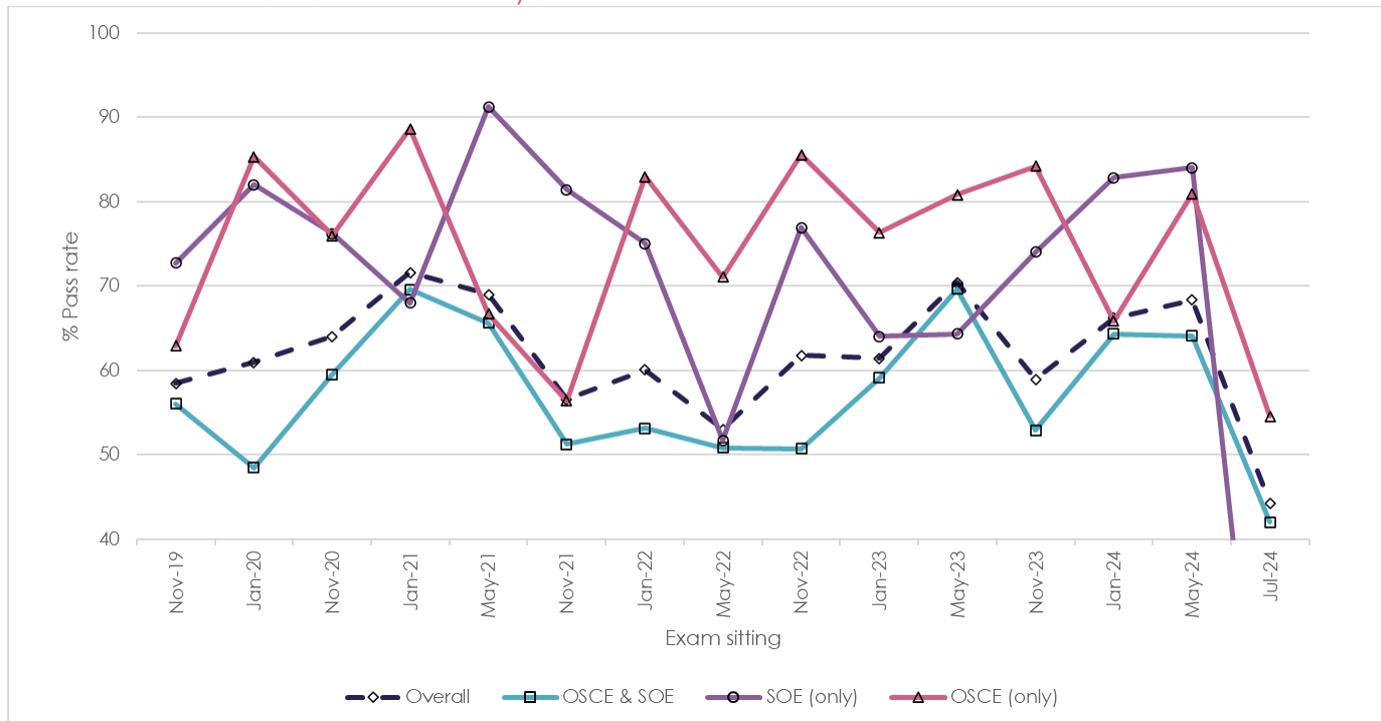


Figure 2: Pass rate for both components, SOE only and OSCE only and overall pass rate for examination over the last 5 years.



The Final FRCA Examination

Overview of the Final FRCA Examination

The purpose of the Final examination is to define a national minimum standard of knowledge and understanding that anaesthetists in training must possess to progress with their careers beyond a defined point in their training. It is taken when anaesthetists in training begin to work with much more remote supervision therefore it represents an important pillar of patient safety.

The Final FRCA examination is a national test of knowledge and judgement, as laid out in stage 2 of the training curriculum agreed with the General Medical Council. Anaesthetists in training may not progress beyond the end of stage 2 without possession of this qualification (or equivalent).

The Final FRCA exam has two parts:

- A written paper
- A Structured Oral Examination (SOE)

The Final FRCA written examination

In this examination, candidates sit two papers delivered on separate days. These are:

A written paper consisting of 90 Single Best Answer (SBA) questions

A constructed response question (CRQ) paper consisting of 12, multi-part questions.

The composition of the SBA and CRQ papers are mapped against the curriculum to ensure that as full a range as possible of the curriculum is sampled. The examination is passed or failed as a whole entity with marks attained from both parts of the examination added together.

The exam was held twice in the academic year 2023-2024 in September 2023 and February 2024.

Setting the pass mark

The pass mark for the MCQ paper is criterion-referenced and was set by a core group of examiners (the Angoff group) who use the Angoff method to assign marks to each question based on what a minimally competent candidate would be expected to know. Where there is marked variation in the Angoff scores assigned, scores are reviewed against the question. One standard error of measurement (SEM) is then subtracted from the sum of the scores of all questions to arrive at the pass mark.

For the CRQ paper, each question was marked out of a total of 20 marks by a single examiner marking against a model answer. Examiners were divided into twelve groups and each group was given one of the 12 questions to mark for all the candidates.

To ensure a standardised approach to the marking, the CRQ core group met to approve the model answers for each question in advance of the paper delivery. Once candidates sat the exam, the examiner cohort met to mark four specimen answer papers for a single question to ensure a standardised interpretation of the model answer.

The pass mark for each individual question was set by the CRQ group but may be refined by the marking group prior to the marking phase. The pass marks for the 12 questions were summed to give a total mark for the paper and this mark was then reduced by one Standard Error of Measurement (SEM) to give the pass mark.

In the moderation process for these papers, question performance is reviewed alongside any candidate feedback received in advance of the moderation board. Any questions not performing as expected were looked at closely to ensure that they reflect current clinical practice and questions with content issues or ambiguity were removed from the examination.

Test reliability

The Final FRCA written examination is a high-stake examination requiring good reliability. To achieve this, the SBA paper is 3 hours long and comprises discrete questions. To establish aspects of reliability, the Kuder Richardson formula (KR-20) is calculated for each set of SBA paper results. This is a measure of internal consistency (an aspect of reliability) for dichotomous data. For the CRQ paper, which has continuous rather than dichotomous data, the test of internal consistency is the Cronbach alpha calculation.

The KR-20 results for the SBA papers in this academic year were 0.70 (September 2023) and 0.63 (February 2024). The KR-20 value for the February 2024 diet is the lowest internal reliability of recent MCQ papers. The value of Cronbach alpha for the CRQ papers was 0.78 (September 2023) and 0.77 (February 2024) which shows excellent consistency in the skills and knowledge being tested.

Quality performance metrics for the two diets of the Final Written examination are shown in **table 3** with a comparison to the previous four years.

Quality performance metrics

The pass rate for the Final written examination in September 2023 was 85.79% and 70.47% in February 2024. There is no evidence to suggest that the exam has become more or less difficult in this academic year. There have been no changes in the way the examination papers are constructed, in the sampling of questions across the curriculum or in the way the pass marks are calculated, and no significant change in the make-up of the Angoff reference group, who set the pass mark. The statistical measures of internal consistency remained consistent for the CRQ paper, but for the SBA paper dipped in February 2024 to 0.63.

Table 3 - Outcome statistics for the Final Written examination

Academic Year	2019-2020		2020-2021		2021-2022		2022-2023		2023-2024	
Examination date	Sept 2019	Mar 2020	Sept 2020	Mar 2021	Sept 2021	Mar 2022	Sept 2022	Feb 2023	Sept 2023	Feb 2024
Number applicants	392	478	363	473	376	504	371	489	407	492
Withdrawals / non attendees	17	31	26	33	25	50	30	40	41	28
Attendees	375	447	337	440	351	454	341	448	366	464
Pass Rate: Number (%)	268 (71.47%)	328 (73.38%)	246 (73%)	273 (62.05%)	243 (69.23%)	356 (78.41%)	251 (73.61%)	358 (79.73%)	314 (85.79%)	327 (70.47%)
MCQ Internal consistency KR-20	0.68	0.80	0.83	0.80	0.74	0.80	0.79	0.64	0.70	0.63
CRQ (SAQ 18/19 only) Internal consistency Cronbach alpha	0.77	0.69	0.77	0.77		0.77	0.72	0.79	0.78	0.77

The Final Structured Oral Examination (SOE)

Candidates may only take the Final Structured Oral Examination (SOE) once they have been successful at the Final written examination. This exam comprises two parts:

1. SOE 1 (applied clinical science) consists of 4 clinical short cases with linked applied clinical science. This SOE is in two parts, A and B, which are taken consecutively with candidates moving exam floors to sit the next part. Each part is 26 minutes in duration, comprising two clinical short cases with linked clinical science questions with 13 minutes devoted to each pair of questions. Candidates will interact with 4 different examiners during SOE1.
2. SOE 2 (clinical anaesthesia) consists of a two-section clinical long case followed by two stand-alone clinical short cases taken in one sitting. This SOE is 36 minutes in duration, comprising 10 minutes to view clinical material, 13 minutes devoted to a two-section clinical long case and 13 minutes devoted to two questions on clinical anaesthesia unrelated to the clinical long case. Candidates will interact with 2 different examiners during SOE2.

All questions are structured but in a way that allows for exploration not only of knowledge but also of the understanding and application of that knowledge.

The examination is held twice a year approximately two months after the written examination to allow smooth progression through both parts of the Final examination. In the academic year 2023-2024, the exam was delivered entirely via a face-to-face examination in December 2023 and June 2024.

Test validity and reliability

It is important to ensure that the SOE is a reliable and valid test of knowledge and understanding of the Stage 2 anaesthetic training curriculum. The questions are constructed and reviewed by the SOE group and detailed answer guidance is given. Candidate responses are assessed independently by the two SOE examiners, using their professional judgement in line with agreed criteria.

During the academic year 2023-24, observers are welcomed to the exam comprising mainly consultants in active clinical practice from across the UK. All visitors were asked to provide written feedback on the content and conduct of the examinations they observed. These independent observers commented on the consistency of marking by examiners, regardless of examining style, and considered the assessment valid and relevant.

Like the Primary FRCA, all questions used in the SOE are held in an online question bank. Most have been used on a number of occasions, with any individual candidate being exposed to at most one new question. The SOE examination matrix is put together to provide a paper of approximately equal difficulty across the different days in an examination week, and also across different sittings of the examination.

Setting the pass mark

The pass mark for the Final SOE is set using Borderline Regression Method. This candidate-centered method for setting the pass mark means that the pass mark will vary from day to day according to the performance of the cohort of candidates. The cohort of candidates sitting the Final FRCA is relatively stable and scheduled randomly to reduce unusual or biased variation in performance.

Marking and moderation

As with the Primary OSCE SOE, at the end of each exam day the examiners meet for an evening debrief to discuss process issues from the day and any new questions to be used during the week.

A moderation panel comprising senior examiners from each section and relevant members of the Examinations Team meets prior to the release of results to review the data, discuss any feedback and process issues, and confirm prize winners. Borderline marks are reviewed in the SOE and cross-checked to examiner feedback on candidate performance. Exam results are released post moderation and approximately three weeks after the last day of the exam week.

Quality performance metrics on the two diets of the Final SOE in academic year 2023-24 are shown in **table 4** with a comparison to the previous four years.

Quality performance metrics

A total of 926 candidates sat the Final SOE in 2023-2024. The average pass rate for the academic year was 69.52%.

Table 4 – Outcome statistics for the SOE

Academic Year	2019-2020	2020-2021			2021-2022			2022-2023		2023 - 2024	
Examination Date	Dec 19	Dec 20	Feb 21	Jun 21	Dec 21	Mar 22	Jun 22	Dec 22	Jun 23	Dec 23	June 24
Candidates attending	405	313*	267*	426*	334 *	244*	324	401	458	506	420
Pass rate Number (%)	275 (67.90%)	208 (66.45%)	171 (64.04%)	267 (62.68%)	231 (69.16%)	154 (63.11%)	214 (66.05%)	270 (67.33%)	306 (66.81%)	365 (72.13%)	281 (66.90%)

In academic year 2019-20, there was no June diet of the Final FRCA SOE due to the COVID19 pandemic. *Exam diets from December 2020 until March 2022 were delivered online and as such an additional diet in Feb/Mar was included to boost candidate capacity.

Guidance to candidates

This section provides targeted guidance based on examiner feedback and candidate performance across the FRCA examination during the 2023–2024 academic year. While each component assesses different domains and skills, a consistent theme is the importance of preparation that focuses not only on factual knowledge but also on the ability to apply that knowledge in clinical contexts. The insights below aim to support candidates in identifying common areas of difficulty and understanding the expectations of each exam. By sharing these observations, we hope to encourage focused and informed preparation and promote success in future sittings.

Primary FRCA MCQ

The Primary FRCA MCQ assesses applied knowledge across physiology, pharmacology, and physics, rather than simple factual recall. To support their preparation, candidates are encouraged to practice exam-style SBA questions under timed conditions and to engage with clinical resources that integrate scientific principles with patient care. Reviewing guidance on how to approach SBA questions can also help candidates navigate the nuances of selecting the *most appropriate* answer from several plausible options.

Areas where candidates struggled included:

- perioperative drug management, particularly diabetes medications and the mechanisms of antiepileptic drugs, as familiarity with common comorbidities and national guidance is expected. Candidates may find the [Handbook of Perioperative Medicines](#) a useful resource. (Pharmacology)
- ventilatory drive, the structure and function of the nervous system, effects of

aging, and paediatric fasting guidelines. (Physiology)

- challenges were noted in questions on depth of anaesthesia monitoring and common pitfalls in invasive blood pressure monitoring. (Physics)

Primary FRCA SOE

Feedback from SOE examiners indicates that successful candidates tend to approach questions in a structured and logical manner, demonstrating both clarity of thought and an ability to apply foundational science to clinical situations. In contrast, weaker performances are often associated with vague or incomplete answers, poor communication, or difficulty with interpreting examiners' prompts. Candidates are advised to prepare by practising SOE-style questions with colleagues or supervisors and to become familiar with the format and pacing of the examination. Using the marking domains provided in examiner guidance as a self-check tool can also help focus revision efforts.

Primary FRCA OSCE

The OSCE continues to challenge a wide and varied candidate cohort, and underperformance can occur for multiple reasons. Common themes in examiner feedback include limited confidence or fluency in communication and history taking, especially when dealing with UK-specific clinical scenarios. Candidates are encouraged to practise stations with peers or supervisors and to seek feedback on both the content and delivery of their responses. Familiarity with the exam structure, timing, and common station types can help improve performance, particularly in communication, data interpretation, and practical skills stations.

Final FRCA MCQ and CRQ

The Final FRCA written examination includes a Single Best Answer (SBA) paper alongside a Constructed Response Question (CRQ) paper. Candidates are reminded that the SBA component assesses the application of knowledge across a broad range of clinical and scientific topics. Candidates should ensure they are familiar with the full breadth of the curriculum and that they practise applying knowledge to a wide range of clinical scenarios. Examiners have noted that candidates often perform less well when faced with less frequently encountered topics or those that require multi-step reasoning. Preparing with a variety of question types and critically reviewing answer options for plausibility and relevance is recommended. Candidates are also reminded that no single topic or question type tends to determine the outcome—successful candidates generally demonstrate broad, consistent competence across the entire paper.

The leads of the CRQ group [produce reports](#) describing the performance on each CRQ paper with feedback on each question. Candidates who failed the examination in September 2023 did not do so because of a single question area but as a result of poor performance across multiple questions. This is in contrast to the March 2024 examination where performance was particularly weak on questions in paediatrics, ICU, and opioid equivalence. In the CRQ paper, candidates are often let down by failing to answer the question asked, failing to prioritise answers, and demonstrating a poor knowledge of clinical sciences. All of these are recurring problems and probably represent poor time management. This shows that it is very important to practice CRQ questions under exam conditions, which brings in the element of timing as well as the assessment of applied clinical knowledge.

Final FRCA SOE

Some examiners and visitors have noted concerns regarding the level of clinical experience demonstrated by a small number of candidates sitting the Final Structured Oral Examination (SOE). In answering questions that assess core elements of the Stage 2 curriculum, these candidates have occasionally shown strong theoretical knowledge but limited practical understanding of how to apply that knowledge in real clinical scenarios. This has informed the decision to move the progression point requiring possession of the Final FRCA to the end of Stage 2 training. By this stage, candidates will have typically completed placements in areas such as cardiothoracics and neurosurgery, ensuring broader exposure and more rounded clinical judgement. It is hoped that this change will reduce pressure to sit the examination prematurely and encourage candidates to develop experience across the full scope of anaesthetic practice before attempting the Final SOE. Encouragingly, the pass rate for the SOE has remained consistent, suggesting that the overall performance standard of candidates remains stable.

Supporting candidates with reasonable adjustments

A range of reasonable adjustments are available to candidates in the FRCA examination such as increased examination time and rest breaks. Candidates with reasonable adjustments who sit the written exams can request a specific interface in the 'TestReach' platform that enable them to highlight, annotate and zoom. A dyslexic stylesheet which changes the font and background of the interface can also be requested.

In a continued effort to promote transparency and fairness, a new [Reasonable Adjustment policy was launched in August 2024](#) which will apply to applications for exams delivered from January 2025 onwards. This new policy aligns with guidelines set by the Academy of Medical Royal Colleges (AoMRC), the General Medical Council (GMC) and the Equality and Human Rights commission (EHRC) technical guidance on further and higher education.

A [new online form](#) to request reasonable adjustments will enable candidates to provide a greater level of detail on the support they will require when sitting an exam. Candidates will submit this earlier than previously to provide ample time to review the request, seek further evidence if required, and put in place the adjustment.

For reasonable adjustments that are not complex, confirmation of approved adjustments will be sent within 14 working days of the reasonable adjustment request window closing. More complex adjustments may take up to 28 working days to confirm.

In addition, reports submitted as evidence must have been obtained after the age of 16 and include recommendations for adjustments required for the specific FRCA exam component a candidate intends to sit.

New examination policies

A new [Complaints and Appeals policy](#) was launched in August 2024 which better clarifies what constitutes grounds for an appeal and sets out the process and

timeline. The cost to the candidate of making an appeal was also reduced significantly.

The updated policy replaces the previous review process, providing one streamlined process for candidates who wish to appeal. Candidates have two grounds on which to appeal:

1. Evidence of **procedural irregularity** in the conduct or delivery of the examination (including administrative error) which has adversely affected their performance.
2. There are **exceptional circumstances**, for which documentary evidence must be provided that adversely affected a candidate's performance in the examination in addition to the complaint submission.

The reduced fee for submitting an appeal is £498, which will be refunded to the candidate if the appeal is upheld.

Cost of Training

The examination fees are set to reflect the costs incurred and not to provide an operational surplus to the College. [Cost of training](#) is explained in full on the College website.

Examiner recruitment, training, and Continuing Professional Development

The examiner pools in summary

In the academic year 2023-2024, there were 98 examiners in the Primary board of examiners and 96 in the Final board.

Thirteen new Primary examiners joined the board of examiners all of whom successfully completed their probationary year and no examiners moved to the Final examination. Following the completion of a 10-year tenure, two examiners retired from examining and two examiners moved to the ["Retire and Return" contract](#).

In the Final board of examiners, nine new examiners joined the board at the start of the academic year 2023-2024, replacing colleagues relinquishing their examining role at the end of their term of office. Ten examiners came to the end of their 10-year tenure but have joined the pool of retire and return examiners. Three examiners came to the end of their extended tenures and have stepped down from examining.

Training new examiners

All new examiners attend a training day prior to commencing their first exam, as well

as completing exam-specific equality and diversity training. This training day is updated regularly, and online e-learning modules are under consideration for future use. During the probationary year, new examiners are mentored by experienced examiners to ensure they are familiar with the process. These measures are designed to ensure new examiners are well prepared for their first year of examining. The pairing of new examiners with more experienced colleagues allows rapid assimilation to the professional standard expected.

Quality Assurance

Examiner training, audit and appraisal, benchmarking activities, CPD, and exam-specific, annual equality and diversity modules help ensure that examiners function appropriately in their role alongside processes that allow us to identify and deal with any problems. Any candidate feedback is also taken seriously and investigated. Prior to each examination diet, benchmarking exercises are carried out to calibrate examiners to the standard required for each part of the examination.

On-going audit of all examiners takes place during the examination week, which is performed by senior examiners, and the audit is videoed, discussed with the individual examiner and reviewed. Audits of examiner performance conducted during the year identified no major causes for concern. Feedback is given after auditing to highlight areas of good performance and where improvements might be made.

A new examiner performance policy was created this year which accompanies the current code of conduct and misconduct policies. This performance policy provides a process to formally address repeat issues with, for example, writing of feedback and behaviours and mannerisms that emerge during the audit process or via candidate feedback.

In October 2023, a CPD day was held at the College for examiners with presentations on the assessment needs of neurodivergent candidates, the attainment gap - language, hierarchy, and cultural behaviour between different ethnicities, and designing good Single Best Answer questions. The event was very well attended and new examiners recruited since the pandemic were formally inaugurated by the President of the College at a ceremony running alongside the main event.

Affiliate Examiners

A new Affiliate Examiner role was created during this academic year to enhance the development of the examination. Over one hundred applicants were received with 24 taken forward in this pilot year.

Recruitment is open to substantive consultants, SAS doctors and higher trainees (post FRCA). This role is a professional post undertaken on a voluntary basis with duties comprising writing and reviewing questions and participation in panel meetings. Three full-day meetings are held at different points in the year, two virtually, one in person at the College.

Examination Reviews

An internal review of the FRCA examination was started in January 2020, postponed due to the pandemic and [published in January 2023](#). A second independent review was commissioned by the College as a consequence of issues in the delivery of the Royal College of Anaesthetists (RCoA) assessment processes in 2021 and [published in February 2023](#). The outcome and recommendations of the [internal](#) and [independent](#) examination reviews were discussed by the senior examinations team, Chairs and Council members towards the end of 2022. This was followed by scheduled listening events hosted by Council members and examination leads to invite feedback and generate discussion from examiners and Anaesthetists in Training in 2023. The recommendations from these reviews were prioritised, feedback from stakeholders was taken into consideration and an action plan with an implementation timeline was published in February 2023.

The FRCA examiner groups have moved a considerable distance since the publication of the exam reviews. The purpose of the Primary and Final components of the FRCA examination have been revisited and an outline of how the new exam may look is under construction. The FRCA examination will continue to be a summative assessment that sets the standard for performance at stage 1 of the 2021 curriculum in Primary and at stage 2 in Final. All written exams will comprise SBAs and the face-to-face oral exams will become circuit based, clinical performance examinations that focus on clinical skills, decision-making, clinical reasoning, prioritisation and critical thinking.

As part of this process of developing the Primary and Final FRCA examination, members of different working parties visited the exams of other Royal Colleges to observe how they are delivered and to take away areas of best practice and learn from their experiences. Additionally, leads from the SBA and OSCE working groups attended specialized courses in postgraduate medical education and assessment to acquire a thorough grounding in the theory, design, delivery, and quality assurance of examinations.

The short-term timeline (2022/23) consisted of outlining the frameworks for the exam and establishing a governance structure in the form of a new Examinations Development and Assurance Group (EDAG). In the medium-term timeline (2023-26), standard setting methods will be agreed upon, exam materials created and piloted, and training materials and candidate resources will be developed. Candidates and Trainers will be informed of any changes to the exam a year in advance. The new exam formats will be introduced in the academic year 2027-28 following the publication of transition plans. Adequate notice of any changes will be given to members of the college before changes are put in place.

Visiting the examination

We continue to welcome and value the contribution of visitors, who are a valuable source of feedback on the standard of the exam. Whilst providing visitors with an insight into the examination process, it also helps them to align practice sessions in their trust to the structure and standard of the exam. Reassuringly, visitors generally assess the standard as appropriate and the quality of examiners as fair and

consistent.

We have recently changed to an online process for visitor feedback, which we hope will ensure more time and consideration is given to the feedback and will increase the independence of this appraisal. Candidates can also feedback on the exam via the post-exam survey or by email to exams@rcoa.ac.uk

We have regular visits from Patient Voices, who as well as being interested in the overall exam process, participate in core group activities and provide representation on the Examinations Development and Assurance Group, the advisory group for all RCoA examinations.

End note

Postgraduate medical examinations play a vital role in safeguarding patient care by ensuring that doctors meet the required standards of knowledge, judgement, and professionalism. The FRCA examination is a high-stakes assessment that determines whether anaesthetists in training are ready to progress to more independent clinical practice. As such, it is essential that the standard required to pass is upheld, and that the processes which underpin exam delivery remain rigorous, transparent, and fair.

This report outlines the multiple ways in which quality assurance is embedded throughout the FRCA examination process. Reliability measures such as KR-20 for Single Best Answer (SBA) papers and Cronbach's alpha for Constructed Response Questions (CRQs) are reported for each sitting to demonstrate internal consistency. Standard-setting methods, including Angoff and Borderline Regression Method, are used across written and oral components to ensure a fair and defensible pass mark. Examiner benchmarking, audit, and moderation processes are described in detail, along with the structured maintenance of question banks and the introduction of a new examiner performance policy in 2023–24. Feedback from candidates, examiners, visitors, and stakeholders is routinely gathered and considered, and recent changes reflect both this feedback and recommendations from internal and independent reviews. The FRCA examination continues to evolve in response to this input, with a clear direction of travel outlined through planned reforms and development timelines.

At the heart of these processes is the commitment and professionalism of the examiners, whose contributions are central to maintaining the integrity and quality of the examination. The College recognises the growing pressure faced by clinicians in securing time away from their clinical roles to support examining, and we are grateful to all those who continue to support the delivery and improvement of the FRCA examination.

We hope this report provides a clear and useful summary of the 2023–24 academic year and supports a shared understanding of how the FRCA examination operates and is quality assured. We remain committed to transparency, fairness, and continuous improvement as the examination evolves to meet the needs of candidates, patients, and the profession.

