

## **REPORT ON THE SHORT ANSWER QUESTION PAPER OF 21ST APRIL 2009**

The paper was set on 10<sup>th</sup> March 2009.

As noted by the previous Chairman of the SAQ Group, the process of developing and setting the SAQ paper begins many months in advance. Potential questions are submitted by the board of Final FRCA examiners and are scrutinised and refined by the core SAQ group. This group also decides on the likely content of the SAQ question paper prior to a meeting of all examiners when the paper is actually set. The questions are chosen from those submitted, on the basis of clarity and quality as well as relevance and fair coverage of the syllabus.

At the Paper Setting Day (PSD), the examiners are divided into six groups, each group is provided with the two questions they will mark later in that examination, with the model answer templates. Further refinements are discussed and ratified by each group. The aim of the exercise is to familiarise each examiner with the questions which have been allocated to their assigned group and make sure there are no errors of grammar, spelling or fact. At this stage a tentative marking schedule is also made

Consistency amongst examiners is vital and at a Standard Setting Day (SSD), sample scripts are marked and compared with the model answers by each group of examiners. Differences of opinion with regards to the marking schedule are discussed and clarified by the lead examiner of each group.

In the April 2009 paper, 365 of 512 (71%) candidates achieved a pass with 11 being awarded a 2+. This pass rate was higher than in the previous sitting of the examination. All questions, with one exception correlated either strongly or very strongly with the overall outcome of the examination. The agreed pass mark for individual questions ranged from 12 to 14

Questions 3 (obstetric pain), 4 (atrial fibrillation) and 5 (total intravenous anaesthesia) caused the greatest problems to candidates whereas questions 1 (paravertebral block), 2 (thyrotoxicosis), 6 (acute asthma), 7 (paediatric fluid management), 8 (interscalene block), 9 (dental damage) and 10 (pain following lower limb amputation) had high pass rates.

With regard to question 3 (obstetric pain), which had the lowest pass rate in the paper, it appeared that many candidates demonstrated a poor knowledge of the anatomy of the pain pathways in labour. Question 5 (total intravenous anaesthesia) had only a slightly higher pass rate. This was disappointing on two counts: Firstly, this is a technique in widespread use and good knowledge of the advantages and disadvantages of total intravenous anaesthesia was anticipated by the examiners. Secondly, the anaesthetist often has a choice of techniques for a given clinical situation and they should be able to clearly rationalise the choice of one technique rather than another. Considerably more candidates passed question 4 (atrial fibrillation) compared with questions 3 and 5, but the majority of candidates still failed. Again, given the frequency with which established and new-onset atrial fibrillation is encountered in clinical practice, the low pass rate was disappointing. The

anaesthetic considerations, for performing *elective* direct current cardioversion, was notably poor.

Question 7 (paediatric fluid management) was a modification of a question asked a year earlier and encouragingly was answered much better this time around.

Question 11 (hand decontamination) has generated much controversy. I am aware of some disparaging comments about the suitability of such a question in the Final FRCA. On the contrary, hand hygiene is of great and visible importance to the general public and infection control is a small but nevertheless important part of the syllabus. Only 52% of candidates passed this question suggesting that knowledge of basic hand hygiene could and should be considerably better.

Finally, I would like to thank my predecessor, Dr Hazel Adams, for her enormous contributions to the SAQ exam in recent years and in particular, thank her for the support she afforded me as a member of the SAQ group.

David Noble

Chairman SAQ group