

2011

The College of Anaesthetists of Ireland



Handbook for Primary FCAI Examiners



This Handbook, Guidelines and Appendices are subject to annual review. Examiners are encouraged to send suggestions or recommendations to exams@coa.ie. The College of Anaesthetists of Ireland acknowledges with thanks permission to include material originally published in The Royal College Anaesthetists Examiners' Handbook (September 2011) in this document.

*DMcC
Chair Primary Examination CAI
December 2011*

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1 General Information

1.1 Contact Numbers and addresses

The College of Anaesthetists of Ireland
22 Merrion Square North
Dublin 2
Phone 00 353 1 265 0600

The Examinations Office 00 353 1 2650612
Examinations Manager Ms Ruth Flaherty

exams@coa.ie
rflaherty@coa.ie

1.2 The Examinations Office

The Examinations Office is responsible for the administration of all examinations at the College of Anaesthetists of Ireland (CAI). The Examinations Office is supported administratively by Ms Ruth Flaherty (Examinations Manager) who manages and co-ordinates the Primary Examination. The Examinations Office staff co-operate closely with the Chair of the Examinations Committee and with the Chair of the Primary Examination.

The Examinations Office liaise with Primary examiners and with the Primary Examination Chair regarding

- Administration of the Primary Examination
- Maintenance and updating contact details of examiners and candidates
- Processing candidate applications
- Maintenance of MCQ, OSCE and SOE question data bank
- Maintenance of image database
- Preparation of examination papers and SOE menus
- Preparation of OSCE questions
- Maintenance of examination laptops and equipment for OSCE stations
- Collating, publishing and issuing examination results.
- Statistical analysis
- Audit of examinations
- Audit reports
- Primary Examination reports
- Examiner availability for OSCE and SOE
- Examiner allocation for SOE and OSCE
- Booking hotel accommodation and examination venues
- Appointing invigilators
- Updating the Primary Examination section of the CAI website
- Processing Examiner Applications
- Exchange Examiner (Royal College of Anaesthetists) visits and reports
- Organising visits to the Primary FCAI Examination

The Examinations Office staff arrange meetings (pre-examination, OSCE working groups, Examinations Committee, Training), prepare annual budgets, update CAI

publications relating to the Primary Examination in addition to work required by the Examinations Chairman and by the Primary Examination Chair. The Examinations Office deals with candidate applications, and forwards registration fee payment details to the CAI Finance Department.

1.3 The Examinations Committee

Dr Kevin Carson is the current Chairman of the CAI Examinations Committee. He is supported in this role by Dr Deirdre McCoy, Chair of the CAI Primary Fellowship Examination and by Professor George Ghaly, Vice Chair Primary FCAI. The Committee meets approximately five times per year and is a Standing Committee of CAI Council. There are 18 members of the Committee including the CAI President, the Vice President, the Honorary Secretary and the Honorary Treasurer. In addition the Committee comprises Chairs from all College examinations and also the Chairs of Education and Training Committees. The CEO of the CAI, Dean of the Joint Faculty of Intensive Care Medicine of Ireland and Dean of the Faculty of Pain Medicine are also committee members.

The purpose of the Examinations Committee with regard to the Primary FCAI Examination is to

- review matters relating to the Primary FCAI Examination
- ensure that the Primary Examination CAI follows the specified syllabus
- recommend appointment of examiners
- appoint the primary examination chair
- allocate examiners to roles within different sections of the examination
- consider changes to the primary examination structure and/or grading
- set examination dates (MCQ, SOE and OSCE)
- review and/or redraft Examination Regulations
- consider proposals/applications for equivalence of examinations conducted elsewhere
- advise the Examinations Office staff on the conduct of examinations when requested
- review the examinations budget

1.4 The Primary Examination – Examiner Roles

Examiners within the Primary Examiner Group take responsibility for specific components of the Primary Examination. The current lead examiners are as follows:

Examiner Audit	Prof George Ghaly
MCQ Supervision/Marking	Prof William Wallace
SOE Supervision/Marking	
Examination Result Collation	
Pharmacology SOE Question Setting	Dr Kenneth Lowry
Physiology/ Biochemistry MCQ Paper Setting	Prof Aidan Bradford
Physiology SOE Question Setting	Prof William Wallace
Pharmacology MCQ paper Setting	Dr Jenny Porter
Clinical Measurement MCQ Paper Setting	Dr Peter Hooker
OSCE Supervision	Dr Chris Rozario
OSCE Co-ordination	Dr Anne Hennessy
OSCE Co-ordination	Dr Vivienne Larney
OSCE Airway & Simulation Setting	Dr Jane Bruton/Dr Birgit Straub
OSCE Simulation	Dr Crina Burlacu/Dr Ian Surgeon
Anatomy OSCE Question Setting	Prof Tom Farrell
CPR OSCE Question Setting	Dr Clare Kelly

1.5 Finance

The Finance Department

Ms Margaret Jenkinson Finance Officer 00 353 1 2650601

Ms Alison Dunne Accounts Assistant 00 353 1 2650616

Examiners should submit expense claims with accompanying receipts within 3 months of the termination of the examination with which the expense was incurred. Claims must be made on a CAI Expenses Claim form (Appendix 1) and must be supported by relevant receipts.

The Examinations Officer must sign the form.

The following rates apply:

- Train First Class train fare
- Car 83cent/mile for the first 4,000 miles thereafter 43cent/mile
 52cent/kilometre for the first 6500 kilometres thereafter
27cent/kilometre

The total paid per round trip will not be greater than the price of a first class train fare from your departure point.

- Air Economy rate

Air travel should be booked early to avail of best rates.

Business class fares will not be covered unless by prior agreement with the President, Honorary Treasurer and Chief Executive Officer.

These rates are subject to change and review on an annual basis and as part of the College's budgetary process

1.6 Examination Regulations

The CAI Examination Regulations give details of candidate eligibility for the Primary CAI Examination in addition to the content and conduct of the examination. The Examinations Committee (which reports to the Council of the College) is responsible for reviewing and approving the examination regulations on a regular basis. The current regulations were updated in September 2011. The examinations regulations are available to download from the CAI website.

1.7 Review/Appeal of Examination Result

A candidate must submit in writing on the appropriate form requests for a review and/or appeal of results within 30 days of the examination. (Appendix 2: Request for Appeal of Primary Examination Result). The form is available on the examinations section of the college website. Supporting documentation, which the candidate may wish to use for an appeal, should be enclosed. Candidates may not appeal against the academic judgment of the examiners. The Examinations Regulations outline in detail the circumstances and the appropriate steps to be taken in this process.

1.8 Selection and Appointment of Examiners

Applications are invited each year to the Primary FCAI examiner group. It is desirable that the applicant has visited a Primary FCAI examination within five years of application to become an examiner. (Appendix 3: Application for Primary Examinership. Appendix 4: Application Requirements Primary Examinership). Applications are considered with regard to the experience of the applicant, subspecialty interests, balance between clinical and basic science examiners, and, representation of teaching hospitals. Examiners are expected to have completed a minimum of two years in a consultant post or equivalent post in another country. (Appendix 5: Selection of Examiners – Examinations Regulations). Examiners can be shared between Primary and Final FCAI Examinations i.e., examiners can examine in either examination. (Appendix 6: Information for Examiners).

Appointments are made by the Examination Committee CAI. New examiners are appointed, subject to a probationary period, to the Primary FCAI Examiner Group. New examiners complete a period of training approved by The Examinations Committee. After the probationary period an examiner becomes a member of an examiner working group for OSCE and/or SOE. New examiners undergo review after one year and subsequently all examiners are reviewed annually (Appendix 5: Selection of Examiners).

Examiners retire from examining on retirement from clinical anaesthesia practice and/or teaching. An extension to a term or re-appointment after retirement is limited to two years. Should an examiner's performance or conduct consistently fail to reach an acceptable standard the Examinations Committee may recommend to Council that he/she be asked to resign.

1.9 CAI website – Examiners

Examiners have access to the CAI website and are provided with a unique login.

1.10 FCAI and FRCA Examinations

A pass result in the CAI Primary Examination allows the candidate to enter either the CAI and/or RCA Final Fellowship Examination

2 The Primary Fellowship Examination of the College of Anaesthetists of Ireland

General Principles

2.1 The Primary Examination Structure

The Examination for the Fellowship of the College of Anaesthetists is in two parts; the Primary Examination and the Final Examination. The Primary FCAI Examination is divided into two sections taken on separate days; a Multiple Choice Question (MCQ) paper which must be passed to allow a candidate progress to the other section; Objective Structured Clinical Examination (OSCE) and Structured Oral Examination (SOE).

Normally there are three sittings each year of the Multiple Choice Question (MCQ) component of the Primary Examination (usually January, June and September) and two sittings of the Objective Structured Clinical Examination (OSCE) and the Structured Oral Examinations (SOE) component of the Primary Examination (Spring and Autumn).

The MCQ comprises 90 Multiple True False (MTF) questions. Examiners are not required to attend the MCQ examination.

The OSCE and SOE sections are taken together. The SOEs are divided into two sub-sections; pharmacology and physics, and, physiology and clinical measurement.

2.2. Validity

Once a candidate has passed the MCQ the result remains valid for a period of three years (six sittings) for OSCE and SOE attempts measured from the published start date of the first OSCE/SOE undertaken. Candidates can only progress to the OSCE/SOE section of the Primary FCA examination if they have passed the MCQ examination.

A pass in the whole Primary Examination is valid for 10 years for entry to the Final FCAI Examination. After three years (i.e., 6 sittings) if the whole Primary Examination has not been passed (i.e., the candidate has not been successful in the OSCE/SOE sections) the MCQ must be re-taken.

2.3 Primary Examination Venues

The MCQ examination is held at **22 Denzille Lane, Dublin 2** - the mews building at the rear of the College of Anaesthetists of Ireland.

The SOE/OSCE components of the examination are held in the **Examination Halls of The Royal College of Surgeons of Ireland, 123 St Stephen's Green, Dublin 2.**

2.4 Pre-examination Meeting

Examiners should attend the pre-examination meeting, held in the First Floor Board Room at The College of Anaesthetists of Ireland, 22 Merrion Square, Dublin 2. Spreadsheets are compiled by the Examination Office staff showing examiner allocations: SOE tables, OSCE stations and times. SOE menus for the following morning examination session and lists of candidate numbers are available to examiners.

2.5. The Examination Day: SOE and OSCE

The Primary OSCE and SOE examining day begins at 8.00 am and finishes around 7.00 pm. The examinations run from 8.30 am to approximately 5.00 pm. This is followed by call-over, which can take at least 45 minutes. On completion of the last examination of the day and after collation of results from the 2 SOEs and OSCE by the supervising examiner of each component, the examiners meet together (call-over) to review candidates' grades, to discuss discrepancies in performance and to discuss any concerns raised by examiners.

Any outlying marks, in particular isolated D grades, are reviewed and the examiners' comments are recorded. The record is typed and signed.

Once call over has been completed examiners must not again discuss a candidate's performance or grades with the candidate or with any one else.

2.6 Publication of Results

Results are given to candidates at the end of the examining day. The grades are rechecked and the candidate id numbers of successful candidates are displayed in the RCSI foyer. This list is placed on the CAI website on the first day after completion of the examination. The examinations office subsequently sends a letter to each candidate informing him/her of the examination result.

2.7 Primary Examination Grades MCQ, SOE and OSCE

A Outstanding

i.e., worthy of a prize

B Pass

The candidate shows satisfactory knowledge and understanding of the topic i.e., clear pass.

C Borderline/Marginal Fail

The candidate shows incomplete/partial knowledge or understanding of the topic i.e., marginal fail that can be excused for one oral or for the OSCE (not for MCQ).

D Outright fail

The candidate shows very limited knowledge or understanding of the topic i.e., clear failure to fulfill the knowledge requirement of that section of the examination MCQ SOE or OSCE.

The A, B, C, D system was designed to correspond exactly to these **overall** grades, giving a stable basic system of grading results for each candidate which is criterion referenced by experienced professional examiners.

2.8 Responsibilities of Examiners

Examiners are expected to examine in the Primary CAI Examination at least once per year. (Appendix 7: Duties of a Primary Examiner). Examiners are expected to attend planning meetings. The relevant days are published in advance. The Examination Officer should be notified when an examiner is unable to fulfill a commitment.

Examiners are asked to submit questions (MCQ, OSCE and SOE questions) for examinations. This activity is eligible for CME points (Appendix 8: CPD/CME). The quality of the examination depends on the questions and the material provided to the examiners to guide them in assessing candidates' answers. Examiners must contribute to question production – a guide would be at least one contribution to each section per year. Questions (MCQ, OSCE and SOE) are mapped to the syllabus for Primary FCAI Examination (available from Examinations Office). Examiners should keep a personal record of questions submitted. Submitted questions become the property of the College and should not be used by any examiner for any purpose.

2.9 Commitments

There are a number of meetings held at the CAI. The OSCE and SOE examiner group meets the evening before each examination (Spring and Autumn). OSCE examiners are invited to join a sub-group for question drafting. There are other meetings held jointly with Final Fellowship examiners including examiner-training days at the CAI and plenary sessions for examiners at the CAI annual congress (Irish Congress of Anaesthesia, May).

2.10 Exchange Examiners

The CAI sends Primary Examiners to the RCA Examination. Volunteers are requested annually. The exchange examiner is invited to play an active part in the RCA Primary examination SOEs and OSCE.

2.11 Teaching and Courses

Guidelines, drafted and approved by the Examinations Committee, on how examiners should respond to requests for OSCE questions, SOE practice and lecturing/running courses are available to examiners (Appendix 9: Guidelines on Teaching). The College of Anaesthetists of Ireland does not endorse or allow its

name to be used in association with any external preparation material in any format for the Primary FCAI examination.

It is expected that Primary FCAI examiners will be involved in teaching including preparation of trainees for the Primary FCAI Examination. However they are bound by confidentiality and there are limits to the information examiners can divulge during teaching.

It is not acceptable for examiners to take part in courses run by commercial organisers or for examiners to contribute to books or other material e.g., CDs, on line tutorials, whose specific purpose is to help candidates prepare for the Primary FCAI Examinations, except that such courses or materials are produced with the explicit permission of the College of Anaesthetists i.e., Primary FCAI Examination Preparation Course, College of Anaesthetists of Ireland (usually held in early September). This condition is intended to avoid conflict of interest for examiners. It does not cover contributions to ordinary postgraduate textbooks and the scientific literature, but only those publications where the principal explicit purpose is to prepare candidates for the Primary Examination FCAI.

Examiners are not permitted to use material copyrighted by the College of Anaesthetists of Ireland in their teaching. Questions used in examinations and draft questions submitted to the College are College property and must not be used.

3 The Primary FCAI Examination Components

3.1 The Multiple Choice Question Examination

3.1.1 MCQ General Information

The Multiple-Choice Question paper consists of three sections:

- 1) Pharmacology
- 2) Physiology and Biochemistry
- 3) Clinical Measurement, Physics and Clinical Anaesthesia

These sections cover the entire Primary FCAI syllabus. Each section contains thirty questions; each question has a stem with five items each of which may be true or false. A question booklet and an optical mark reader sheet are provided to record a candidate's answers. Candidates are asked to indicate their answer to each individual item as T/F (true or false).

3.1.2 The MCQ Marking System

There are 90 MTF questions (30 pharmacology; 30 physiology and biochemistry, 20 physics and clinical measurement, 10 clinical anaesthesia), a total of 450 marks. Candidates' answer sheets are read using the Speedwell Multiquest Optical Marking System. One mark is awarded for each correct answer. Negative marking is not used in the Primary FCAI examination.

The actual pass mark i.e., lower boundary of B grade (3.1.2 below) varies from examination to examination and depends on the overall degree of difficulty of the paper. The percentage of candidates passing the examination also varies depending on the overall level of performance of the cohort sitting any individual examination. Candidates with a grade score of A or B are awarded a Pass. Grade C or D is deemed unsuccessful/fail.

A candidate who does not achieve either an A or a B in the MCQ section of the Primary FCAI Examination cannot proceed to the OSCE/SOE Section.

3.1.3 Determination of the MCQ mark

Determination of the MCQ pass mark is an integral part of the grading of the MCQ results (above). The procedure is carried out by a senior examiner and checked by at least one other senior examiner.

A sample of each of the three one-hour papers is marked manually and it is confirmed that the optically scanned mark is identical.

The average percentage mark for each candidate is then obtained and the marks are ranked. The candidates are listed in order, starting with the top mark. Candidates

are provisionally graded. Grade A is allocated to the top 10% of candidates, grade B for the next 40%, grade C for the next 15% and grade D for the bottom 35%.

The range of marks in each grading group is compared with previous ranges (previous examinations). The boundaries between grades are then examined carefully. If, for example, the bottom of the B grade is a higher mark than usual, the boundary is adjusted to allow more candidates obtain B rather than C, and hence pass. Adjustments are relatively rare. Adjustments usually involve a small number of candidates only. Adjustments involving several candidates have occurred only when higher numbers of candidates are being examined (more than 100).

Boundaries are rechecked to ensure that a boundary does not divide candidates with identical marks. Such candidates are given the higher grade.

3.2 The Objective Structured Clinical Examination (OSCE)

3.2.1 OSCE General Information

The use of an OSCE was pioneered by the RCoA UK and this model is used in the Primary FCAI Examination. The OSCE involves a circuit of test stations. Candidates start at different stations and circulate until all candidates have completed all stations.

The OSCE tests applied knowledge and skills in a variety of clinical areas. The style of the station varies e.g., interactive with actor and/or examiner, completion of an answer sheet. The questions are chosen by the OSCE coordinator group to ensure a range of topics across the examination syllabus is included in each OSCE circuit. The process of an OSCE follows clear guidelines; the questions, instructions to candidates and examiners and the marking schedules are specific and fixed.

3.2.2 OSCE Structure

The OSCE comprises up to 18 stations in approximately 2 hours (5 minutes per station). There are one or two pilot stations. These stations do not contribute to the final mark but are used to ensure validity of the questions before they are used in examinations. Neither the candidates nor the examiners know which stations are test stations. All of the stations are regarded as active. However the results from the pilot stations do not contribute to the candidate's final mark. There is one rest station.

Therefore 15 stations are used to calculate the result of the OSCE.

3.2.3 OSCE Syllabus

The OSCE currently comprises the following topics: resuscitation, technical skills, anatomy, history-taking, physical examination, communication skills, anaesthetic equipment, monitoring equipment, measuring equipment, anaesthetic hazards, clinical anaesthesia, management of airway scenarios and management of critical

incidents, interpretation of radiological images, ECGs and biochemistry/haematology results. One of the stations uses a medium fidelity simulated cardiorespiratory monitoring display.

3.2.4 The OSCE Marking System

The weighting of marks for individual questions within a station varies according to clinical importance e.g., CPR station, airway station. There are no stations in which failure to pass results in an automatic fail of the OSCE. If a candidate has performed badly in a certain station, he/she can be reassured that there are enough other stations to gain an overall pass. It is unusual for a candidate to pass all the stations.

There is no negative marking in the OSCE. Candidates attempt to answer all questions.

Each station is marked out of 20. The pass mark for a station is 12/20. Fifteen stations are used to calculate the final grade.

Stations passed	Grade
14-15	A
11-13	B
9-10	C
<9	D

In an interactive station (candidate with examiner) if a candidate is unable to answer a question, the examiner should move on to the next one after an appropriate time, to ensure the candidate is given the best chance of obtaining the maximum number of marks possible for the station. Examiners are not permitted to go back to an earlier question if the answer was not known or given incorrectly. This is because earlier answers are often identified in the wording of later questions. Examiners must ensure that they put a mark in the response boxes for all question stems. Examiners should double-check all mark sheets before they are collected by invigilators and collated by OSCE coordinators.

3.2.5 OSCE process

There are four OSCE runs during each examination day, two in the morning and two in the afternoon. Both morning examinations have the same stations - candidates cannot interact during the changeover mid-morning. The afternoon OSCE run comprises an entirely different set of questions. Both afternoon examinations have the same stations – candidates cannot interact during the changeover mid-afternoon.

The supervising invigilator allocates a starting station number to each candidate. Candidates enter the examination hall and wait outside their starting station. Instructions for the conduct of the examination (timing and warning signals) are announced. After a minute of familiarisation (reading the laminated sheet outside the station) a bell sounds and the candidate is instructed to enter the station. The candidate enters the station and begins the test. After 5 minutes the bell sounds again and there is an announcement to signal the end of the test. Candidates move clockwise to the next station. There is a one-minute interval before commencing the next station to allow the candidate read the instructions for the next station. A double bell is sounded at the end of the round.

Five minutes are allowed for each station, some candidates complete the station before the 5-minute period has elapsed. If the station involves interaction with an examiner/actor, the examiner can tell the candidate that he/she has reached the end of a station early. In a station where the candidate determines the pace (history, communication) or when the candidate has completed all written questions, the candidate determines completion of the station. However the candidate should remain in the station until the bell sounds.

3.2.6 Actors

Actors are used to examine clinical skills i.e., history taking, physical examination. The actors do not have abnormal clinical signs. It is the approach and method of the candidate that is being tested. Causing distress or potential harm, even in a simulated scenario, indicates poor technique. Professional role-play actors are used for stations (communication, history) where a speaking role is required.

3.2.7 OSCE questions

The questions in the OSCE are developed by subgroups of examiners with particular areas of interest/expertise. There is considerable variation between types of question. However core skills are being tested within each station. The OSCE coordinator group reviews questions and question combinations carefully to produce a diversity of subject areas for each examination. New questions are tested, audited and reviewed to demonstrate satisfactory performance before being used in an OSCE.

3.2.8 OSCE Examiners (Appendix 10: Guidelines for OSCE examiners)

An examiner is allocated to each station. The examiner completes an audit form for that station question at the end of each session (Appendix 11: OSCE station assessment). The audited questions are reviewed after each examination and the questions are redrafted or deleted depending on the examiner's feedback. One examiner is assigned to audit examiners and stations during the examination.

Examiners are assigned to groups based on indicated area(s) of interest. Each group is asked to draft 2 new questions annually and at least one member of the group attends each examination and each review session.

3.2.9 OSCE Stations

Test/Pilot Station

One or two stations are used to test new questions - these are not considered part of the final mark. The pilot questions are reviewed/revise/deleted, according to audit results, by the working group for OSCE stations and/or by OSCE coordinators. The candidates are informed that there are one or two test stations. They are not aware which stations are included in the final mark and which stations are test stations. The examiners also are unaware of which stations are test stations.

Anatomy

There are one or two anatomy stations, testing areas relevant to anaesthesia. These include appropriate surface and deep anatomical relationships of important structures, relating to regional anaesthesia techniques and placement of invasive monitoring.

Stations use models, illustrations/images or volunteers/actors on whom surface anatomy can be described/demonstrated.

Communication

Communication comprises listening to and understanding what the “patient”, “relative”, “hospital staff member” is saying, imparting information to that person and looking for a response indicating that the information has been understood. The candidate is assessed on his/her ability to communicate effectively with the simulated patient, relative or staff member.

The endpoint/purpose of the station is clearly outlined in the information given outside the station. The candidate will have to identify levels of understanding, anxiety and language skills. A calm, considerate yet informative approach towards a ‘patient’ who is worried, upset, angry or frustrated is necessary.

History

Marks are awarded for ability to obtain necessary information efficiently, clearly and politely i.e., testing skills in gaining relevant information from a simulated patient during a pre-operative visit. Relevant information may relate to past or present events, medical or surgical conditions, or may be more specifically related to anaesthesia. There are no marks for explaining details of anaesthetic technique.

The whole process should comprise a clear structured approach to the history taking, and a professional attitude. Establishing a good rapport with the actor/actress will help in gaining maximum information in limited time. Individual candidates differ in approach but respect for the 'patient' should be apparent.

Equipment, Measurement, Monitoring

The candidate may be asked to identify, describe and/or perform a basic safety check of the equipment used in routine anaesthetic practice, and answer questions relating to its use. It may include an anaesthetic machine or breathing system, equipment used for management of the airway, fluid administration, neuraxial blockade. Basic generic skills applicable to all equipment is expected i.e., the actual equipment may not be familiar to the candidate. As well as understanding the scientific principles of function, the candidate may have to demonstrate practical skills in either setting up or calibrating equipment, and identifying common sources of error.

Artifacts are diagrams or photographic representations of measurement devices, delivery systems or monitoring equipment. The candidate will be asked questions on the basic physical principles used, sources of error, clinical applications and limitations of use.

Technical

Technical stations test practical anaesthetic skills (some use an actor/volunteer) and background knowledge. The examiner will instruct the candidate on whether a procedure should be carried out or simply demonstrated and explained.

Some skills tested may not be used frequently in everyday practice (e.g., airway management), but are essential in managing uncommon life-threatening situations. Marks for the safety aspects of procedures are generally weighted heavily.

Physical examination

The candidate should be polite and considerate to the 'patient' and should explain what they are doing. Actions should be clear to the examiner. Questions include routine medical examination and assessment of clinical cases e.g., trauma patient, difficult airway patient.

Resuscitation

The resuscitation station tests knowledge and skills in dealing with periarrest or arrest scenarios. The candidate is given information about the case (laminated sheet to read at the rest station). The candidate is required to demonstrate his/her management of the case. The questions include practical resuscitation skills (BLS and ACLS algorithms), decision-making and planning for post resuscitation management. A hospital resuscitation officer is present in the CPR station with the examiner. Current resuscitation guidelines are followed (i.e., ACLS guideline updates are incorporated into OSCE questions as they are published).

Simulation

A simulator station is an established part of the OSCE. The interactive cardiorespiratory monitoring display (medium fidelity simulator i.e., monitoring data only, no manikin) is used to create clinical problem scenarios and to assess how the candidate identifies and handles the situation. Monitoring displays are those encountered in clinical practice and candidates are asked to conduct themselves as they would if faced with the same problem. A trained simulation instructor is present with the examiner in the simulation station.

Airway Management

The airway management station starts with a short difficult airway scenario. The candidate is given information about the case (laminated sheet to read outside the station). The candidate is required to outline his/her management of the case (based on the DAS algorithms) indicating choices of airway equipment to be used. There is one mark for each step. Marks for the scenario are lost if the candidate does not adhere to the DA algorithm and/or demonstrates unsafe practice. In this situation the scenario is stopped and the candidate moves to question 2. Therefore the candidate does not achieve any further marks for question 1. It is still possible to pass the station (3.2.4 The OSCE Marking System above). The airway management scenario is followed by a series of questions on airway equipment, anatomy of the airway (an actor may be used) and indications for different techniques of airway management.

Critical Incident

Management of common critical incidents is examined in one or two of the OSCE stations. A number of questions/scenarios require interaction with an examiner. The CI questions include management of: Malignant Hyperthermia, Anaphylaxis, Diabetic Ketoacidosis, and Local Anaesthetic Toxicity.

3.3 The Structured Oral Examinations

3.3.1 SOE General Information

The SOE examination is examined in two sections;

- 1) Physiology and Clinical Measurement
- 2) Pharmacology and Physics

The examinations department holds the SOE question bank. Senior examiners (2) draft the SOE menus for each section of the SOE. SOE menus - physiology/clinical measurement and pharmacology/physics – and OSCE station selections are reviewed jointly by these examiners in advance of the examination to avoid overlap for that session of the Primary Examination. The pharmacology, physiology, clinical measurement and physics SOE questions are cross-referenced to the examination syllabus. The questions are set well before the examination, and are changed from morning to afternoon. During any examination the subject areas are chosen from a wide selection from the published syllabus.

The SOE is a test of understanding of the principles of physiology and pharmacology underlying anaesthetic and intensive care practice. The pharmacology areas examined are general pharmacology, anaesthetic pharmacology and systemic pharmacology (at least one question from each category) and include questions that are relevant to intensive care medicine - an important area of basic anaesthetic training.

The physiology SOE has an emphasis on cardiorespiratory physiology. In addition neurophysiology, gastrointestinal, renal and endocrine physiology are examined.

The physics question (the last question of 5 in the pharmacology SOE) and the clinical measurement question (the last question of 5 in the physiology SOE) examine candidates in physics, equipment, clinical measurement and safety topics chosen from the syllabus. The question may be worded to illustrate its relevance to clinical anaesthesia.

The SOE requires knowledge and understanding of the topics in the syllabus. The MCQ examination is a test of knowledge. Practicing MCQs can improve performance, but with little knowledge a candidate is unlikely to pass. It is possible however for a candidate who has scored a good pass in the MCQ to fail the SOE part of the examination.

3.3.2 SOE Structure

Candidates take 2 SOE examinations. Candidates are asked questions by 2 examiners at each SOE. The Physiology SOE comprises 4 sections on physiology topics and one section comprising clinical measurement questions. The Pharmacology SOE comprises 4 sections on pharmacology topics and one section on physics.

3.3.3 SOE Marking System

There are two examiners at each SOE table. Examiners alternate roles as questioner and observer. Both questioning and observing examiner independently grade each candidate (ABCD) for each question (5 questions) during the SOE. At the end of the SOE each examiner independently allocates an overall grade to that candidate (ABCD). These overall SOE grades are then discussed between examiners and a final grade for that SOE is agreed.

A Outstanding

B Pass

The candidate shows satisfactory knowledge and understanding of the topic.

C Borderline/Marginal Fail

The candidate shows incomplete/partial knowledge or understanding of the topic

D Outright fail

The candidate shows very limited knowledge or understanding of the topic

3.3.4 Determination of the SOE grade

Two examiners are allocated to each SOE. Each examiner completes a separate sheet (Appendix 12: Pharmacology SOE. Appendix 13: Physiology SOE) for each candidate i.e., 2 sheets per SOE. Each examiner (observing and questioning) independently marks/grades each candidate for each question (5 minute section). Each subcomponent represents a sampling of the candidate's knowledge on a section of the required knowledge.

The examiner writes explanatory comments and/or description of the answer that the candidate has given, to clarify his/her reason for allocating the grade. At the end of the SOE each examiner independently records an overall grade for that candidate. The overall grades given by both examiners are discussed between examiners and following discussion a final grade for the SOE is agreed and recorded.

These grades: overall grade given by each examiner and final grade agreed between examiners for the SOE are recorded at the bottom of both examiner sheets i.e., there are 3 entries

Apart from knowing that the candidate has passed the MCQ, SOE examiners have no knowledge of the candidate's performance in any other section of the examination

There is a degree of flexibility for each examiner to state that overall this candidate scored A, B, C or D. However this overall verdict must sit reasonably with the subcomponent scores i.e., the final grade/mark should reflect the correct average for the SOE. For example

ABCCC cannot pass

BBBCC cannot fail

BBCCC cannot pass

Examiners should think carefully before awarding a final fail mark that is worse than the majority of the subcomponents from which it is derived, and should indicate clearly why they disregarded this matter in awarding a fail mark. Consider for example BBBCC. Since C is by definition a close fail, (and we allow such a score for a complete component of the OSCE or SOE exam), a candidate achieving a score of BBBCC and then given an overall C would have been given a lower final grade than the majority grade awarded for the five subcomponents.

In the case of a distinction/potential medal score of A, the situation is different in some respects, but examiners should still think seriously before denying an A overall to a candidate with AAAAC

3.3.5 SOE Process

On all examiners' tables the same questions are asked in the same order so that all candidates will experience the same SOE. Examiners decide among themselves which parts of the SOE each examines. Usually examiners alternate as first and second examiners between candidates.

Each SOE is 25 minutes long and consists of five sections. The Physiology SOE comprises four 5minute sections during which questions on physiology topics are asked and one 5minute section during which a clinical measurement topic is discussed. The Pharmacology SOE comprises four 5minute sections during which questions on pharmacology topics are asked and one 5minute section during which a physics topic is discussed. Each question has subsidiary questions and the examiner must endeavour to get through all the stems unless the candidate is unusually slow, but must always keep strictly to time.

There are two examiners at each SOE table, who independently mark each question. The first examiner asks the first 2 questions (5 minutes x 2). A bell is sounded at 10 minutes. The first examiner draws the current question to a close. The examiners swap roles and the second examiner asks questions 3 and 4 (5 minutes x 2). A bell is sounded at 20 minutes. The examiners again swap roles and the first examiner asks questions on the last SOE topic. The final bell sounds at 25 minutes. The

candidate moves away from the SOE table (out of earshot). The examiners decide their grade. Each examiner grades independently, without knowing the other examiner's grade. Finally the examiners discuss and agree the final overall grade.

3.3.6 Examiners Conduct

Preparation

Examiners must arrive in time to prepare for the SOEs. This includes checking the questions and being confident with questions and answers.

Allocation of Candidates

If an examiner finds that he/she knows a candidate, or, the candidate considers that the examiner knows him/her the candidate can be moved to another table. The candidate can inform the invigilator/supervising examiner, with reasons, if he/she considers that an examiner's impartiality is prejudiced. If an observer knows the candidate the observer moves to another table. There is a supervising examiner present to ensure all candidates are correctly allocated before the start of the SOE.

Beginning the SOE

Examiners introduce themselves to the candidate and may very briefly explain the format of the SOE. The candidates are stressed and do not usually appreciate humorous comments or jokes. The examiners must check and record the candidate's number. Questioning begins only when the bell sounds to ensure that each candidate is examined for the same period of time. Examiners should start the examination with a question that is neutral in tone and difficulty. The aim is to avoid candidates being discouraged at the start of the SOE by an unreasonably difficult or aggressive question

Questioning

The examiner must be certain that the candidate understands the questions and he/she should be given every opportunity to demonstrate knowledge. Good candidates appreciate a challenge to the limits of their knowledge. However it is never justifiable to lead a candidate into error. Each candidate must leave the SOE table feeling that the examination was fair.

The examiner has a list of topics within each question. These are used to suggest the general areas of questioning. However the SOE is not absolutely rigid in structure. Examiners do not necessarily stick precisely to the order of these topics. They can thus respond flexibly and appropriately to the responses of the candidate. However, the presence of the topic list ensures that approximately the same subject matter is examined at all examiners' tables. The areas listed are all included in the syllabus. The question list also helps guide the examiners, ensuring that the topics asked are on the College's published syllabus.

Diagrams/Illustrations/Graphs

A candidate can ask to draw a simple diagram if it helps with the explanation of the answer. Paper and pencils are provided at the tables. Time however is important and using diagrams can be time consuming. Candidates should explain what they are drawing as they proceed.

Timing

Inevitably some topics can take a longer or shorter time than expected and the examiner must pace the SOE accordingly i.e., plan for the really good candidate who completes the topic in three minutes, and for the inadequate candidate who knows very little of the required information. A candidate will be justifiably aggrieved if he/she has adequate knowledge to answer a question and insufficient time is allowed in which to demonstrate this to the examiners. Candidates find it helpful to be told they are about to start a new question.

Visitors/Observers

An observer may be present at the SOE table. This person may be another examiner conducting an audit of the two SOE examiners, a visitor to the examination (**5. Visitors**) or a consultant who has applied to become a Primary Examiner. The observer is not involved in any way with the questioning of the candidate or with the awarding of grades. The candidate can request that the observer leave the SOE table. The observer should voluntarily leave the SOE table if he/she personally knows the candidate.

3.3.7 Examiners' comments

Recording the SOE is essential. (Appendix 12 and Appendix 13) The observing examiner makes notes on how the candidate answers (factual knowledge, description, illustration, demonstration of understanding the topic) in response to the question from the other examiner. The examiner asking the questions should also make notes on the answers to his/her own questions when time permits i.e., when he/she has finished asking questions. The reason for giving the grade recorded opposite the answer should therefore be obvious. The comments should be to the point, constructive and legible. The SOE sheets carry a list of statements and each examiner should indicate the statement(s) that illustrates further why an overall C or D grade was allocated. (Appendix 14: Recording the SOE – unsuccessful candidates)

- 1.Unable to organise thoughts logically.
- 2.Unsound judgment. Give example.
- 3.Poor application of basic science principles to clinical practice.
- 4.Insufficient factual information. Give example.
- 5.Slow response to questioning. Insufficient ground covered.

Further comment should be added when the reasons for failure are not covered by any of the statements. The examiners' comments should accurately represent SOE proceedings and should fairly reflect the candidate's performance. The comments are used to provide feedback or further information if the candidate requests a grade recheck and/or seeks to appeal the examination result.

4 Primary CAI Examination Audit

The purpose of scrutinising all parts of the Primary CAI Examination is to ensure that the standard of the examination is maintained.

4.1 MCQ Examination

MCQ examinations are compared with previous iterations (above 3.1.2).

4.2 OSCE Questions

The station examiner assesses OSCE station questions at each session and the questions are deleted, revised or redrafted based on audit reports and examiner comments (Appendix 11: OSCE station assessment).

4.3 Examiner Audit

Other examiners carry out examiner audit. (Appendix 15: SOE audit and Appendix 16: OSCE audit). Examiners are audited upon their performance through direct observation.

4.4 External Audit

The Quality Enhancement Office RCSI has completed an audit of the OSCE (reports available from Examinations Office). These auditors are currently auditing the SOE and will report after Spring 2012 SOE.

It is envisaged based on the recommendation of these audits, that in future external audits will be undertaken at intervals.

4.5 Statistical Reports

Results are compared among candidates (candidate examination numbers only are used). This is to give balance when designing questions and combinations of questions/stations for an entire session appropriate to the examination cohort.

4.6 Candidate Feedback

Feedback is invited from approximately 10% of candidates randomly selected following OSCE/SOE and before examination results are posted. (Appendix 17: Candidate Feedback Form)

5 Visitors to the Primary Examination

5.1 Application

The College welcomes visitors to the examinations. There is an application form (Appendix 18: Application to visit the Primary Examination) available from the Examinations Office. The Examinations Committee considers these applications. When a place is available the applicant is offered a date.

5.2 Visitors

Visitors are usually college tutors or visiting examiners. An exchange examiner visits from the Royal College of Anaesthetists London on a regular basis. Other visitors include doctors involved in education or training or consultants who have applied to become examiners. Representatives of patient organisations and members of the Irish Medical Council may apply to observe the examination.

5.3 Conditions for Visitors

The visitors meet the Primary Chairman who goes through procedures and explains that the visitor may take no part in the examination and may not remove or copy any examination material (Appendix 19: Guidelines for Visitors to the Primary Examination)

The examiners should make the visitors as welcome as possible and answer their questions. A visitor should voluntarily leave the SOE table or OSCE station if the candidate is personally known to him/her e.g., a trainee in the visitor's department.

Visitors must not influence the conduct of the examination in any way. These persons have no active role in either SOE or OSCE and do not participate in the awarding of grades. A candidate may request that the visitor leaves during his/her SOE/OSCE.

5.4 Visitors' Feedback

As neutral observers they are encouraged to feed back objective comments to the Primary Chair. (Appendix 20: Visitor Feedback)

5.5. Confidentiality

Visitors/Observers must keep all data in relation to examinations confidential. This includes MCQ, SOE and OSCE questions and all matters relating to candidates and examiners. They are not allowed to copy, photograph, disclose or remove from the examination halls question papers, answers or equipment. Visitors must not disclose information about candidate OSCE or SOE grades overall grades or details of examiner discussions during call-over.

Visitors are asked to sign a confidentiality document before observing the examination. (Appendix 21: Visitor Confidentiality Document)

6 Time keeping

6.1 General

Accurate timekeeping is paramount. Ensure you are in your assigned OSCE station or at your SOE table at least 10 minutes before the examination is due to begin.

SOE examiners should check the questions and make sure they are confident with both questions and answers. OSCE examiners should rehearse the scenario with the actor if required.

6.2 Questions

SOE

Examiners must allocate the same amount of time to each question in the SOE. If the candidate fails to answer the question, “gets stuck”, struggles with the answer or appears to be wasting time (e.g., diagrams, graphs), the examiner should move on having satisfied himself/herself that he has given the candidate a reasonable chance. The danger is that a slow candidate may do badly on the first half of a 10minute (extended by the examiner) period and then be rushed in the second (shortened) half in which he/she may have done better.

Correct conduct of the examination can be assessed by whether an adequate amount of time remains for the last question. The co-examiner should prompt his/her colleague discreetly if it appears that insufficient time might be allocated to other questions.

Stop clocks are available.

OSCE

In an interactive OSCE station the examiner must time his/her questions and the overall pace of questioning to ensure that the candidate has an opportunity to address and answer all questions and adequately demonstrate his/her knowledge. (Appendix 10: Guidelines for OSCE examiners)

7 Examiners

7.1 General

In general examiners are expected to examine in both SOEs and in the OSCE subcomponents of the Primary FCAI Examination. However some examiners with a specific interest or expertise in physiology or pharmacology may opt to examine in this SOE only. Examiners are expected to have enough clinical experience and expertise to cover all areas of the syllabus and most examiners study and revise topics from the same textbooks as the candidates. It is particularly helpful if an examiner with specialist expertise offers advice within his/her own area.

7.2 Question Drafting and Review, Paper Setting

Examiners are expected to provide new questions to the various sections of the examinations. This is a time consuming and difficult exercise and accuracy is paramount. A considerable amount of time and effort is spent in organising each examination by the subgroup chairs (Appendix 22: Primary Examiner Roles). However the support of the rest of the examiner cohort is critical.

7.3 OSCE Working Groups

Examiners are assigned to groups based on their indicated preferences. Each group is expected to draft a minimum of 2 new questions annually. The examiner group also reviews/redrafts as necessary OSCE questions that have been piloted or audited. At least one member of the group should attend each examination and each review session.

The question bank for each station is available from the Examination Office.

A large image database (ECG, Radiology, Anatomy, Diagrams, Anaesthetic and Measuring Equipment etc.) is available for use by Primary and Final Examinations.

8 Examiners and Candidates

8.1 Conflict of Interest

A conflict of interest for examiners may arise during an examination e.g.,

- direct involvement in the training of a candidate
- knowledge of the candidate's performance in a previous examination or interview
- previous professional or social interaction with a candidate

If a candidate at SOE believes that an examiner may not be impartial, he/she may request to change to another SOE table. The candidate must give a clear reason for this request i.e., a candidate cannot merely make this request in order to avoid a certain examiner.

Examiners should try as far as possible not to examine candidates that they know, candidates they have tutored in preparation for the examination or candidates that are currently training in the examiner's department/hospital.

8.2 Examiner Etiquette. Treatment of Candidates

Candidates should be treated in a professional, friendly manner. Consistency is paramount. When the candidate sits down the examiners should check the candidate's examination id number. The examiners introduce themselves and introduce observers/visitors and auditors. The examiners tell the candidate that they will start when the bell sounds.

Examiners should not encourage the candidate by indicating that the answer they are giving is correct. Equally saying, "You are wrong" when a candidate gives an incorrect answer is not good practice. Instead say e.g., "I will rephrase my question"

No feedback should be given to the candidates either at the end of the examination or afterwards. (Appendix 23: Advice on oral examination technique)

8.3 Awarding grades and making comments

Examiners **must grade independently**. Examiners should take their time in grading the candidate. They should not be rushed or pressurized into making quick decisions. The invigilators will check whether examiners are ready before bringing the next candidate to the SOE table. It is particularly important to accurately record the SOE proceedings that result in a borderline or fail performance. Examiners' comments should be written into each question box. Examiners should indicate on the reverse of the SOE sheet the reason for awarding C or D grades (list of reasons provided). A summary/further illustrative comment written on the reverse of the SOE sheet is helpful, particularly in the event of requests for grade recheck or appeal. Examiners should write what the candidate actually said in reply to questioning rather than 'was wrong on...' or 'didn't know...' Comments must be legible. (Appendix 24: Common Rating Errors SOE and OSCE)

9 Accommodation/Social

Examiners are offered accommodation in a nearby hotel (Section 1).

Examiners are invited to dinner in the College of Anaesthetists, 22 Merrion Square Dublin 2 following the pre-examination meeting on the evening before the first day of the examination. When the Primary Examination runs over more than one day an examiners' dinner is held on the evening of the first examination day. The location and time of this dinner will be announced at the pre-examination meeting.

10 Correspondence

10.1 Mobile Telephones

Please turn off mobile phones during meetings and during the examinations. If you are expecting an important call, give the Examinations Office contact details to the third party. You will be advised by the Examinations Staff and/or Invigilators of all messages received

10.2 Emailing

The majority of examination business is conducted by email. Please use your home email address for examination correspondence to ensure confidential emails are not seen at your hospital. The Examinations Office should have your email address. Please update the office if you change this address.

10.3 www....

Wireless access is available when working within the College and the Examination Office will provide a password.

10.4 Correspondence

Examiners should liaise with The Examinations Officer Ms. Harvey when corresponding about attendance at the examinations and general queries pertaining to accommodation and expense claims, and with The Examinations Administrator Ms. O'Flaherty in relation to the submission of examination questions for the database and feedback on OSCE station performance. Otherwise correspondence can be addressed to the Chair of the Primary Examination, the Examinations Committee Chair or to the specific examiners with lead responsibility for that component of the examination (Appendix 22: Primary Examiner Roles)

10.5 Examination Reports

A Primary Examination report is drafted after each OSCE/SOE sitting (candidate numbers and results). The report is circulated to all primary examiners following approval by the Examinations Committee. Statistical reports on examination outcomes are produced following each sitting of the Primary

Examination e.g., by Primary Medical Qualification, Training Programme, Year of Training, to identify trends and to compare results between different examinations.

10.6 Examiner Audit Reports

Primary examiners who have been audited (OSCE or SOE) during an examination session receive an audit report (general comments only) highlighting areas of good practice and/or areas of concern (examiner numbers only are used in these reports). Individual problems will be discussed in confidence – Chair and Examiner.

10.7 Exchange Examiner Report – RCA Examiner

If an exchange examiner makes suggestions or raises a concern about a section of the examination, the primary examiner(s) responsible for the examination section is invited to comment. The report and comments are discussed at the Examinations Committee meeting. A summary of the report together with the outcome of these discussions is presented to examiners at the next pre-examination meeting and circulated to all primary examiners.

10.8 Exchange Examiner Report – CAI Examiner

The CAI Examiner attending the RCA Primary Examination writes a report that is copied to the Examinations Officer CAI. These reports are available to all primary examiners but may be of particular interest to those examiners who volunteer to attend subsequent sittings of the Primary FRCA Examination.

10.9 Pre-Examination Meeting Agenda/Minutes

Agenda and minutes are circulated to all primary examiners.

10.10 Updates for Primary Examiners

Primary examiners are updated by the Primary Chair at intervals between examinations on issues pertaining to the MCQ, OSCE or SOE and/or on pertinent discussions/decisions of the Examinations Committee.

11 Confidentiality and Copyright

11.1 Confidentiality

In the course of their participation in the Primary FCAI Examination of the College of Anaesthetists of Ireland, examiners will have access to confidential information about examination questions and about candidates. Examiners are requested not to make copies or disclose or discuss, describe or disseminate in any way, any confidential information.

Questions are to be kept strictly confidential and must under no circumstances be used in other situations/courses/books as such use would inevitably compromise the fairness and impartiality of the Primary FCAI examination (Appendix 9: Involvement in Teaching, Publishing, Examination Practice and Revision Courses).

Examiners should not disclose information about candidate performance, OSCE or SOE grades, overall grades, or, details of examiner discussions during call-over with the candidate or with any one else.

Examiners are asked to sign a confidentiality agreement (Appendix 25: Examiner Confidentiality Document)

11.2 Copyright

Examiners must assign copyright to the College of Anaesthetists of all original material used in the Primary FCAI Examination. This includes multiple choice questions, objective structured examination questions (including images and diagrams) and SOE questions.

Where examiners wish to use other copyrighted material (e.g. journal or textbook material) in the Primary FCAI examination, permission must be sought from the copyright holder.

12. Unsuccessful Candidates The Examinations Regulations give the appropriate steps to be taken by a candidate should he/she wish to appeal an examination result. The process is outlined in detail and also accessible on the CAI website.

12.1 Guidance/Counseling Candidates, who fail the Primary OSCE and/or SOE more than once can request an interview with a Primary FCAI Examiner. Alternatively college tutors or consultants can book an interview on behalf of the trainee and are encouraged to also attend the interview. No fee applies to requests for counseling.

12.2 Appeal

The CAI follows a formal procedure in response to a candidate's request for appeal against examination result(s) (unless legal proceedings have been initiated). (CAI Examination Regulations – Appeal. Appendix 2). A fee will apply to a request for appeal.

12.2.1 Submission of request for appeal Appeals (Appendix 2) are considered with regard to errors in marking, the conduct of the examination, irrelevant examination content, not accounting for extenuating circumstances or unusual conditions, discrimination against the candidate or malpractice in the marking. Candidates may not appeal against the academic judgment of the examiners.

12.2.2 Decision on admissibility of the appeal

An Examinations Appeals Committee (Chairman of the Examination Committee, Chairman of the Primary Examination and Examinations Officer) considers the request for appeal and informs the candidate whether or not the appeal is admissible.

12.2.3. Formal hearing of the appeal

Admissible appeals are referred to an Appeals Panel (chairperson, 3 primary examiners, an extern examiner, secretary, CEO CAI) that considers submitted documentation, new evidence e.g., College Tutor's report, statements from all persons involved, verbal or written statements from witnesses, the appellant's or his/her representative's (not a legal representative) summary statement of the case in addition to responses given by the appellant, by the appellant's representative or by witnesses to questioning. The Appeal Panel declares immediately whether the appeal is upheld or dismissed, makes recommendations to the Council of the College to instigate appropriate action and confirms in writing the panel's decision to the appellant.

If the appeal is rejected at either step i.e., deemed inadmissible by The Appeals Committee or rejected by The Appeals Panel, the candidate, if he/she identifies valid reasons that an appeal may be legitimate, can make direct representations to the Council of the College of Anaesthetists of Ireland to review the case and make a final

decision regarding admissibility or rehearing.

Appendix 1

College of Anaesthetists of Ireland

22 Merrion Square North, Dublin 2

Education Office, Finance Office: 00 353 1 2650601 **Examinations Office:** 00 353 1 2650613

Email: Finance @coa.ie

Website: www.anaesthesia.ie



Registered Charity No. 12214

EXPENSE CLAIM FORM

(Attach receipts to support your claim)

Claimant: _____ **PPS No.** _____

Address: _____

Purpose of Journey: _____

TRAVEL

Point of departure: _____

Destination: _____

Date (s): _____

Method of Travel: ☐ Bus ☐ Luas ☐ Taxi ☐ Train ☐ Air ☐ Own Car ☐

Reason for using car: _____

Mileage Claimed _____ Please select Miles _____ or Kilometres _____

Mileage above 4,000 annually should be declared as a lower threshold applies (43 cent/mile)

Mileage is capped at the price of a first class train ticket from your departure point.

Misc. expenses

Description of Misc.

Expense 1 _____

Description of Misc.

Expense 2: _____

Date of Claim: ____ / ____ / ____

Claim Total: €

Signature of Claimant: _____

Please submit all expenses with receipts within three months.

Office Use Only _____

Authorised by: _____ **Date Received:** ____ / ____ / ____ **Cheque Ref:** _____

Appendix 2

COLLEGE OF ANAESTHETISTS OF IRELAND

Primary Examination – Appeal Application

Name: _____

Address: _____

E-mail address _____

Phone Number _____

College ID _____

Exam Number _____

Examination _____

Examination Date _____

Fee Included? Yes ☐ No ☐

Reasons for appeal must be provided on Page 2 overleaf.

Date of Appeal Application _____

Signature _____

[illegible]

Appendix 3

COLLEGE OF ANAESTHETISTS OF IRELAND

Application for FCAI Examinership

Applications to become a Primary CAI Fellowship Examiner for the CAI should be forwarded to the Examinations Department (Dr Deirdre McCoy, Chair Primary FCAI Examination). Applications will be tabled the next meeting of the Examinations Committee (Dr Kevin Carson, Chairman Examinations Committee). Applicants are invited to observe at the next available Primary OSCE and SOE.

Before completing the application form, applicants should read the CAI Examinations Regulations (Selection and Appointment of Examiners) and the structure and grading system for the primary FCAI examination (Examiners' Handbook) and accessible on the CAI website.

NAME: _____

ADDRESS: _____

Phone _____ Mobile _____

ADDRESS:
Business _____

Phone (work) _____

DATE OF BIRTH: _____

QUALIFICATION(S) _____
WITH DATES

DATE OF SPECIALIST
REGISTRATION _____

Are you in Good Standing with the College of Anaesthetists of Ireland? Yes/No

INDICATE THE SECTIONS(S) OF THE EXAMINATION IN WHICH YOU ARE WILLING TO EXAMINE:

Please tick ✓

PRIMARY: PHYSIOLOGY (including clinical measurement) ☐

PRIMARY: PHARMACOLOGY (including physics of anaesthesia) ☐

PRIMARY:	OSCE	<input type="checkbox"/>
FINAL:	CLINICAL ANAESTHESIA	<input type="checkbox"/>
FINAL:	PAIN	<input type="checkbox"/>
FINAL:	INTENSIVE CARE	<input type="checkbox"/>
PAIN DIPLOMA:		<input type="checkbox"/>

Names and addresses of three referees, at least one of whom is a present/past examiner:

1.	_____	2.	_____
	_____		_____
	_____		_____
	_____		_____
3.	_____		

Any additional relevant information / comments:

Date: _____ **Signature:** _____

This application must be accompanied by your Curriculum Vitae
--

Appendix 4

COLLEGE OF ANAESTHETISTS OF IRELAND

Application Requirements: Primary FCAI Examiner

1. Name, Age, Qualifications
2. Fellowship of the College of Anaesthetists of Ireland (normally a fellow by examination) or equivalent (see CAI regulations). Ad eundem Fellows, Fellows of the Royal College of Anaesthetists
3. The applicant should be in good standing
4. Curriculum Vitae (enclosures should be photocopies not originals)
5. Consultant appointment to a hospital that is part of an approved training programme and in active clinical practice. Current and previous relevant appointments.
6. Teaching role demonstrating active involvement in education, training and assessment of trainees.
7. Particular contribution that will be made as an examiner. Applicants must be able to demonstrate that they have the competence to assess anaesthesia trainees.
8. Names and addresses of three referees, at least one of whom is an examiner, one of whom should be a member of the applicant's current department
9. CME record
10. Particular area of expertise or experience
11. Publications that are of particular relevance to training/education and basic sciences and other important papers that have been accepted since appointment as a consultant.
12. Record of attendance as a visitor to a primary and a final examination. (It is desirable that applicants visit at least one primary examination within five years of applying).
13. Good written and verbal communication skills.
14. Ability to work as part of a team.
15. Long-term commitment to the role including the ability to devote approximately 6 days per year to examiner duties.
16. Preferred Section of Primary Examination (Pharmacology SOE, Physiology SOE, OSCE, any combination)
17. Participation in CAI/RCA Training for Examiners

Examinations Regulations

Selection of Examiners

The Examinations Committee will review applicants who meet the criteria listed. Rejected applicants will be informed and, if appropriate, will be invited to re-apply when they become eligible. The Committee will select *on merit* new examiners based on the numbers of new examiners required. The Committee will consider

- (1) Applicant's CV
- (2) Reports from Committee members.
- (3) Balance with regard to
 - Types of hospital
 - Special interests directly relevant to the Primary Examination
 - Clinical/Academic

Review

New Examiners

New examiners are appointed, subject to a probationary period, to the Primary FCAI Examiner Group.

Probationary Year

New examiners are initially appointed for a probationary year (two examinations) The chair will assess the examiner's performance (audit) and recommend to the Examinations Committee that the examiner be confirmed in his/her appointment or continue as a probationer for a specified period or not be confirmed in his/her appointment.

Routine Review

The committee shall review all examiners annually. Examiners whose performance is considered to be unsatisfactory may be reviewed again after a further period determined by the Examinations Committee, possibly with a requirement for further training. An examiner who has not fulfilled a minimum commitment may be asked to stand down.

Stand down

The Examinations Committee may approve requests to stand down based on professional or on personal circumstances (ill health/pregnancy), or, may ask examiners to stand down.

Retirement/Resignation

Retirement

Unless otherwise approved by Council, examiners retire on ceasing to be active in clinical and /or teaching practice and in the education of trainees.

Extensions

The Examinations Committee may invite examiners (usually with specific expertise/experience) who are about to retire to extend their term by a specified number of years.

Resignation

If an examiner wishes to resign it should take effect from the end of the academic year. An examiner who resigns may subsequently apply to be re-appointed. Council reserves the right, acting on the advice of the Examinations Committee, to ask an examiner to resign at any time.

Re-appointments

The Examinations Committee may invite examiners who have retired to return as examiners for a specified number of years.

Examiners shall not be deemed to be appointed, re-appointed, extended, stood down, resigned or dismissed until formally approved by The Examinations Committee.

Selection and Appointment of Examiners Examination Committee Guidelines

1. The list of nominations is presented to The Examinations Committee at a time to allow new examiners undergo training and begin to examine by the start of the next academic year.
2. An extension to a term or re-appointment after retirement shall normally be limited to a maximum of two years.
3. It is desirable that the applicant has visited a Primary FCAI examination within five years of application to become an examiner.

Appendix 6

COLLEGE OF ANAESTHETISTS OF IRELAND

Application to become a Primary FCAI Examiner - Information

Applications are invited each year to the Primary FCAI examiner group. Applications are considered with regard to the profile of the examiner group e.g. the experience of the applicant, subspecialty interests, balance between clinical and basic science examiners, and, representation of teaching hospitals. Examiners can be shared between Primary and Final FCAI Examinations i.e., examiners can examine in either examination. The College is nondiscriminatory with regard to gender, ethnic origin or other affiliations.

1. Appointments are made by The Examinations Committee CAI depending on the requirements of Primary FCAI Examinations
2. In making appointments The Examinations Committee may seek advice from The Education Committee, from the Postgraduate Dean and Vice Dean, from College Tutors (Ireland) or from the Regional Education Adviser (NI) about the suitability of applicants.
3. The Examinations Committee CAI and/or Council CAI reserve the right to appoint suitable persons by invitation.
4. Examiners are expected to have completed a minimum of two years in a consultant post in Ireland or in the UK or in an equivalent post in another country.
6. The Primary Examination is held twice annually (Spring and Autumn). Examiners should expect to commit to an entire examination (examiners' meeting on the evening before the examination and 1-3 days examining depending on candidate numbers).
7. Examiners will retire from examining on retirement from clinical anaesthesia practice and/or teaching.

Procedure

Completed application forms are circulated to members of the Examinations Committee and decisions on selections are made at the next Examinations Committee Meeting.

Applicants are notified shortly after this date. A successful applicant is invited to

serve as a Primary FCAI Examiner.

Examiners are asked to sign a confidentiality agreement. Training for new examiners is compulsory; those who cannot attend training will not be invited to examine.

Commitment

Council CAI and The Examinations Committee expect that examiners make a full commitment to the examination with the minimum time commitment identified below. It is expected that this duty will take precedence over all other commitments.

Retiring

An examiner retiring from clinical practice and/or teaching is also required to retire from examining.

Schedules

There are three sittings of the Primary MCQ Examination each year. Examiners are not expected to attend the MCQ Examination. The Primary FCAI OSCE/SOE examination is conducted in Dublin in Spring (March or April) and Autumn (September or October) beginning with an obligatory examiners' meeting on the evening before the examination. The examination itself is held on the following 1, 2 or 3 days (depending on the number of candidates).

The number of examining days for the OSCE/SOE does not exceed three days (usually one or two) at each sitting. Primary examiners are usually asked to participate in two examinations every two years and in addition are asked to draft and review questions between examinations.

After the probationary period, an examiner becomes a member of an examiner working group for OSCE or SOE (some examiners examine both OSCEs and SOEs). Attendance at meetings, and associated work, is considered an integral part of an examiner's commitment.

After successful completion of the probationary year, primary examiners must be prepared to commit approximately 6 days per academic year to examination and working group activities, as well as additional work in their own time.

The published Examinations Calendar shows the appropriate dates and may be accessed via the examinations pages of the College of Anaesthetists of Ireland website.

Summary of Duties of a Primary Examiner

- Participate in the Primary FCA Examination when requested. Examiners are expected to commit to the whole of the examination including attendance at the Pre-Examination Meeting.
- Participate as an exchange examiner for Primary FRCA in London
- Draft structured questions for Physiology and Pharmacology SOEs.
- Draft and review questions for the OSCE stations.
- Prepare Multiple Choice Questions each year for inclusion in the MCQ bank.
- Attend examiners' meetings to set MCQ papers, draft/review OSCE and SOE questions.
- Participate in educational workshops and meetings organised by the Examination Committee.
- Participate in examination and examiner audits

Appendix 8

COLLEGE OF ANAESTHETISTS OF IRELAND

CME Certification

Examiners are entitled to CME/CPD points as follows:

MCQ paper setting	5
SOE examination (morning 3, afternoon 2)	5
OSCE (morning 3, afternoon 2)	5
SOE question draft/review	2
OSCE question draft/review	2
Question setting/audit/review meeting	2
Attendance at Examiner Training Day	5

Involvement in Teaching, Publishing, Examination Practice and Revision Courses **Principles for Examiners**

Examiners for the Primary FCAI Examination should adhere to these principles when involved with local teaching examinations practice and courses, or in the writing of revision textbooks. The declaration that an examiner accepts appointment clearly states that he/she agrees to give the highest priority to the examination above other commitments.

The core principles are:

- 1 An examiner should support local trainees by helping in local teaching and delivering courses for the examinations.
- 2 An examiner may help and advise in such activities as appropriate behaviour, time keeping.
- 3 Examiners involved in local teaching or textbook writing, should only use questions in the public domain or questions provided by the course organisers. It is inappropriate either to suggest topics or give more concrete examples of questions. This compromises both the Primary FCAI examination and the integrity of the examiner concerned.
- 4 Examiners are expected to support the FCAI examination by developing questions for use in this examination. Such questions are to be kept strictly confidential and must under no circumstances be used in other situations/courses/books as such use would inevitably compromise the fairness and impartiality of the Primary FCAI examination.
- 5 Examiners must be aware that there is a clear conflict of interest in being an examiner at the same time as managing or playing an equally significant role in a local examination preparation course or the writing of revision textbooks.
- 6 The Examinations Committee will review activity associated with local courses annually.

Appendix 10

THE COLLEGE OF ANAESTHETISTS OF IRELAND

OSCE General Guidelines

- Examiners should come to the OSCE hall at least 10 minutes before the OSCE session begins
- Turn off your mobile telephone in the OSCE hall
- Check the question sheets, answer sheets and the introductory information for candidates displayed on the outside of the station.
- Check the images and/or equipment for your assigned station before the OSCE session begins. Images for radiology, ECG station and equipment/anatomy questions are displayed on the college examination laptops. Equipment for each station is kept in a box labelled with the station code.
- Do not speak to/converse with candidates during the OSCE session. Communication with candidates should be limited to greeting, necessary instructions and questions.
- For stations in which the examiner completes the answer sheet write the candidate's examination number on your marking sheet
- For stations in which the candidate alone completes the answer sheet instruct the candidate to fill in his/her examination number and check that this is done.
- Maintain a quiet atmosphere in the OSCE hall and particularly around the stations as the candidates are being examined.
- Make sure that candidates enter and leave the station at the correct times.
- If a candidate finishes the scenario before the allotted time he/she must stay in the station until instructed to leave (OSCE computerised timer announcement) even if he/she has completed the answer sheet. The examiner may leave the station. Do not detain the candidate after the final bell/announcement
- Do not allow the candidate to remain in the station after the final bell/announcement

- Concentrate carefully on the station you are examining. Do not appear bored or disinterested. Do not give any indication to the candidate of his/her performance e.g., nodding or frowning
- Do not comment (positively or negatively) on the candidate, the question or the performance
- Complete your marks when the candidate has finished the station i.e., not before
- Do not allocate half marks on the answer sheet
- Complete an audit form for the OSCE station at the end of each session, include your college id number and score the question 1=too easy, 2=appropriate, 3=too difficult. Record the number of candidates that passed the station and the number of candidates that you examined. Include comments/suggestions for revision/redrafting of the question if necessary
- Give all paperwork back to the invigilators
- Return all examination materials to invigilators at the end of your session
- Do not copy, photograph or remove from the examination halls any material, question sheets or answer sheets.

Appendix 11

Primary FCAI Examination



OSCE Assessment Form

OSCE Station: _____

Question code: _____

Date of Examination: _____

Examiner name: _____

Examiner College id: _____

To maintain the high standards of this examination please comment on the following aspects of this OSCE scenario.

Marking _____

Timing

Delete/Include/Change? _____

General comments _____

How many candidates were examined at this station _____

How many candidates were successful (pass) _____

Please circle (your opinion of this question/station)

1 – too easy

2 – appropriate

3 – too difficult

Appendix 12

SOE PHARMACOLOGY and PHYSICS

DATE: _____

EXAM NO: _____

EXAMINERS NAME: _____ (PRINT)

PLEASE FILL IN INDEPENDENTLY YOUR SCORE FOR **EACH 5 MIN** SECTION AND, AGAIN INDEPENDENTLY, YOUR OVERALL RESULT, **BEFORE DISCUSSING AGREED FINAL MARK**

Q.1		GRADE:
A, B, C, D		
Q.2		GRADE:
A, B, C, D		
10 MINUTE BELL		
Q.3		GRADE:
A, B, C, D		
Q.4		GRADE:
A, B, C, D		
20 MINUTE BELL		
Q.5 – PHYSICS		GRADE:
A, B, C, D		
25 MINUTE BELL - Candidate leaves SOE Table		

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>
30 Minute Bell – New Candidate				

REASONS FOR FAILURE

1. Unable to organize thoughts logically.
2. Unsound judgment. Give example.
3. Poor application of basic science principles to clinical practice.
4. Insufficient factual information. Give example.
5. Slow response to questioning. Insufficient ground covered.

Give clear reasons for awarding a fail or marginal fail grade:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Appendix 13

PRIMARY SOE Physiology and Clinical Measurement

DATE: _____

EXAM NO: _____

EXAMINERS NAME: _____ (PRINT)

PLEASE FILL IN INDEPENDENTLY YOUR SCORE FOR **EACH 5 MIN** SECTION AND, AGAIN INDEPENDENTLY, YOUR OVERALL RESULT, **BEFORE DISCUSSING AGREED FINAL MARK**

Q.1		GRADE:
A, B, C, D		
Q.2		GRADE:
A, B, C, D		
10 MINUTE BELL		
Q.3		GRADE:
A, B, C, D		
Q.4		GRADE:
A, B, C, D		
20 MINUTE BELL		
Q.5 – CLINICAL MEASUREMENT		GRADE:
A, B, C, D		
25 MINUTE BELL - Candidate leaves SOE Table		

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<input type="text"/>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<input type="text"/>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<input type="text"/>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<input type="text"/>
30 Minute Bell – New Candidate				

5 Minute Interval for Discussion, Writing Comments and Final Grading				
Examiner 1 Grade	A	B	C	D
Examiner 2 Grade	A	B	C	D
FINAL AGREED MARK				<input type="text"/>
30 Minute Bell – New Candidate				

REASONS FOR FAILURE

1. Unable to organize thoughts logically.
2. Unsound judgment. Give example.
3. Poor application of basic science principles to clinical practice.
4. Insufficient factual information. Give example.
5. Slow response to questioning. Insufficient ground covered.

Give clear reasons for awarding a fail or marginal fail grade:

[illegible]

SOE Guidelines
Recording the Performance of Unsuccessful Candidates

When a candidate has not met the standard for an SOE the reasons for failure should be provided using generic terms (see below). It is a difficult area of examining and examiners are asked to give particular thought to how they are going to provide clear records of their reasons and what the candidate said.

Distinguishing between examiners' perceptions/impressions of a candidate's difficulties and the observed facts of the candidate's performance is particularly helpful in particular a candidate appeal or accept the examination result.

The purpose of the feedback report is to give an overall picture of the candidate's performance in such a way that he/she will know where he/she has failed to meet the standard. The purpose of the feedback report is not to identify factors such as nervousness or anxiety that may have lead to the candidate's failure, nor is it to justify the decision of the College, or, to coach the candidate for a future examination.

1. **Do not speculate** on the reasons for the candidate's unsuccessful performance e.g.,

"His/Her performance suggests that she was not adequately prepared for the examination"

"... might have been the result of anxiety",

"... deficiencies in clinical experience"

Such statements are speculative. Comments should be limited to what has been observed during the examination.

2. **Do not interpret** the candidate's behaviour beyond what you actually observed e.g.,

"... this candidate's lack of knowledge"

"... had difficulty making decisions"

"... there appear to be problems in logical thinking"

These types of comments should be transformed into a statement on observed behaviours:

Interpretation

"... this candidate's lack of knowledge"

".. had difficulty making decisions"

".. problems in logical thinking"

Statements on observed behaviour

".. this candidate was unable to demonstrate adequate knowledge e.g.,...."

".. needed lots of prompting for decisions to be made"

".. answers were not logically organised e.g.,...."

- 3 **Do not comment on strategies** used by the candidate e.g.,

".. the candidate covered gaps in knowledge by guessing"

".. candidate appeared to make up responses when he did not know the answer".

- 4 **Do not give advice** on areas to improve or make recommendations for future training. Simply state the areas of deficiency.

- 5 Do not comment on **nervousness**, difficulty with language or lack of confidence unless it was a behaviour that was formally assessed. Do not say *".. the candidate was difficult to examine"*.

- 6 **Recording exactly what the candidate** said can be very helpful

- 7 **Do not coach** the candidate. Use statements about performance.

Coaching

"..the candidate must listen to the question"

"..this candidate must learn how to structure her thinking"

Statement about performance

"..this candidate answered off the point of the question"

"..this candidate's answers were unstructured and difficult to follow"

- 8 **Do not use vague statements** that make the interpretation difficult or qualifiers that diminish the impact of the statement. These statements can be modified into stronger ones that are more easily interpreted.

Unclear, vague statements

"..poor overall performance.."

"..he was quite weak.."

More precise statements

"..overall this candidate's performance was below standard.."

"..the candidate did not perform adequately"

“..her answers were somewhat disorganised..”

“..the candidate’s answers showed disorganisation”

Appendix 15

SOE Audit Primary FCA Examination

Date:	Table number		Subject		Name of auditor
Performance					
<u>Name</u>		<u>Examiner 1</u> <u>Examiner 2</u>			
Approach	Friendly				
	Neutral				
	Aggressive				
	Correct timing all sections				
	Clear phrasing of questions				
	All questions asked				
	Appropriate questioning style				
Correct process	Excessive prompts				
	Questions repeated				
	No prompts				
	Qs asked in logical order				
	Independent marking				
Administration					
Documentation	Clear, accurate and complete	Yes	No		
Correct candidate	Checked candidate number	Yes	No		
Comments					
Areas of Good Practice:					
Areas of Concern:					

Other Comments:	
------------------------	--

Appendix 16

OSCE Audit Primary FCA Examination

Date:	Station number:		Question number:		Name of auditor:
Name of station examiner:					
Performance					
Examiner	Friendly				
Approach	Neutral				
	Aggressive				
Timing:	Clear questioning				
	All questions asked				
	Correct timing				
Correct process	Excessive prompts				
	Questions repeated				
	No prompts				
	Qs asked in logical order				
<u>Actor</u>	Poor		Satisfactory	<input type="text"/>	
	Difficult		Excellent	<input type="text"/>	
Administration					
Station administration	Still preparing station when candidate enters.				
Correct candidate	Checked candidate number?				
Comments					
Areas of Good Practice:					
Areas of Concern:					

Other Comments:	
------------------------	--

Appendix 17

COLLEGE OF ANAESTHETISTS OF IRELAND
Primary Examination - Candidate Feedback Form

Primary FCAI Examination Audit - anonymous candidate feedback (random selection)

Date

Please comment on

OSCE

Instructions	_____
Examiners' Approach	_____
Timing	_____
Actors	_____

Questions	_____
Artefacts/Images	_____
Suggestions/Comments	_____

SOEs

Examiners' Approach	_____
Questions	_____
Timing	_____
Suggestions/Comments	_____

Appendix 18

COLLEGE OF ANAESTHETISTS OF IRELAND

Primary Examination – Application to visit

Name _____

Affiliation (Institution/Organisation) _____

Reason for observing the Primary CAI Examination

Area of Interest _____

Office Use

Examination Committee Approval Date _____

Date of Visit _____

Confidentiality Document signed _____

Application to become a Primary Examiner _____

Appendix 19

COLLEGE OF ANAESTHETISTS OF IRELAND Primary FCAI Examination

Visitors/Observers

Applicants

The following may apply to attend examinations as visitors:

- Members of the Council of The College of Anaesthetists of Ireland.
- College Tutors and Examiners-elect.
- Consultants in Anaesthesia who are Fellows of the College and who hold substantive posts
- Senior visitors such as representatives of other faculties and colleges
- Others engaged in teaching of consultant or equivalent university status comparable to that of a Fellow of the College of Anaesthetists of Ireland.

Procedure

- Observation by applicants may be subject to consultation with the chairman of the relevant board of examiners
- The application may have to be supported by a letter of introduction by a fellow of this college or of another college or appropriate faculty.
- Visitors may attend one day only of a particular examination and not more than once in 5 years.
- Expenses are not paid to visitors.
- For those interested in applying to become an examiner a visit to the Primary FCAI Examination within the previous 5 years is a requirement for a potential examiner applicant.

To arrange a visit

- Complete and submit the application form. On receipt of your application, the College will contact you via email and confirm whether your chosen date is available. The College will handle applications as they are received and offer alternatives where spaces have been filled. The number of visitors is restricted to a maximum of 4 (2 for each section OSCE and SOE) for the Primary FCAI examination. Final details of your visit will be sent out to you (via email).
- If you are unable to attend the date allocated to you, please let the College know

The visit to the Primary FCA Examination

- Visitors meet the Chairman before observing examination processes.
- The visit will usually run for the whole day, 08.30 – 1630 approximately.
- Activated bleeps or portable telephones must not be brought to the examination. Visitors will be asked to leave if mobile phones or electronic devices ring during the course of the examination.
- Visitors are invited to join the examiners for lunch.
- Visitors will have the opportunity to discuss their visit with the relevant Chairman of Examiners before departure and are encouraged to provide feedback.
- A candidate may request that the visitor leaves during his/her SOE/OSCE.
- A visitor should voluntarily leave the SOE table or OSCE station if the candidate is personally known to him/her e.g., a trainee in the visitor's department.
- Visitors must not influence the conduct of the examination in any way. These persons have no active role in either SOE or OSCE and do not participate in the awarding of grades.

Confidentiality

- Photographs must not be taken. Examination material, SOE question sheets and information on OSCE stations must not be removed from the examination hall. Records of questions should not be made. Visitors will be asked to leave if this occurs.
- Visitors/Observers must keep all data in relation to examinations confidential. This includes all matters relating to candidates and examiners. Visitors must not disclose information about candidate OSCE or SOE grades, overall grades or details of examiner discussions during call-over.
- Visitors are asked to sign a confidentiality document before observing the examination.

Appendix 20

COLLEGE OF ANAESTHETISTS OF IRELAND
Primary FCAI Examination

Visitor Feedback Form

Name: _____

Date of Examination: _____

Areas of Examination visited _____

Purpose of visit: _____

Please comment on the following

Overall Examination Conduct _____

Invigilation: _____

College Staff _____

Examiners: _____

Candidates: _____

Venue: _____

Comments/suggestions: _____

Appendix 21

**College of Anaesthetists of Ireland
Part I FCAI Examination
Confidentiality Agreement for Visitors/Observers
Structured Oral Examinations
Objective Structured Clinical Examination**

I have read and agree to be bound by the College of Anaesthetists of Ireland examination regulations. I confirm that SOE and OSCE questions and all matters relating to candidates and examiners will remain confidential.

I will not copy, photograph, disclose or remove from the examination halls question papers, answers or equipment. I will not disseminate information about candidate MCQ, OSCE or SOE grades, overall grades or details of examiner discussions.

Name: _____

Signature: _____

Date: _____

Primary Examination Examiners' Roles

Dr George Ghaly	<i>Vice Chair Part I FCAI Examination</i>
Professor William Wallace	<i>MCQ Examination Supervision and Marking, SOE Supervision and Marking, Examination Result Collation</i>
Dr Ken Lowry	<i>Pharmacology SOE Question Setting</i>
Professor Aidan Bradford	<i>Physiology/ Biochemistry MCQ Paper Setting</i>
RCSI	<i>Physiology SOE Question Setting</i>
Dr Jennifer M Porter	<i>Pharmacology MCQ paper Setting</i>
Dr Peter Hooker	<i>Clinical Measurement MCQ Paper Setting</i>
Dr Chris Rozario	<i>OSCE Supervision</i>
Dr Anne Hennessy	<i>OSCE Co-ordination</i>
Dr Vivienne Larney	<i>OSCE Co-ordination</i>
Dr Birgitt Straub	<i>OSCE Airway and Simulation Question Setting</i>
Airway/Simulation Fellow	
Dr Jane Bruton	
Airway/Simulation Fellow	
Dr Crina Burlacu	<i>OSCE Simulation</i>
Director of Simulation	
Dr Ian Surgeon	
PGD, CAI	
Ms Anne Brady	<i>ACLS Station</i>
RO St James' Hospital	
Ms Lorraine Courtney	
RO UCH Galway	
Mr Chris Huet	
RO RVEEH	
Prof Tom Farrell	<i>Anatomy OSCE Question Setting</i>
RCSI	

Primary Examination SOE Guidelines

Principles

Independent grading by each examiner before discussion

Consistency in the treatment of candidates

Consensus on grading

Adherence to grading criteria

Humane treatment of candidates

General

1. Smile, politely greet the candidate and check the candidate id number. Treat the candidate in a friendly manner and use the same degree of friendliness with all candidates. This may be more difficult at the end of the day. Remember that while this may be your last SOE of the day it is the first SOE for that candidate.
2. While trying to make every candidate feel at ease be consistent in your reaction to anxiety. Some candidates demonstrate anxiety; others appear cool even when very nervous. If you make special efforts for a candidate who is very obviously nervous you may in fact be unfair to other candidates who appear to be calm.
3. The best way to ease the nervousness of candidates is to start with a relatively easy question i.e., a question that you would expect him/her to be able to answer. Most candidates will start to feel better a few minutes into the discussion. In cases of severe nervousness, try to maintain regular eye contact with the candidate without staring. Avoiding his/her gaze makes things worse. Treat nervousness as part of the normal reaction of candidates.
4. Do not communicate your impression of the candidate's performance (verbal or non-verbal). Expressing displeasure at answers could have an effect on a candidate's performance.
5. Do not teach or correct the candidate. Do not argue with the candidate.
6. Do not use humour. It may seem like a good way to make candidates feel at ease but a nervous candidate may not understand a joke, let alone enjoy it. Even with candidates that appear to be very relaxed, it is best to avoid jocularly. Using humour with some candidates and not with others may give the impression that the examiner is not treating every candidate equally.

7. Do not give any feedback (positive or negative) to the candidate regarding the correctness of answers. Negative feedback after a wrong answer may have a deleterious effect on the rest of the candidate's performance. If you are not satisfied with the answer you could say, "This is not what I was looking for..." If you are sure that the candidate does not know the answer move on to another subject.
8. Do not discuss the candidate's performance with your co-examiner before giving your grade. Look at your grade for each question and give your overall grade for the SOE.

The subsequent discussion with your co-examiner can include a summary of what the candidate said to make sure that you both heard the same answer and to ensure that your criteria for grading are the same as your co-examiner's criteria. Where overall examiner grades differ, it may be helpful for the examiner giving the higher grade to mention several good points observed with the other examiner mentioning several poor points. The final overall grade for that SOE is then agreed between the two examiners.

Asking Questions

1. Ask questions so that the candidate can see the point of the question easily. Do not ask indirect questions.
2. Use general and specific questions in a logical order. The general questions should normally precede more specific questions.
3. Do not spend a disproportionate amount of time probing for the answer to one question. If several questions do not elicit the desired response, move on to another topic.
4. Do not pursue minute detail in your questions.
5. Do not combine several components or several questions. If there are several components or questions, ask each separately.
6. Do not use vague opening questions such as: "Well, what do you think of" Ask precise questions so that the candidate knows what you are looking for.
7. Do not assume that if a candidate has not mentioned something, he/she does not know it. The candidate may have forgotten to mention it, may think that he/she has already mentioned it or may have misunderstood part of the question. Make sure that you have eliminated these possibilities before deciding that the candidate really does not know the answer. If it is evident that the candidate simply does not know the correct answer do not waste time corroborating what is already obvious.

8. Your job as an examiner is to get all the information that is necessary and only what is necessary in order to judge the candidate. You may interrupt to refocus a question when a candidate is rambling. You can ask the candidate to be more concise.
9. Candidates are allowed time to think about their answers. Do not however allow long silences.

**Common Rating Errors
OSCE and SOE**

Halo Effect

A halo effect occurs when an examiner's overall judgment is unduly influenced by one aspect of the candidate's performance. For example, a candidate who has excellent communication skills with the "patients" in the Physical Examination or Technical OSCE station may get better ratings for the accuracy of examination or technique than he/she warrants. Performance on one factor thus contaminates the judgment of performance on the other factors. To avoid this, examiners should have a clear understanding of the various dimensions being assessed and of the fact that they are not necessarily interdependent.

Regression to the Mean

Many examiners tend to choose the less extreme grades and to assign a borderline fail rather than an outright fail even when the latter rating is fully justified. This is more apparent with less experienced examiners who prefer to take the safer route rather than distinguishing themselves by assigning more extreme ratings.

Contrast Effect

This is the tendency to rate candidates in relation to one another i.e. "If this candidate was given an B then surely this one would get a C". Although it is important to be consistent in rating, this should not be achieved by comparing the candidates to one another. Instead the performance of candidates should be evaluated only by comparison to defined criteria of performance e.g. measuring the candidate against the standard that would be expected of a "borderline trainee".

Projection

This is the tendency to positively rate candidates who are most like us and to negatively rate those who are unlike us. The danger of projection is greatest in the evaluation of the more subjective aspects of the candidate's behaviour e.g., communication style and attitude with "patients" (OSCE communication station). Examiners should focus on standards of acceptable practice when making a judgment and not on what the examiner considers to be ideal behaviour. Judgment of what is acceptable or unacceptable behaviour is of course highly subjective. However being aware of this subjectivity can help the examiner to focus on acceptable practice.

Bias

This is the tendency to rate certain types of candidates positively and others negatively. This is where the personal characteristics of the candidate may come to play a role in the rating that they receive. Some of these characteristics, such as gender, race and ethnic origin are apparent and examiners may consciously guard themselves against those types of biases. However there are other biases of which they may be less aware such as their reactions to the candidate's general demeanour in the examination e.g., if the candidate is aggressive or passive, friendly or cool, dressed formally or casually. It is important that examiners become aware of their own personal biases so that they can counteract them by adhering strictly to the rating criteria.

Localism

This is the temptation to rate a candidate's actions or decisions according to policy/practice in one's hospital or community. Again it is important to refer to national standards of practice and to discuss controversial issues with fellow examiners e.g., OSCE Critical Incident.

Over-Generalisation

An examiner may inappropriately assume that the behaviour demonstrated by the candidates during the examination is typical of the candidate's behaviour in other contexts e.g., with real patients. The candidate's behaviour with the examiner may be due to his/her previous experiences with examiners or indicative of how the candidate believes he/she should behave in an oral examination.

Appendix 25

College of Anaesthetists of Ireland Part I FCAI Examination Examiner Confidentiality Agreement

I agree to be bound by the College of Anaesthetists of Ireland examination regulations. I confirm that MCQ, SOE and OSCE examination questions and all matters relating to candidates and examiners will remain confidential
I will not copy, photograph, disclose or remove from the examination halls question papers, answers or equipment. I will not disclose, describe or disseminate confidential information except as it relates to my duty as an examiner
I will not discuss or disseminate information about candidate MCQ, OSCE or SOE grades; overall grades or details of examiner discussions during call over.

Name: _____

Signature: _____

Date: _____

COLLEGE OF ANAESTHETISTS OF IRELAND
Primary FCAI Examination

IMC Domains

Training of Examiners

- ♦ **Examiner Training:** Selected examiners undergo compulsory induction and training which includes a training day, prior to beginning their examination tenure. New examiners are subject to audit during their first year and a structured review is conducted at the end of this year.
- ♦ **Plenary Sessions:** During the CAI annual congress 45 minute sessions which cover a diverse range of topics are held for primary examiners.
- ♦ **Publications:** New CAI Examination Regulations (Autumn 2011) have been widely circulated to Primary Examiners and College Tutors. The college publishes Guide to the Primary CAI Examination and Handbook for Primary FCAI Examiners. Regulations, training curriculum and examination syllabus can be accessed on the college website www.anaesthesia.ie.

Trends in Primary Examination Outcomes

- ♦ **Statistical Reports:**

Standard Setting

- ♦ **MCQ**
- ♦ **SOE**
- ♦ **OSCE**
- ♦ **Visitors**
- ♦ **Examinership**
- ♦ **Candidate Feedback**

Narrative of Examination Performance

- ♦ **The Primary Examination**
- ♦ **Examination Changes**
- ♦ **Exchange Examiner**
- ♦ **Guidance to Unsuccessful Candidates**
- ♦ **Number of Attempts for the Primary MCQ**

Equality and Diversity Trends and Actions Taken