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## Equating MRCP(UK) Part 1 Examination

In September 2008 a process called **equating** will be introduced for the MRCP(UK) Part 1 examination, resulting in significant changes in the way we process and report candidates' results. The purpose of this is that it will enable the accurate comparison of candidates' results between all MRCP(UK) Part 1 examinations in future diets. Please note that it will **not** affect the examination itself, and there will be no changes to the content, format or timings of the exam as a result.

Instead of a percentage overall score, candidates will now be given an 'overall scaled score'. This score is a number between 0 and 999, which is calculated from the number of questions a candidate has answered correctly (out of the maximum possible) **and** takes into account the relative difficulty of the examination. Since no two examinations contain the same questions, it is inevitable that some papers may be slightly harder (or easier) than others, and equating is a statistical process that addresses this.

The passing score will be established by the MRCP(UK) Part 1 Board and will remain constant for a number of diets starting with the Part 1 2008/3 diet, and until the MRCP (UK) Part 1 Board determines any adjustment necessary. So, for example, if the passing scaled score is set at 521, all candidates attaining a score of 521 or greater will pass, and the remaining candidates will fail.

The MRCP(UK) Part 1 candidate results letter will therefore be revised to reflect these changes and will include the following:

- An overall examination result of **Pass** or **Fail**
- A candidate's **Overall Scaled Score** based on their performance (between 0 and 999).
- The **Pass Score** – the minimum scaled score needed to pass the examination.

Please note that due to these changes we will cease to provide details of the actual number of questions a candidate has answered correctly. However, as we are committed to providing feedback on performance in exams, and to help unsuccessful candidates prepare for future exams, details of performance will still be provided for all specialties included in the published syllabus, expressed as a percentage. This information is provided to assist candidates in identifying areas of relative strength and weakness; however, passing or failing the Examination is based **ONLY** on the scaled score.

**August 2008**  
**MRCP(UK) Central Office**

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## Frequently Asked Questions

Candidates for the MRCP(UK) Part 1 examination may find the following information helpful:

### Q: What is 'equating'?

A: Equating is a statistical method of ensuring candidates receive comparable scores for comparable performance in different examinations. It works by an approach called Item Response Theory. This process uses statistical software which establishes the difficulty value of every question in the exam, and from this each candidate's individual level of ability can be accurately calculated.

### Q: Why is the MRCP(UK) introducing equating?

A: To continue to enhance the quality and standards of the examination, and so that in future it will be possible to measure candidates' ability accurately and consistently between different diets.

### Q: What changes does this mean for the MRCP(UK) Part 1 exam?

A: The introduction of equating will only affect the way Candidates' results are processed and reported to them. There will be no changes to the Part 1 examination itself, which will remain as a multiple-choice exam of two papers, each containing 100 questions.

### Q: Who else uses test equating?

A: In the United Kingdom, the University of Cambridge Local Examinations Syndicate uses test equating in assessing the KS3 English and Science exams. Worldwide, test equating is in well established use for the United States Medical Licensing Examination (USMLE).

### Q: Why are my results presented on a three digit scale?

A: Equating changes the way the results are calculated. Rather than just getting a mark for every correct question (and then this simply being converted into an overall percentage), the marks are instead adjusted to take into account the varying difficulty of each question. A candidate's scaled score is therefore based on their ability, rather than the percentage of correct questions they achieved in an exam, and to avoid confusion this is best expressed in a 0 to 999 score range.

### Q: If I've failed the Part 1 exam, how will my score for this exam be comparable with my score for a future diet?

A: Candidates' scores are adjusted to make them directly comparable across diets by taking the exams' difficulty into consideration. Until now, the difficulty of each Part 1 exam was determined by a group of medical experts, so the comparability in exam difficulty was based on human judgment. It was accordingly difficult to say with certainty that, for example, a candidate scoring 60% in 2008/01 was better than a candidate scoring 59% in 2008/02. With equating, the variations in difficulty between exams in different diets are accurately calculated with statistical software, so we are able to say that a candidate having a score of 545 in 2008/03 is more able than a candidate with a score of 540 in 2009/01.

**Q: How do I find the percentage score I achieved?**

**A: The overall percentage score will not be reported to candidates. This is because it will create uncertainty and confusion for candidates in seeing that, due to a variation in exam difficulty, a score of 545 was achieved in 2008/03 based on 140 (70%) correct answers out of 200, but exactly the same score was achieved in 2009/01 with just 135 (67.5%).**

**However, to give candidates useful feedback, performance by speciality (expressed as a percentage) will still be included in the result letter.**

If you have any more questions please send us an e-mail to: [Equating.Queries@mrcpuk.org](mailto:Equating.Queries@mrcpuk.org)