

**MRCP(UK) Part 2 Written Examination – November 2015 Standard Setting Exercise**

The MRCP(UK) Part 2 Written Examination Standard Setting Group met in November 2015 to consider whether the pass mark derived from test equating was still appropriate. The group included a trainee representative. Expert advice was provided by Professor Chris McManus, MRCP(UK)'s Educational Adviser and the MRCP(UK) Research Unit provided assistance. The Group's discussions and decisions are summarised below:

- The standard was set using the Angoff method. Members reviewed the 2015/2 examination to consider the proportion of borderline candidates they felt should correctly answer each question. The reference group for the process was UK core medical trainees working in the NHS.
- The group had to consider the minimum and maximum pass rates acceptable for all candidates, UK graduates, and UK trainees, to define the boundaries of acceptable pass rates in the Hofstee method. This ensures that actual candidate performance will modify the judgement of the group, and increases confidence in any recommended change to the pass mark.
- The group agreed that the pass mark should be increased to 57.3%, equivalent to an equated score of 454. This represented an increase of five items or 1.9%. This would result in up to a 10% decrease in the pass rate for UK trainees, from 81.9% to 71.5%, although it was noted that the pass rate for this group had increased by 10% since 2010.
- The recommendation was considered at the January 2016 meeting of the Academic, Quality Management and Research Committee. It was noted that the correct standard setting process had been followed and that careful analysis had been undertaken. The group had discussed the matter in detail before making a recommendation. The Committee agreed to support the recommendation to change the pass mark, and it recommended that an equality impact analysis be undertaken before implementation.
- The Equality Impact Analysis was discussed at the April 2016 meeting of the Academic, Quality Management and Research Committee. This showed that: the impact on male and female candidates would be similar; the pass rate for white candidates and UK graduates would drop by 7%, while that for international medical graduates and non-white candidates would drop by 10%. The Committee agreed that the primary concern was the impact on UK trainees and pass rates for all candidate groups will be monitored. The pass mark change was announced on 9 August, and will take effect from the 2016/3 diet.

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