Making changes to an examination

Case study 4: Changes to standard setting – introducing the borderline regression method in the MRCPsyCh

Royal College of Psychiatrists

Background to the change

What are the aims or purpose of the change?

The aims of the change are to have a more robust marking system and minimise the variability between individuals.

Before the change

The Hofstee method was used, which takes into account the difficulty of each station and the views of the examiners as a whole.

There was a requirement to pass a minimum of 12 out of 16 stations of the objective structured clinical examination (OSCE).

Why introduce the change?

- To have a more robust marking system
- To minimise the variability between individuals. This method provides a more discriminative approach to standard setting ensuring that a candidate’s result is based on a series of domains rather than one overall judgement.

What is the effect of the change?

- Borderline regression takes into account all the marks of the examiners.
- Use of the standard error of measurement.

Assessing the impact

- Will the change affect stakeholders or interest groups that share protected characteristics?
- Will some groups be affected more than others?
There is potential that this change may affect groups who share protected characteristics. Modelling analysis demonstrated that it was the UK PMQs who had a greater propensity to achieve scores around the cut score (hence constitute the 'borderline group') more than other groups. However, this is a more robust system for calculating results.

**Evidence**

- What evidence do you have to support this (data, research or other information)?
- In developing the change, have you consulted or involved anyone that shares protected characteristics?
- Data collected at previous examination sitting, scoring candidates using Hofstee, borderline group and borderline regression methods.
- A report has been produced comparing the different methods. Results showed that the new scoring system incorporating the borderline methods of standard setting is capable of producing consistently satisfactory results, with generally higher reliability, in addition to pass rates and pass or fail trends that are consistent with the Hofstee method.
- Data have been collected on the impact on people that share protected characteristics.

**Identifying potential discrimination**

- Will the change lead to differential access, experiences or outcomes for people that share protected characteristics?

  Consider:

  - Does the change have a legitimate aim?
  - Is the change a proportionate way of achieving that legitimate aim?
  - Can differential access, experiences and outcomes be objectively justified?
  - Are there any other equality, diversity and/or fairness issues that arise from the proposed change?

- Analysis indicates that this method favours those with a UK primary medical qualification more than international medical graduates (IMGs). However, this is also the case under the current scheme. This new marking scheme is a more robust approach.
Borderline regression is also fairer, as it takes into account all examiner views.

**Action planning and monitoring**

- What steps will you take to minimise any differential access, experiences and outcomes?
- What steps will you take to remove any unlawful discrimination?
- How will you monitor and review the impact of the change on people who share protected characteristics post implementation?
- We will continue to monitor results.
- We will work to introduce additional support for those who may need additional training. We have appointed an Associate Dean for Trainee Support, who will work with heads of schools as well as leading on support and training initiatives as Chair of our IMG scoping group.
- The college will also run another IMG conference in autumn 2015, with helpful workshops for IMG doctors in training.
- If the ARCP or survey data reveal that adjustments need to be made, these will be taken forward and implemented in the second year after implementation.