

**SOCIETY FOR CARDIOTHORACIC SURGERY**  
**IN GREAT BRITAIN AND IRELAND**

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Annual Business Meeting 2008

**STANDING REPORT FROM CHAIRMAN OF THE INTERCOLLEGIATE SPECIALTY BOARD IN**  
**CARDIOTHORACIC SURGERY**

**A. MEETINGS**

MEETING	DATE	MINUTES
ISB BOARD MEETING	7 <sup>th</sup> August 07	_____
ISB BOARD MEETING	30 <sup>th</sup> January 08	

**Current Members of the Board**

Mr R R Jeffrey	RCSEd (Chairman)	Aberdeen Royal Infirmary
Mr S Hunter	SCTS Cardiothoracic Dean & Hon Secretary	James Cook University Hospital, Middlesbrough
Prof J R Pepper	SCTS Education Secretary	Royal Brompton Hospital London
Mr T R Graham	Chairman of SAC	Queen Elizabeth Hospital, Birmingham
Mr T Aherne	RCSI	Cork University Hospital, Cork
Mr J R Anderson	RCS England	Hammersmith Hospital, London
Mr D Richens	RCPS Glasgow	Nottingham City Hospital
Ms F Bhatti	Trainee Representative	North West Rotation

Mr Faichney and Mr McGee retire from the panel of assessors and are replaced by Mr Hamilton and Mr Page who have recently completed their terms on the panels of examiners

**B. MATTERS OF INFORMATION FOR THE MEMBERSHIP:**

Mr MacArthur retired from his position as Honorary Secretary and as Representative of the Royal College of Physicians and Surgeons of Glasgow and was replaced by Mr D Richens. His Honorary Secretarial position was taken on by Mr S Hunter. On completion of his term of office as Chairman, Mr J R L Hamilton was replaced by Mr J Anderson as the English College Representative. As Mr Graham has become Chairman of the SAC this left a vacancy for the Edinburgh representative and Mr P Rajesh has been nominated for this role.

### **Examinations in 2007**

#### **❖ Examination in Liverpool: 23<sup>rd</sup> – 24<sup>th</sup> May 2007.**

Lead organiser: Mr B Fabri (Cardiac), Mr R Page (Thoracic)

- 28 candidates presented – 17 passed – pass rate 61%
- Type I trainees (3a -2006 Regs) 17 presented 14 passed – pass rate 82%
- Type II trainees (3b- 2006 Regs) 4 presented 2 passed – pass rate 50%
- Those not in training 0-2006 Regs 7 presented 1 passed - pass rate 14%

#### **❖ Examination in Belfast: 17<sup>th</sup> – 18<sup>th</sup> October 2007.**

Lead organiser Mr S MacGowan assisted by Mr A Graham.

- 23 candidates presented – 15 passed - pass rate 65%
- Type I trainees – 8 presented - 7 passed – pass rate 87.5%
- Type II trainees – 9 presented – 6 passed – pass rate 67%
- Those not in training – 6 presented – 2 passed – pass rate 33%

Overall the results are encouraging with those involved in training having a better chance of passing an exam than those not in a training programme.

During both examinations quality assurance took place and this is certainly a developing aspect of the examination. It is important that we are able to reassure the educational bodies that as well as providing a structured, fair examination, we are able to demonstrate that examiners perform consistently.

### **Format of the Exam for 2008**

The new entry regulations introduced by JCIE (Joint Committee for Intercollegiate Examinations) are now fully operational and candidates require 3 supportive structured references from Consultant Cardiothoracic Surgeons on the Specialist Registrar.

This renders the candidate eligible to sit Section I (the written multiple choice question part of the examination). Candidates are required to be successful in this part before proceeding to Section II the Clinical and Oral Examination.

The examination is set at the level one would anticipate for a first day Consultant Cardiothoracic surgeon.

### Section I - Written paper

There are two parts to the multiple choice question paper. There are 110 single best answers and 135 extended matching questions.

Following the examination the questions are considered by a standard setting committee and questions may be removed or their answers changed in the light of discussion. Once all questions have been reviewed, an Angoff standard setting procedure is undertaken and an aggregate pass mark agreed and then applied to the candidates results. In the recent Section One of the examination which candidates sat on the 12<sup>th</sup> January 2008, 22 candidates presented to the examination, 13 passed and are eligible to go forward to the second part to be held in Birmingham on the 21<sup>st</sup> and 22<sup>nd</sup> of May this year.

Mr A Murday has been instrumental in setting up the multiple choice question bank and I should like to take this opportunity to formally thank him for his efforts in this area. He has now decided to step down from this position and Mr J Smith is taking over as MCQ leader. The MCQ bank requires to be further increased in size and under the leadership of Mr Smith it has been decided we will return to the previous arrangements where over a weekend a multiple choice writing group will convene and produce questions.

### Section II - Oral Examination

To further enhance the educational acceptability of the clinical and Oral examination, an oral question bank is being set up. This will ensure consistency in both cardiac and thoracic oral examinations. Mr P Rajesh will co-ordinate the thoracic oral question bank and Mr J Anderson the cardiac question bank. Members of the examination panel are asked to subscribe to one or both of these question banks.

### Clinical Examination

This continues as before with both cardiac and thoracic long cases and short cases, which may include stations with angiography, echocardiography, pulmonary function, instruments etc.

In all the new examination appears to be functioning satisfactorily and over a period of time it will be interesting to see whether the results in Section One of the examination correlate with the results in Section Two.

I believe a few more diets of the exam will be necessary before any valid comments can be made upon this.

### **C. MATTERS FOR CONSIDERATION BY THE MEMBERSHIP:**

None

**Mr R R Jeffrey  
Chairman,  
Intercollegiate Specialty Board in Cardiothoracic Surgery**

