



香港眼科醫學院

# The intermediate examination

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## Background

The College of Ophthalmologists of Hong Kong has been conducting joint examinations for basic trainees with the Royal College of Surgeons of Edinburgh since 1997. Interested readers may refer to the history and evolution of the training and examination systems published in this journal.<sup>1,2</sup> The Royal College has changed the ophthalmology examination format starting January 2011. Their 4-part membership (MRCSEd) examination has been replaced by a 3-part fellowship (FRCSEd) examination.<sup>3</sup> This is the final phase for abolishing the membership examination, which was first announced in 2005. Trainees holding different parts of MRCSEd can switch to the FRCSEd ophthalmology examination through transitional arrangements. Trainees expressed their desire to the College to hold the examination conjointly with the Royal College. After passing the joint examinations, they can benefit by obtaining 2 intermediate qualifications — Associate Fellow of the College of Ophthalmologists of Hong Kong (AFCOphthHK) and Member of the Royal College of Surgeons of Edinburgh (MRCSEd). At a number of meetings with Royal College officials, the President conveyed their desire to continue holding joint examinations in Hong Kong, and successfully convinced the Royal College to enable local trainees to obtain Membership status of the Royal College if they pass the new joint Part B examination. This arrangement is similar to that for those who passed the MRCSEd Part 3 examination in the previous years. After they have completed the required training, trainees who wish to become Fellows of the Royal College can then sit the FRCSEd Part C examination.

## Part A Examination

The Part A examination is the first part of the process to

obtain college fellowship. Since trainees are not required to pass an entry assessment before admission to basic training, the Part A examination is regarded as part of the intermediate examination. The majority of basic trainees sat the joint Part A examination in Hong Kong (**Figure 1**).

The new Part A examination remains as a 3-hour single best answer multiple choice question (MCQ) paper. The syllabus for this examination covers a broad range. In addition to the basic science subjects such as anatomy, physiology, embryology, and pharmacology, the syllabus now includes optics, ophthalmic investigative techniques, and generic issues related to medical practice taken from the MRCSEd Part 2 examination.

Before the changes took effect, even medical graduates not necessarily admitted into an ophthalmic training program were allowed to sit the Part A examination. Some doctors attempted the examination to improve their chances for acceptance to an ophthalmic training program. In the past 33 diets of joint Part A examinations, 219 candidates sat the examination; 154 (70%) were ophthalmic trainees and 65 (30%) were not (**Table a**). From 2011 onwards, eligibility is restricted to trainees with 12 months of ophthalmology training. This new arrangement is expected to reduce the number of entrants to the Part A examination substantially. Since the Part A examination is always conducted in many centers around the world at the same time, in future only local trainees will sit the examination in Hong Kong.

Not surprisingly, the pass rates for trainees were significantly higher than those for non-trainees (**Table b**). On average, trainees took 1.3 attempts to pass Part A; most passed within 6 months of commencing basic training. From available examination statistics, it appeared that the basic science subjects (as in the old MCQ1) were the most difficult. Optics

and ophthalmic investigative techniques were not likely to impose difficulty to trainees. The pass rates for all other MCQ papers in the MRCSEd examination were often high (>94%).

Trainees admitted in July 2011 or later may be affected by the 12-month training experience restriction. In order to sit the joint Part B examination in Hong Kong earliest at their 21<sup>st</sup> month of training (conducted in March every year),

**Table. Pass rates for the joint Part A examination (September 1997 to September 2010).**  
 There were two multiple choice question (MCQ) papers in the joint MRCSEd Part 1 / AFCOphthHK Part A examination from September 1998 to April 2006. The results of the MCQ1 paper was used for computation of pass rates of the first attempt during this period. The last MRCSEd Part A examination was conducted in September 2007. This has been replaced by the FRCSEd Part 1 examination from April 2008. Withdrawal and absence were excluded from the computations.

**a. Overall pass rates. Ophthalmology trainees referred to those admitted to basic training, regardless of their trainee status at their first attempts.**

Training status	Paper		MCQ1		MCQ2		Pass rate
	n	No. of Attempts	No. Pass	Pass rate	No. of Attempts	No. Pass	
Ophthalmology trainees	154	193	151	78%	97	91	94%
Others	65	77	22	29%	38	23	61%

**b. Pass rates for the first attempts with respect to candidates' training status at the time of the examination. Those already admitted to basic ophthalmology training had higher pass rates at their first attempt ( $X^2$  test,  $p = 0.004$ ).**

Training status	Pass	Fail	Total
Ophthalmology trainees	75	58	133
Others	22	60	82

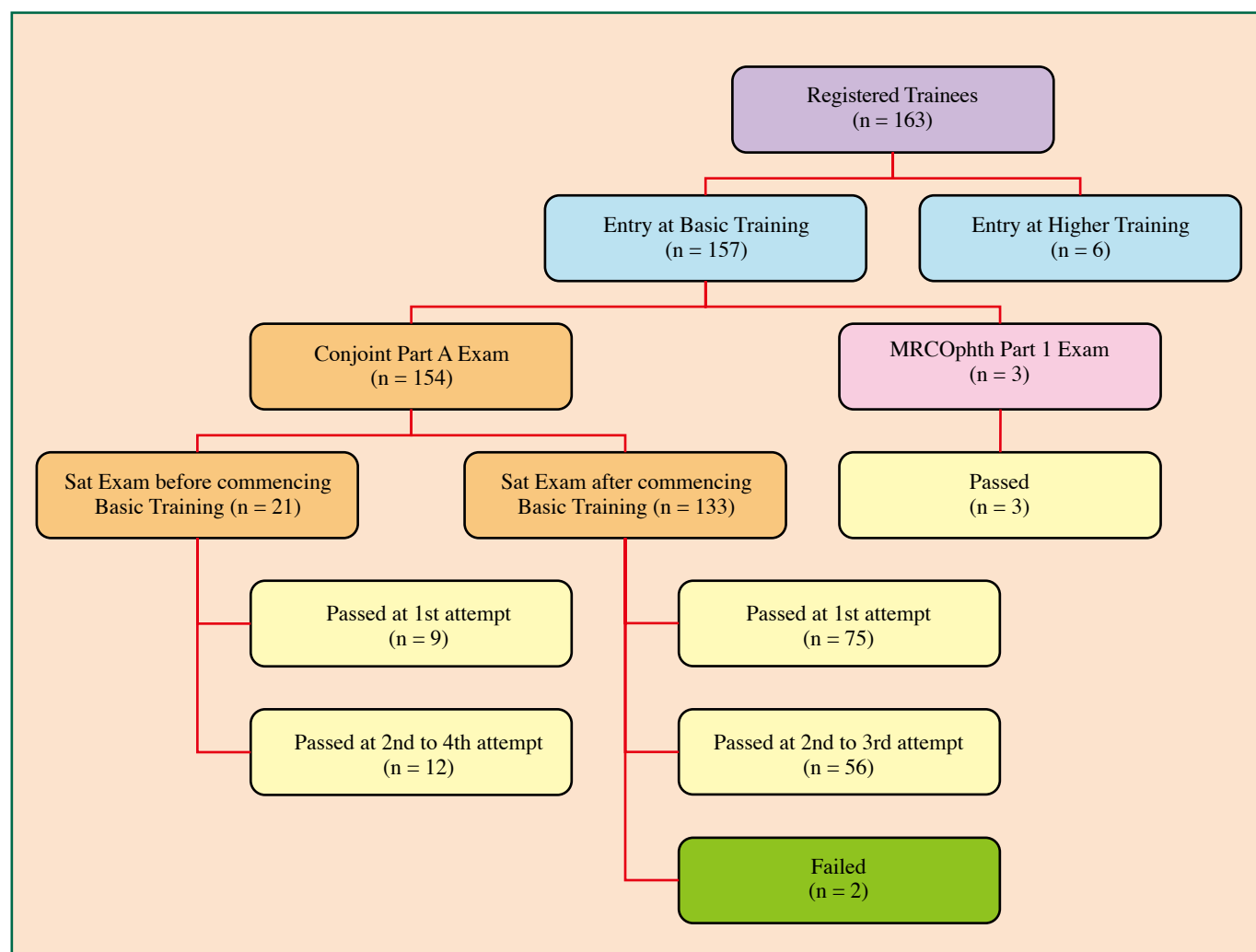


Figure 1. New system trainees sitting the conjoint Part A examination.

they must pass the Part A examination at their first attempt (in the preceding September) at their 15<sup>th</sup> month of training. The next available Part A examination will be scheduled at their 22<sup>nd</sup> month of training, which will be later than the joint Part B examination in Hong Kong. Attempts on subsequent parts of the fellowship examination may be put off if one failed in his first attempt in the Part A examination! Trainees admitted in July 2010 will be benefited by the transitional arrangement, as they can have two attempts to sit the Paper A2 in 2011 (Figure 2).

### Part B

While basic sciences, optics and ophthalmic investigative techniques are concentrated in the Part A examination, refraction skills and methods of clinical examination remain in the Part B syllabus. These are examined in the Clinical Refraction and Objective Structured Clinical Examination (OSCE) stations. Clinical management of patients is also examined in this part. The clinical standard will be that expected of trainees at 20 months of training.

Since 2008, the pass rates for joint Part B examination have been low (Figure 3). Candidates were required to

perform satisfactorily in all 6 clinical stations before being considered to have passed the clinical examination. From 2011, the stations were reorganized. The communication station, which had been our candidates' weakest spot, was removed from the Part B examination. The other 5 stations were reorganized into three 20-minute clinical stations. The anterior segment station will comprise cataract, glaucoma and adnexal diseases, the posterior segment station will include retinal diseases, and the neuroophthalmology-medicine in relation to ophthalmology station. Candidates were required to demonstrate competence in clinical refraction, all 3 areas in the OSCE, as well as the structured viva in order to pass the Part B examination

In previous years, trainees who failed in the joint examination in Hong Kong often re-sat and passed the MRCSEd Part 3 examination at their second or third attempts at an overseas centre before their 30<sup>th</sup> month of training. The reorganization is unlikely to delay trainees' progression to higher training in any way more than in the past MRCSEd examination.

The Royal College abolished the MCQ paper in the FRCSEd

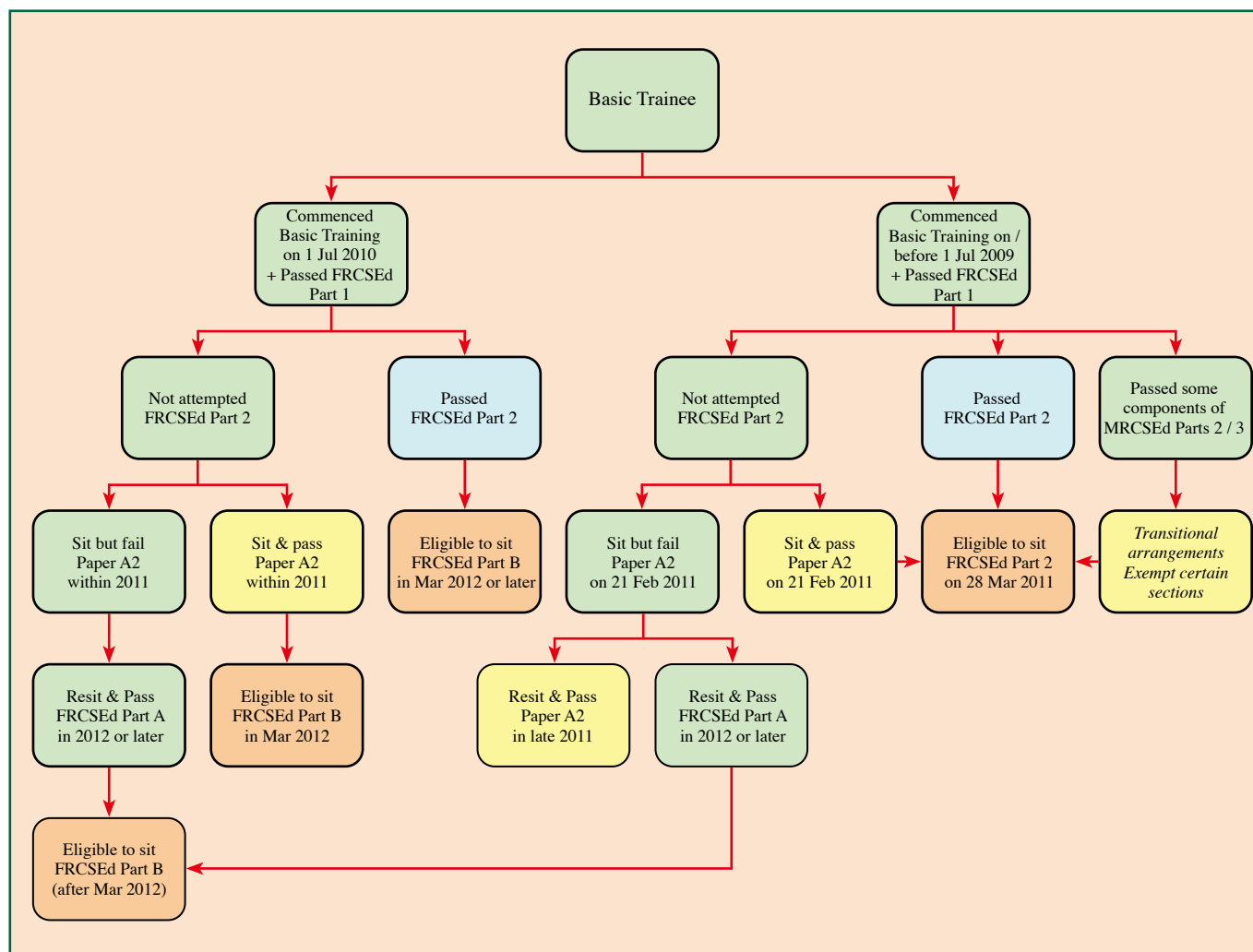
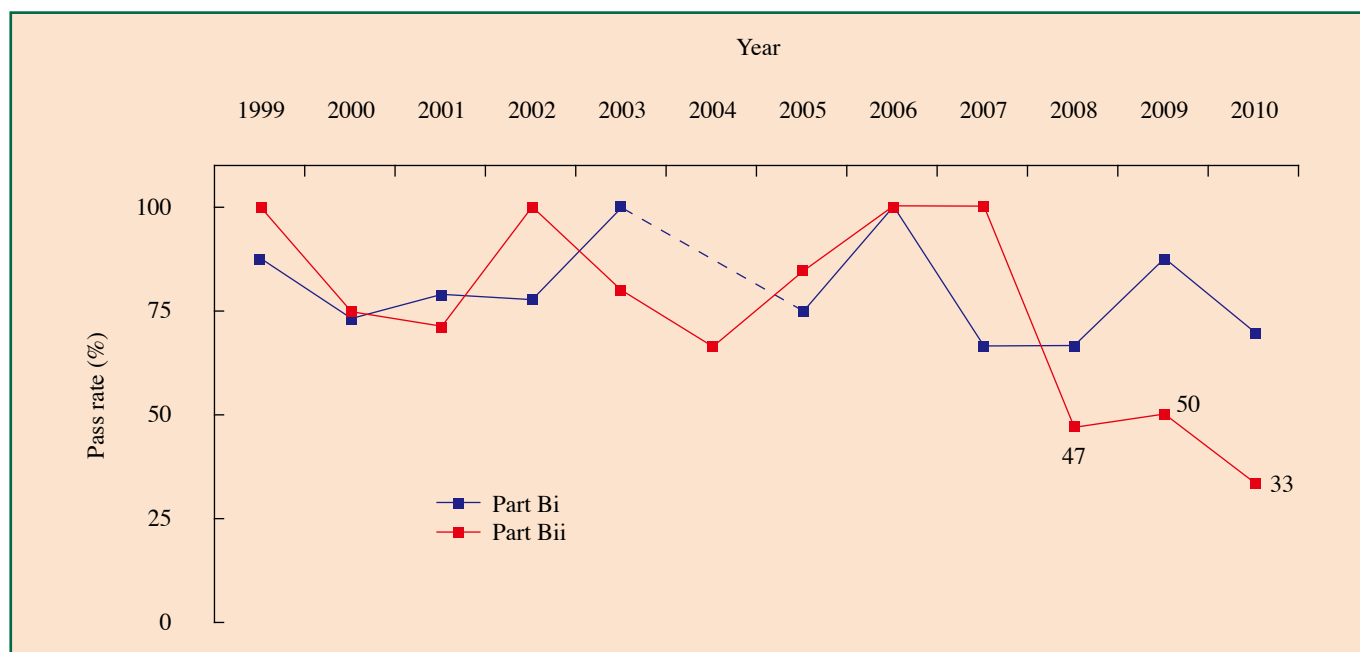


Figure 2. Transitional arrangements for current basic trainees.



**Figure 3. Pass rates for the Part B examination from 1999 to 2010.**

The pass rates were computed from results of first attempts and resits, from local trainees and overseas candidates. There was no entrant for the conjoint MRCSEd Part 2 / AFCOphthHK Part Bi examination in 2004. Trainees passed the Part 2 examination at overseas center prior to the Hong Kong diet. Pass rates for the Part Bii examination fell tremendously since 2008 after the Royal College required candidates to demonstrate competence in all 6 clinical stations rather than an overall pass.

Part B examination. The Hong Kong College, however, considered that a written examination is a necessary complement to short-case clinical examination in the intermediate examination.

A noticeable addition to the FRCSEd examination regulations is that trainees are now limited to a maximum of 4 attempts at the Part B examination. The College of Ophthalmologists of Hong Kong has imposed a similar restriction for both Parts A and B of the examination. Readers should be reassured that in the past 14 years, only one local trainee was affected by this regulation and discontinued basic training.

### Logbook inspection

Trainees must not regard passing the Part B examination as equivalent to completion of training. They must also produce their properly completed logbooks for inspection by examiners, the importance of which they often overlook. Examiners often notice that logbooks are completed and

countersigned on the day of inspection! Since logbook inspections for transfer from basic to higher training are arranged at the 37<sup>th</sup> month of training, trainees should have ample opportunity to fill them up accurately with materials learned during the first 24 months of training and in a timely manner.

Logbook inspection provides an opportunity whereby the quality and amount of training received is monitored. Trainees and their supervisors can find areas of deficiency that warrant improvement (for the trainees and training centers). In a way examinations and logbooks reflect the outcome of the training process. They also complement the 5-yearly hospital inspections on facilities and trainers, which focus on the provision of training.

### Disclaimer

The views expressed in this article are those of the author and not necessarily the official views of the College of Ophthalmologists of Hong Kong.

### References

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