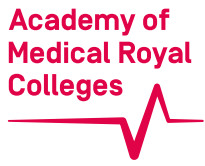
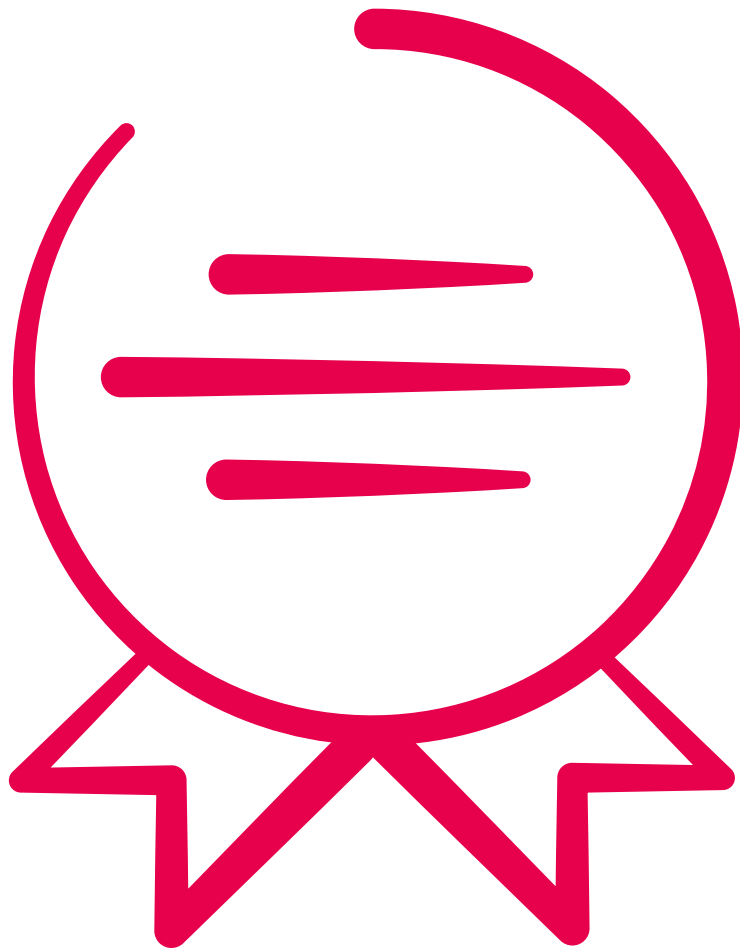


March 2026



# Quality assurance processes for exams

## Guidance



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# Foreword

The colleges and faculties represented by the Academy of Medical Royal Colleges (AoMRC) play a key role in overseeing the training and providing the assessment of resident doctors. This is critically important to maintain and improve the standards of medical provision, ensuring the best possible care is delivered to patients now and in the future.

Postgraduate medical exams (PMEs) have been an essential element of the assessment process for doctors for centuries. Examinations (exams) are an integral part of the assessment of students and professionals from school exams, through university degree courses to postgraduate qualifications in a range of professions. Not only are exams a well-recognised method of assessment, but it is also clear that they are effective at stimulating learning.

Ultimately, it is essential that the general public has confidence in the quality of the healthcare provided by the National Health Service, and therefore the quality of the training and assessment of the personnel that deliver that care. It is highly likely that the public would expect doctors to be assessed by examination. However, PMEs must be fit for purpose and delivered in a way that is demonstrably robust and reliable.

This report has been prompted by concerns raised by the General Medical Council. The individual colleges and faculties have well-established quality assurance mechanisms that are regularly reviewed to ensure reliable and equitable delivery of PMEs. However, despite these, there have been periodic errors that have had a significant impact on candidates.

The colleges and faculties recognise their responsibility to candidates to ensure that PMEs are as robust and fair as possible. It is evident to me from over 20 years involvement with surgical exams, and my interactions with exam bodies from other colleges and faculties, that examiners and exam bodies are highly focussed on maintaining and improving the quality of the content and delivery of their PMEs and eliminating any errors.

This has been demonstrated very clearly by the commitment and enthusiasm of the exam leads from all the constituent colleges and faculties of AoMRC in coming together to collaborate in the production of this report. Not only am I indebted to all the exam leads, but I wish to acknowledge the huge contribution of Claire Coomber and Thea Walker on behalf of AoMRC for all that they have done in the preparation of this report.

This report is not an endpoint. It is clear that there is a wide range of PMEs appropriate for different disciplines; by bringing together a large number of exam leads, it has been possible to identify some common principles. This has allowed us to make a series of recommendations that are applicable across PMEs. These build on best practice that already exists. It is also evident that the process of bringing together exam leads to share experiences and ideas has itself been beneficial. A key recommendation is therefore to convene a regular meeting to ensure dissemination of good practice and lessons learned.

In the preparation of this report, it has become obvious that there is much good work contributing to the quality of the design and delivery of PMEs. There is therefore good reason for the profession and public to have general confidence in their reliability. However, the errors and irregularities that have occurred demonstrate that there is no room for complacency and there must be an iterative process to ensure continuous improvement.

**Tim Mitchell**

President, Royal College of Surgeons of England  
Vice Chair, Academy of Medical Royal Colleges

# Executive summary

Colleges and faculties play a key role in providing the assessment of resident doctors. This is critically important to maintain and improve the standards of medical provision, ensuring the best possible care is delivered to patients.

Colleges and faculties must be held accountable for errors in postgraduate medical exams (PMEs). Errors present a risk to the validity and reliability of examinations (exams) and threaten patient safety, public trust and confidence in medical professionals. They may also have implications for career progression of any affected candidates. It is therefore essential that exam processes are of a high standard and any issues are identified and appropriately addressed in a timely manner.

This report has been prompted by concerns raised by the General Medical Council (GMC) in response to errors that have had a significant impact upon candidates.

The AoMRC brought together Exams Leads as part of a short life working group to identify common principles. A structured survey was distributed to all colleges and faculties responsible for delivering specialty exams. The survey was designed to capture a comprehensive overview of the quality assurance (QA) mechanisms currently in place and to identify common themes, good practice, mitigations and areas for improvement. Responses were collated and analysed thematically to identify common patterns and distinctive approaches among colleges and faculties.

## Key recommendations

- When issues or irregularities arise, early communication with the GMC is vital.
- The AoMRC should collate adverse exam events and share them via the Academy Assessment Committee.
- The Sharing Good Practice forum should be reformed.
- Colleges and faculties should have robust governance processes for all stages of the exams process which are developed in a transparent manner with relevant stakeholders and are reviewed regularly. Relevant policies should be communicated clearly to candidates.

- Colleges and faculties should have robust QA processes in place for the collation of marks. This may include working towards using an electronic marking system to mitigate against human error. They should also ensure a minimum of two people check the marks, multiple cross-checks or the use of an external psychometrician.
- Candidates should be provided with as much information as possible on their results, including a breakdown of their marks.
- Candidates should be communicated with clearly, honestly and promptly when they have been adversely affected by any issue arising. This should include signposting to appropriate support.

# Introduction

Postgraduate medical exams (PMEs) remain a cornerstone of the assessment of doctors in training. They are a prerequisite for the award of a Certificate of Completion of Training (CCT) and inclusion in the GP or Specialist Register for those in a formal training programme. Although the portfolio route explicitly does not require applicants to have passed the relevant PME, many will choose to do so.

PMEs are administered and delivered by the medical royal colleges and faculties. The curricula and exam processes are approved by the General Medical Council (GMC). Some colleges, notably the physicians and surgeons, work together to provide exams through an intercollegiate body.

It is critically important that the delivery of PMEs is robust. This ensures that the GMC, the medical profession, candidates and the public can have confidence that they are a fair and accurate assessment of the competency of the candidates. Each college and faculty has a quality assurance (QA) process designed to ensure that exams are conducted according to their prescribed parameters. The quality of the exams process is essential to the promotion of patient safety. It is therefore necessary that exam processes are of a high standard and any issues that are identified are appropriately addressed in a timely manner.<sup>1</sup>

At various times, a number of colleges and faculties have identified errors in their PME delivery and results processing through their QA processes. On occasions, this has resulted in candidates being given the wrong result. This is particularly distressing for candidates and may have a significant impact upon their career plans, especially if any error is not identified in a timely fashion. There has been particular concern about the QA process for PMEs following the discovery of errors in notifying candidates of their outcomes in the MRCP(UK) Part 2 exam held in September 2023. These errors were identified and affected candidates were notified in February 2025.

This report is an output of a cross-college and faculty working group to explore good practice and consensus on appropriate approaches, safeguards and policies that ensure the safe and effective delivery, management and oversight of examinations. This report provides guidance and recommendations to support exam delivery and management. We recognise that PMEs vary in size, scale and delivery across colleges and faculties, and may have differences for good reason. We advise that the exam delivery methods are regularly reviewed for their appropriateness and dialogue is maintained with the GMC.

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<sup>1</sup> General Medical Council. [2016] [\*Promoting excellence: standards for medical education and training.\*](#) [accessed March 2026]

# Methodology

A review was undertaken to evaluate current QA processes in the delivery of college and faculty exams across all UK medical royal colleges and faculties. The aim was to identify common practices, share lessons learned, and develop recommendations to strengthen QA procedures and reduce the risk of error across the exams.

## Approach and design

A short life working group (SLWG) was set up, chaired by the AoMRC Vice-Chair responsible for education and training. Membership of the SLWG comprised representatives from each college and faculty who work closely with exam delivery. A structured survey was designed collaboratively with input from the members of the group. The survey collected a combination of quantitative and qualitative data and was distributed to all colleges and faculties responsible for delivering specialty exams. The methodology was designed to capture a comprehensive overview of the QA mechanisms currently in place and to identify common themes, good practice, mitigations in place and areas for improvement.

## Data collection

The survey was circulated via SurveyMonkey to relevant exam leads. Questions focused on QA processes implemented at each stage of the exam pathway, including:

- Candidate registration and eligibility checks
- Exam build – including question writing
- Exam delivery
- Item review
- Security of content
- Collation of marks
- Determination of pass mark – including standard setting
- Identification and communication with successful and unsuccessful candidates
- Appeals.

Colleges and faculties were also invited to provide examples of mitigations put in place and effective QA practices, as well as to highlight specific challenges encountered in maintaining consistency, fairness, and reliability.

### Data analysis

Responses were collated and analysed thematically to identify common patterns and distinctive approaches among colleges and faculties. Quantitative data was summarised to determine the prevalence of specific QA mechanisms, while qualitative comments were reviewed to draw out key themes, lessons learned, and examples of best practice. Comparative analysis was conducted to explore variation between specialties and exam formats.

### Quality and reliability measures

To enhance the reliability of findings, the survey was piloted with members of AoMRC staff and the chair of the group prior to wider circulation. Data was validated through follow-up clarification where responses were incomplete or ambiguous. All survey data was anonymised to encourage openness and ensure confidentiality.

### Ethical considerations

Participation in the survey was voluntary, and responses were collected and stored in line with data protection requirements, including the General Data Protection Regulation [GDPR]. No candidate information was collected.

### Limitations

The review relied on self-reported data from the colleges and faculties, which may not fully reflect operational practice and challenges experienced. The analysis was limited to information available at the time of survey completion and did not include direct observation of exam delivery or independent audit data.

# Recommendations

## Governance processes

1. Colleges and faculties should have robust governance processes for all stages of the exams process which are developed in a transparent manner with relevant stakeholders and are reviewed regularly. Relevant policies should be in place and be communicated clearly to candidates. These include:
  - a. A reasonable adjustment policy. Colleges and faculties should work together to align their policies.
  - b. Standard Operating Procedures [SOPs] in place to cover all aspects of the exam build and delivery. These should be reviewed regularly.
  - c. Policies for how exam content is secured. This might include password protected access, secure log-in and two-factor authentication.
  - d. Clear misconduct policies, including any activity which compromises the content of the exam.
  - e. An appropriate appeals process. Colleges and faculties should review appeals on a case-by-case basis and should not make blanket decisions on appeals outcomes.
  - f. An agreed SOP in place for collating marks that is reviewed and signed off by the exam board.
  - g. A policy for discovering errors with results. If an issue arises, colleges and faculties should engage with the regulator to carefully consider next steps with a balance on patient safety, fairness to candidates and the potential effect on service. Candidates should be communicated with clearly, honestly and promptly when they have been adversely affected by any issue arising. This should include signposting to appropriate support.
  - h. A policy and process for reviewing item performance and to remove items that impact the reliability of the exam.
  - i. Robust guidance on invigilation and proctoring.
2. Colleges and faculties should hold risk registers which are reviewed regularly. This should include an agreed policy for dealing with software updates from technical providers.
3. College and faculty examination teams should have clear structures, responsibilities and hierarchies for both routine business as well as for swift escalation when issues arise.

## Exam delivery

4. Colleges and faculties should ensure candidates are prepared and aware of technical/system requirements for online exams. For example, colleges and faculties should advise candidates that a secure and stable Wi-Fi connection should be tested in advance by all candidates sitting remote exams.
5. For remote online exams, colleges and faculties may recommend that candidates have a secondary device available to use in case of connectivity issues with their primary device. It should be recognised that this may have security risks if the candidate is required to use a LockDown browser.
6. Colleges and faculties should have robust communication strategies in place with exam delivery providers for each stage of the exams process to ensure that providers fully understand the nature and format of the exam. This should include communication regarding software updates and the effect that may have on connectivity.
7. Where appropriate, and capacity allows, colleges and faculties should aim to use test-centres for candidates sitting online exams.
8. Colleges and faculties should have oversight of all test-centre and online exam providers contracting and subcontracting to lower-tier/quality centres to accommodate over-flow of candidates to ensure a consistent exam experience for all.
9. Contracts with test-centres and online exam providers should cover the mechanism for raising issues contemporaneously, and details on how support will be delivered to candidates experiencing technical issues. Appropriate support for all online exams should be more than a chat box function as this may be a barrier to candidates who don't have English as their first language, and those with dyslexia.
10. Colleges and faculties should consider that online-proctored exams taken at home should be restricted to candidates with specific circumstances or requiring reasonable adjustments.
11. Colleges and faculties should consider practical contingency plans for any incidents on the day of the exam, including building failure. This might include having a second venue on stand-by.

## Security of exam content

12. Colleges and faculties should utilise post-exam analysis to identify unusual patterns of performance from candidates. Colleges and faculties are strongly encouraged to adopt a standardised approach to check for anomalies in results. This should include steps to check results and identify any abnormal patterns, as well as the use of available supporting software.

## Collation of marks

13. Colleges and faculties should have robust QA processes in place for collation of marks; this may include working towards using an electronic marking system to mitigate against human error. They should also ensure a minimum of two people check the marks, multiple cross-checks or the use of an external psychometrician.

## Determination of candidates' exam outcomes

14. Colleges and faculties should consider the benefits of using an independent reviewer for the analysis of results.

## Identification and communication with (un)successful candidates

15. Candidates should be provided with as much information as possible on their results, including a breakdown of their marks.<sup>2</sup>
16. Exam results presentation should be reviewed so that the data is presented in a clear, detailed and comprehensive manner which is self-explanatory for non-experts in psychometrics, including college and faculty staff.
17. Candidates should be communicated with clearly, honestly and promptly when they have been adversely affected by any issue arising. This should include signposting to appropriate support.
18. Adequate time should be allowed for publication of results to avoid calculation errors being made under pressure. Where necessary, colleges and faculties are encouraged to delay the release of results for quality assurance purposes. Candidates should be made aware of timelines and any delays.

## Appeals

19. Colleges and faculties should consider using a pre-emptive appeals process, for those candidates experiencing a technical issue not of their own fault, however, every candidate should be considered on a case-by-case basis. This should be simple and quick, ensuring the candidate has a guaranteed place on the next diet.

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<sup>2</sup> Academy of Medical Royal Colleges. [2025] *Feedback to candidates following a summative exam: Principles for colleges and faculties*. [accessed March 2026]

## Near-misses

20. Any near misses should be identified and communicated to relevant exam staff and exam boards. Learning should take place to help mitigate against a reoccurrence of the near-miss in the future and existing policies and processes should be reviewed.

## General

21. When issues or irregularities arise, **early communication with the GMC is vital.**<sup>3</sup>
22. Colleges and faculties should consider using other colleges and faculties for an external audit of exam QA processes and all other aspects of exam functions. Sharing good practice and building expertise is strongly encouraged.
23. The AoMRC should collate adverse exam events and share via the Academy Assessment Committee.
24. The Sharing Good Practice forum should be reformed. This would provide an opportunity for all colleges and faculties to discuss issues which have occurred, including near misses, and share the lessons learned. This would allow sharing of generic policies to ensure common best practice across PMEs.
25. It is important there is an integrated team with collective responsibility for exams – using different teams within the college or faculty for separate parts of exam delivery can lead to the missing of errors.
26. There should be a technical Induction for clinical Board members and staff involved in exams in the generation of results and processing of outcomes.

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<sup>3</sup> GMC. [Unexpected events affecting the delivery of postgraduate medical exams](#) [accessed February 2026]

## Next steps

This report will be used to inform discussions with the GMC and reassure it that exams are fit for purpose. It demonstrates that colleges and faculties are being transparent about incidents as they occur and sharing lessons with each other.

The report and recommendations will be disseminated to all colleges and faculties. The AoMRC will encourage all colleges and faculties to adopt the recommendations to ensure continuous improvement and assurance of robust QA processes.

The AoMRC will support colleges and faculties to share good practice regarding the exams QA process. Information regarding best practice and adverse incidents will be collated through the Academy Assessment Committee. A register will be developed to log and discuss any future incidents that occur.

# Acknowledgements

Royal College of Anaesthetists  
Royal College of Emergency Medicine  
Royal College of General Practitioners  
Faculty of Intensive Care Medicine  
Intercollegiate Committee for Basic Surgical Exams  
Joint Committee on Intercollegiate Exams  
Royal College of Obstetricians and Gynaecologists  
Royal College of Ophthalmologists  
Royal College of Paediatrics and Child Health  
Royal College of Pathologists  
Faculty of Pharmaceutical Medicine  
Royal College of Physicians of Edinburgh  
Royal College of Physicians and Surgeons of Glasgow  
Federation of the Royal College of Physicians of the United Kingdom  
Royal College of Psychiatrists  
Faculty of Public Health  
Royal College of Radiologists  
College of Sexual and Reproductive Health  
Royal College of Surgeons of Edinburgh  
Royal College of Surgeons of England  
Royal College of Surgeons in Ireland

# Appendix 1 Survey Results

## Registration Process

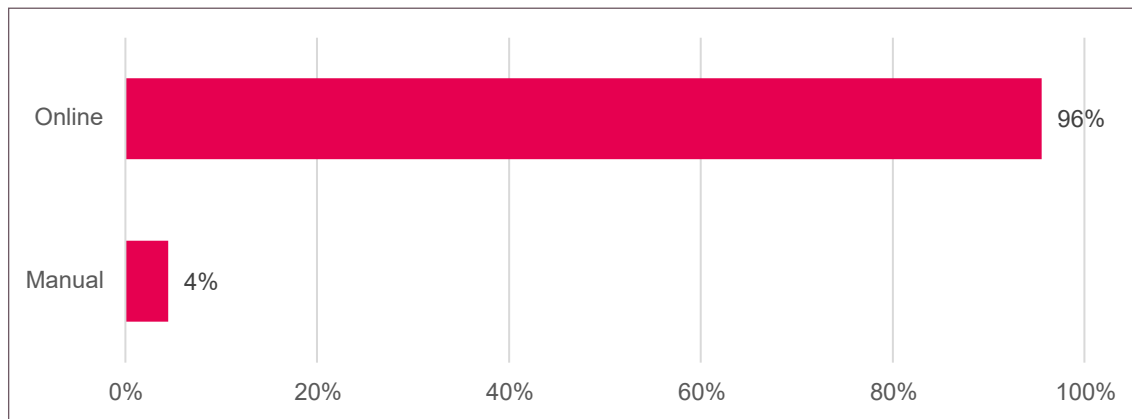
Nearly all colleges and faculties use an online registration process (Figure 1). Each college and faculty appears to use a different online system for registration, such as Eventsforce, iMIS, College/faculty specific systems, Salesforce, Microsoft Dynamics CRM and Veda Exam Hub.

### Good practice example



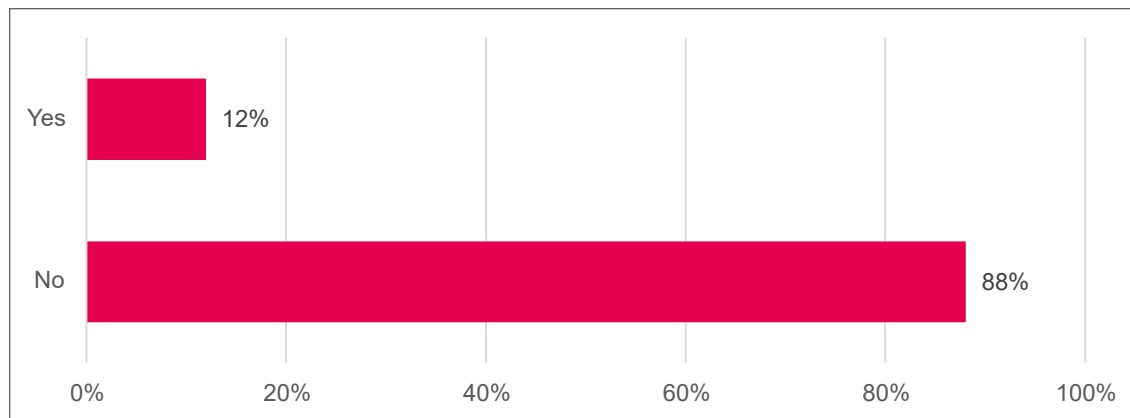
The Royal College of Paediatrics and Child Health has a priority allocation process and policy that is available to all candidates to view and understand before they apply in case there are more applications than places.

Figure 1. Is the exam registration process online or manual?



Outsourcing of the registration process tends to be used for larger exams [2,000+ candidates]. Outsourcing is used for international candidates and candidate reservations.

Figure 2. Do you outsource any of the registration process?



To identify candidates during the registration process colleges and faculties use the following methods:

- ID checks at the exam centre.
- Registration with the college or faculty membership system.
- GMC registration number [UK]/Primary Medical Qualification [International].
- Self-declaration at registration.
- A copy of the candidate's medical degree.
- A copy of the candidate's exam results.

Almost all colleges and faculties have a reasonable adjustment policy [Figure 3]. However, 70% of respondents have experienced issues relating to the reasonable adjustment policy. The most common issues experienced by colleges and faculties are:

- Late application by candidates.
- Getting acceptable forms of evidence from candidates.
- Adapting the policy for pregnancy/breastfeeding.
- Increasing demand and variety of requests.
- Resources

Figure 3. Do you have a reasonable adjustment policy when registering for the exam?

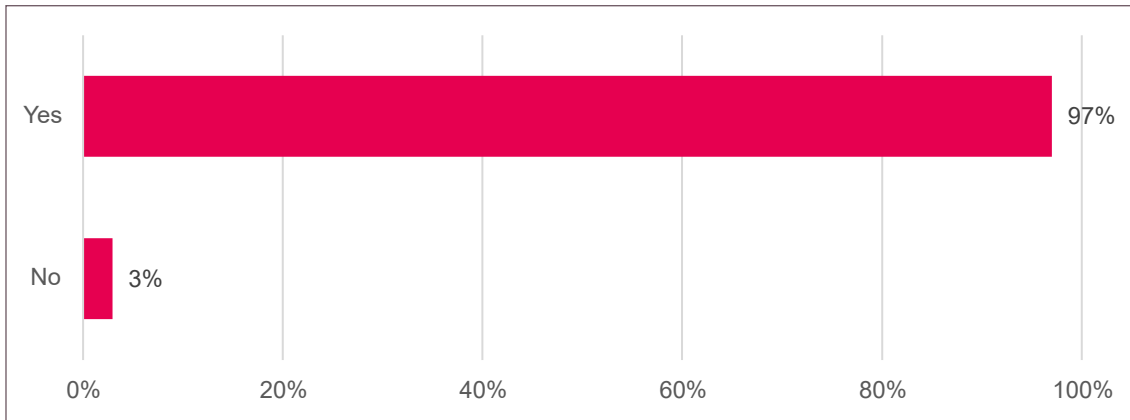
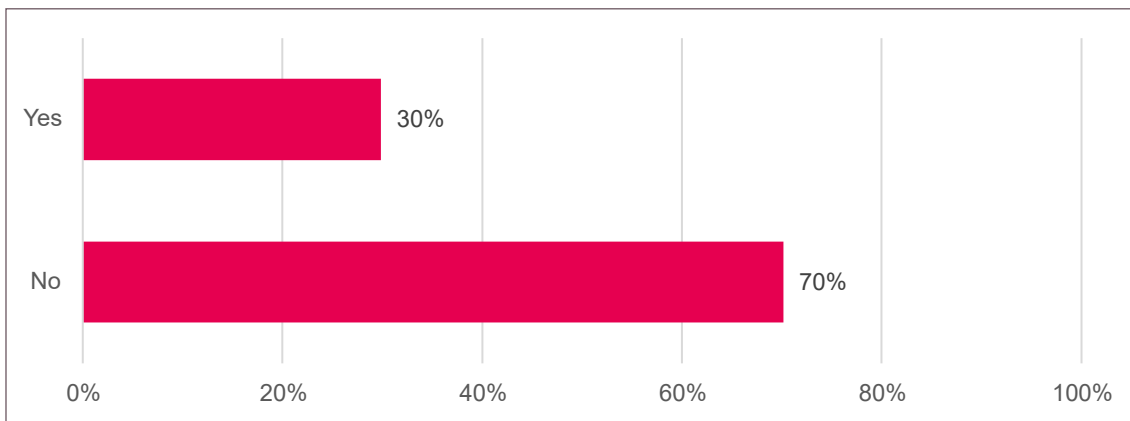


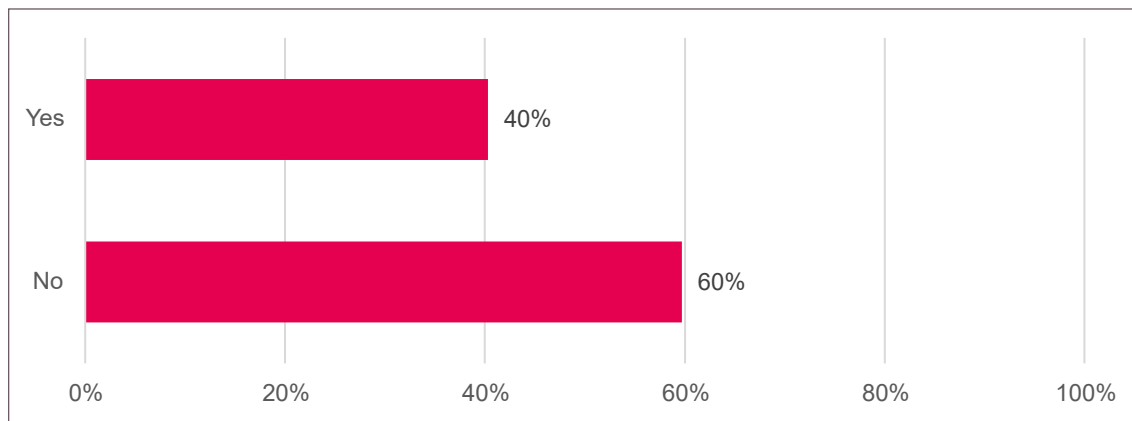
Figure 4. Have there been any issues relating to this reasonable adjustment policy?



60% of colleges and faculties have experienced irregularities/issues with the candidate registration process (Figure 5). The most common issues experienced are:

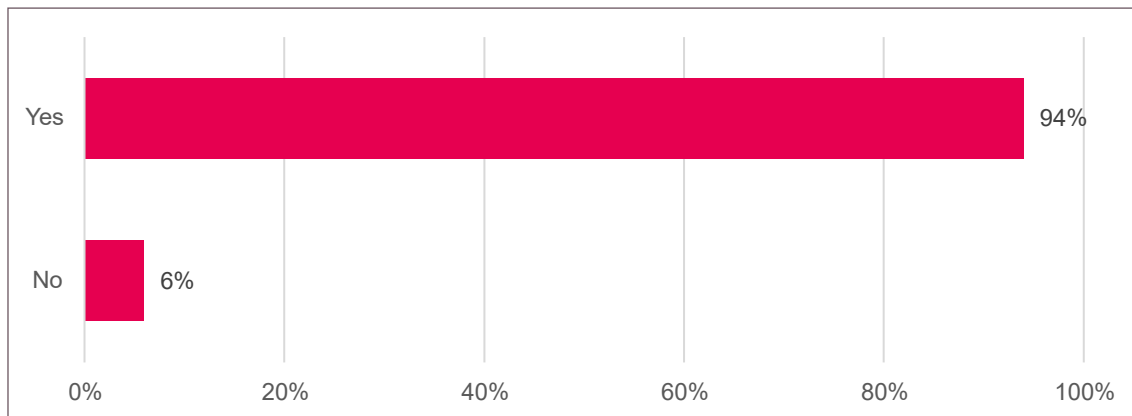
- Technical issues either individually or with the website.
- Issues with payment processing.
- Late registration (this is normally accommodated).
- Verification of non-UK regulatory body registration.
- ID/qualifications not in English.

Figure 5. Have there been any irregularities/issues with the candidate registration process



Almost all colleges and faculties have mitigations for issues that might arise (Figure 6). The mitigations include published deadlines, policies and procedures in place, manual processes and monitoring by college and faculty staff and changing application period opening and closing times.

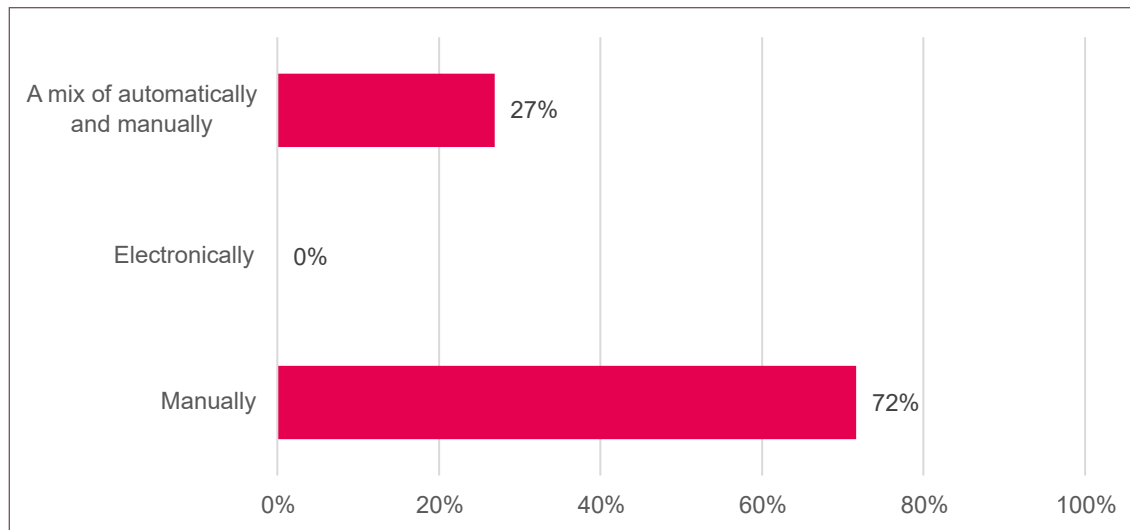
Figure 6. Do you have any mitigations for issues which might arise



## Exam build

Almost three quarters of respondents build their exams manually. The remaining respondents build exams using a mix of automatically and manually (Figure 7).

Figure 7. How is your exam built?



Only a very small number of colleges and faculties have identified irregularities/ issues with exam blueprint, syllabus or criteria being incorrect (Figure 8). Over half of respondents have mitigations in place for issues which might arise (Figure 9). These are:

- Reviewing exam content regularly against the blueprint to ensure that topics are covered appropriately.
- QA processes in place, such as multi-level sign off, multiple checkpoints, escalation of issues, QA checklist/review procedure.
- Manual checks and manipulation to correct any issues with publication.
- SOPs covering all aspects of exam build.

## Quality assurance processes for exams

Figure 8. Have there been any irregularities/issues identified with exam blueprint, syllabus or criteria being incorrect?

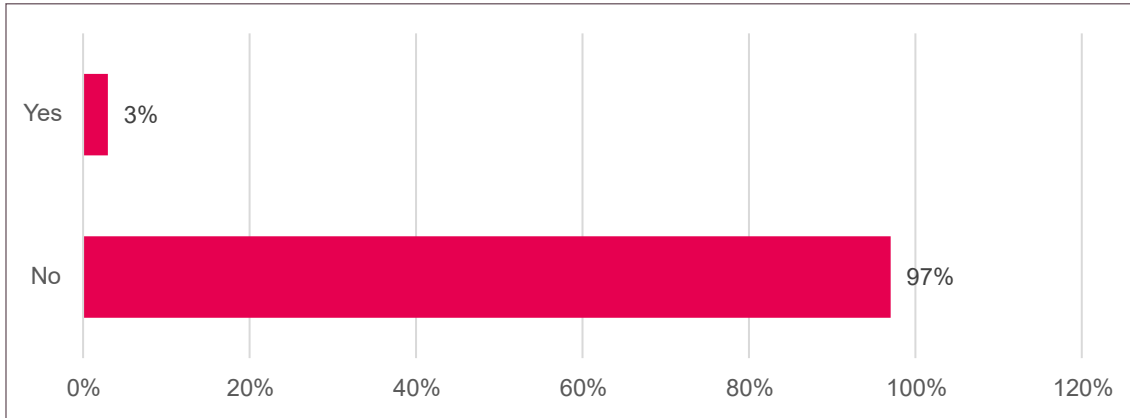
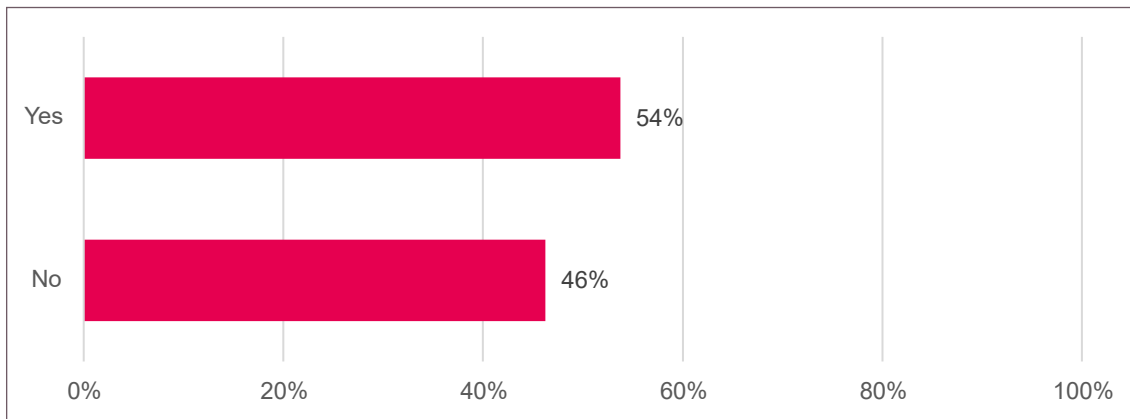


Figure 9. Do you have mitigations for issues which might arise?



## Exam delivery

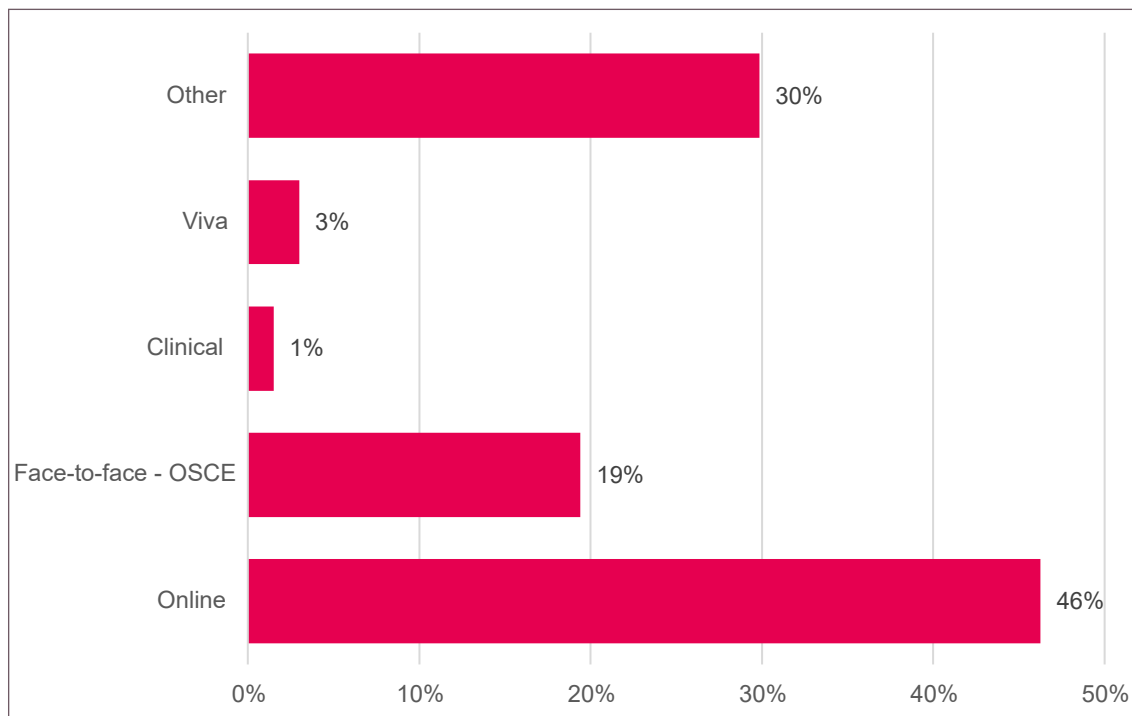
Almost half of exams are delivered online. 30% were classed as 'other' (Figure 10), this included computerised exams delivered in physical exam centres, structured oral exams, online OSCE, a mix of online and in-person delivery.

### Good practice example



The Royal College of Obstetricians and Gynaecologists has a business continuity plan in place so that if a venue becomes unusable due to major disruption, the exam can be converted into an online format.

Figure 10. Is the exam online/face-to-face – OSCE/Clinical/Viva/other



Candidates are identified by presenting their passport/ID in person/online and sometimes also using a secondary identifying document.

Just over half of respondents have experienced irregularities/issues with the exam delivery process (Figure 11). These related to connectivity problems, device/software incompatibility, system outages and IDs not being in English. Almost all colleges and faculties have mitigations in place (Figure 12) including, SOPs/contingency planning/escalation procedure, ongoing QA, regular meetings with the exam provider, formal agreements with providers on server capacity and pre-exam checks.

Figure 11. Have there been any irregularities/issues with the exam delivery process?

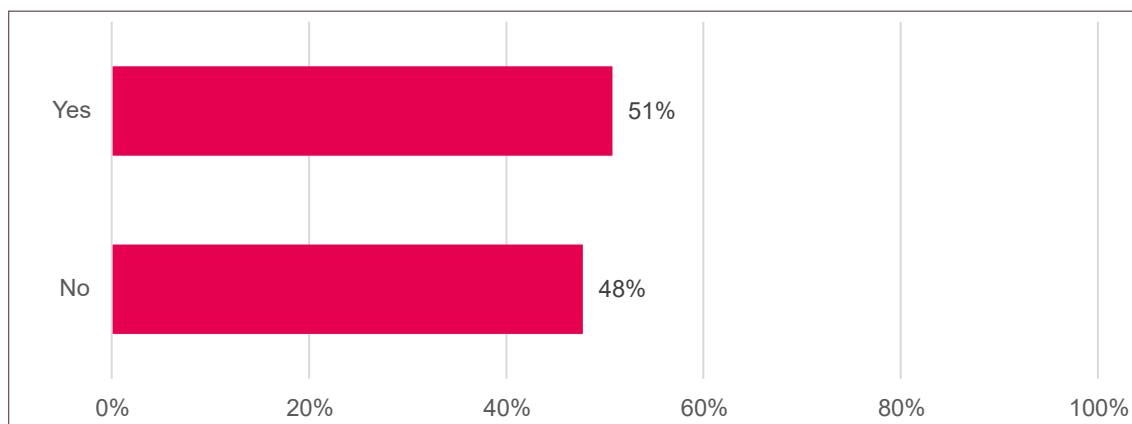
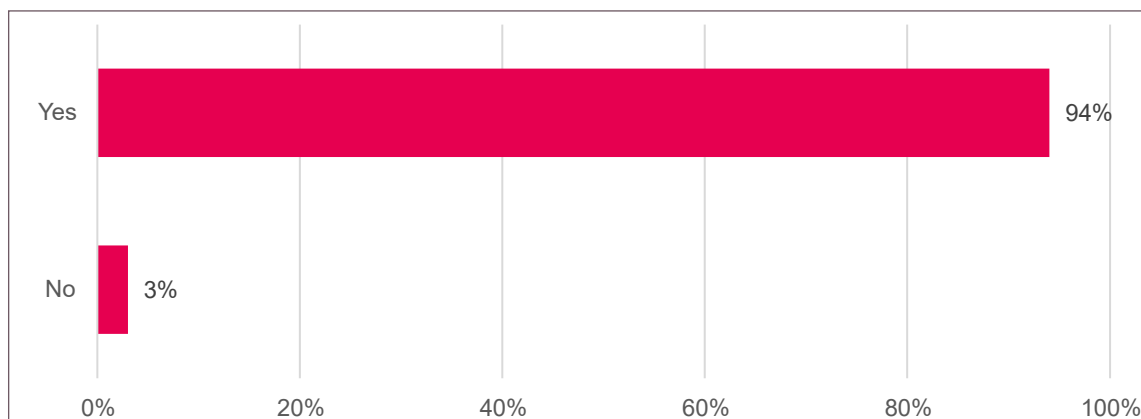


Figure 12. Do you have any mitigations for issues which might arise



## Item review

Following exam delivery, most respondents have not identified irregularities/issues with exam content being incorrect (Figure 13). The issues that did arise were largely individual issues, rather than systemic. The most common issue was ambiguity in stations/questions.

The vast majority of colleges and faculties have mitigations in place (Figure 14), such as post-exam item review/moderation, quality assurance checklist/processes, exams checked by multiple people/final sign off by managers/leads.

Figure 13. Following exam delivery, have there been any irregularities/issues identified with exam content being incorrect?

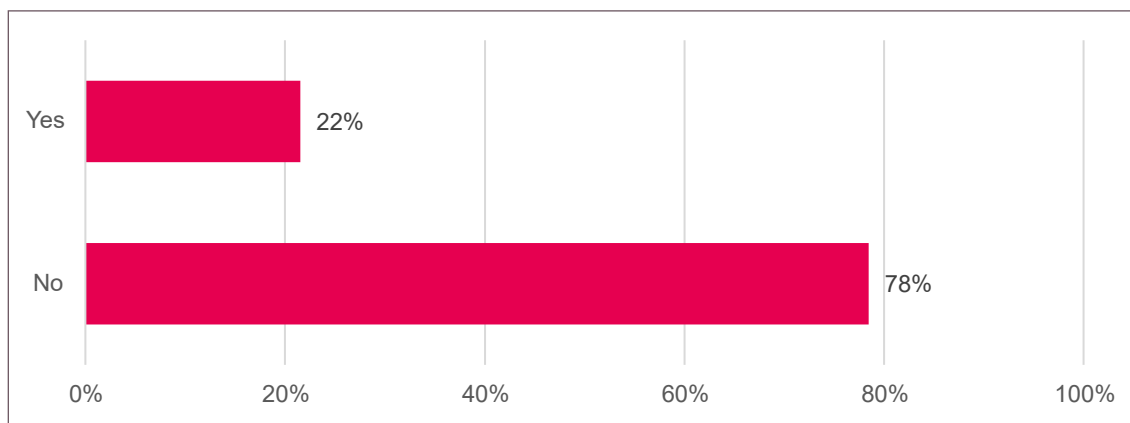
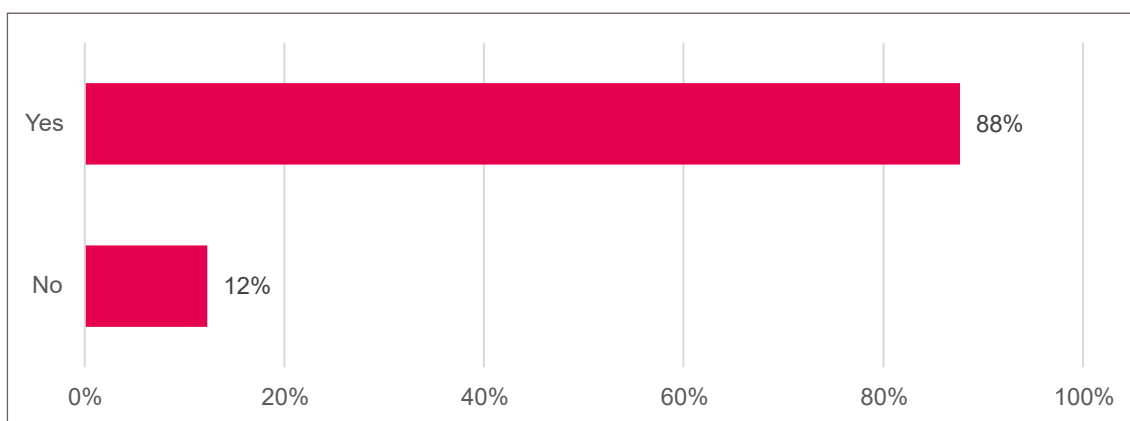


Figure 14. Do you have any mitigations for issues which might arise?



## Security of exam content

Colleges and faculties highlighted the security of exam content being a particular concern for them and one where they were frequently identifying risks to the QA process of exams.

Three quarters of respondents stated that following exam delivery, they have not identified any irregularities/issues with exam content being incorrect (Figure 15). Issues identified were due to candidates cheating/sharing content and Telegram groups which are used to share exam questions.

Almost all colleges and faculties have mitigations in place for issues which might arise (Figure 16). These include:

- Misconduct policies.
- Examiners code of conduct and conflict of interest.
- Restricted access to materials.
- Secure storage of exam materials and stations.
- Password-protected access to exam systems.
- Secure logins and two-factor authentication.

Figure 15. Have there been any irregularities/issues with the security of the exam content?

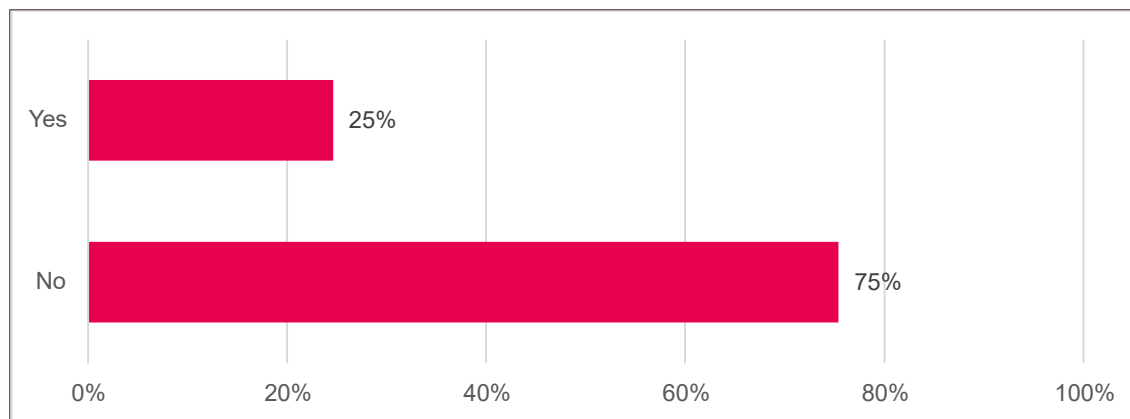
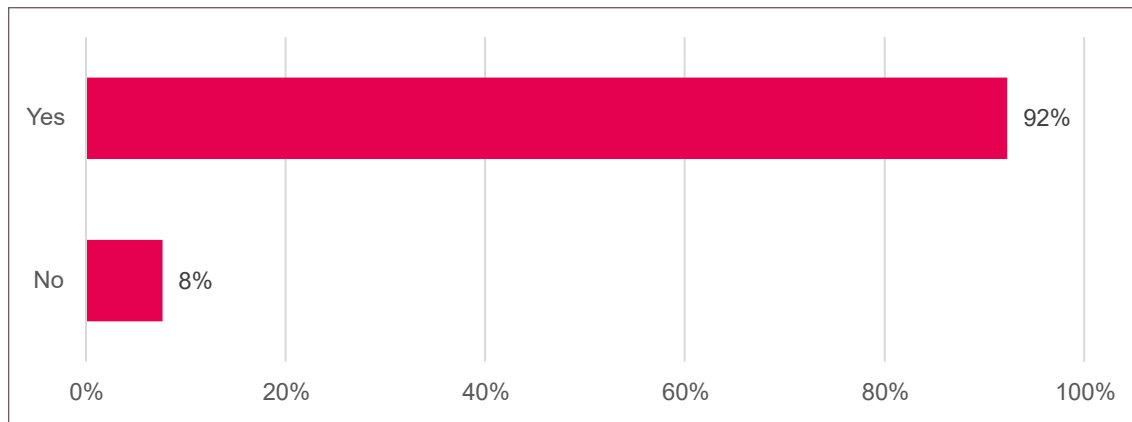


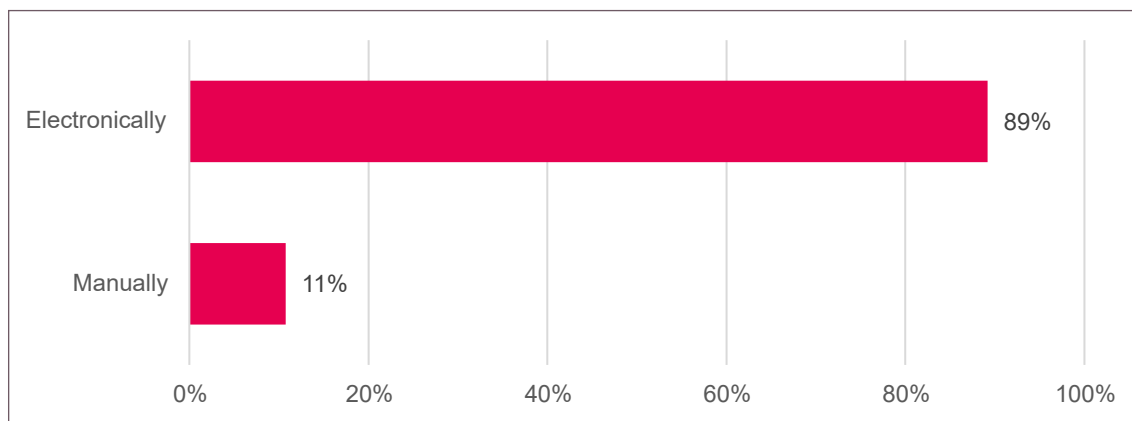
Figure 16. Do you have any mitigations for issues which might arise?



### Collation of marks

The majority of respondents collate their marks electronically (Figure 17). The QA process for checking the collation of marks includes multiple members of staff checking exams, the use of an external psychometrician and additional checks, e.g. x-lookup, 1% checks, manual checks.

Figure 17. Are your marks collated manually or electronically?



80% of marks are collated by internal providers (Figure 18).

Figure 18. Is the collation of marks conducted internally or by an external provider

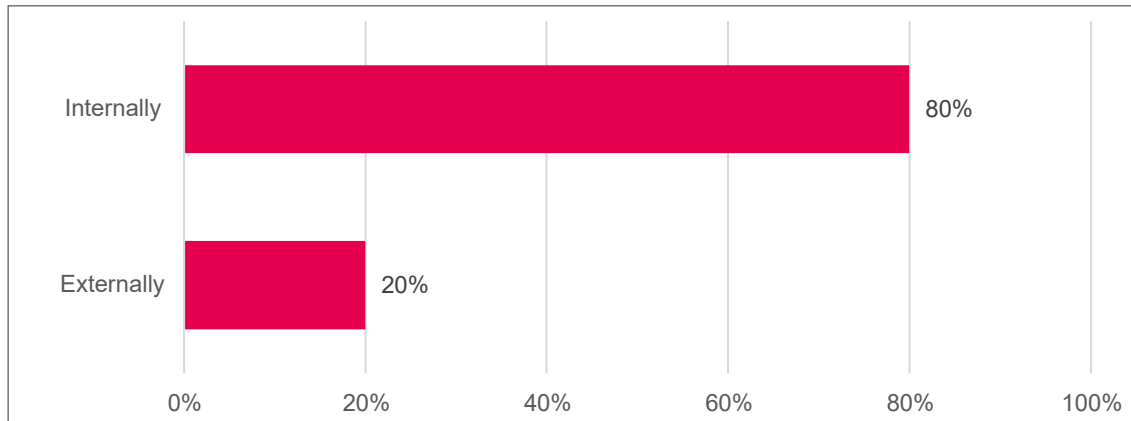
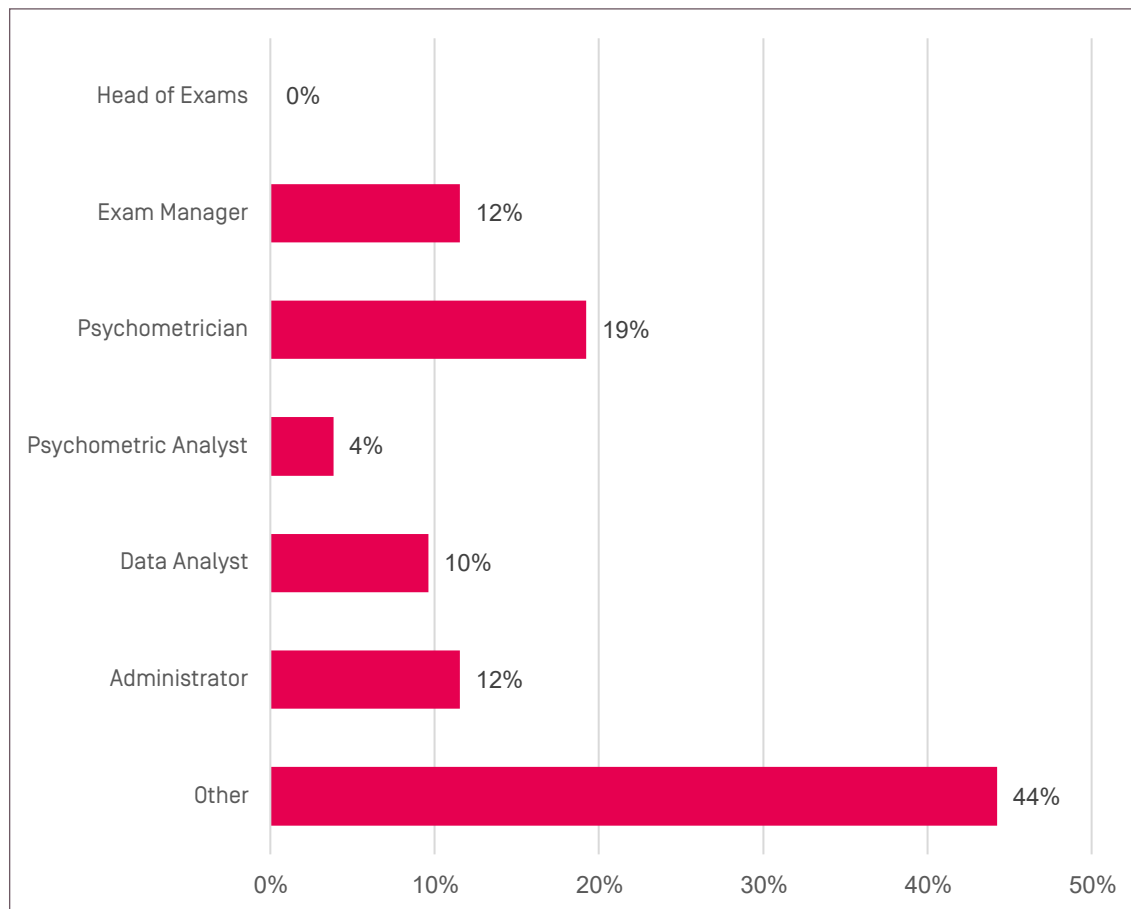
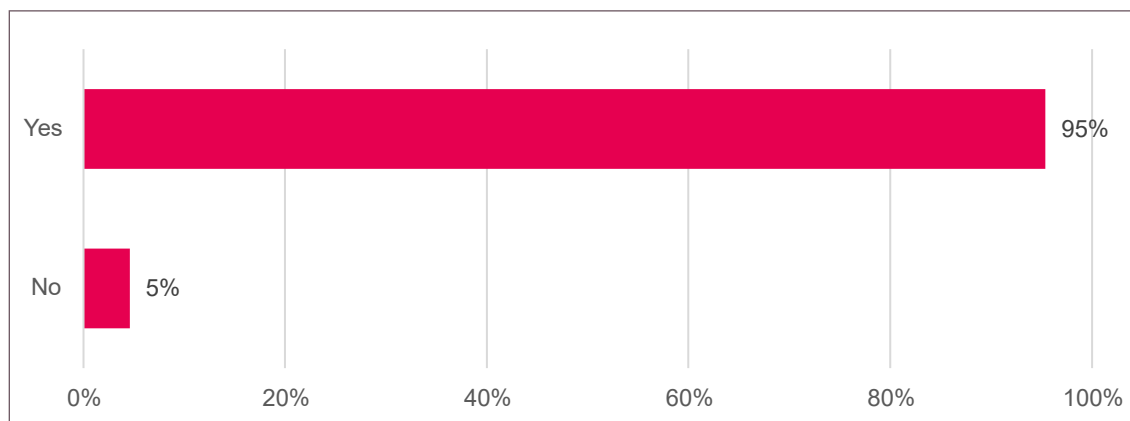


Figure 19. If internally, who conducts the collation of marks?



Almost all colleges and faculties have internal policies on how to approach collation and analysis of marks (Figure 20).

Figure 20. Do you have any internal policies on how to approach collation and analysis of marks?



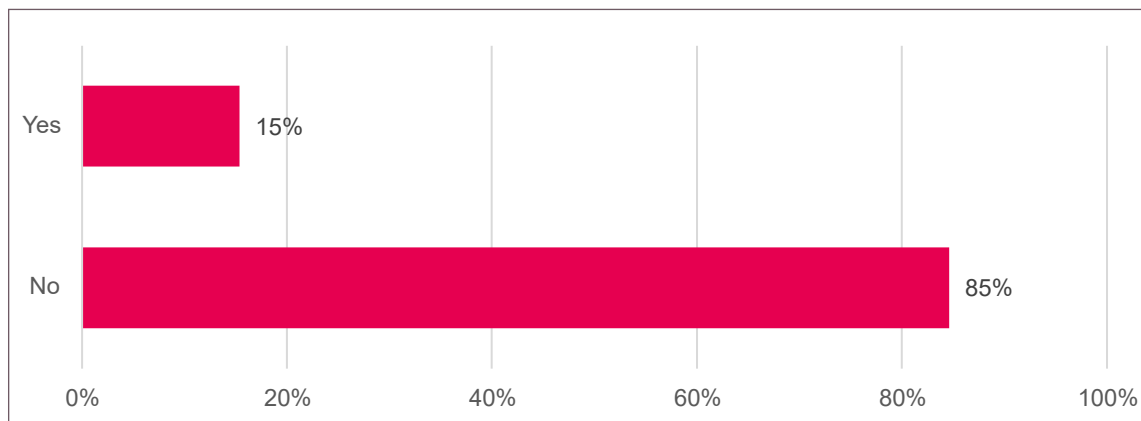
15% of respondents have experienced irregularities/issues with the collation of marks (Figure 21). There were no recurrent themes to the issues, but there were individual issues:

- A technical fault with a scanner meant that marks had to be manually transcribed. The issue was identified towards the end of the diet during the appeals process. The results for all candidates were reviewed. It was identified that communicated pass/fail outcomes for 11 candidates were incorrect (8 changed from pass to fail, 3 from fail to pass).
- Discrepancies in question performance statistics were identified at the examining board meeting. The results for all diets since 2020 were recalculated and it was found that incorrect results were communicated to 283 candidates in the 2023.03 diet (222 from pass to fail, 61 from fail to pass). This had been caused by not deleting dummy data in the information provided by the delivery partner after the exam, which meant that candidates who had taken the exam were incorrectly awarded marks when they got questions wrong. Amending the marks for these candidates changed the equating outcomes, which meant that the marks for a smaller cohort of candidates who had taken the pencil and paper version of the exam required adjusting to reflect the updated equating process.
- A technical malfunction resulted in the loss of a candidate's scores.
- Two candidates were unintentionally given identical codes to access the exam, meaning they were both logged in as the same person.
- During the exam, OSCE examiners may incorrectly assign marks to absentee candidates or spare slots.

## Quality assurance processes for exams

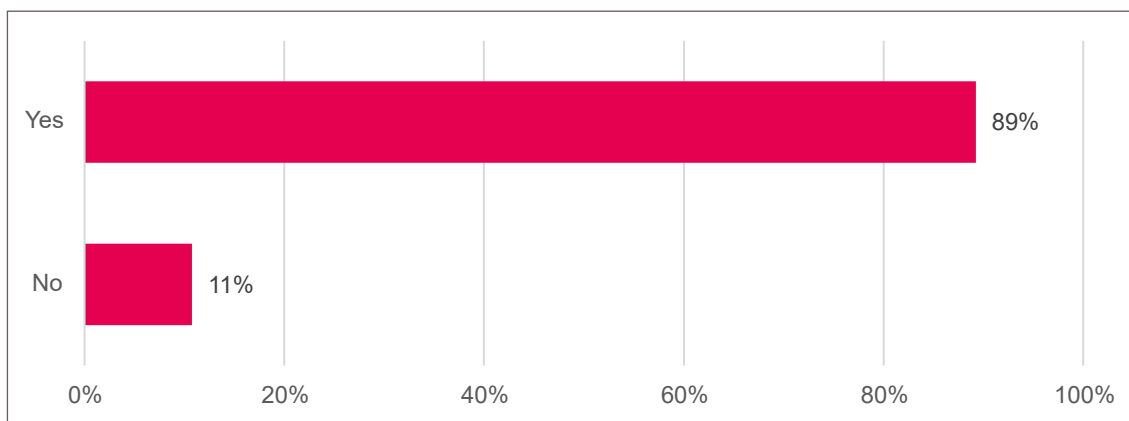
- A system bug prevented submitted marks from being stored correctly when examiners moved to the next case.
- Questions were not removed when they should have been.
- Items were removed. However the pass mark was not adjusted correspondingly.

Figure 21. Have there been any irregularities/issues with the collation of marks?



89% of respondents have mitigations in place (Figure 22), including SOPs and QA processes, additional checks for any manually collated marks, electronic submission and automated processes with manual checks, multiple checkpoints, the use of psychometricians and cross checking.

Figure 22. Do you have any mitigations for issues which might arise?

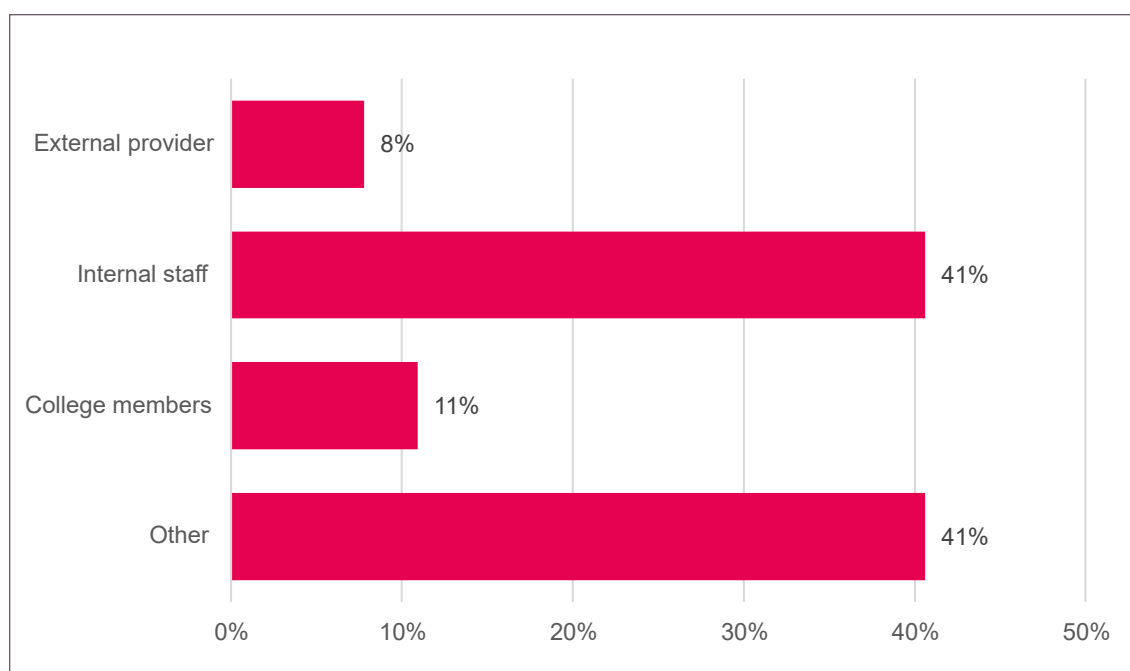


## Determination of candidates' exam outcomes

Most colleges and faculties use an Angoff or modified Angoff process to determine the pass mark. Other methods used include borderline regression method, statistical equating, Ebel, Hofstee and fixed pass mark.

Most respondents reported that internal staff or 'other' organise or lead the determination of pass marks (Figure 23).

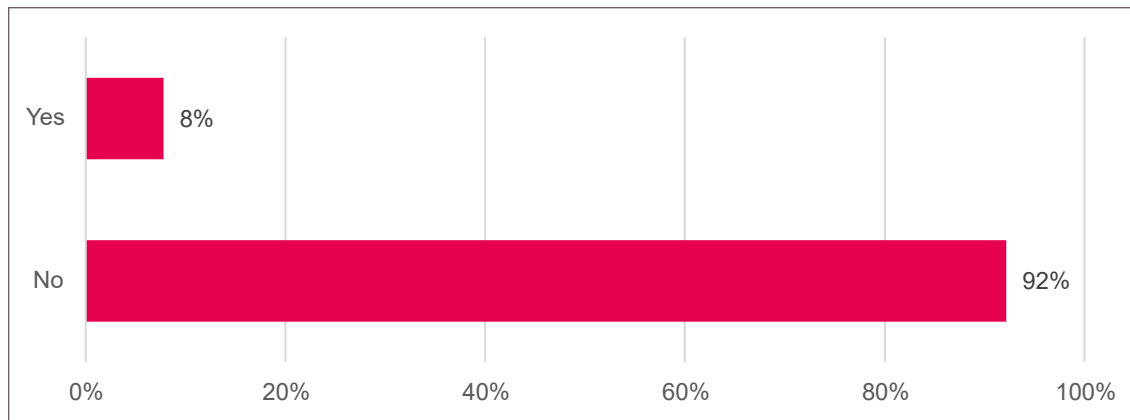
Figure 23. Who organises or leads the pass mark determination?



The majority of respondents have not had an issue with determining pass marks (Figure 24). The issues/irregularities were:

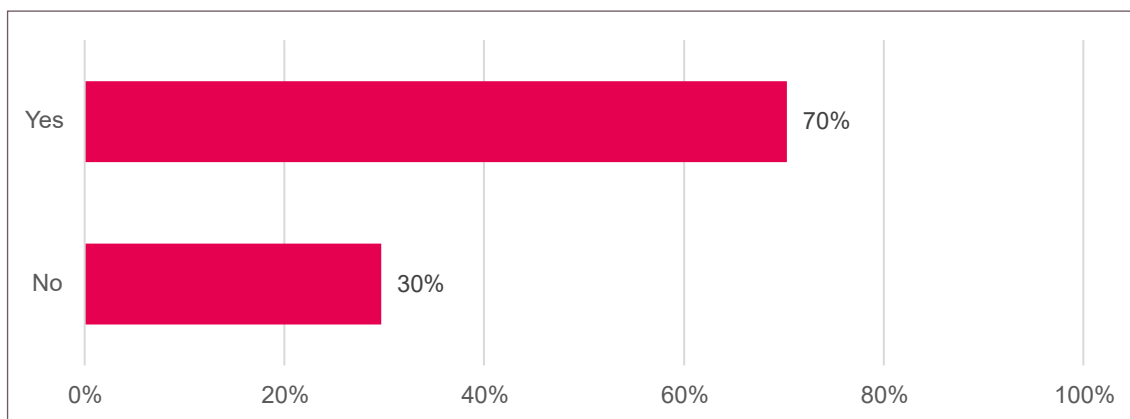
- Candidates were given their assessment results and subsequently queried the addition of marks on their feedback. An investigation found there had been an error in the processing of the results. This meant that 50 candidates had incorrectly been informed that they had passed the assessment.
- An examiner involved in standard setting the exam was found to have out-of-date training.
- There was an error in one candidate's results due to a mistake in manually transferring responses on a paper answer sheet to exam developer.

Figure 24. Have there been any irregularities/issues with determining the pass mark?



Almost a third of respondents do not have mitigations in place for issues that might arise (Figure 25). The mitigations include QA and moderation processes, oversight from psychometricians and senior examiners, training for standard setters and review by exam boards.

Figure 25. Do you have any mitigations for issues which might arise?



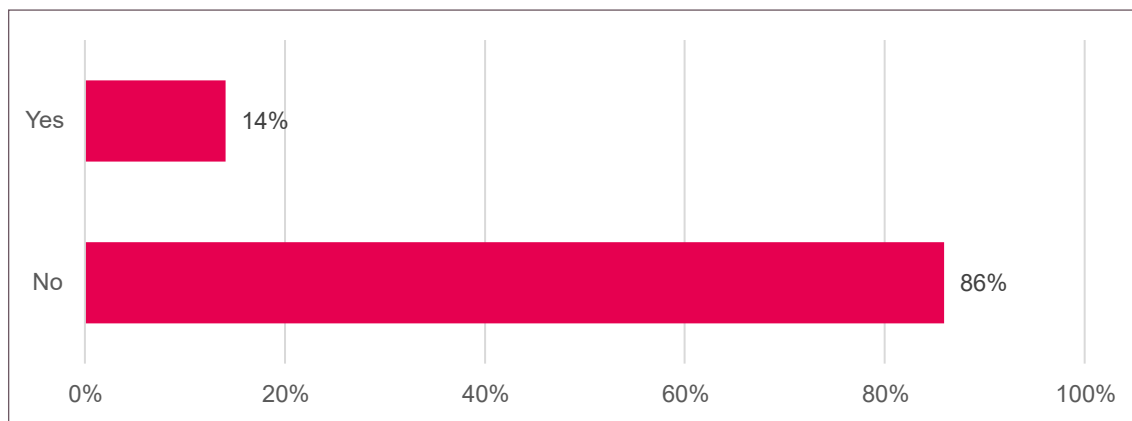
## Identification of (un)successful candidates

Most respondents have not had irregularities/issues with identifying successful and unsuccessful candidates (Figure 26). In addition to those already described under determination of candidates' exam outcomes, other issues included:

- Ten candidates were issued with incorrect feedback. However, the results that were issued were correct. The error occurred in relation to the management of candidate information, and their associated email addresses which were undertaken via spreadsheets.

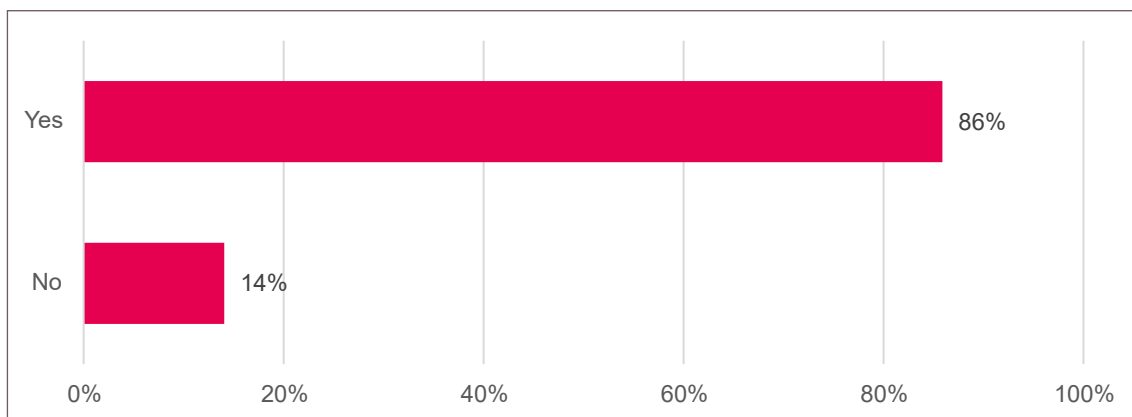
- Five candidates were awarded incorrect marks. This was due to the PRP/ Osler system storing marking data across two separate tables which were not synchronised correctly, resulting in inconsistent marks appearing in different parts of the backend system.
- An error in a results formula led to one candidate for an overseas exam being given the incorrect exam outcome.
- An error in candidate scores determination meant candidates were mistakenly informed of the incorrect overall result determination [successful or unsuccessful].

Figure 26. Have there been any irregularities/issues with identifying successful and unsuccessful candidates?



Most colleges and faculties have mitigations in place for issues which might arise (Figure 27), such as QA processes and sign off procedures, manual checks, honest communication with affected candidates and cross-checking datasets.

Figure 27. Do you have any mitigations for issues which might arise?



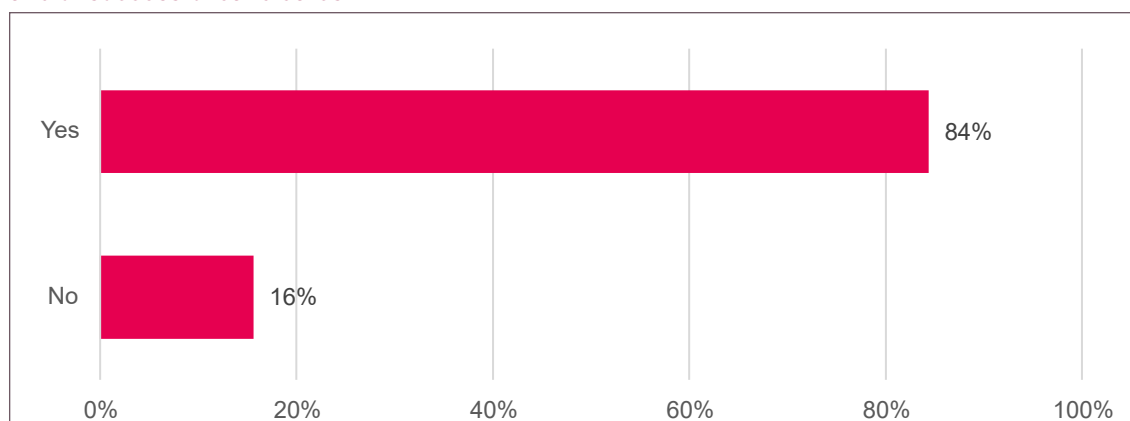
## Communication with (un)successful candidates

Most colleges and faculties have not had any irregularities/issues with communicating results with successful and unsuccessful candidates (Figure 28).

The issues that did occur were:

- Mail Merge issues including a data protection breach and the template document not being updated.
- A delay in some candidates receiving their results due to a synchronisation issue between the Member database and the Portfolio platform where results are published.
- Candidate firewalls blocking results letters.

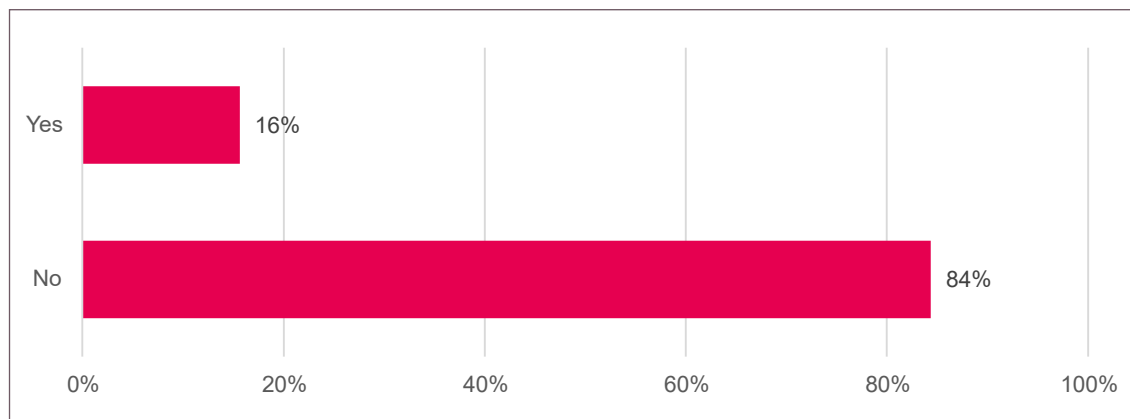
Figure 28. Have there been any irregularities/issues with communicating results with successful and unsuccessful candidates?



Most colleges and faculties have mitigations in place for issues which might arise (Figure 29), these are:

- Policies/procedures and training in place.
- Adoption of new technologies to reduce manual processes.
- Additional checks for any manual processes.
- Signposting to support for candidates.
- Manually checking a percentage of results letters.

Figure 29. Do you have any mitigations for issues which might arise?



## Appeals

Most colleges and faculties have not had any irregularities/issues with the appeals process (Figure 30). Irregularities and issues reported included:

- A candidate who appealed based on technical issues which were difficult to dispute. The appeal was upheld. Through this process it was found that the appeals policy was not fit for purpose and difficult to implement. The policy was subsequently rewritten.
- Individual candidates sometimes take outcomes to higher levels involving legal action which complicates standard and transparent appeals processes.

### Good practice example

The Royal College of Emergency Medicine operates a pre-emptive appeals process in the case of technical issues arising at test centres.



Over three quarters of colleges and faculties have mitigations in place for any issues which might arise (Figure 31), such as suitable policies, an appeals panel and an escalation process for appeals.

Figure 30. Have there been any irregularities/issues with the appeals process?

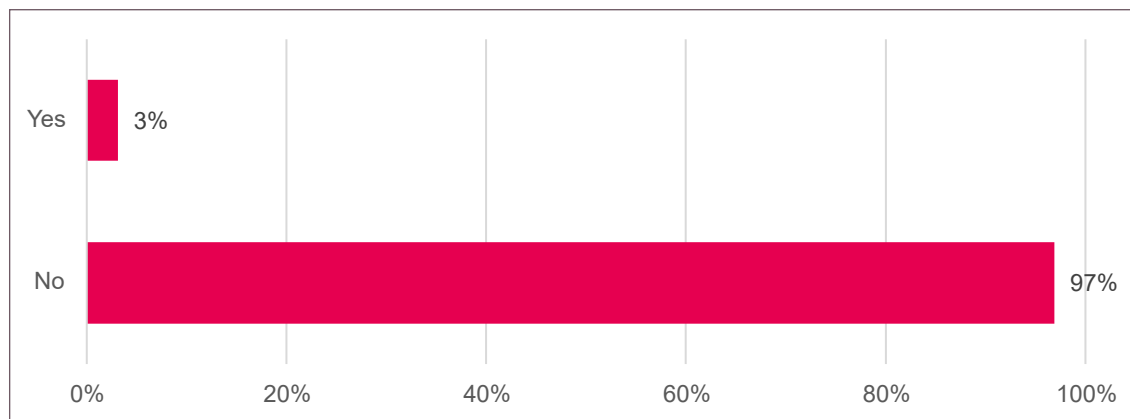
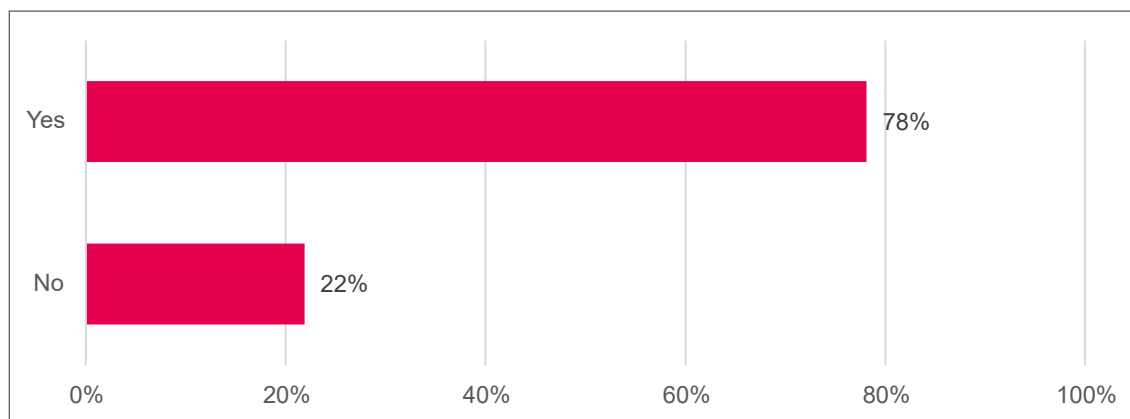


Figure 31. Do you have any mitigations for issues which might arise?

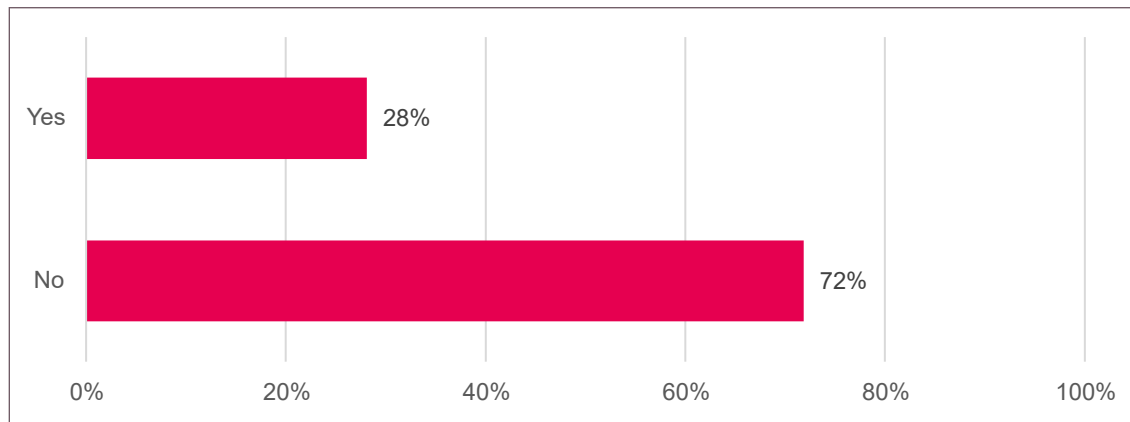


## General

28% of respondents identified specific risks they were concerned about with current exams (Figure 32), this included:

- The manual component in exam processes.
- Risk of more sophisticated methods of cheating, e.g. Artificial Intelligence.
- IT dependencies, technical issues and the risk of data loss.
- Increasing numbers and complexity of reasonable adjustments requests and the challenge of accommodating all these requests.
- Volunteer time/capacity.

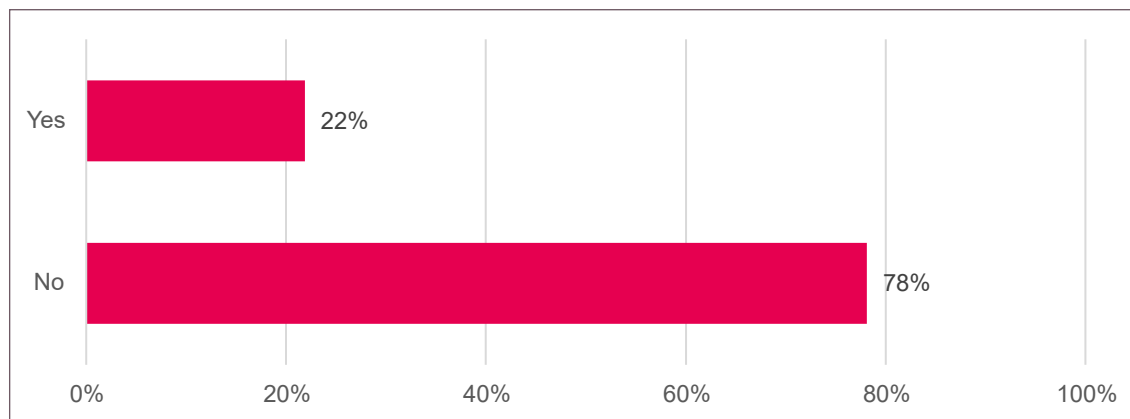
Figure 32. Are there any specific risks you are concerned about with your current exams?



22% of respondents have encountered near misses with a part of the exam process [Figure 33]. The issues raised were:

- The provider had accidentally deleted images, which was discovered during routine checks.
- Questions not being removed.
- When the risr system was new, it showed candidates who had hit the pass mark as failed instead of passed.
- Incorrect mark inputting, incorrect results determination, and incorrect exam paperwork sent to candidates.
- Identification that a set of candidates had seen an exam question due to a leak of previous questions.
- Ensuring exam attempts are accurately recorded. At present, a candidate whose past attempts have been voided may appear as a first-time taker.
- OSCE station naming in the psychometric report did not match that of the results calculation for candidates.
- Procedural concern with standard setters.
- Questions submitted to the exam question bank mapped to more than one Capability in Practice and Key Skill, but the question bank did not have functionality to record this against items, which gave a false impression that the blueprint had not been met.
- A new CRM system was introduced. During record updates, staff inadvertently triggered an automated blank email with the word 'pass' in the subject line.
- Results file provided for release of results had pass/fail incorrectly applied when compared to the score/pass mark.

Figure 33. Have you ever encountered any near misses with any part of the exam process?



There are several developments in progress within colleges and faculties:

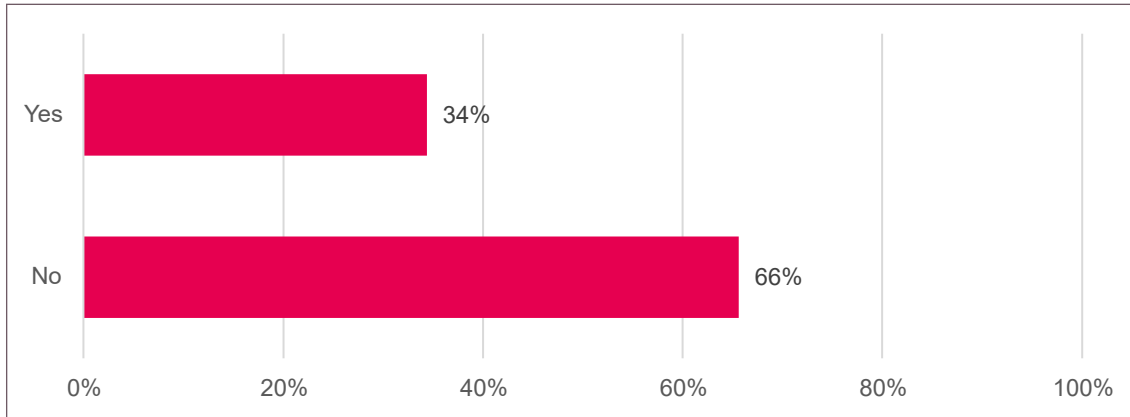
- Exam reforms.
- Investigating return to test centre delivery.
- Review of capacity and delivery model of exams due to the increasing number of candidates.
- System upgrades.
- Review of station standardisation to enhance consistency.
- A full assessment programme review to bring more coherence/clarity.
- Moving exam booking, delivery and question bank management away from multiple systems to risr.
- Working on providing additional feedback for examiners who write exam questions to show how well those questions have performed.
- Improvements are being made to the question bank system to support more robust functionality and clearer reporting capabilities.
- Policies relating to candidate requests – such as appeals and mitigating circumstances – are being revised to improve procedural clarity, eliminate ambiguity, and enhance overall effectiveness.
- A comprehensive, independent review of the question bank is underway to ensure quality, clinical relevance/accuracy, and alignment with syllabus and style guide.
- New resources are being developed and piloted to support candidates in preparing effectively for their exams.
- The role of external examiners is being reviewed and revised to better reflect current needs and expectations.

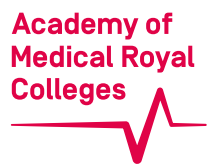
- Eligibility criteria, including documentation requirements for international candidates, are being reviewed.
- Development of new digital infrastructure to support all stages of exam delivery and development.
- Removal of manual processes where possible, improved examiner training and calibration process.

Respondents also reflected on any lessons learned:

- Balancing clinicians' input and college and faculty staff decision making/expertise is challenging.
- Quick, clear and honest communication with candidates and stakeholders.
- Support for all those affected by errors.
- Reduce manual interventions and ensuring QA processes for manual interventions.
- Manual checks.
- Discuss all problems with the GMC.
- Staff ownership of IT functionality and clearer lines of responsibility.
- Robust agreements with third-party providers and contingency planning.
- Formal lessons learned process in place after every exam.
- A clear incident and risk management framework.
- Having a role in the exams team specifically with the remit of covering the exams QA function.
- Detailed SOPs in place and reviewed annually for each process.
- A new pause feature has been introduced to address instances where candidates lose connection during online exams.
- Quality assurance sampling of external online invigilation.

Figure 34. Are there any specific instances of lessons your organisation has learnt due to being exposed to problems, that you would like to share with others?





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