

## 2011 EXAMINATION GUIDANCE – ANNEX 8

### 2010 STATUTORY EXAMINATION FOR MEMBERSHIP

#### EXAMINERS' REPORTS

Of the 45 candidates who sat the examination this year, 27 were allowed to proceed to the oral/practical stage. Most of those who failed to achieve the 45% in each of the 4 written subject papers required to proceed did so by a considerable margin. Of the 27 candidates who sat the whole examination, 2 were sitting 2 subjects and 2 a single subject.

Seventeen candidates passed the examination – 63% of those who were allowed to proceed to the oral/practical and 38% of the 45 candidates who sat the written papers. Ten candidates failed the examination but 7 were allowed to retain passes and re-sit only the subject(s) they failed.

With a few exceptions, the overall mark of those candidates required to re-sit individual subjects or the whole examination were such that with further study and particularly with more practical experience, they should be capable of passing the examination at a further attempt.

However, the poor standard achieved in the written papers by the majority who failed to proceed to the oral/practical indicates that these candidates would be strongly advised to seek a structured re-education programme before re-sitting the examination if they are to have a realistic chance of success at any further attempts.

The reports from the subject examiners which follow highlight deficiencies in the subject areas.

Examination Subject     **The horse**

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#### **Written examination**

Although there was considerable variation between candidates, the written questions were generally satisfactorily answered and candidates showed an adequate general theoretical knowledge. Some candidates showed better integrative and analytical skills than others but the level of theoretical knowledge shown by most candidates was adequate. The written questions tested a broad range of equine medical and surgical topics and provided a fair and balanced opportunity for candidates to demonstrate their knowledge. Several candidates performed better in the written questions than in the practical, oral and steeplechase sections: this may be because these sections require more integration of knowledge than the written questions and also because other skills – practical clinical examination and also communication skills – are tested by these sections. However, the weaker candidates generally performed poorly in all sections of the examination and the performance of candidates in the written section was broadly in line with the other sections.

#### **Clinical, oral and practical**

The steeple chase questions were answered to a variable standard and several candidates who had achieved consistent pass marks in the written papers performed poorly or erratically in the steeplechase, scoring very low marks in some questions which made an overall pass difficult to achieve as very high marks would be required in other questions to compensate. For the candidates who failed to achieve a pass mark, there were consistent weaknesses in the COP. Inability to conduct a methodical clinical examination and interpret the clinical significance of their findings was a common deficiency. Several candidates were unable to describe normal

topographical anatomy or describe the findings of a normal clinical examination. Some candidates were unable to recognise gross abnormalities presented to them during the clinical examination and hence, although they were following the routine of performing the examination, lacked the observational and analytical skills required to work effectively with a horse. It appeared that whilst candidates like this appeared to have adequate theoretical knowledge, they lacked the practical experience to be able to apply it effectively in a clinical context. Each candidate who failed to achieve a pass has received guidance from the examiners on the areas that require specific attention to assist them with preparation for further attempts at the examination.

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Examination Subject     **Small Companion Animals**

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In the written examination candidates should be careful to include a full description of a course of action when asked to describe a clinical process. They must remember to include basic principles such as details of questions of clinical history as well as details of more complicated areas of diagnosis or therapy.

Candidates should be aware that examiners understand that in any written answer a variety of replies may be possible in response to a clinical scenario. It is very important that candidates justify a particular course of action, or explain a sequence of actions in order or priority, so that the examiners can better understand their thought processes, and reward correct clinical reasoning appropriately.

Candidates should ensure they are up to date with current practice in the UK especially in technical areas such as anaesthesia and radiology. They need to be aware that if they have work experience in a limited number of UK practices it is possible that this experience is not completely up to date and they should check these areas as part of their revision for the examination.

In the clinical oral practical, candidates must be ready to demonstrate communication skills and practical skills in examination that are precise and relevant to the case. Candidates should be prepared to take the costs of different treatments into account, and explain how they would advise an owner in addition to the "textbook" answers about case details. Candidates' practical skills should be well practised and they should appreciate that if they have not handled and examined companion animals recently this lack of practise is likely to be exposed in the COP.

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Examination Subject     **Veterinary public health**

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Overall a good performance with some very good candidates.

A common fault was not answering the question asked and, while the answer given often suggested knowledge, frequently the candidate did not actually share it with the examiners.

Candidates made assumptions rather than clearly communicating in a convincing manner i.e. often they did not recognise there were valid options in the answer so they were unwilling to discuss these.

Understanding of risk / hazard and the meaning of risk assessment was a common weakness.

The basis for legislation in general and, in particular, food hygiene, welfare and COSHH were poorly understood.