

Changes to FRCPath Part 2 Virology Examination:

The changes made in 2016 removed the 'wet' practical component and replaced this with written questions, several of which retained a visual element, such that laboratory and clinical aspects of medical microbiology practice could be assessed in a way that is contextually related to NHS practice, with consequent improvement in face-validity. The format of the current exam is summarised below. While the exam has been shortened to 2 days in length, its intensity has substantially increased; therefore, the amount of material covered in the present format is much greater.

The result of the 2016 changes is that candidates have become relatively 'over-assessed', with consequential excess stress placed on candidates and excess resource use in terms of NHS employees' time (applicable to both candidates and examiners).

Revised format

The proposal is to reduce the total duration of the exam to two papers:

1. Changing all assessments from closed marking to open marking
2. Divide exam papers into two modules: OSPE and complex clinical scenario together and an Oral module
3. Removing the Written 1A from the examination.
4. Removing the Written 2 from the examination (but article-based questions will be asked in the OSPE)
5. Rebadging OSPACE 2 written as Complex Clinical Scenarios.
6. Retaining OSPACE 1 as it is, but with the addition of a business case and questions on research methodologies, but rebadged as OSPE [Objective Structured Pathology Examination] [15 stations in 135 minutes]
7. OSPE is the current name of the module within Microbiology exam and so the consistency is maintained.



8. Reducing OSPACE 2 from OSPACE 2 Written and OSPACE 2 verbal to just Oral

The proposed revised format is summarised in the table below:

Summary of changes.

Module	Format	Duration of exam in minutes	Assessment
OSPE	15 stations corresponding to the old Written 1B and OSPACE 1. The OSPE will focus on theoretical knowledge: basic virology, viral epidemiology, infection prevention, laboratory safety, vaccines, immunotherapeutic and antiviral drugs. The OSPE will have stations on data interpretation, correct use of statistics, research methodology, statistics, evaluation of new diagnostic virology tests, and one station on a business case scenario.	135	Angoff – standard set pass mark
Complex Clinical Scenarios	3 Long Cases, corresponding to the old OSPACE 2 Written. Complex Clinical Scenarios will assess candidate's ability to understand complex clinical and laboratory scenarios in virology and infection prevention ('long cases').	90	



	The objective is to demonstrate the relevant knowledge, skills and attitudes in assessing a patient with a viral infection or prevention of viral infection. In addition, these stations will have the objective to assess progressive interpretation skills of laboratory results and managing evolving clinical complications as they arise. To achieve these objectives, clinical and laboratory data and/or images may be presented, leading to assimilation of a clinical history and/or infection prevention narrative.		
Oral	Oral examination which is identical to the OSPACE 2 Verbal. The four stations will have the objectives to assess within a clinical virology	60	



	situation, clinical leadership, laboratory support and Laboratory Information Management Systems (LIMS) skills combined with business 'sense'. Clinical virology cases in the stations will have questions on laboratory safety, clinical management and prevention, working within a multi-disciplinary team and problem solving.		
		285	

There is room for compensation between the OSPE and the Complex Clinical Scenarios. For example, a candidate may compensate for a poor performance in the OSPE by performing better in the Clinical Scenarios paper.

Candidates must pass the viva in order to pass the overall examination.

It is envisaged that all three components of the examination will take place over the course of a single day. The changes will take effect from Autumn 2023.

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