

The Evidence Based Commentary (EBC): a new component of the MFSRH Examination

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Background

The first Part 2 Examination of the Membership of the Faculty of Sexual and Reproductive Health Care (MFSRH) [previously Membership of the Faculty of Family Planning and Reproductive Health Care (MFFP)] was held in June 1997.¹ To be eligible to take Part 2, both Part 1 MFFP and the dissertation component had to be passed by 1 December 1996.

Many candidates found the dissertation a challenge,² which they successfully achieved. Other candidates, however, were not working in an environment in which they could carry out such a project, especially if they had part-time, often fragmented, sessional work. In 2002 the option of submitting two case reports instead of a dissertation was added.³

Despite many adjustments, including the timing of submission in relation to the Part 2 examination, no ideal solution was found. Both candidates and examiners found the logistics, subjective assessments, topic choice and re-marking frustrating. The changes, as well as examiner training and increased support, did not improve the situation.

From a brainstorming meeting in January 2007, the Evidence Based Commentary (EBC) was developed. The rationale for a formal written section of the examination was unpicked. The original aim of the dissertation was defined as being “to assess ability of the candidate in the design and execution of a research or research and audit project on a subject of their choice”.¹

There was no other area of the examination that assessed the candidates’ ability to write coherent concise English, as well as evaluate their selection and use of evidence-based information and guidelines in the management of a set everyday clinical situation. These skills will be of benefit in any future career (e.g. writing reports, papers, or even in legal cases) and will be retained with the EBC.

The Evidence Based Commentary (EBC)

The EBC replaced the Dissertation/Case Reports section of the MFSRH Examination in 2009. No submissions for dissertation or case reports were accepted after 1 September 2008. The first topic for the EBC was released on 1 September 2008 for submission by 31 August 2009.

The EBC must be passed prior to applying for Part 2 of the examination. Currently there is one topic released per year, which is based on UK clinical practice from any part of the Part 2 examination syllabus. All EBCs are marked in one block, by at least two examiners.

Figure 1 outlines the procedure for the submission of the EBC, which is explained in greater detail in the Candidate Guidance Notes for the Evidence Based Commentary on the Faculty website (www.fsrh.org). It is recommended that all

candidates read these Guidance Notes together with the current Membership Regulations⁴ (also available on the Faculty website) to assist them in preparing and submitting an EBC for consideration.

What is assessed?

The objective of the EBC is to allow candidates to demonstrate their ability to combine relevant evidence with an understanding of psychosocial factors in order to provide the individual with management options in the case topic (Box 1). The marking criteria are:

- Identification and summary of a clinical problem/question
- Contemporaneous, thorough and relevant literature review
- Application of evidence to the clinical situation
- Identification of knowledge gaps, controversies and recommendations for future research
- Good quality English, including spelling, grammar and correct references.

Each section is marked out of 3, giving a maximum total of 15 marks. The pass mark is 10.

Results of the first EBC

The first EBC was set in 2008/2009 (Box 2). A total of 42 submissions were received. Of these, 17% arrived before August, with 40% submitted in the week leading up to the deadline of 31 August 2009. The pass rate was 73%.

Box 1: Tips for candidates preparing for and writing the Evidence Based Commentary (EBC)

- Start early enough. You have 1 year to complete the EBC.
- Read, read, read the topic. It is designed to guide you on what the examiners are asking.
- Think about it and do a wide literature search using recognised guidance from sources such as the FSRH, various databases, Cochrane Reviews, the National Institute for Health and Clinical Excellence (NICE), MEDLINE and relevant specialist journals. Check original sources. Gather material, see what's out there and then condense the information to fit the topic criteria, focusing on what is appropriate.
- Follow the Candidate Guidance Notes.
- Look at the excellent examples of previous EBCs available on the Faculty website (www.fsrh.org).
- Remember the limited word count/the maximum number of references. Your EBC will be returned unmarked if it is longer than 2000 words or has more than 20 references. This will delay your Part 2 examination attempt by 1 year.
- Avoid repetition.
- Caution: extending the text by using tables and appendices will be penalised. You could fail.
- The EBC is a written piece of work using evidence to guide and plan clinical management. There is no one ‘right’ answer. All good answers will quote key references and interpret evidence to come to a similar range of conclusions.
- Since plagiarism and fabrication are serious academic offences tantamount to the theft of intellectual property, they can result in the EBC being failed and the candidate being barred from further attempts at the examination. If you have any concerns about the similarity of your work to that of anyone else, you must ask your training programme director or educational supervisor or a senior colleague for advice on this issue.
- If you receive a borderline fail mark *do not panic*. Follow exactly the instructions and guidance sent by the examiners and return your revised and highlighted EBC by the given deadline.

J Fam Plann Reprod Health Care 2010; 36(3): 169–170

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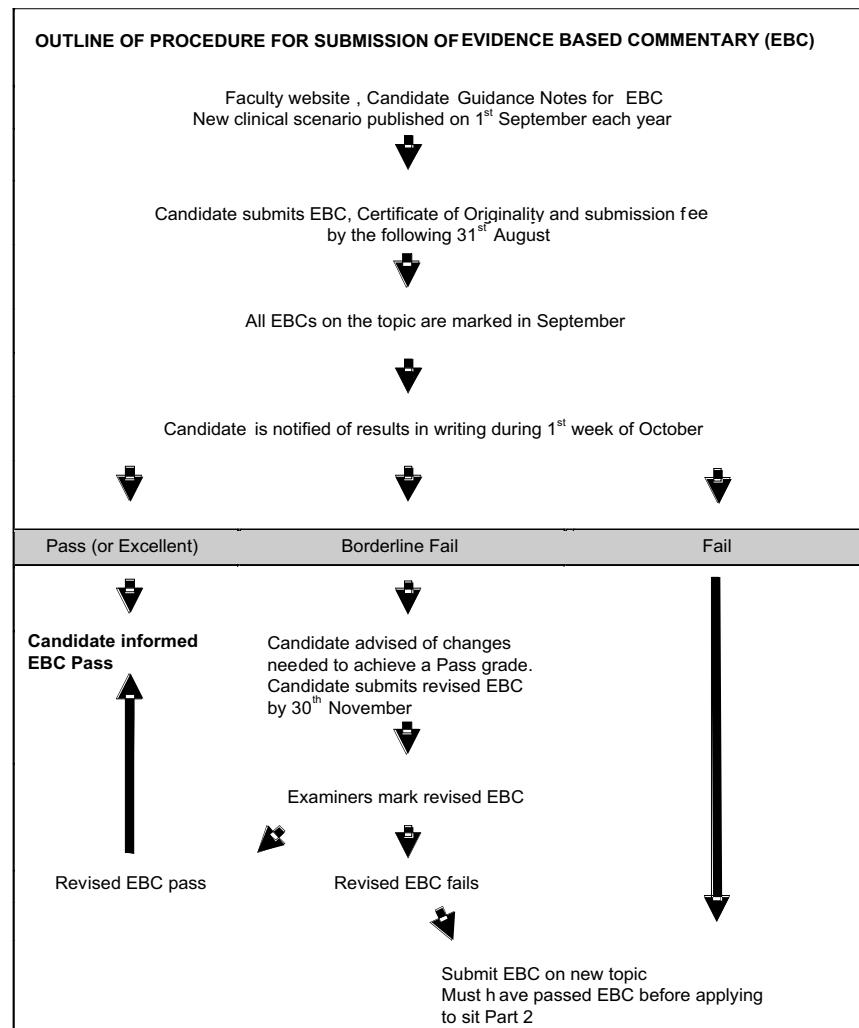


Figure 1 Outline of the procedure for submission of the Evidence Based Commentary (EBC) section of the Membership of the Faculty of Sexual and Reproductive Healthcare Examination

Box 2: Topic for the 2008/2009 Evidence Based Commentary

Tracey, a 19-year-old woman, attends the contraception clinic. She has been taking Microgynon-30® (levonorgestrel 150 mg/ethinylestradiol 30 µg) for contraception for the last 2 years. Tracey is concerned that her acne is getting worse and wants to know whether another combined oral contraceptive pill may improve this. She would consider other methods of contraception. Tracey wants to avoid pregnancy for at least 2 years. Her mother (who is not at the consultation) has suggested that she uses condoms alone in case the hormones are causing problems.

Tracey is a healthy, non-smoker on no other prescribed, herbal or over-the-counter medication and has no known allergies. There is no relevant family history. Her blood pressure measures 110/65 mmHg and she has a body mass index (BMI) of 22. Tracey has facial acne mainly affecting her jaw line. Tracey does not have excessive facial or body hair. Her natural menstrual cycle was trouble-free with a cycle of 5 days bleeding every 28–35 days.

Comment: consider all options, which could include non-contraceptive management.

What are key issues in this topic?

- Acne and contraception
- Contraceptive options
- Acne treatment
- Contraception that may help with acne

The topic is carefully worded to help the candidate concentrate on key issues and not go off on a tangent. For example, there is no suggestion of the full spectrum of symptoms of polycystic ovarian syndrome so there is no need to discuss this in detail. [See the Faculty website for two examples of excellent EBCs on this topic.]

What did we learn?

For candidates, the clarity of the structure and guidance should minimise confusion. The absolute deadlines are clear and well defined. The EBC is a ‘one off’ test with tight parameters and a fast turnaround time. It is more straightforward to mark and evaluate as one topic. The key to successful marking is to have a small group of examiners doing all the marking to reduce subjective elements. It is tiring but fun! For the examiners, the EBC provides excellent revision and update of a relevant area as examiners are also advised to do a literature search and brief outline of the topic. The EBC Convenor and Subgroup, with support from the Examination Committee, will annually review and update candidate guidance as necessary after completion of each topic.

Acknowledgements

The author would like to thank the members of the Examination Committee 2007–2008, the Examination Secretary, Mrs Denise Pickford, and, in particular, the Shadow Convenor, Dr Sarah Wallage, without whom the EBC would not have been thought of or developed.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

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- 3 Faculty of Family Planning and Reproductive Health Care. Membership Examination Regulations. March 2002.
- 4 Faculty of Sexual and Reproductive Healthcare. Membership Examination Regulations. January 2010. <http://www.fsrh.org> [Accessed 14 May 2010].