



ARTP Spirometry Certification MCQ Audit report

The pass mark for the MCQ exam was changed in November 2023 from 80% to 70%. Data presented for the three months prior to and three months after this change alongside candidate feedback.

	3 months pre pass mark change	3 months post pass mark change
Total examinations conducted	135	141
Overall pass rate	43 (32%)	128 (91%)
Fail overall:	92 (68%)	13 (9%)
No. of passes on 1st attempt	25	128
No. of passes on 2nd attempt	18	9
No. of fails on 1st attempt	54	11
No. of fails on 2nd attempt	27	2
No. of fails on 3rd attempt	11	0

Review of MCQ questions

All questions within the question bank were reviewed, including the pass rates for each question. Four questions reviewed were deemed to not have clear-cut answers so these were removed from the pool of questions. The majority of flow-volume and volume-time traces are from the same software which is commonly used across the NHS.

Candidate feedback

Average score as rated on a five-point Likert scale (1-5), with five being the most positive:

	Mean	Frequency of responses for each rating				
		1	2	3	4	5
Please indicate how easy it was to book your MCQ assessment	4.64	2	5	5	22	120
Overall, please rate your overall experience completing the MCQ exam	3.79	5	17	33	49	50

Selected candidate feedback

“Diagrams hard to understand - differ greatly to the ones we use in the GP practice.”

“The overall exam was fine nothing unexpected came up on the exam, the different style of graphs was a bit unnerving due to the practice MCQ only having one style of graphs but managed to get through it.”

“The traces used for the exam were unlike the clear traces we generally see used in our day to day working and even when training. They were a lot less clear and less user friendly. This made doing the exam unnecessarily stressful as it was not that we didn't know the information, but that the traces were unclear and were unlike ones we might use in our working day. Other colleagues have voiced the same complaint.”

“Luckily, I was aware that there would be different types of spirometry reports to review, but some were very different to what I was used to which caused some unnecessary stress during the exam as had to decipher the way the report was written rather than just deal with the actual results. There needs to be different software reports in the MOCK exam so we can be more prepared (MOCK has all the same software reports in it).”

“The traces aren't what we see in practice and are much more advanced”

Summary and plan going forward

The change in pass threshold has clearly made a significant improvement to pass rates. There has also been a change whereby now candidates receive the result of the MCQ immediately upon completion of the exam, with email confirmation within five working days.

The purpose of the mock exam is to give candidates an opportunity to test the system and have an awareness of the process on the day. Whilst we appreciate that candidates would like feedback regarding incorrect answers, we remain unable to release specific feedback to prevent the questions becoming available within the public domain.

We have updated the website to outline whom each certificate level is aimed at, and clarified our definition of 'reporting' to ensure that candidates enrolled on the full and reporting certificates are aware of what will be assessed.

As part of the audit of portfolios, we have access to a wide variety of traces, and will use these to create additional questions to ensure that the question bank contains traces from a variety of software platforms. The time allowed to complete the MCQ has also been increased to ensure candidates can locate the values required. However, ARTP would like to reiterate that those healthcare professionals who report spirometry should be able to review information in any format, as the flow volume loop, and numbers produced remain the same regardless of manufacturer. We encourage training providers to use a wide variety of traces within their educational content to ensure that candidates become familiar with viewing information in different formats. ARTP would also reiterate that training providers should include content on using z-scores and lower limit of normal for interpretation.



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