The Faculty of
Intensive Care Medicine

Dean
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FICM Examination Report – March 2017

Background

The ninth sitting of the Fellowship of the Faculty of Intensive Care Medicine Final examination took place in January and March 2017. Over the two days of oral exams candidates were exposed to a range of assessments covering a wide area of the curriculum.

The FFICM MCQ

The MCQ was held on 10 January 2017. 84 candidates sat the exam, of whom 74 passed (88.09%). The MCQ pass mark was 73.57%. This was reached by Angoff referencing, which was carried out by a dedicated MCQ Angoff group who have worked together over most of the FFICM exams. The Angoff score was further adjusted by the use of Standard Error of Measurement (SEM) to allow for the borderline candidates. The reliability for this exam was 0.7326, which was calculated using KR20.

The FFICM OSCE/SOE

Candidates

101 candidates attended the exam, of these 19 had a previous pass in either the Structured Oral Exam (11) or the OSCE (8).

SOE

The Borderline Regression (BR) and Hofstee methods were used in the standard setting of the SOEs, with Hofstee being used to cross reference the result achieved from the BR method. All statistical analysis available was discussed by the Board of Examiners. The final pass mark of 26 was reached through a combination of statistical analysis and expert judgement after consideration of borderline candidates. 90 candidates sat the SOE. Of the 90, 68 (76%) passed the SOE component. 8 candidates sat the SOE with a previous pass in the OSCE. 6 from 8 passed giving a 75% pass rate for SOE only applicants.

OSCE

Standard setting was performed using modified Angoff referencing by the OSCE working party in advance and a cumulative pass mark of 162/240, 163/240, 155/240 and 158/240 was reached for the 4 questions sets used over the two days of the exam. 93 candidates sat the OSCE. Of the 93, 70 (75%) passed this component. 11 candidates sat the OSCE with a previous pass in the SOE. 7 candidates passed, giving a 64% pass rate for OSCE only candidates.

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Overall
67 candidates from 101 (66.34%) passed the exam overall and achieved the Fellowship in Intensive Care Medicine. This compares with 59.75% in October 2016. An overview of results are set out in the table below:

All candidates	**SOE**	Total	**90**
		PASS (N)	**68**
		PASS (%)	**76**
	OSCE	Total	**93**
		PASS (N)	**70**
		PASS (%)	**75**
	Overall	Total	**101**
		PASS (N)	**67**
		PASS (%)	**66.34**

Over the two days of examining 11 visitors attended the exam. There is a limit to the number of places available to visitors and I am pleased to say on this occasion all visitors either attended or gave the faculty notice of problems, rather than just not presenting on the day as in previous sittings.

Most visitors attending the exam are involved in organising training and assessment although some were merely interested as trainers themselves. The feedback during this exam was similar to previous sittings. Many of the visitors were surprised to see the standard expected although some thought the exam was easier than they expected and others thought it was harder. Most were impressed with the breadth of knowledge tested in the exam and even within each cohort of candidates. Some visitors seemed surprised to find the wide range of imaging used in the exam and even more so that candidates were prepared for this.

The visitors are a valuable source of feedback to the examiners as well as acting as external auditors. Some provided specific feedback about individual questions that will be used by the sub-groups responsible for maintaining the question banks. As before visitors considered it was invaluable to be able to see how the exam runs and the standard that is expected to communicate back to local trainees.

Visitors selected a few topics to highlight, they recognised that there were a number of questions on paediatric critical care and complimented the exam on covering the issue of ‘non-accidental injury’ in one station and ‘never events’ in another. As always the subject of ECG’s was raised and I refer the reader to previous reports for details. From the examiners point of view there was not universal criticism of performance on ECG’s but all agreed that the topic was generally weak.

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One of the communication stations was setup to see how a candidate would handle a relative who was using an interpreter. On this occasion the interpreter was signing for a simulated deaf relative. This was handled with varying degrees of professionalism.

The simulation station presented a number of different scenarios to different cohorts of candidates. In this exam the examiners commented that some candidates were struggling because they chose not to believe what they were being told during a simulation. Examiners stressed that the simulator is not set up to trick candidates. If the simulated assistant is 'suitably experienced' and indicates there are bilateral breath sound with nothing added then it is reasonable for the candidate to believe this is accurate information at the time.

Again in this sitting of the exam some candidates' performance was at a level that caused special concern to the examiners and this will be fed back to local tutors in line with exam rules. Ideally candidates will seek local advice about their preparedness for the exam and be dissuaded from taking it if not ready.

As always it should be stressed to candidates that they will on occasion be presented with clinical situations where the patient or patient's findings are normal and other situations where the abnormalities are gross. One examiner reported showing imaging to candidates clearly showing retained swabs that regularly were not commented upon.

We are seeing increasing numbers of applicants so it is possible that the exam will have to start running over the course of three days . The smooth running of the exam relies upon efficient support from the Faculty Examinations Department and the hard work of the board of examiners who have many responsibilities to the exam outside of sitting of the oral exam. The senior examiners have additional responsibilities so as usual I would also like to thank Dr Vickie Robson (Deputy Chair), the Chairs of the various parts of the exam – Jerome Cockings (Audit), Gary Mills (SOE), Jeremy Cordingly (OSCE) and Jeremy Bewley (MCQ) – as well their deputy chairs and all of the Board of Examiners – for all their hard work in setting and running this examination again.

Andrew T Cohen – Chairman, FFICM Board of Examiners
April 2017