

FFICM Chair of Examiners Report – MARCH 2023

The twentieth sitting of final fellowship examination of the Faculty of Intensive Care Medicine (FFICM) took place in spring 2023.

Multiple Choice examination (MCQ)

The MCQ in January 2023, was held online on the Testreach platform, had 167 candidates of which 139 (83.2%) passed. The pass mark was 63.8%.

This exam now has only single best answer questions (the second of this type); the progressive change from True/False questions was made at the request of the General Medical Council (GMC).

The oral components took place from 20-23 March 2023 at the Royal College of Anaesthetists, Churchill House, in London. 192 Candidates were examined over four days. This was the third in-person exam since the pandemic necessitated online oral exams.

Objective Structured Clinical Examination (OSCE)

2 OSCE circuits per morning took place on 2 floors simultaneously (so up to 52 candidates were examined on each question set). The OSCE contains 13 stations (including a 'test' station that does not contribute to a candidate's mark). The 13 stations contain one high-fidelity simulation station, one communication station, one radiology and one ECG interpretation station, as well as a number of clinical and data interpretation questions. Each station has a maximum of 20 marks available. The pass mark is set by the Angoff process, and is applied to each part of the question in each station. The overall OSCE pass mark each day is the sum of the Angoff marks for each station within the examination, and was 165-167 (maximum 260 marks).

Of 181 candidates presenting for the OSCE, 145 (80.1%) passed, including 33 who had previously passed the SOE. This is the highest OSCE pass rate for some years.

Structured Oral Examination (SOE)

The SOE was also run on two floors simultaneously, with up to 6 simultaneous SOE circuits (up to 48 candidates were examined on each question set). Each candidate is examined on 8 questions, pairs of questions are marked by two examiners independently using a 0/1/2 scale. The pass mark each day was 27 / 32, calculated by borderline regression.

Of 159 candidates presenting for the SOE, 128 (80.5%) passed (including 11 with a prior pass in the OSCE). This pass rate is higher than the average over the past few years.

Overall, 142 (74.0%) of the 192 oral examination candidates are to be congratulated on achieving their final fellowship FFICM. This is also the highest pass rate for a number of years.

Particular congratulations should go to Dr Kerrie Aldridge, the FFICM prize winner for 2022-3. The prize winner is the highest ranking candidate in the OSCE exam who also scores maximum marks in the SOE (32/32) and was in the top 10% ranking for their MCQ score, all exams were passed on their first attempt.

Subjects noted by examiners to have been answered poorly by a number of candidates included applied physiology e.g., compliance and flow-volume loops, causes of

hypoxaemia, bowel obstruction, ventilation strategies in asthma, questions on capacity and consent and the legal basis for these.

Some candidates likely would score better by answering the exact question being asked rather than talking in general on the topic, and some wasted time by using vague non-medical terms and then having to be asked to clarify e.g., 'heart attack' when anterior myocardial infarction was required. Candidates should note that when asked to 'interpret' blood results, reading out a list of what is normal or abnormal is insufficient to score marks; a conclusion as to likely causes and relevance (in the context of the other information available within the question) is required.

In some communication stations a number of candidates, while demonstrating a good communication style, did not actually communicate the important facts of the situation effectively such as, the likely death of the patient. Marks in this station are awarded both for communication style and content.

In simulation questions, a number of candidates appeared to be expecting an ALS-type cardiac arrest scenario and limited their answer to this. ALS is a foundation competency; FFICM simulation is set at the end of stage 2 ICM training, and while it may include cardiac arrest, it will include more complex issues such as: ventilation strategies, problem solving, diagnostic dilemmas, ethical considerations and balancing of competing priorities.

A number of visitors were present at this sitting of the examination. These were all ICU consultants who are involved in training plus a visiting senior examiner from another exam. They commented on the appropriate standard and subject matter of the questions in the exam (end of stage 2). They saw quite a lot candidates who were well prepared and some who were not.

They commented on the FFICM Examiners being polite, fair and consistent, and some felt that the questions were more straightforward than they had previously been led to believe.

We are aware that one or more candidates from one day's exam communicated a list of question topics which they had been asked to some candidates appearing the following day. We would like to highlight the [AoMRC's Guidance on Academic Dishonesty 2019](#) which includes 'Disseminating or sharing exam material and/or details to candidates about to sit the same exam, before the diet is completed' in their definition of Academic Dishonesty, and point out that a different question set is used for each day's cohort.

A list of topics from the SOE, to enable candidates who have not been successful to identify questions listed on their results letter is given below:

| | Monday | Tuesday | Wednesday | Thursday |
|----|-------------------------------|-------------------------|---------------------|---|
| Q1 | Hyperthyroidism | Adrenal Insufficiency | Hypothyroidism | Osmolality, Hyperosmolar Hyperglycaemia |
| Q2 | CVC Complications | Difficult Airway | Ventilatory Failure | Upper GI Bleeding |
| Q3 | Disorders of Consciousness | Delirium | Alcohol | Alcohol |
| Q4 | Serotonin Syndrome | Diabetes Medications | Anticoagulants | Local Anaesthetics |

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|----|------------------------------|-------------------------|----------------------------|-----------------------------|
| Q5 | Post-op Fever | Pneumocystis Pneumonia | Invasive Strep A Infection | Hospital Acquired Pneumonia |
| Q6 | DNACPR and Advance Decisions | Rehabilitation | Capacity and Consent | Confidentiality |
| Q7 | Acute Spinal Cord Injury | Paediatric major trauma | Major Haemorrhage | Traumatic Brain Injury |
| Q8 | Thrombocytopenia | Thrombocytopenia | Anaphylaxis | Inhalational Injuries |

Apart from the actual examining, a substantial amount of work is undertaken by the FFICM examiners between exam sittings in: question writing, question reviewing and revising and in standard setting. I am grateful to them for this commitment. In particular, my thanks go to Jerome Cockings (Deputy Chair) Anthony Bastin and Peter Shirley (OSCE), Barbara Philips and Monica Beatty (SOE) Jonathan Coles and Tom Billyard (MCQ) and to Stephanie Strachan and Carol MacMillan who have recently stepped down as subgroup deputies.

My thanks also go to the team of the RCoA Examinations Department, without whom we could not run these examinations.

Dr Victoria Robson
Chair of Examiners