

FFICM Chair of Examiners Report – MARCH 2024

Multiple Choice examination (MCQ)

The FFICM Multiple choice took place in January 2024. This was held online, using the TestReach platform. 157 candidates appeared for this exam, of which 135 (86%) passed.

The questions are all Single Best Answers (SBA) format, and the pass mark is determined by the Angoff method applied to each question separately. One standard error is then subtracted from the Angoff-determined paper pass mark. The final pass mark was 62.9%.

The MCQ pass is valid for 3 years.

Oral Components

The oral components took place in London in March 2024 over 4 days. The oral exam consists of the Objective Structured Clinical Examination and Structured Oral Examination, which are taken on the same day. A candidate who passes one component can carry forward the pass for up to 3 years and resit only the other component on a subsequent occasion.

196 candidates presented for the oral components (which has been the second largest number to sit the exams), of which 128 were attempting the orals for the first time

Objective Structured Clinical Examination (OSCE)

There were 183 candidates for the OSCE, which consists of 12 stations plus a test station. Each station is 7 minutes long, and the same OSCE was run on two floors simultaneously, twice in each session. Question sets changed each day. 132 (72.1%) of these candidates passed. The pass rate is within the expected range. The pass mark, which is set by the Angoff method applied to each part of each question separately, which was 160 (Monday), 162 (Tuesday), 161 (Wednesday) and 163 (Thursday), from a total of 240 marks available.

Of the 30 candidates who had previously passed the SOE, 16 (53%) passed the OSCE.

Structured Oral Examination (SOE)

There were 165 candidates for the SOE, which consists of 8 questions each of which is double marked. The pass mark, set by borderline regression was 27/32. Up to 7 circuits of the same 8 questions were run simultaneously, twice in each session. Each question is highly structured, with 5 predetermined sub-questions and then subsequent probing by the examiner which depends on the candidate's previous answer(s). Of the 165 SOE candidates, 117 (70.9%) passed. This pass rate is at the lower end of the expected range.

Of the 13 candidates who had previously passed the OSCE, 54% passed the SOE.

Overall 111 candidates (56.6%) passed both oral components and are to be congratulated on achieving FFICM. This is a similar pass rate to October 2023. These successful candidates (now Fellows) will be invited to the Diplomates Day in September 2024 to be congratulated by the Faculty Dean in person.

Of those taking the exam for the first time, 62.5% passed.

Topics

Each Chair's report contains a list of topics where greater preparation is needed, in order to assist those taking future exams.

Many of the OSCE questions have artefacts, either images on screens or items of equipment or paper – these are designed to be used within the context of the question being asked and so candidates are encouraged to make full use of these artefacts. Basic science questions continue to present some difficulty to candidates, e.g. physiology of CO₂, cardiac physiology, pharmacology of inotropes and phosphate, as well as recognition of atrial fibrillation on an ECG – revision of these topics is recommended before sitting the exam.

The simulation questions aim to test the skills which are expected at end of stage 2 training, as many of the scenarios are similar to those encountered in ICM practice and may include conflicting priorities (such as managing ARDS in a head injury patient) or ethical issues. While it is commendable to apply a specific emergency scenario protocol or attempt to foresee what may possibly happen, candidates are encouraged to assess the 'patient' and manage the situation they are presented with rather than what may happen.

Communication questions may have a particular focus (either contained in the instructions or in the questions asked by the actor). It is best to avoid giving too much general information but rather to focus on addressing the issues presented. For example, on a question about breaking bad news, it is important for candidates to provide the possible future outcome of a patient i.e informing relatives that the patient was very likely to die.

A number of SOE topics, while showing improvement in response by candidates, still require more attention in preparation. For example, questions about DNACPR, Mental Capacity, high flow nasal oxygen, correct position for electrode placement for a 12-lead ECG and suspected compartment syndrome with emphasis on describing how to measure compartment pressure.

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Chair of Examiners
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