

REPORT BY CHAIRMAN OF EXAMINERS

Sittings held on 11th and 12th November 2009

At the most recent diploma examination (11th and 12th November 2009) there were a total of 15 candidates. Some of the candidates had already passed one of the modules and were just sitting the other. The standard of the candidates was very good indeed and at the end of this diet of examination, 14 now had a pass in both modules and were in a position to be awarded the Diploma by the Intercollegiate Board and the other candidate passed Module 2.

The examination structure and format was as in the previous examinations. However, this was the first year that the examination was being conducted in its new biannual format and this is my first examination as Chairman.

Now, taking each component of the examination in turn:

Dissertations

The dissertations in this session were almost uniformly of high standard. There were systematic reviews and narrative reviews. In addition, there were examples of a reviewing system which is quite novel in medical literature called an integrative review. When using an unusual process of assembling information to be include in the dissertation, it is always a good idea to describe the process in more detail than usual and in addition to include the pros and cons of such a process.

I am hoping that a new system for submitting the dissertations will be available for use before the next examination in June 2010. This system will use the *ScholarOne* platform which is in common use for manuscript entry to many journals. The dissertation will be uploaded in Word format in an anonymised form and then automatically converted to a PDF file which is approved by the poster. This will then be available to the examiners for marking. I hope that the candidates will find this system easy to use, and because they will have to enter documents in a precise manner will enable a more strictly formatted dissertation to be read by the examiners.

Clinical scenario and data interpretation

The long and short clinical cases were generally handled very well. The cases included line sepsis, myasthenia gravis, pelvic fracture, myoglobinuria, myocardial infarction, colitis and intracerebral haemorrhage.

Extended case summaries

The selected case summaries were also generally an improvement on previous diets of the examination and I wonder if this was due to the need for a local 'sign-off' of these and also the fact that most were now following the recommended structured format which is detailed on the IBTICM website.

Some of the summaries were either too long or too short and the examiners would like to emphasise the need to adhere to the guidelines.

In addition, in some cases a lack of knowledge of the underlying mechanisms and a more general depth of knowledge deficit was apparent. We are aware that there may be some delay between writing the summaries and the examination, and the examiners would like to emphasise that it would be common sense to prepare for the examination by going through these cases critically with either an advisor or educational supervisors. This should be helpful for the examination but also be useful for specifically correcting this potential knowledge gap.

Structured oral examinations

The structured oral questions were again generally answered well by the candidates, although perhaps one gap was a perception by some of the examiners of a lack of detailed knowledge of the assessment of competency of patients and the workings of the mental capacity (or adults with incapacity) act. At this level this is considered important. We also had two questions which assessed knowledge of a more ethical nature including withdrawing and refusing treatment and how to handle non-heart beating organ donation.

Conclusion

Finally, I would like to thank all of the examiners for their hard work and dedication. Not only do they read and mark the dissertations and case summaries and then turn up on the day to carry out the oral examinations, but they also make an essential contribution by formulating and refining the oral questions. These are being collected in the bank and will shortly be entered into a database to be held within the Royal College of Anaesthetists.

I would also like to take this opportunity to thank Neil Soni as the past chairman. He has put the examination on a very strong footing as *the* qualification to have in UK intensive care and this has involved much hard work for which he will have received little in the way of thanks.

Nigel R Webster
Chairman, Board of Examiners