



Intercollegiate Board for Training in
INTENSIVE CARE MEDICINE

**INTERCOLLEGIATE DIPLOMA
IN
INTENSIVE CARE MEDICINE**

**EXAMINATION
REGULATIONS
AND
INFORMATION**

INTRODUCTION

The practice of Intensive Care Medicine (ICM) demands a considerable body of knowledge which crosses the traditional boundaries of many medical disciplines. ICM involves an understanding of basic medical science, of clinical measurement and of the diagnosis and management of the critically ill in whom one or more of the body's systems may be failing. At present in the United Kingdom, this knowledge is not assessed in depth by any previously established examination.

In order to help the public and the profession identify those members of the medical profession who have been trained to a higher standard in ICM, a Diploma in Intensive Care Medicine has been instituted. This qualification may also assist Diplomates in the pursuit of a career either wholly or in large part devoted to ICM in the United Kingdom.

The examination is *not* intended to be taken as an exit diploma. However, its standard requires that successful candidates will almost certainly have spent more time in ICM than the minimum requirements for entry to the Diploma Examination. Possession of the Diploma is not a requirement for appointment to a Consultant post.

Purposes of the Diploma

The purposes of the Diploma are to:

- Underpin specialty status
- Enhance the standing of the specialty with other disciplines
- Enhance the standing of individual practitioners with their colleagues
- Establish a body of knowledge and promote standards of training
- Reward the most enthusiastic and committed trainees

REGULATIONS

1. Entry Requirements

- a). Possession of a postgraduate qualification in the primary specialty:
 - MRCP
 - FRCA
 - FRCS
 - an equivalent qualification
- b). Registration with the Intercollegiate Board for Training in Intensive Care Medicine (IBTICM); either General Registration or CCT Registration (**only** if appointed to a joint ICM CCT post).
- c). Satisfactory completion of the Intermediate programme of training in ICM, Step 1 of the ICM joint CCT programme, or other training acceptable to the Intercollegiate Board.

Intercollegiate Board Tutors and Regional Advisors in Intensive Care Medicine (RAs in ICM) will give appropriate advice to candidates regarding the patterns of training in each region and the experience necessary. Tutors will certify that any candidate has received the appropriate experience outlined above. Tutors will also advise on subjects for the dissertation required for the examination. Intending overseas candidates should seek

guidance from the administrative office of the Intercollegiate Board, and an appropriate senior trainer.

2. Examination Calendar

The examination will be conducted bi-annually from 2009. The dates of the examination are published annually in an Examination Calendar and Information document, which is available, free of charge, from the administrative office of the Intercollegiate Board, Churchill House, 35 Red Lion Square, London WC1R 4SG and published on the Board's website (www.ibticm.org).

3. Application Procedure

Application is in two stages:

i). Dissertation or Higher Degree Thesis Summary

A summary of the intended dissertation, or higher degree thesis, in a format as described in the Examination Calendar and Information document, and fee, must be received by the Intercollegiate Board by the date shown in the calendar.

There are three possible outcomes to the Examiners' consideration of a summary:

- The Examiners are satisfied with the summary, and the candidate will be allowed to proceed to formal application;
- The Examiners might generally be satisfied, and the candidate invited to proceed to formal application, but questions might have been raised which suggest potential weaknesses in the full dissertation. The candidates will be advised of such concerns on the part of the Examiners;
- The Examiners reject the summary, and the candidate is not allowed to proceed further.

Following approval of the dissertation summary, or higher degree thesis summary, an application form for the examination will be issued to the candidate.

ii). Submission of Dissertation or Higher Degree Thesis and Expanded Case Summaries

Completed application forms must be received by the date shown in the Examination Calendar and Information document, and be accompanied by:

- the published fee (paid by a cheque made payable to the "Royal College of Anaesthetists" and drawn on a United Kingdom clearing bank, or by a sterling draft or postal order).
- An electronic copy of the dissertation (*all candidates must ensure that they retain a copy of their dissertation*), submitted via ibticm@rcoa.ac.uk
- Electronic copies of the set of 10 expanded case summaries required for the Educational Training Record (ETR, formerly logbook) (*all candidates must ensure that they retain their original ETR.*). Overseas trained candidates, or those who completed training prior to the introduction of the Intercollegiate Board's training programmes, may use existing case records as described below, but must complete the 10 expanded case summaries required for the purpose of the examination.

Higher Degrees

Candidates who have already been awarded a higher degree in a subject relevant to intensive care medicine may, at the discretion of the Diploma Examiners, be excused from the dissertation oral. If the summary has been approved for the purpose of the Diploma one copy of the thesis (in English), and formal confirmation of the award of the degree, must then be submitted by the closing date for applications.

4. Withdrawals

Candidates who withdraw **before** the closing date will be issued a refund of their examination fee (minus a charge for administrative expenses associated with the processing of the application, the amount of which will be detailed in the examination calendar and guidance document).

Refunds to candidates who withdraw **after** the closing date may only be considered on medical grounds if supported by appropriate documentation (a medical certificate and supporting letter from the Tutor).

5. Number of Attempts

There is no intention to limit the number of attempts at the examination at this time.

6. Examination Guidance

Information on those sections failed will be provided to unsuccessful candidates. For more detailed information, unsuccessful candidates are permitted to obtain further guidance from the Chairman of the examination in collaboration with the RA in ICM (by application to the RA in ICM).

7. Representations and Appeals

A candidate, or any other person on behalf of that candidate, wishing to make any representation with regard to the conduct of an examination or to appeal against any result, must contact the Examinations Department of the Royal College of Anaesthetists in writing before the closing date of the next examination. In no circumstances may such representations be addressed to an examiner.

8. Infringements

The Intercollegiate Board for Training in Intensive Care Medicine may refuse to admit to an examination, or to proceed with the examination of, any candidate who is considered to be guilty of behaviour prejudicial to the proper conduct and management of the examination or who has previously been found guilty of such behaviour. If in the opinion of the examiners any examination result has been secured by cheating, deception or fraud of any kind, the result will be withdrawn.

INFORMATION

A: *Format of the Examination*

Section 1: Dissertation

Section 1a: (Submission of dissertation)

Each candidate will be required to present a dissertation of 4,000 to 6,000 words, excluding references, on a subject relevant to intensive care. This could be based on a review (most commonly), or on an original research or audit project conducted previously. If in any doubt about the suitability of their proposed dissertation, candidates should contact the RCA Examinations Directorate or their Tutor. Guidelines on the structure of dissertations (and dissertation summaries) can be found on the 'Diploma in ICM' page of www.ibticm.org.

An electronic copy of the dissertation must be submitted with the candidate's application before the closing date of the examination. All candidates must retain an original copy of the dissertation. The dissertation will be reviewed by two examiners who will also conduct the dissertation oral (Section 1b).

RAs in ICM and Tutors hold details of the method of assessment of the dissertation. Candidates must work closely with supervisors to maximise the chance of producing satisfactory dissertations. Advice on the appropriateness of re-submitting previously unsatisfactory dissertations should always be sought from Tutors.

Further guidance is published on the Board website (www.ibticm.org).

Section 1b: (Dissertation oral)

Candidates will be required to discuss their dissertation with their two examiners for **45 minutes**. Both examiners will assign an independent mark based on their assessment of the candidate's performance for the whole oral.

Section 2: Expanded case summaries and data interpretation

Section 2a: (First half, 30 minutes)

All trainees undertaking the Intercollegiate Board's training programmes must complete an Educational Training Record (ETR) in which they are required to record experience gained during specialist training. For satisfactory completion of Intermediate/Step 1 training the ETR requires also that 10 expanded case summaries be prepared.

Candidates who have trained outside the United Kingdom, or completed training prior to the introduction of the Intercollegiate Board's ETR or logbook, may use their existing case records, but must complete 10 expanded case summaries for the purpose of entry to the examination.

Each candidate will be required to discuss their expanded case summaries, and data interpretation (with reference to the case summaries and in general terms) with the examiners for a maximum of **30 minutes** (the examiners will not be those involved in assessing the dissertation).

Electronic copies of the set of 10 expanded case summaries must be submitted with the candidate's application by the closing date of the examination. All candidates must retain an original hard copy of the case summaries with their ETR or other case records.

Section 2b: (Second half, 30 minutes)

In this half of the oral two different examiners will use clinical scenarios, one long case and up to three short cases, to assess the candidate's approach to clinical diagnosis and management.

The candidate will be allowed to peruse a written clinical case scenario for 10 minutes prior to questioning by the Examiners. Aspects of the approach to the diagnosis, investigation and then subsequent management will be explored.

The candidate will then be questioned on short cases. These may well involve some data interpretation as might be seen on a ward round with subsequent discussion of the findings and their implications leading on to their management. The data involved will be that commonly seen in the intensive care unit, and may include X-rays, blood results and electrocardiographs. Both examiners will assign an independent mark based on the performance of the candidate during the full half-hour.

Section 3: Structured Oral

The oral examination will be conducted for **one hour**, in two halves, with each candidate. The examiners will use structured questions based on a predetermined list of *domains* (see Appendix 2) to maximise consistency and objectivity.

Section 3a: (First half, 30 minutes)

Two examiners will conduct the first half (half-hour) of the structured oral. Both examiners will assign an independent mark based on the performance of the candidate during the full half-hour.

Section 3b: (Second half, 30 minutes)

Two different examiners will conduct the second half (half-hour) of the structured oral at another examining table. Both examiners will assign an independent mark based on the performance of the candidate during the full half-hour.

B: The Marking System

Candidates are awarded marks in the following sections of the examination:

- Section 1a:** Assessment of dissertation
In exceptional circumstances, a candidate may be debarred from participating in the other examination sections if the dissertation is deemed unsatisfactory.
- Section 1b:** Dissertation oral
- Section 2:** Expanded case summaries and data interpretation
- Section 3a:** Structured oral (first half)
- Section 3b:** Structured oral (second half)

To pass the examination overall, a candidate must:

- submit a satisfactory dissertation (Section 1a)
- satisfy the examiners in the dissertation oral (Section 1b);
- obtain a pass grade in at least two of the three remaining sections.

If a candidate is unsuccessful overall having submitted a satisfactory dissertation summary or satisfactory subsequent dissertation, they are permitted to resubmit their summary and/or dissertation with future applications to the examination (advice should always be sought from Regional Advisors who have details of the Examiners' assessments). An accepted summary and/or dissertation will be allowed to stand for 4 sittings of the exam (or 2 calendar years).

Should the dissertation be judged to be borderline, candidates may be asked to re-present their dissertation before award of the Diploma.

Examiners will use the Board's marking papers to ensure consistency, and to protect the Examiners and the candidates in the event of disputes or appeals.

DOMAINS FOR THE ORAL EXAMINATIONS

Pathophysiology

- Cardiovascular
- Respiratory
- Renal / splanchnic / liver
- Neurological
- Haematology
- Sepsis
- Multiorgan failure
- Hypothermia
- Obstetric emergencies

Ethics / Management

- Patient rights / withholding and withdrawing therapy
- Scoring systems / audit / outcome prediction
- Design/infection control
- Budgeting
- Progressive patient care /outreach care
- Communication
- Brain death and organ donation

Treatment

- Cardiovascular support
- Respiratory support
- Renal support
- CNS injury/disease
- Pancreatitis
- Liver failure
- Obstetric emergencies
- Hypothermia
- Sepsis
- Poisoning
- Sedation / analgesia / paralysis
- Nutritional support

Diagnosis

- Imaging
- Laboratory
- Electrophysiological
- Organ function testing

Equipment / clinical measurement

- Monitoring organ function
- Principles of measurement
- Equipment for organ support
- Monitoring: design, specification and ergonomics

Current trends / innovations / controversies

- Assessment and evaluation of new technologies
- New pharmacological agents
- New treatment modalities
- Current understanding of disease processes
- Complications

Intercollegiate Board for Training in Intensive Care Medicine

Examinations Directorate
Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London WC1R 4SG

Tel: **020 7092 1522**

Fax: **020 7092 1730**

Email: [**ibticm@rcoa.ac.uk**](mailto:ibticm@rcoa.ac.uk)