FFICM Chair of Examiners Report – OCTOBER 2023

The twenty-first sitting of FFICM final oral exams took place in October 2023. This coincided with a strike by both consultant and trainee members of the British Medical Association (BMA). Despite this, and a number of examiners being unavailable at short notice due to ill health, all 176 candidates who applied and arrived were examined. This was the largest number of candidates who have ever presented for an Autumn FFICM oral examination.

Multiple Choice examination (MCQ)

The Multiple Choice Paper (MCQ) took place in June 2023, online using the TestReach platform. 152 candidates sat the online MCQ of which 141 (92%) passed. The pass mark for the MCQ is established by an Angoff process, applied to each question individually. The sum of the Angoff scores for each question are then totalled. One standard error is then removed, to give the paper pass mark.

Structured Oral Examination (SOE)

153 candidates took the Structured Oral Examination (SOE), which consists of 8 questions each marked by a pair of examiners independently. The pass mark, determined by borderline regression was 26/32. Of these, 110 (71.9%) passed.

The SOE was run from iPads using the Practique system for the first time; this worked well.

Objective Structured Clinical Examination (OSCE)

161 candidates took the Objective Structured Clinical Examination (OSCE), which consists of 13 stations (including a test station which is not counted towards candidates' final marks). Of these, 98 (60.9%) passed.

The overall pass rate for the oral components was 54%, and the 99 candidates who passed (some of whom had a prior pass in one component) are to be congratulated of achieving FFICM.

Three visitors (ICM Consultants) were present. They commented on the fair and neutral behaviour of the examiners and the appropriate standard of the questions, which were not as challenging as some had been led to expect.

The Chairs report always contains a list of topics where a number of candidates did not perform well during the oral exams. There continues to be a number of candidates who do not approach ECG and chest x-ray interpretation in a systematic fashion, and so lose marks for failing to describe features such as ECG rate or the presence/absence of patient identifiers. Guidance is present on the candidate resources pages of the Faculty website on what is expected in these stations. When asked to interpret blood results, no marks are awarded for just 'x is high'; interpretation in the clinical context of the question is expected.

In a question involving a septic young female patient, few candidates considered a pregnancy test or a pregnancy-related infection. A question which included mental capacity was not answered well by a number of candidates. A question about lactate which included applied basic science was not answered well, nor was a question on constipation in ICU. In simulation some candidates were excessively task-focused, and lost

marks by not considering the overall patient condition, or by deferring to other MDT members for decisions on things which are the remit of intensive care (eg asking a surgeon for antibiotic choice).

The structure of the exam, which has remained unchanged since its inception in 2013 is currently under review, in line with current best practice evidence for post graduate examinations. This work will take time to complete and trial, and any significant changes in the candidate experience will be announced on the exams pages of the FICM website, at least one year in advance of the change.

My thanks go to the RCoA exams team, who administer the FFICM exams as well as to Dr Jerome Cockings (Vice Chair) and the sub-group leads Dr Jonathan Coles (MCQ), Dr Barbara Philips (SOE) as well as to all the examiners for their hard work in both examining and question writing, reviewing and standard setting.

Dr Victoria Robson
Chair of Examiners