

FFICM Chair of Examiners Report – October 2021 FFICM

A Chair's report is written after every exam with information on its delivery. The October 2021 FFICM OSCE pass rate was much lower than in previous exam diets and, therefore this report has been expanded to explore possible contributory factors in the examination as to why this might have occurred and the resulting actions.

This report also provides additional information for candidates and their trainers as to how the exam is structured and conducted, which we hope will assist in their preparation for the exam.

The purpose of the examination

The exam forms part of the assessment strategy of the CCT in Intensive Care Medicine training programme. The overall assessment strategy focus is to ensure that intensive care physicians in training can demonstrate to the GMC that they can provide the public with safe and effective care that meets population needs throughout the nations of the United Kingdom. The exam is a 'gateway' assessment between Stage 2 and Stage 3 training, and until the COVID derogations of 2020, all trainees were required to pass the FFICM exam in its entirety to enter Stage 3 training. Stage 3 is the final training stage immediately prior to the award of a CCT and eligibility for appointment to a consultant post.

The exam itself is a set of summative assessments, which use validated assessment methods to test a broad range of knowledge, understanding, skills, and behaviours that a doctor in training is required to achieve before progressing to Stage 3 ICM training. The standard required is at a more 'senior' level than the final exams of some of our 'partner' curricula, such as MRCP (taken prior to entry to specialist medical training) and FRCA which is taken with at least two more years of anaesthetic training prior to the award of a CCT.

The FFICM examination includes assessment of professionalism, clinical decision-making, and communication skills together with applied technical knowledge of the equipment, clinical monitoring and measurement used to manage a patient on a critical care unit and competence in the diagnosis and management of medical conditions seen in Intensive Care Medicine.

The purpose and process for setting the standard of the exam have not changed since its inception, however candidates sitting this exam have changed over time. In 2013 when the FFICM started, all candidates were joint CCT trainees, for whom passing the exam was not a mandatory requirement for the award of the CCT in ICM. Candidates are now mostly single or dual CCT doctors in training for whom passing the exam is mandatory for progression into Stage 3 ICM training. The 2021 COVID derogations made passing the exam mandatory for award of a CCT (at the end of Stage 3 training) for some doctors in training.

Structure of the Exam

The exam consists of a Multiple Choice (MCQ) paper, currently taken remotely using the TestReach platform, followed by an oral exam which has an Objective Structured clinical exam (OSCE) and Structured oral Exam (SOE). Candidates must attempt both oral papers at the same sitting, however if a candidate is successful at one component but not the other, they may carry forward a pass in one oral component on subsequently resit only the failed component. The oral exams are currently on-line, using Zoom platform. Candidates must pass the MCQ in order to enter the oral exams.

The MCQ currently consists of 50 questions each having five True/False items and 50 single best answer questions. Questions for this paper are written by examiners of the MCQ subgroup. Each new question is reviewed by a number of examiners before inclusion in the question bank, and

questions in the bank are revised regularly to ensure they remain appropriate and up to date. The question selection for each paper is done by senior MCQ group examiners and then reviewed by the MCQ group before the paper is finalised.

The MCQ paper pass mark is set by the MCQ sub-group examiners using the Angoff method, applied to each question individually. The pass mark is the sum of the individual question Angoff marks. Because of the small number of candidates taking this exam, (which is a 'gateway' to the oral components), one standard error is then subtracted to arrive at the final MCQ paper pass mark.

The SOE contains 8 questions, each with five sections.

The OSCE contains 12 questions plus one test question.

Oral Exam questions

Questions for the OCSE and SOE are written and revised by examiners of the respective subgroups, with each question being reviewed by a number of examiners before inclusion in the question bank, and there is regular review subsequently to ensure all 'live' questions remain up to date.

Question Content

The curriculum defines the breadth of competencies that should be included in the examination. This curriculum is publicly available and is approved by the GMC [with recent review](#). The development of the syllabus for the CCT in ICM has drawn extensively on the Competency Based Training in Intensive Care Medicine in Europe ([CoBaTriCE](#)) syllabus. The latter is an international partnership of professional organisations and critical care clinicians working together to harmonise training in Intensive Care Medicine worldwide. The competencies which underpin the 2021 UK ICM curriculum's 14 High Level Learning Outcomes (HiLLOs) are the same as those within the previous curriculum.

Exam questions are all derived from this curriculum, mapped to Stages 1 and 2 of ICM training, excluding the 'Special Skills Year', and written and reviewed by current practicing UK intensive care physicians; examiners are required to step down when they retire from their ICM clinical role.

There has been no change in exam content over time, except as updates to questions in the question bank (as described above).

OSCE questions

Each question is written by an examiner in the OSCE subgroup, before being reviewed and revised by a panel of OSCE examiners. The final question is then subjected to an 'Angoffing' process by examiners in the OSCE subgroup to establish the standard required. Only questions that have undergone this full review process and have been approved by the OSCE group of examiners are added to the live database for inclusion into the examination.

Each OSCE question contains a number of sub-questions. Overall the OSCE question is marked out of a total of 20. A sub-question with a single factual answer is generally awarded 1 mark (occasionally 2 for particularly important items). A sub-question with a number of correct answers may be scored 1 mark per correct answer or multiple answers e.g. 1 mark per 2 items. As is normal for medical OSCE questions, a complex skill or overall performance within a question (such as communication style in a communication question or overall fluency and prioritisation in a simulation question) may be scored 0 to 5.

OSCE questions are 'scripted' carefully so that the questioning is standardised for all candidates, with any prompts which the examiner is allowed to use written into the question. This is done so that the questioning is as objective and reproduceable as possible.

The first diet of the FFICM exam comprised only new questions. The OSCE question bank has expanded over time as new questions have been added. Now, exam questions are regularly reused, and new ones included as "test" stations to carefully assess their performance, allowing further editing prior to going "live" in future sittings.

The agreed Angoff score for the question remains until such time as the question is revised. A programme of review and revision (if necessary) of all questions occurs over several years, to ensure all questions remain relevant and up to date, for example reflecting new relevant National guidelines or changes in practice. Revised questions are then re-presented for Angoff to establish the new Angoff score. This process is done in advance of the exam itself by the examiners in the OSCE subgroup.

Each OSCE exam has 13 questions, of which one or two are new (i.e., not used in any previous exam). Over time, the number of new questions per day has reduced gradually from all new questions in the first exam to one or two plus the test question per day. In the most recent October exam previously used questions had been used between one and eight times (an average of 2.8 times).

OSCE Question selection

There are 12 OSCE questions plus a 'test' question in each exam. The question selection for an exam is undertaken by the OSCE group lead and follows a structure to provide the following questions:

- 1 radiology
- 1 ECG
- 1 communication (professionalism)
- 1 simulation
- 9 clinical/data questions

Question selection also considers the difficulty of questions (as reflected in the Angoff scores) so that exams have a similar overall level of difficulty across the days. This format is approved by the GMC and has been replicated in the transfer to remote delivery made necessary by COVID restrictions. As the simulation question cannot be provided identically in this remote format, the last three OSCE examinations have instead included an e-simulation station, in which the candidate talks to the examiner about what they would do in a specific clinical situation (demonstrating knowledge and behaviours rather than skills).

OSCE questions are selected from the database from across a wide and representative range of topics from the curriculum to ensure content validity.

SOE questions

There are 8 questions in each SOE exam, each has 5 sections, all relevant to the topic of the question.

Each question is written by an examiner from the SOE subgroup then reviewed and revised as necessary by a group of SOE examiners. Questions in the bank are regularly reviewed to ensure they remain up to date. SOE questions are Angoffed, to establish a 'difficulty' score for each question.

Question selection is done by the SOE subgroup leads, to provide a wide and similar range of topics from across the curriculum in each exam. The Angoff score for each question is also used in question selection, so that the mean Angoff score of each question set remains similar. The SOE and OSCE question selections are also arranged to avoid a clash or duplication in topics, so that candidates who sit both components in the same sitting are not examined on the same narrow topic area in both components.

Examiners work in pairs, each asking one question and marking both their question and that of their partner examiner independently. The five sections of the question have a fixed opening question to ask, then the examiner appropriately explores the topic as required.

Examiners award a score for each of the two individual questions and also an overall global score for the candidate on the two questions, judged against the expected standard of a candidate who is at the end of Stage 2 training. The scores take into account factual knowledge, understanding of the topic, organisation of ideas and how much prompting was required. The

borderline regression method is used to establish the SOE pass mark, using the sum of the individual question scores against the sum of global scores for each candidate.

OSCE Pass mark

Questions for an individual exam are selected, according to the structure described above, to provide breadth of curriculum coverage, a stable mix of questions and a similar degree of difficulty. Hence the pass mark remains stable within the range of 155 -163 (out of a maximum 240 marks). The GMC approved process for setting the pass mark for each day of the exam is the sum of the Angoff scores for 12 of the 13 questions used in that exam (excluding the 'test' question, see below).

After the exam, one of the 13 stations is designated as a 'test' station, based on pre-defined criteria. If there is an operational problem that resulted in the question not being able to run consistently for all candidates, this 'unfit station' is designated the 'test' station. If there is no 'unfit' station, the newly Angoffed question in which the average mark has the maximum difference below the Angoff score for that question is designated the 'test' station. If no newly Angoffed questions score below, then the question with the minimum difference above the Angoff score is designated the 'test' station. This approach removes the least reliable question and is therefore favourable for candidates.

The majority of OSCE questions used in the October 2021 exam, as above, were questions that had been used in previous sittings and, therefore, were unaltered. As such, the Angoff score for those questions was unchanged from previous examinations. There were no 'unfit' stations in the October 2021 OSCE, so the test station was removed according to the rules outlined above. We also modelled removing the worst performing station each day instead; this changed the overall number of candidates who passed the exam by only one.

As a criterion-referenced method is used to set the pass mark, the pass rate fluctuates. The highest pass rate was 100% in the first OSCE sitting, the most recent exam has the lowest pass rate. There has been an overall downward trend in pass rate over time which has been previously attributed to the exam becoming a mandatory element of the CCT training programme (it was voluntary when first established).

In October 2021, 31 of 110 candidates examined (28%) passed OSCE, representing the lowest ever OSCE pass rate.

Table 1 FFICM OSCE pass rate

	Mar 13	Oct 13	Apr 14	Oct 14	Mar 15	Oct 15	Apr 16	Oct 16	Mar 17
Pass rate %	100	83	74	71	89	79	73	64	75

	Oct 17	Apr 18	Oct 18	Mar 19	Oct 19	Apr 20	Oct 20	Mar 21	Oct 21
						Cancelled	Online	Online	Online
Pass rate %	78	67	74	69	54	-	64	62	28

SOE pass mark

The candidate's SOE mark is the sum of their individual question scores (0-2), so the maximum mark is 32 as each question is marked by two examiners independently. The pass mark for the SOE is established by the borderline regression method, using the candidate's scores and global scores.

In October 2021 61 of 91 examined (67%) of candidates passed the SOE. This is the lowest pass rate since at least October 2015.

Table 2 FFICM SOE Pass rate

	Oct 15	Apr 16	Oct 16	Mar 17	Oct 17	Apr 18	Oct 18
Pass rate %	75	78	75	76	73	74	73

	Apr 19	Oct 19	Apr 20	Oct 20	Mar 21	Oct 21
			Cancelled	Online	Online	Online
Pass rate %	70	74	-	74	74	67

Overall pass rate

121 candidates were examined in October 2021 (a number had a prior pass in one part). Of these, 37 have now passed all parts so are to be congratulated on achieving FFICM. The overall pass rate was 31%.

Topics not answered satisfactorily by a number of candidates

Each chair's report contains a number of topics which examiners felt were not answered well by many candidates. This is to guide future candidates to curriculum areas which may require study.

In this exam ECG analysis was felt to be poor, with a number of candidates not using a systematic approach (so missing areas such as rhythm rate axis) or missing abnormal findings. Radiology, in particular chest radiograph analysis was also felt to be weak for a number of candidates. These topics are noted to be done poorly by a number of candidates in each of the recent exams.

Many candidates had difficulty with the questions relating to the Stage 2 curriculum such as pulmonary hypertension, venous oximetry, brain stem death testing and with also with the applied basic sciences parts of questions such as sodium homeostasis and pharmacology of common ICU drugs.

Many candidates found the questions which did not relate to a specific clinical presentation challenging e.g. never events and environmental hazards in the ICU.

Examiners also noted that some candidates would likely score more marks if their answers had been more precise, e.g. saying 'hospital acquired pneumonia' instead of 'infection' when a diagnosis is requested.

Exam Delivery

The exam is normally delivered face to face in London, at the Royal College of Anaesthetists building in Red Lion Square. Due to the COVID-19 pandemic the April 2020 exam was cancelled, as were many other specialty examinations. HEE informed professional bodies in June 2020 that all exams must be delivered to support training progression. The FICM considered factors such as candidates' and examiners' availability due to clinical commitments, the ability to travel and the safety of all those involved.

Because of uncertainty in these issues, and the desire to provide reassurance to candidates, the decision was made to deliver the October 2020 exam on-line, with candidates and examiners at home, using the Zoom platform. The on-line format was designed to mimic as far as possible the face-to-face exam, and contains the same number of stations, the questions from the same question bank, and is delivered by the same examiners.

We had hoped to return to in-person exams but, due to continued uncertainty related to the pandemic, have been unable to do so. Our aim is to deliver the exam in London as soon as is practical.

The modifications required to deliver the exam on-line were approved by GMC and have not changed between the three online sittings in October 2020, March 2021, and October 2021.

The FFICM OSCE question bank contains very few questions which test practical skills such as examination of patients or procedures, so almost all the questions in the bank were suitable to deliver in the online format. The simulation questions were re-written to account for the online format (see below).

Online examination format

The online OSCE and SOE take longer than the face-to-face version as the movement of candidates between stations online is more time consuming than in person. In addition, internet connection problems for any individual introduces a delay for the whole rotation to allow the affected candidate best opportunity to complete their examination. However, the actual examining time is unchanged.

The face-to-face OSCE takes 104 -120 minutes exam time (depending on the number of rest stations) plus approximately 20-30 minutes 'call' time before this and additional time for any delays between stations (rarely more than 5 minutes overall). A 'standard' exam time (without delays) is 135 minutes. If a candidate with extra reading time (reasonable adjustment) is present, there is additional time between stations for all candidates.

The online exam takes 143-165 minutes (depending on the number of rest stations) plus 30 minutes for 'call time' and security check, and any additional time for any delays between stations. The additional examination time is caused by the time taken to move candidates into and out of stations individually, time to read the candidate instructions and an extra minute per station to compensate for any minor internet issues. Delays between stations, caused by any internet connection problems, can be longer in the on-line exam (rarely up to 10 minutes) and occur more frequently. Because of the sequential movement of candidates from station to station, if one candidate incurs a delay, the whole circuit has to be paused while getting that candidate back into the exam. Some exams have no delays, some have several.

Because of the increased time overall, the online OSCE has a 10-minute break where candidates and examiners can leave their screen for refreshments/toilet break etc. after seven stations (mid exam). Candidates are also able to leave their screens for a short break after the briefing but before the security check, which precedes the first station. A standard exam time (without delays) is 30 minutes then a short break then 160 minutes with a break after approximately 85 minutes.

If a candidate with additional reading time is present in the online exam, they are moved earlier into a station, so no additional delay occurs for other candidates.

The only change to the delivery of the OSCE in October 2021 was to prevent candidates from using paper during the exam (previous online exams had allowed one sheet of blank paper). This was in order to come more in line with the face-to-face examination experience, where notepaper is not allowed, and to prevent misconduct in the examination and therefore remain fair for everyone. Instead, all candidates were told they could ask the examiner to show the initial question information again at any point during the station, if required. Paper is not allowed in the face-to-face OSCE exam, so the change made in the October 2021 exam mirrored that of the face-to-face exam.

The online SOE also takes longer than in person. Four minutes extra is added to each station, for introductions, candidate reading and thinking time and to allow for minor internet issues. The overall exam time is 80 minutes, plus 30 minutes 'call' time and security check, plus any additional internet delays.

Impact of the online format on candidate performance

We understand that some candidates find the online experience more stressful, such as having concerns about whether their internet connection will fail or find the online oral exam experience unfamiliar. We provided a recorded webinar, online guides, a video demonstrating an online OSCE exam question and sample artefacts on the FICM website, as well as advising candidates to undertake online exam practice, to mitigate against this.

Other candidates told us that they preferred the online experience, as it removes the need to travel a long distance, removes the stress of public transport delays on the morning of the exam or of staying in a hotel away from home.

The increased overall time of the online OSCE and SOE compared to face-to-face examination may impact performance, with candidates or examiners becoming tired. To mitigate this, we introduced the rest break in the middle of the OSCE. It is important to ensure that the breadth of curriculum covered, and number of individual examiners seen, remains the same between face to face and online exams, and therefore reducing the number of questions was not felt to be appropriate.

Almost all online OSCE stations use the same exam material as the face-to-face exam. An exception to this is the simulation station, which has been redesigned into e-simulation for the online exam, where the candidate talks to an examiner about what they would do, rather than actually doing it. In October 2021 most of the e-simulation stations were designated as the 'test' station in the OSCE (see above) so did not contribute to the candidates' overall mark. Some candidates commented that the communication station 'feels' different when done online. We understand this viewpoint, and also recognise that telephone and online communication with relatives of ICU patients has become very common during the pandemic when hospital visiting has been severely restricted. Despite the concern, the average candidate scores on three of the four communication questions in October 2021 were above the Angoff mark for these questions.

The Angoff of OSCE questions is undertaken virtually, with examiners looking at images, where used, over the internet and the questions assessed and chosen therefore according to what examiners feel is reasonable to see in this way. Radiology images in questions are displayed on large monitors in the face-to-face exam. In the virtual exam, the screen size and resolution are dependent on the hardware available to the candidate, together with any loss of resolution inherent in the videoconferencing platform. Candidates are advised on the minimum screen size to use for the virtual exam, to be able to see these images satisfactorily; handheld devices and small portable screens are not recommended. The choice of hardware and location (including lighting) must necessarily remain the candidates' responsibility.

The online SOE uses the same exam material as the face-to-face exam.

Examiners

All examiners have their performance in the exam audited regularly by other examiners, are observed by both lay and external medical observers, and receive feedback at their examiner appraisal. This process has continued for online exams. Any comments made by auditors or observers on examiner behaviour which might adversely affect the candidates' scores such as incorrect timing of stations or omission of questions are addressed in a timely fashion. Most examiners have experience of FFICM examining over 3-9 years. All examiners conduct both OSCE and SOE exams and examine all types of OSCE station except for the simulation station which is examined by a small group of examiners with expertise in simulation.

Online exam stations are videoed. This has allowed review of examiner performance in the very small number of instances in the first online exam when an examiner or candidate thought the station might have been mis-timed, or a candidate disadvantaged by a technical problem. In two instances in the first online exam (October 2020) additional marks were awarded to a candidate who had insufficient time on a question due to technical issues. No occurrences of these, or any other problems were reported in the October 2021 exam.

New examiners

A small number of examiners (10 maximum per year) are added to the pool. No new examiners were appointed in 2020, 8 new examiners started examining in the October 2021 exam.

New examiners are selected according to their suitability for the role and assessed against a predetermined set of criteria by a panel of senior examiners and Faculty members. Most examiners have previous experience running exam preparation courses for ICM trainees. All examiners, including new examiners, undergo exam-specific equality and diversity training. All new examiners in 2021 had a full day of training in September, led by senior examiners. This training was delivered online and based on the face-to-face training the previous cohort of examiners had received. It included an overview of the exam and exam standard setting as well as instruction, video, and practical training on how to examine and score in the OSCE and SOE section. Each examiner had practice examining and scoring 'mock candidates' in both the OSCE and SOE with feedback on their technique (including scoring) from a senior examiner, as well as watching other new examiners doing the same. All new examiners were observed to be competent at examining at the end of this training.

In the October 2021 exam the new examiners were 'supervised' during the OSCE by a senior examiner for the first two full days of their examining, as well as being audited by another senior examiner. All examiners performed at the standard expected.

Because of the low pass rate in the October 2021 exam, we undertook a review of new examiners' scoring on a sample of OSCE questions from the October 2021 OSCE, by reviewing the videos and score sheets from the exam. The new examiners scoring is consistent with that of very experienced examiners, and no overall trend towards them being 'harsher' has been identified.

Candidate training experience

The last two years have been very different from anything we have ever experienced before. The restrictions imposed by the Government have reduced our ability to take holidays, limited opportunities to see family and friends, negatively impacted on work life balance and, for those with additional carer commitments, even more difficulties with schools and care facilities being shut.

We know that training experience during the pandemic has been affected. Most patients admitted to general ICUs have had COVID-19, with very little time in between waves to redress the negative impact this has had on the breadth of conditions usually seen on a general ICU. Elective surgery has been cancelled, restricting clinical experience of many specialist areas of ICM. Many doctors in training have had specialist placements significantly shortened to provide service on COVID units. These specialist placements occur in Stage 2 of training, so are included in the exam curriculum.

HEE and the devolved Statutory Education Boards also recognise this disruption and the impact it has had on progression and wellbeing. Longer hours and more nightshifts, a more stressful environment, reduction, or cancellation of teaching or moving to online delivery, has resulted in a very different learning experience which reduces personal contact with trainers and the benefits this affords. The physical and psychological challenges that have resulted from Covid have left many burned out.

Candidate exam opportunities

If the MCQ is passed at the first sitting, there will normally be four opportunities to take FFICM orals during Stage 2. Although only one exam sitting was cancelled in April 2020, COVID derogations to the training programme have allowed those without the exam to progress into Stage 3, whereas previously those who did not pass the FFICM were held in Stage 2 for supplementary training, for as long as was needed to gain the competencies to pass. This has led to a situation where some doctors in training are trying to acquire Stage 3 competencies as well as those missed in Stage 2 and study for the exam.

Some of those taking the exam are not in a training programme; opportunities for these candidates to gain the specialist ICM experience needed have also been reduced, whilst subject to the same COVID stressors.

Performance of this cohort in other sections of the exam

Both the OSCE and SOE are based on the same curriculum, however they test different skills. SOE questions test factual recall and understanding of a topic, often looking at the breadth of a candidate's knowledge within a topic. A candidate's overall answer may be satisfactory, even with some details missing. Whereas an OSCE question on the same topic might ask the candidate to interpret investigations and reach a specific diagnosis. A candidate who has a general breadth of theoretical knowledge on the topic but either cannot apply this to the interpretation of the investigations or has a knowledge gap in the specific detailed area of the OSCE may therefore score highly on the SOE question but less well on the OSCE question on the same topic area. In each exam sitting several candidates are successful at one part but not the other.

In October 2021 the overall pass rate was 67% for the SOE; this is the lowest pass rate since at least 2015.

Of candidates taking the whole exam for the first time in October 2021: 76% passed SOE and 26% passed OSCE, showing a similar trend to the whole cohort.

For the 66 candidates taking both the OSCE and SOE in October 2021, 40 (66%) either passed both sections or failed both sections and 26 (40%) candidates passed either the SOE or OSCE.

The OSCE is designed to be a more objective exam than the SOE. Both the questions and the answers required for marks are fixed, and we observe less variation between examiners in their questioning and marking in the OSCE. The OSCE covers a broader cross section of the curriculum range than the SOE (13 rather than 8 topic areas) with greater likely content validity. The current marking system for the SOE, awarding candidates a pass, borderline or fail, provides little scope for examiners to reflect differing levels of performance in candidates.

Additional Statistical Analysis and Review

A process of extensive review and investigation has taken place since the release of the October 2021 exam results. We have also met with external assessment experts to discuss this review.

Statistical analysis of candidate scores showed the October 21 cohort were more homogenous than prior cohorts, with an average lower score. Statistical analyses have also been conducted on all recent diets of the OSCE examination to look at internal reliability of the question sets including using the Cronbach Alpha. These were discussed with the external experts who agreed that there were no statistical differences between the sets, including the October 2021 exam; all were within the confidence limits.

The results of statistical analysis show no evidence of a difference in performance caused by the online delivery method for OSCE in October 2021 when comparing this diet to previous online and in-person deliveries. The distribution of scores for two of the four OSCE rounds are at the lower end of the range but are not dissimilar from an in-person sitting in April 2018.

The view of the external assessment experts was that the OSCE Angoff process was likely the most appropriate method of standard setting. The external assessment experts made no criticism of the way the Angoff had been conducted and offered the suggestion as an additional unmeasurable factor influencing the October result. We have therefore determined that the senior examiners and RCoA Exams team could explore the use of other standard setting methods alongside the current (and reviewed) model of Angoff in future exam sittings.

Feedback and GMC discussions

Following the release of the exam results, the Faculty and RCoA recognised the need to offer those affected a written explanation and [apology for problems with the release of the exam results](#). In addition, FICM committed to conducting two engagement events, one held with StR regional

representatives and another with trainers, feedback from which has influenced the process of investigation. Answers to questions raised at these events were [subsequently posted online](#).

The distress and concern felt by many was clearly articulated. The FICM Board, having reviewed feedback from candidates, trainers and both co-opted, elected, and patient representative members, sought expert statistical advice, and asked the GMC in its regulatory role to consider accepting a norm referencing approach to determine the pass rate of the OSCE. This was not because any decisive flaw had been detected in the exam which accounted for the low pass rate, but rather because the organisation wished to recognise the strong feeling expressed by those affected and their trainers, that this result was not representative of the actual ability of the candidates. However, the GMC advised us that their [standards](#) (p39, para 72) cannot support the use of norm-referencing.

Given that investigations have found no delivery error in the examination itself or any clear or single cause for the low OSCE pass rate, during our discussions with the GMC and external assessment experts, it was felt there was no justification for retrospectively changing the passing standard, or other adjustment to allow candidates to pass on the MCQ and SOE alone, nor by using any other recalculation to alter the pass mark.

The Board has concluded that, under such circumstances, there is no alternative but that the results must stand.

Additional FICM actions

Having listened to the feedback from trainee representative and trainers, the Faculty and examiners are taking a number of additional actions, including the following:

Further exam resources are being made available on the web site to support candidates in their exam preparation, including more sample questions and a detailed exam syllabus. A working group has been set up oversee this.

The information available for candidate feedback interviews is being improved

All OSCE questions are being re-Angoffed to ensure the Angoff score remains up to date

All OSCE questions are being reviewed before their next use

The Chair of examiners report normally contains a list of topics which, in the opinion of the examiners, were not answered well by a number of candidates. This topic list will now appear on the website, so that the lists from previous reports can be more easily accessed.

An external review of RCoA exams which was already planned for Spring 2022 will include the FFICM exam.

Conclusion

The FFICM exam forms an important part of the summative assessments within the ICM CCT programme, and hence is part of the quality assurance that doctors in training who complete the programme are equipped to provide safe and effective care to the public across the whole of the ICM curriculum.

The pass rate for the October 2021 OSCE section of the FFICM examination was unexpectedly low. The SOE section also had a lower pass rate than previous sittings, but less marked than the change in OSCE score. Although set from the same curriculum, the two sections test different skills and test knowledge in different ways so it does not follow that the pass rates for the two components should be similar in any exam sitting.

All sections of the exam are under constant review, looking for ways to improve the content, delivery, and standard setting. This will continue and will include an external review of the FFICM and FRCA examinations in 2022. The Faculty has committed to developing more examination resources and guidance for candidates in 2022. The subgroup developing this is starting work this month.

Our exploration of all aspects of the October 2021 OSCE has been unable to find any evidence as to the cause of this low pass rate. Specifically, there is no evidence to suggest that the standard of the exam has changed between diets.

The cohort of candidates sitting the exam may have had a substantially different training experience through the 2020 and 2021 Covid pandemic than has been appreciated. This cohort of examinees is in motivation, commitment to ICM and intelligence equivalent to previous historical cohorts, though their experiences and teaching has been different. This does not mean that they have less future potential to be equally competent intensive care physicians, but they are different in their preparation likely consequent to the pandemic. Likewise trainers have had to deliver training in a different way and examiners have moved to an online platform. The ramifications of the pandemic on working life and training experience, together with the psychological and social impact outside of the work environment cannot be overstated. The impact of the pandemic on training and experience may not be by itself an explanation for the low FFICM OSCE pass rate but may represent an additional impact on other previously unmeasured contributory factors.

My thanks go to the college exams team, who work hard to enable the running of these exams and also to the examiners (who are all busy ICU consultants) who spend time preparing, modifying questions as well as delivering the oral exams. In particular I would like to thank Jerome Cockings (Deputy Chair) and Jeremy Bewley (MCQ subgroup lead), Anthony Bastin (OSCE subgroup lead) and Barbara Philips (SOE subgroup lead) who lead the exam sub-sections.

Dr Victoria Robson – Chair of Examiners

January 2022

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