

## **FICM Examination Report – March 2019**

### **Background**

The Fellowship of the Faculty of Intensive Care Medicine Final examination is taken as part of the assessment process for UK Intensive Care Medicine training. Passing the exam is a requirement before entering the final stages of the training programme. The thirteenth sitting of the exam took place in January and March 2019. The oral exams took place over two days.

### **The FFICM MCQ**

The MCQ was held on 8 January 2019. 106 candidates sat the exam, of whom 89 passed (84%). The MCQ pass mark was 66.89%. This was reached by Angoff referencing, which was carried out by a dedicated MCQ Angoff group. The Angoff score was further adjusted by the use of Standard Error of Measurement (SEM) to allow for borderline candidates. The reliability for this exam was 0.68, which was calculated using KR20.

### **The FFICM OSCE/SOE**

#### **Candidates**

116 candidates attended the exam, of these 21 had a previous pass in either the Structured Oral Exam (9) or the OSCE (12).

#### **SOE**

The Borderline Regression (BR) and Hofstee methods were used in the standard setting of the SOEs, with Hofstee being used to cross reference the result achieved from the BR method. All statistical analysis available was discussed by the Board of Examiners. The final pass mark of 26 out of 32 was reached through a combination of statistical analysis and expert judgement after consideration of borderline candidates. 107 candidates sat the SOE. Of the 107, 75 (70%) passed the SOE component. Twelve candidates sat the SOE with a previous pass in the OSCE. Eight from 12 passed giving an 67% pass rate for SOE only applicants.

#### **OSCE**

Standard setting was performed using modified Angoff referencing by the OSCE working party in advance and a cumulative pass mark of 162/240, 159/240, 159/240 and 159/240 was reached for the four questions sets used over the two days of the exam. 104 candidates sat the OSCE. Of the 104, 72 (69%) passed this component. Nine

# The Faculty of Intensive Care Medicine

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candidates sat the OSCE with a previous pass in the SOE. Six candidates passed, giving a 67% pass rate for OSCE only candidates.

## Overall

70 candidates from 116 (60%) passed the exam overall and achieved the Fellowship in Intensive Care Medicine. This compares with 65% in October 2018. An overview of results is set out in the table below:

All candidates	SOE	Total	107
		PASS (N)	75
		PASS (%)	70
	OSCE	Total	104
		PASS (N)	72
		PASS (%)	69
	Overall	Total	116
		PASS(N)	70
		PASS (%)	60

Over the two days of examining 8 visitors attended the exam, of which two had sat the first sitting of the FFICM themselves. Visitors appreciated the opportunity to see the way the exam was run and to remind themselves of the standard expected. Some visitors commented that the standard did not appear to be as high as they had thought but that despite this they had seen candidates perform badly. They thought this must be due to poor preparation and lack of breadth of knowledge of the syllabus. Interestingly one of the visitors commented that they felt the exam favoured those who had a background in anaesthesia whereas another was of the opposite view that it favoured a background in general medicine.

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During call-over, following the exam, it was noted by examiners that many candidates were weak in basic sciences. Questions on pharmacokinetic principles, mechanisms of action of inotropic drugs and lactate production were poorly answered. Although some candidates excelled on the ECG station examiners were still seeing others unable to recognize common abnormalities. Atrial flutter, atrial fibrillation and ventricular fibrillation should be basic knowledge for a trainee intensivist. OSCE examiners noted that some candidates appeared unfamiliar with the OSCE format and suggested they would have benefited from more practice being examined in OSCE stations. In the simulator station some candidate's performance was below a level that would be expected in ALS training. Other candidates failed to consider and recognise sepsis, and more worryingly offer antibiotics to a simulated patient suffering from sepsis.

OSCE examiners have previously noted that there had been a problem with candidates offering large numbers of options when answering questions, presumably on the basis that negative marking is not used. Candidates are advised that some OSCE questions are marked in a way to avoid this risk by instructing examiners to only accept a certain number of answers. This means that it is important for candidates to offer the most likely answers first.

This is my last FFICM exam as Chair. Dr Vickie Robson will take over the role at the next exam. I wish her, the examiners and the exams department my best wishes for the future. I have been an FFICM examiner since the exam's inception and have seen it grow and develop under the watchful eyes of the GMC. I am confident that under Vickie's guidance the exam will continue to flourish and attaining the FFICM will remain a badge of honour in the Intensive Care world.

Running a successful exam requires hard work from examiners assisted by the expertise of the exams department. All examiners become members of one of the exam's subgroups. The Chairs of subgroups are responsible for question writing, exam setting, standardization and administration. In my time as Chair I have received invaluable support from current Deputy Chair, Dr Vickie Robson and subgroup Chairs – Jerome Cockings (Audit), Gary Mills (SOE), Jeremy Cordingly (OSCE) and Jeremy Bewley (MCQ) – as well their deputy chairs and all of the Board of Examiners.

**Andrew T Cohen – Chairman, FFICM Board of Examiners**

**March 2019**