

## **FICM Examination Report – October 2018**

### **Background**

The twelfth sitting of the Fellowship of the Faculty of Intensive Care Medicine Final examination took place in July and October 2018. The oral exams took place over two days where candidates were exposed to a range of assessments covering a wide area of the curriculum.

### **The FFICM MCQ**

The MCQ was held on 10 July 2018. 59 candidates sat the exam, of whom 39 passed (67%). The MCQ pass mark was 66.11%. 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 0.571, which was calculated using KR20.

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

#### **Candidates**

89 candidates attended the exam, of these 28 had a previous pass in either the Structured Oral Exam (16) 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 27 out of 32 was reached through a combination of statistical analysis and expert judgement after consideration of borderline candidates. 73 candidates sat the SOE. Of the 73, 53 (73%) passed the SOE component. Twelve candidates sat the SOE with a previous pass in the OSCE. Ten from 12 passed giving an 83% pass rate for SOE only applicants.

# The Faculty of Intensive Care Medicine

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## OSCE

Standard setting was performed using modified Angoff referencing by the OSCE working party in advance and a cumulative pass mark of 158/240, 159/240 and 158/240 was reached for the three questions sets used over the two days of the exam. 77 candidates sat the OSCE. Of the 77, 57 (74%) passed this component. Sixteen candidates sat the OSCE with a previous pass in the SOE. Eleven candidates passed, giving a 69% pass rate for OSCE only candidates.

## Overall

58 candidates from 89 (65%) passed the exam overall and achieved the Fellowship in Intensive Care Medicine. This compares with 57% in April 2018. An overview of results are set out in the table below:

All candidates	SOE	Total	73
		PASS (N)	53
		PASS (%)	73
	OSCE	Total	77
		PASS (N)	57
		PASS (%)	74
	Overall	Total	89
		PASS(N)	58
		PASS (%)	65

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Over the two days of examining 8 visitors attended the exam, unfortunately two who were scheduled to attend on day one, and three who were scheduled to attend on day two were unable to attend although day two coincided with major travel disruption in London, which could partially explain this. One of the visitors, Dr Mary Pinder was from Perth, Australia and is the Vice President of the College of Intensive Care Medicine of Australia and New Zealand. She took the opportunity afforded by a visit to the UK to attend the exam. This allowed much useful interaction and sharing of information.

It is helpful to have exam procedures scrutinized by external visitors. On this occasion they commented on the wide range of material the candidates were exposed to and how professional and fair the exam seemed to be. They were impressed with how approachable examiners were and made helpful suggestions about the layout of the examination room. All felt witnessing the exam would help them in guiding their trainees on the nature of material used and the depth of knowledge required.

During the two days of examining examiners were asked to trial a proposed new marking scheme for the SOE alongside the current system. This appeared to be well received. Data will be analysed and if the decision is taken to recommend a change to the system this will be discussed with the GMC. Any such changes will not affect the candidates experience of the exam but they will be given sufficient advanced warning via the website.

Examiners fed back that some candidates seemed poorly prepared for the exam. They were reported as having problems discussing topics such as osmolality, exploring osmolar gap and leading to a discussion on hyperosmolar hyperglycaemic states. Similarly questions on the basic structure of proteins leading onto protein requirements in the critically ill; oxygen, hypoxaemia and oxygen delivery and hypercalcaemia and calcium homeostasis were highlighted as being generally badly managed. Clinical conditions should be expected to be explored in depth even if rare such as amniotic fluid embolism which was covered in this exam.

Many candidates seem to have received the message about structuring their description of images and ECGs but there were still those losing marks for not referencing basic information such as name and date.

The smooth running of the exam relies upon efficient support from the Faculty Examinations Department and the hard work of the board of examiners who have many responsibilities relating to the exam outside of attending the oral exam. I would like to welcome the 7 new examiners that have joined us this October and thank all examiners who have left over the previous year. The senior examiners have additional responsibilities so as usual I would also like to thank Dr Vickie Robson (Deputy Chair), the

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Chairs of the various parts of the exam – Jerome Cockings (Audit), Gary Mills (SOE), Jeremy Cordingley (OSCE) and Jeremy Bewley (MCQ) – as well their deputy chairs and all of the Board of Examiners – for all their hard work in setting and running this examination again.

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

**October 2018**