

FFICM Exam Report - October 2020

Background

This FFICM oral examination was rather different, as it was the first sitting of the remote oral exam, and took place when London was in Tier 2 COVID restrictions and the College building was mostly closed. The Spring FFICM oral examination and July MCQ had been cancelled due to COVID restrictions, and a lot of effort went into devising and testing a format that would be able to take place in uncertain circumstances. All candidates and examiners were in their homes / workplaces with only the exams administration staff, the Chair and Deputy actually (socially distanced) in the College building. A huge amount of work was done in advance by the exams team and examiners, to convert all the questions to a suitable format and set up the remote system. Many hours of testing and training were carried out, including 7 half-days of examiner training. As a result, the first sitting ran successfully and all planned candidates were examined. The 'Zoom' platform was chosen for this exam, as it was the most suitable for this exam format.

For candidates, examiners and exams staff this was a new experience. Some candidates were happy not to have to make a long expensive journey to London, and sitting an exam in the familiar environment of home/work etc was less stressful, while others found it strange and off-putting.

The remote exams took longer than the face-to-face version even though the actual examining time was the same. This was due to additional time being needed for candidates to read station instructions, to 'move' candidates between stations, for an environment security check for each candidate and an extra allowance to compensate for any internet issues. For this reason, the 14 station OSCE was split into two halves to allow a break between. The exam ran over 4 days (instead of the usual two days), with 1 more day allocated in case of repeat exams being needed.

In order to assist candidates with their exam preparation, a free webinar was held at the beginning of August, along with guidance and FAQs published on the FICM website. These resources were supplemented in September with additional guidance, a presentation of example OSCE artefacts, a video of two remote OSCE stations and remote exam regulations.

Some technical and internet issues were to be expected. A number of mitigations were put into the planning of the remote exams. These were: allowing extra time on each station to be used in case of technical issues, time to run a station again at the end of the exam, the ability to put a candidate in for a completely new exam on a different day (if needed) and all exams were videoed. Extra examiners were available and prepared, so as to be able to substitute at short notice should an examiner lose their internet connection.

Inevitably there were a number of brief internet 'drop outs' (almost all due to candidates' internet connections) and each day a number of examiners utilised the extra 1 minute at the end of the station to compensate for technical issues, allowing all candidates to have the full 7 minutes on each question.

Numerous testing and training sessions for all the examiners using the remote format were carried out, so there were very few examiner internet and technical problems. A small number of examiners had an internet problem during the exam, such as a few seconds of 'drop out'. One SOE examiner (2% of examiners) lost connection completely in one station and the other stepped in immediately. Whenever an examiner had any sort of internet problem, a spare was 'sent' into their station, in order to substitute in if needed. There were three occasions (0.02% of stations) where a technical issue occurred eg a slide failed to display or a candidate received less than the expected time for a question. In all these cases the videos were reviewed and appropriate extra marks were awarded to the candidate to compensate.

However, 15% of exams had significant candidate internet issues such as being disconnected then reconnected during the exam. Some of them needed to change to using their 4G phone signal (often an administrator or spare examiner would need to talk them through how to do this) to improve internet connectivity. Some candidates disconnected more than once during an exam. One had a laptop failure mid exam and two dialled into the wrong 'meeting' so appeared to be absent at the start of the exam. The fourth day of the exam had a particularly large number of candidate internet issues. Rather surprisingly, quite a number of candidates 'dialled in' to the exam meeting 5-10 minutes later than the expected time, which delayed the start of some exams.

Several additional strategies were implemented and considerable effort was made to ensure all candidates did complete their exam, such as pausing the exam briefly and adding additional stations at the end, however, this additional time for internet problems did lead to other candidates having longer gaps between some stations, and extended the duration of some exams. On some days the afternoon SOE was delayed to allow candidates to have a suitable lunch break between sessions. All candidates did complete their exams. The four days of examining included 1417 OSCE 'stations' and 376 SOE 'tables'.

The examiners' workload was much greater than usual, with examiners needing to download and print questions, score sheets and PowerPoint presentations of artefacts in advance. They then had to complete score tables, upload score sheets, videos and report forms after each exam. The task of uploading, checking and collating marks in order to establish who had passed was much larger in the remote format, and all manual on this occasion. This led to the pass list being slightly delayed, and it was issued one week after the last day of examining.

There were no visitors on this occasion, and no examiner appraisals, due to the complexity of managing the remote format.

All the questions were from the usual exam question banks, some with adaptations for the remote format. These questions worked well over the remote format, and it was felt that the breadth of curriculum covered and standard of the exam were the same as the face-to-face version.

The FFICM Objective Structured Clinical (OSCE)/Structured Oral (SOE) Examinations

Candidates

118 Candidates were examined; 84 sat both parts of the oral exam and 34 had a prior pass in one part.

SOE

In the SOE, 69 candidates of 93 (74%) passed. For those 9 who had previously passed the OSCE, the pass rate was 78%.

OSCE

In the OSCE, 70 candidates of 109 (64%) passed. For those 25 who had previously passed the SOE, the pass rate was 48%

Overall

Overall, 71 candidates of 118 passed (60%) and are to be congratulated on achieving Fellowship of the Faculty of Intensive Care Medicine. These rates are within the range of pass rates for recent FFICM exams (52% in October 19, 60% in spring 19).

Each exam, a few topics are noted to be answered badly by a number of candidates. ECG interpretation, including basic rhythm analysis continues to be noted as an area of weakness for many candidates, as does chest x-ray interpretation. Again, many candidates seemed unable to answer questions on applied basic sciences, including abdominal anatomy and physiology of cardiac output. Knowledge of relevant microbiology and antibiotics were again an area of weakness for some candidates.

The exam standard is that of an end of Stage 2 trainee, who is one year away from a consultant post. Some examiners commented on a trend of candidates answering 'ask another specialty' in answer to some questions eg 'ask microbiologist' on antibiotic choice, 'ask a nurse' on set up of CPAP; while involving of the multidisciplinary team is clearly important, candidates are expected to have an understanding of the management of all relevant ICU conditions and therapies. Also 'higher' intellectual skills such integration of information from multiple items is expected as well as an appreciation of ethical issues in resuscitation. A few candidates lost marks by using casual, inaccurate terms and not then clarifying, such as 'use electricity' when 'DC cardioversion' was required.

A question on a critically ill obstetric patient that included recent national guidance was answered poorly, and many candidates were unable to answer a question on the practicalities of oxygen and CPAP therapy. Many candidates also did poorly on a question regarding renal replacement therapy, particularly its circuit components, and on chronic critical illness.

The successful running of any exam relies upon support from the Examinations Department and the hard work of the Board of Examiners, who have many responsibilities relating to the exam such as question writing, revising and standard setting, as well as examining the oral section. I would particularly like to thank the examiners who retired over the last year. My thanks also go to the senior examiners who have additional responsibilities: Drs Jerome Cockings (Deputy Chair and Audit), Barbara Philips and Stephanie Strachan (SOE), Jeremy Cordingley and Anthony Bastin (OSCE) and Jeremy Bewley and Carol McMillan (MCQ) as well as all of the Board of Examiners and the RCoA's Exams Department. This exam has involved a huge amount of extra work by both the examiners and exams department, who rose to the task of designing, training for and delivering the first remote FFICM oral exam.

**Dr Vickie Robson – Chair, FFICM Board of Examiners
October 2020**