

## FFICM Chair of Examiners Report – OCTOBER 2022

The nineteenth sitting of FFICM examination took place in June and October 2022. This exam has now been held twice each year (except for one cancellation during the pandemic) for ten years.

### Multiple Choice examination (MCQ)

The multiple choice paper, which was administered on-line using the TestReach system, had 122 candidates. This was the first occasion when all questions were of the Single Best Answer type. The progressive change from true/false questions has been done at the request of the GMC. The paper consisted of 80 questions with a shorter stem (each answer being worth one mark) and 50 with a longer stem (each answer being worth two marks).

The pass mark, set by Angoff method, was 62.4 % with a pass rate of 68.9%.

Curriculum areas whereas significant number of candidates did not score well included pharmacology of common ICM drugs, scoring systems, and haematology.

Candidates are required to pass the multiple choice paper before they can appear for the oral examinations and sit both oral examinations on the same day. If a candidate passes one component, they can re-sit only the other component, until the pass 'expires' after 2 years.

The oral component took place 3-5 October 2022 in London. 147 Candidates were examined, which is the largest number taking an Autumn FFICM oral examination. The large number of candidates was accommodated by running exams simultaneously on two floors of the Royal College of Anaesthetists building. This set-up also allows up to four cohorts of OSCE candidates or 48 SOE candidates to be examined using the same question set, enabling better analysis of question performance. All eligible candidates who applied were accommodated, with none being deferred due to capacity issues.

### Structured Oral Examination (SOE)

122 candidates sat the SOE, which consists of four stations each containing two 7-minute questions. All questions are marked by both examiners in the station using a 0/1/2 scale. The pass mark, determined by borderline regression, was 27/32.

97 of the 122 candidates (which included 15 who had passed the OSCE on a prior sitting) passed the SOE, giving a pass rate of 79.5%. This is somewhat higher than the average pass rate over the last few years.

### Objective Structured Clinical Examination (OSCE)

132 candidates sat the OSCE. This consists of 13 7-minute stations, of which 12 contribute to the candidate's mark plus a 'test' station. The stations include one each on ECG interpretation, radiology, equipment, communication with a mock patient/relative/ health care professional, one high fidelity simulation station and a number of clinical stations which include data interpretation. Performance in OSCE stations is marked by an examiner using a score sheet on the Practique electronic system. Each station has a maximum of 20 marks.

The pass mark for the OSCE is established using the Angoff process (in advance of the exam) applied to each station individually, then the sum of the station Angoff marks is the exam pass mark. The pass mark for each day's OSCE was 161/240.

83 of the 132 OSCE candidates (which included 25 who had passed the SOE on a previous sitting) passed the OSCE (62.9%).

Overall 90 (61.2%) of the oral examination candidates passed; they are to be congratulated on achieving FFICM qualification.

Higher pass rates were noted in both oral components on Wednesday.

The chair's report usually contains a list of topics which, in the opinion of examiners, were not answered well by a number of candidates. In this exam these topics were transfer, applied basic sciences (oxygen question and applied physiology of pregnancy), microbiology and hyperosmolar hyperglycaemia (this was also noted when this question was previously used) and oesophageal rupture. In a question on acute liver failure, examiners were concerned that hypoglycaemia was not considered by a number of candidates. In simulation questions, when dealing with an intubated patient or patient in cardiac arrest, examiners were concerned that the absence of ETCO<sub>2</sub> monitoring was not commented on by a number of candidates. In the SOE, a number of candidates struggled with the questions on neutropenic sepsis and scoring systems.

In order to assist candidates who have not been successful in SOE to identify their areas of weakness, I am publishing a list of the question topics:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>
Q1	Drowning	Anaphylaxis	Difficult Airway
Q2	Oxygen	Prescription drug overdoses	Monitoring during weaning
Q3	Obesity	Chronic Liver Failure	Hypertension
Q4	Ventilator acquired pneumonia	Hypoxic Brain Injury	Epilepsy
Q5	Paediatric stabilization and ventilation	Non accidental injury in children	Recognition of the Sick Child
Q6	AKI after Cardiac Surgery	Abdominal Aortic Aneurysm	Renal transplant
Q7	Transfer	Obstetric sepsis	Neutropaenic sepsis
Q8	How to read a research paper	Scoring systems	Delirium

A candidate who has failed one or more oral exams on two of more occasions, can request a guidance interview with an examiner who has seen their score sheets. One such interview, plus one mandatory interview before the sixth attempt, is available.

A number of new candidate resources are present on the FICM website. Since guidance on how to systematically report an ECG and chest x-ray was published, examiners have noticed that the proportion of candidates who now score well on these questions has improved.

A number of examination visitors were present at the oral examination – these were all ICU consultants who are involved in training. They commented that the standard of the examination questions seemed appropriate, they saw some candidates who were well prepared and some who were not and noted that in the SOE questions a number likely could have scored higher by using a more structured approach to broad topics.

One visitor pointed out that a few candidates were dressed very casually e.g. jeans and T-shirt, whereas the majority were more smartly dressed. The exam regulations state candidates

should dress as for 'day to day clinical practice/contact with patients [...] clinical/theatre clothing is not required'. Candidates should consider that some stations contain mock patients and should also consider the amount of standing/walking which is needed during the examination when choosing their footwear.

Examiners undertake a substantial amount of work between the exam sittings with question writing, question revising, and standard setting, all of which are essential. I am grateful to them for the time they contribute to this. I am particularly grateful to the exam section leads- Jonathan Coles (MCQ) Barbara Philips (SOE) Anthony Bastin (OSCE) and to the Deputy Chair Jerome Cockings for the work they do in preparing and running the exam and of course to the team at RCoA Exams Department.

**Dr Victoria Robson**  
**Chair of Examiners**