The Faculty of Intensive Care Medicine

FFICM Chair of Examiners Report – APRIL 2022

The eighteenth sitting of FFICM was held in January and April 2022. The exam has been held twice per year, except for the cancellation of the spring oral and Summer MCQ in 2020, due to pandemic restrictions.

MCQ January 2022

161 candidates sat the multiple-choice component in January 2022. This was delivered online, using the TestReach platform. Of these, 147 (91%) candidates passed. A determined Angoff process was applied to each question individually, with subtraction of one standard error from the paper Angoff score.

This is the last multiple-choice exam that will contain true/false questions. From June 2022, all questions will be of the single best answer type; this gradual change from all true/false questions to all single best answer questions for the MCQ paper, has been made at the request of GMC.

Oral examinations April 2022

213 candidates appeared for one or more of the oral components that were held in London with Covid-19 precautions. A candidate must sit both oral components on the same occasion, however if they are successful in only one component, they may re-sit only the component that they failed. This was the first return to face-to-face FFICM examinations following the online exams during the pandemic. As the ICM training programme numbers have increased, so have examination candidate numbers. This was the largest number of candidates to be examined in an FFICM oral diet and took 4 full days to complete. Again all eligible applicants for the oral exam were accommodated, with none deferred. The examiners are rightly proud that by providing additional oral examination days, no candidates have ever been deferred due to insufficient capacity in the FFICM.

Structured Oral Examination (SOE)

The structured oral exam has 8 questions, each marked by two examiners. The pass mark (determined using borderline regression with a cross-check by the Hofstee method) was 27/32.

166 candidates appeared for the SOE, 5 of these had previously passed the OSCE; 119 passed, giving a pass rate of 72%.

A further large-scale trial of a proposed new marking scheme for the SOE was undertaken. This scheme awards marks individually for each of the five stems in each SOE question, rather than marking the question as a whole. The data from this will be analysed before any decision to change the mark scheme is taken, and candidates will be informed on any such proposed change via the FICM website. The proposed marking scheme will not change the candidates' exam experience.

Objective Structured Clinical Examination (OSCE)

The OSCE has 12 stations plus a test station that does not contribute to the candidate's overall score. The exam pass marks (set using the Angoff method) on each day were 167, 166, 166, 167. 208 candidates sat the OSCE, of which 47 had previously passed SOE; 153 passed, giving a pass rate of 74%. Of those 47 who had previously passed the SOE, 37 (74%) passed the OSCE.

The Practique iPad-based marking system was used for the first time in the OSCE. This proved to be a success, with only minor technical issues. Two of the 8 OSCE rounds had two technical issues during the exam (such as computer failure) that required a short 'pause' to rectify.

Following the low pass rate of the October OSCE, a number of additional candidate resources have been published on the Faculty website in order to assist candidates to prepare. These include additional sample questions with answers, videos of borderline and good passes, lists of previous

topics not answered well, and guidance articles on how to best answer ECG and imaging questions.

Overall, of the 213 candidates, 138 (65%) have now passed both components so are to be congratulated on achieving the fellowship qualification.

Particular congratulations are due to the 21-22 exam prize-winner and the five highly commended exam candidates from the October 21 and April 22 oral exams who all met the criteria of scoring in the top 10% of the MCQ, in the top 10% of the OSCE and 32/32 marks in their SOE exams on their first attempt.

Six visitors, all ICU consultants, attended to watch the exam in progress; they commented on the overall fairness of the exam, the wide range of questions from the curriculum and that the standard of questions were as they expected. They saw some very well-prepared candidates, some less so and some who seemed very nervous and likely were not performing at their best. The visitors felt that the FFICM Examiners were all polite and consistent in their approach.

One lay visitor also attended. The lay visitor was particularly interested in the communication station of the OSCE, and felt it was important to test this. They commented on both the excellent and poorer communication skills demonstrated by some candidates in this station.

The Chair's report always contains references to questions that the examiners felt were answered poorly by a number of candidates.

In this exam, questions on applied basic sciences such pharmacology of commonly used ICU drugs were not answered well, as were those on COPD, septic shock and ventilation.

Some candidates appeared to have had little experience with high fidelity simulation (despite it being used in the exam since 2013) and wasted time by asking the examiner for clinical signs rather than examining the simulator (which can simulate a number of signs). Some missed important signs by omitting relevant parts of clinical examination (such as looking at pupils in an unconscious patient). Failing to look for relevant signs is likely to make it difficult for a candidate to reach the correct conclusions to be able to score a high mark at this station. A number of candidates seemed to be expecting an emergency, and were observed to call for senior help at the start of the simulation station, or to behave as if a critical incident was occurring, when the physiology and signs displayed were normal or only slightly abnormal. In such situations a doctor in Stage 2 of the ICM Training Programme would be expected to be able to manage the situation. Additional guidance on high-fidelity simulation in the FFICM exam has now been included in the candidate resources sections of the FICM website.

The candidate resources section of FICM website now has clear guidance on how to answer certain questions (such as ECG and radiology) and it was noted that far more candidates in this exam were using a more structured approach to interpreting ECGs in the OSCE, so scored higher marks at these stations.

In the SOE some candidates would have found it easier to score marks by structuring their answers, particularly when asked for lists of items.

My thanks, as ever, go to all the FFICM Examiners who work hard both examining candidates and writing and revising exam questions, in particular to Jerome Cockings (Deputy Chair) Anthony Bastin (Lead for the OSCE Subgroup), Barbara Philips (Lead for the SOE Subgroup) and to Jeremy Bewley (out-going MCQ Group Lead) and Jonathan Coles (in-coming MCQ Group Lead) as well as the Exams Department staff of the Royal College of Anaesthetists who administer this exam.

Dr Victoria Robson – Chair of Examiners
June 2022