FFICM Chair of Examiners Report – OCTOBER 2024

The FFICM examination took place in the Summer and Autumn of 2024.

Multiple Choice Examination (MCQ)

The FFICM Multiple Choice Examination (consisting of all single best answer questions) took place in June 2024. Of the 156 candidates who were examined, 125 (80%) passed.

The pass mark for this exam is set by the FICM MCQ sub-group of examiners using the Angoff method. Currently, one standard error is subtracted from the Angoff-derived pass mark to arrive at the final pass mark. This subtraction of a standard error will no longer be applied to the exam from June 2025 onwards in accordance with the update published in October 2024.

Oral Components

The oral exams took place in October 2024 at the Royal College of Anaesthetists in London. 207 candidates were examined over 4 days, which is the largest cohort for an Autumn oral exam. These exams are delivered and marked electronically on an assessment platform supplied by Risr. Questions within each day's exam are selected so that the overall exam is of similar difficulty and covers a similar breadth of the syllabus. The syllabus coverage of the combined SOE and OSCE each day is also maximised with most candidates sitting both components.

Structured Oral Examination (SOE)

The SOE consists of four pairs of questions, each with five fixed sub-questions. Each question is marked independently by a pair of examiners. A candidate can score 0,1 or 2 for each question. The pass mark is set by Borderline Regression Method and in this diet, it was 26 out of a total of 32 marks. Of the 176 SOE candidates that were examined, 126 (71.59%) passed, which is within the usual range.

Objective Structured Clinical Examination (OSCE)

The OSCE consists of 13 stations, plus a test station (which is not included in the final score). Station are 7 minutes long and comprise ECG, Radiology, Equipment, Communication and Simulation with the remainder being Data/Clinical. The pass mark is set by the Angoff method and is applied to each question within each station by the examiners of the OSCE sub-group. The exam pass mark is the sum of the Angoff marks of all stations (excluding the test station).

The pass marks for each day's OSCE were as follows: 163, 164, 166 and 164, from a total of 240 marks available. Of the 177 OSCE candidates that were examined, 102 (57.63%) passed, which is at the lower end of the range of pass rates.

Both oral components: OSCE and SOE

Of the 207 candidates that sat the oral exams, 116 (56.04%) passed and are to be congratulated on achieving FFICM. This pass rate is consistent with recent FFICM pass rates from March 2024 (56.63%) and October 2023 (56.25%). Candidates who are in the UK ICM training programme at the time of the exam have a significantly higher pass rate than those who are not in the training programme both on first and any subsequent exam attempts.

Visitors

Fifteen visitors, all of whom were UK ICM consultants involved in training, observed the oral exam. Visitors commented on the examiners' behaviour being professional and consistent, and the support the examiners gave to candidates such as redirecting those who were not answering the question that had been asked. Some visitors were particularly interested in the

simulation questions, which were described as 'standard ICU scenarios' and noted the inclusion of human factors in the mark scheme.

The visitors commented on the wide range of candidate performance they observed, from excellent to very underprepared. They noted that some candidates lost 'easy marks' by not introducing themselves in the communication station or not stating the ECG rate when reporting an ECG or wasting time by deviating from answering the question that had been asked.

In terms of the questions, they felt that there was an appropriate range, of a standard suitable for the end of stage 2 ICM training, and on topics within the curriculum, with a lot of 'standard intensive care' content being examined. They also commented favourably on the 'huddle' which is a standardisation meeting held immediately prior to each exam between examiners asking the same questions.

Each Chair's report contains areas of poor candidate performance to assist candidates preparing for future exams:

- **MCQ**
Topics that were not answered as well as expected included microbiology, interpretation of iron studies, pharmacology of Dexmedetomidine, Oseltamivir, CPR in pregnancy, CVVH practicalities and antibiotic dosing, paediatric questions, relevant Anaesthesia and hyperglycaemia management.

- **Orals**
Topics which were not answered as well as expected included ventilation (volume and pressure control modes), failure to recognise atrial fibrillation on ECG, paediatric questions, hyperkalaemia, recognition of normal radiology.

Examiners commented that some candidates' performance would benefit from integrating all available information in the OSCE questions. For example, as in a clinical setting, a question may have clinical details, blood results, ECG and radiology that need to be considered together to reach the most likely diagnosis.

In the simulation station, it was noted that candidates would likely perform better if they treated the situation as they find it, as if it was a clinical situation, rather than trying to 'second guess' which emergency is about to happen. If appropriate, candidates should examine the 'manikin' as they would a real patient. Simulation questions in the exam are often based on real clinical scenarios and may not include a cardiac arrest or an emergency.

My thanks to all the examiners, who in addition to examining spend a lot of time between exams writing and revising questions and standard setting. My particular thanks to Dr Jerome Cockings (Vice Chair), Dr Barbara Philips (outgoing SOE Lead), Dr Monika Beatty (SOE Deputy and now SOE Lead), Dr Jonathan Coles (MCQ Lead), Dr Tom Billyard (MCQ Deputy), Dr Peter Shirley (OSCE Deputy Lead) and to the Exams Team, in particular Mr Ross Stonier and Ms Imogen O'Brien who manage the Faculty's exams.

Dr Victoria Robson – Chair of Examiners, November 2024