College of Emergency Medicine

FELLOWSHIP EXAMINATION OF THE COLLEGE OF EMERGENCY MEDICINE

REGULATIONS AND GUIDANCE NOTES EFFECTIVE FROM SPRING 2013

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Main changes to regulations for Spring 2013

These regulations contain significant changes to:

- Appeals. Candidates should note that by signing that they have read the regulations and are applying for the examination – they accept the process of the examination. No appeal against the processes described herein is possible.
- Candidates who wish to make representations with regard to the conduct of the College examinations must do so in writing within 30 days of the last day of that section of the examination on that diet.
- Appeals will be considered if they allege misadministration, bias or impropriety whether in the conduct or in the determination of the result of the examination. Appeals disputing the academic judgment of the examiners **will not** be considered.
- Appeals will not be considered until after the results of the examination are published.
- The application form must be signed by the supervisor (Emergency Medicine consultant-usually a Fellow of the College) who has discussed the examination and the candidates' preparation with them, not the head of school or TPD unless they have personally had the discussion.
- The CTR section of the application form must be signed by a consultant who has seen the CTR proposal, advised on the CTR preparation and who *has read the submitted document*. This may be a different supervisor to the supervisor who signs the main form.
- **Eligibility -** the candidate must have completed 2 years of higher training in emergency medicine, as an ST4/5 or equivalent in Ireland training programme.
- Candidates must be working in Emergency Medicine (not an OOPE/R - Out of Programme Training Experience/Research) at the time of application except for:
    - Trainees in PEM sub specialty training
    - Trainees in dual EM/ICM training programmes
- Working in HEMS or equivalent posts in pre-hospital will not normally count as EM unless a letter of support is written by an Emergency medicine supervisor confirming regular EM contact
- Trainees who are not enrolled with the TSC or ACEMT will not be eligible to submit an intention to sit form. It is the candidate's responsibility to submit evidence of enrolment with the intention to sit form. This may be a letter confirming the CCT date or receipt of training fee.
- The form returned to the applicant with the confirmation of intention to sit must be used in application for first time applicants.
- Non trainee candidates/overseas candidates must have been in active full time medical practice for a total of 8 years post qualification, of which at least 7 years must be above Foundation year one or the equivalent.
- Candidates who do not submit the correctly completed application form, including appropriate signatures (Head of School or Chair of the Training Committee), hospital stamp, relevant documentation (satisfactory ARCP/RITA) and correct fee(s) will have their form(s) returned. Resubmission will only be accepted if received prior to the closing date
- **Trainees are encouraged to submit the CTR on a CD or in paper format (3 copies). The document must be in Word 97-2003 format. No other format will be accepted. The format of the document should be such that on printing, the above stipulations are met (other than stapling). The CTR will be disqualified if the document is not formatted correctly on the electronic version.**
- Candidates who fail to gain more than 7 marks in the written part of the CTR will not be offered a viva and will be deemed to have failed the CTR. Candidates who gain more than 21 marks will be deemed to have an automatic pass and will not be offered a viva.
- The top 50% of those who have passed will be invited to submit their CTR for publication on the College's ENLIGHTENme Hub and the candidate will have a College ePublication. This will not compromise the author's ability to subsequently submit their work if they also wish to a peer reviewed journal.

- Suspected plagiarism will be explored at the viva by the examiners – and a decision made as to whether the relevant section is plagiarised. The Dean or Director of Examinations may then interview the candidate regarding the suspicions before determining the next step
- Requests for early release of critical appraisal results or results of single sections for resitting candidates will not be considered. Applicants who are appointed to consultant posts pending the results of the exam are reminded that a substantive appointment requires GMC confirmation of specialist registration and therefore the delay with the results is unlikely to impact on the feasibility of such an appointment. Trainees are required to give 3 months' notice, and therefore the delay in release of results will not materially affect the exit from training.

Introduction

The Fellowship Examination of the College of Emergency Medicine (FCEM) is intended to allow the candidate to demonstrate the necessary skills and competences required to be a successful Consultant in Emergency Medicine in the UK and Ireland.

These regulations relate to the diets from Spring 2013 onwards.

The regulations provide the formal framework whereby the examination will be conducted.

The regulations refer to appeals but candidates should note that by signing that they have read the regulations and are applying for the examination – no appeal against the processes described herein is possible

Overview - Content

The examination assesses the candidate's performance in the range of skills and behaviours described in the College curriculum.
The examination includes assessment of common competences, in particular critical appraisal of the medical literature, management and leadership skills and the ability to write a concise and well argued case for change on a clinical topic.

This requires candidates to have a good knowledge of the changing nature of healthcare delivery in the UK and Ireland, and to demonstrate an awareness of multiprofessional team working.

The College believes that candidates who have not worked in the UK or Ireland Healthcare system are significantly disadvantaged in the fellowship examination and the College strongly recommend a period of orientation to the UK and Ireland prior to the examination for those candidates working overseas.

The candidate will be expected to demonstrate knowledge of information resources relevant to emergency patient care both within and without the hospital setting. The candidate must be able to demonstrate good communication skills and knowledge of educational principles applicable to Emergency Medicine at both undergraduate and postgraduate levels. An understanding of research methodology will also be expected and the candidate should be able to assess the validity and clinical relevance of research work. The exam is blueprinted to ensure the breadth of the curriculum (knowledge, skills, behaviours) is covered by the combination of all parts of the examination. It is therefore intended that the majority of the candidates will pass all sections at one diet. **Please see Appendix 3.**

Format of the Examination

There are five sections of the examination. All must be passed in order to be awarded the Fellowship of the College by examination

Section A – Critical Appraisal

Part (i) Short Answer Question paper (SAQ) on a published paper

The written paper will consist of a series of questions exploring the candidate's ability to critique and appraise a paper. The candidate is presented with a recently published paper (without the abstract) and a series of short answer questions. These will normally require a short summary to be constructed as well as questions on the methodology, results, conclusions, and questions relating to the practical application of the findings of the paper.

The pass mark will be set independently prior to the examination and the candidate will be required to gain a total number of marks equal or greater than the pass mark. The pass mark is normally 60-65%.

Duration - 90 minutes

Section B – Clinical Topic Review (CTR)

Part (ii) Clinical Topic Review (CTR)

The candidate will prepare a written dissertation of no more than 3,500 words on a given clinical topic. This dissertation will be submitted 2 months before the written papers.

The written dissertation will be marked within one month of the submission.
Failure to achieve 7 marks or more on review of the written will mean an automatic fail.
Achievement of 21 marks of more on review of the written will mean an automatic pass.
All other candidates will be required to appear for a viva on their dissertation.

The pass mark for the CTR is 27 and candidates written and viva marks are combined to give a final mark.

Duration of the viva – 15 minutes

There are some circumstances when a candidate will be exempt from this part of the Academic Section – please see Section A (ii)

Section C - Management viva

Part I - In-tray exercise

The candidate will be given a number of documents simulating a consultant's "in-tray" of management scenarios. The candidate has 5 minutes to read the material prior to the viva

Part ii – long case

The candidate is handed a single document describing a clinically related topic for discussion.

This will enable exploration of a variety of clinical and administrative topics identified in the curriculum as relevant to the specialty. Candidate should note that the topics in this viva will be those that relate to the management of the health service in the UK and Ireland.

The pass mark is 60-65% and the candidates marks in part i and part ii are combined to provide the overall mark.

Duration – each part of this examination is 15 minutes with a total viva time of 30 minutes (with 5 minutes reading time).

Section D - Clinical short answer question paper

Short Answer Question (SAQ) Paper

A paper of 20 questions requiring short answers. The paper uses clinical scenarios accompanied by a range of data including: diagnostic imaging (X-ray and CT), ECGs, pathology results, clinical photographs, pathology test results and other clinical data relevant to patients in the emergency setting. Candidates are required to evaluate the clinical scenario, interpret the data and suggest appropriate diagnosis and management.

The pass mark is set independently for each examination and is approximately 60-65%, candidates scores on each question are summated and must be equal or greater than the pass mark.

Duration - 2 hours and 30 minutes

Section E - OSCE

Objective Structured Clinical Examination (OSCE)

12 stations each lasting 8 minutes and 2 stations lasting 17 minutes. The scenarios will include real patients, actors, manikins and nurses. A full range of clinical skills will be assessed.

Each station has a pass mark set before the examination and candidates are required to pass the equivalent of 12 stations (each double length station equated to 2 stations).

Duration - 2 hours 42 minutes

NB - Section D and Section E must be taken, and passed at the same sitting.

Standard

The level of competence required for each component of the examination is based upon that expected of a newly appointed Consultant in Emergency Medicine. This level is described in the curriculum of the College of Emergency Medicine and is commensurate with current practice in Emergency Medicine in the United Kingdom or Ireland. The standard for each section is set prior to the examination by the relevant examination subgroup and is validated by the panel of examiners at each diet.

Timing and sequence of the examination sections

Section A and Section D (the written papers) are held approximately 6 weeks before the vivas and OSCE.

All parts of the examination must be passed independently in order to achieve the Fellowship by examination status.

Section A may be sat after a satisfactory ARCP for ST3 or after the equivalent of 3 years post foundation training, 1 year of which must be at middle grade level and in emergency medicine.

On first application – all sections of the examination must be sat. There is no opportunity for deferment of a single section except under exceptional circumstances.

Withdrawal from one section (without appropriate reason) will normally invalidate all other results on that diet and require the candidate to sit the whole examination again. This applies to all sections including the clinical SAQ (Short Answer Question), OSCE and vivas.

Marking

There are two examiners per candidate for each viva section of the examination and the short answer question papers. In the OSCE stations, there will be a single examiner, but in the double stations or those where there is considerably interaction with the examiner, there will be two examiners. During the viva examinations, examiners will record details of their interviews with candidates, including brief summaries of questions asked and replies given. Each examiner will complete his or her marksheet without any reference to the other examiner, the examiners will then agree a mark. In the OSCEs, there will be one marker only although in some stations there will be second examiner present to run the scenario.

Marking scheme

The pass mark for each section will be set prior to the examination and the candidate will be deemed to pass or fail each section. There will be no compensation between any sections of the examination. Candidates will have to pass both the OSCE and clinical SAQ paper at the same sitting in order to pass that part (clinical) of the examination.

Eligibility

1. **Primary medical qualification**

The candidate **must** hold a primary medical qualification that is acceptable to the United Kingdom General Medical Council for Full registration or to the Irish Medical Council for Full or Temporary Registration.

2. **Registration with the required authority**

The candidate must also hold full current registration with the required authority. For the UK and Ireland, this will be the General Medical Council or Irish Medical Council. For overseas candidates this will be the Medical Council for the country where they work and reside.

3. **Enrolment for training**

UK trainees in EM Higher Training posts must have enrolled for training with the Training Standards Committee (TSC) of the College of Emergency Medicine and must have paid their training fee.
Trainees who have not enrolled for training or paid their fee are not eligible to apply for the examination

Please note: registration/training fee is separate from membership of the College. If you are unsure whether you have registered, or if you have a query about registration, please contact the College's Training Department.

Irish trainees must have enrolled with the Advisory committee on Emergency Medicine training in Ireland (ACEMT) of the Royal College of Surgeons of Ireland.

4. **Discussion and confirmation of preparedness**

Trainees are expected to have discussed their preparation for the examination with their educational supervisor and with their Training programme director at their ARCP. Such a discussion will identify any learning required prior to the Examination and ensure that the trainee understands the standard and format of the examination. The application form must be signed by the supervisor who has discussed the examination and the candidates' preparation with them.

The CTR section of the application form must be signed by a consultant who has seen and advised on the CTR preparation and who has read the submitted document. This may be a different supervisor to the educational supervisor who signs the main form.

Non trainees do not need to have enrolled or to be a member of the College to sit the examination. Non-trainees would typically be taking the examination as part of the application process to the General Medical Council (GMC) for specialist registration in Emergency Medicine under Article 14 of the General Medical Practice and Specialist Medical Evaluation Training and Qualification Order 2003.

Success in the FCEM examination will assist an application under Article 14 but will not guarantee a successful application. Applicants should read the guidance produced by PMETB and the College of Emergency Medicine to ensure that they meet all the criteria.

Non-trainees may also choose to sit the examination for personal or other reasons.

Non-trainees, and doctors working or training overseas who wish to sit the examination are required to discuss the examination, in the first instance, with the Dean of the College or Director of Examinations. This will allow the Dean or Director of Examinations to explore the candidate's experience and understanding of the breadth and depth of the examination and the standard required. This will normally be by telephone.

They must also have their application form signed by a Consultant in their own country or department who confirms that they have completed the listed posts and that they are able to perform at a standard appropriate to an independent consultant working in Emergency Medicine.

The CTR section of the form must be signed by a consultant in Emergency Medicine (or equivalent in overseas country) who has read the CTR and the regulations and confirms that they believe it to be of a suitable standard.

5. **Experience and evidence required for Section A- Critical Appraisal**
   - *Trainees in their ST4 year or above* may apply to take the Critical Appraisal paper from the Autumn 2011 diet onwards. There is no requirement to submit an intention to sit form.
   - The trainee must submit an appropriately completed ARCP form for their ST3 or ST4 year (as appropriate).
   - Trainees must have completed a critical appraisal course or attended local relevant training days
   - Trainees must have passed the MCEM.
   - Failure in the Critical Appraisal paper will then require the trainee to undertake further training and they will not be permitted to take the Critical Appraisal paper again outside of the full FCEM examination.
   - The form must be signed by the STC chair or TPD – the local educational supervisor is not sufficient.
   - ***Non Trainees***: Must have completed a UK critical appraisal course. Please state the title of the course, the date of the course and enclose a copy of the course certificate as evidence.

6. **<u>Experience and evidence required for the sections B-E (excluding critical appraisal)</u>**

Specialist Registrars or Specialty Trainees enrolled with the Training standards committee or ACEMT

- The candidate must have completed 2 years of higher training in emergency medicine, as an ST4/5 or equivalent in Ireland training programme.
- *Candidates must have a successful ARCP/RITA (Record of In Training Assessment) outcome for the previous year.* If the date of the relevant RITA or ARCP is after the closing date or the last ARCP/RITA is not recent (but before the date of the SAQ), the College will accept a letter from the chair of the RITA or ARCP panel indicating that it is expected that the individual will have a successful assessment of progress. In the event of a delay in providing the documentation, the trainee's supervisor will be required to write a covering letter confirming the trainee has the competences to do the exam and the delay is outside the trainee's control.
- Trainees in Ireland must have similarly satisfied the ACEMT of progress to completion of training.
- Candidates must be working in Emergency Medicine (not an OOPE/R) (Out of Programme Training Experience/Research) at the time of application except for:
  - Trainees in PEM sub specialty training
  - Trainees in dual EM/ICM training programmes
- Working in HEMS or equivalent posts in pre-hospital will not normally count as EM unless a letter of support is written by an Emergency medicine supervisor confirming regular EM contact
- Part time trainees must have completed the equivalent of 2 years full time higher specialty training in Emergency Medicine.

Non trainees and Overseas Candidates

- The candidate must have been in active full time medical practice for a total of 8 years post qualification, of which at least 7 years must be above Foundation year one or the equivalent.
- The candidate must have worked in Emergency Medicine for at least four years, of which three was in a post above SHO (or equivalent) grade (e.g. Registrar, Staff Grade, Middle Grade, Clinical Fellow, Associate Specialist, Locum Consultant or overseas equivalent). Within this post the candidate must have held middle grade or senior responsibility i.e. resuscitation team leader, senior shift doctor accepting undifferentiated adult and paediatric patients in the Emergency Department.
- The Candidate must have been working in Emergency Medicine for the six months prior to application and still be working in Emergency Medicine at the time of the exam (or pro-rata time if flexible).
- Evidence of completion of relevant posts must be provided. Evidence can be the signature of the Consultant supervisor on the appropriate part of the application form or separate documentation on hospital headed note paper. Other evidence is acceptable at the discretion of the Dean of the College. The signatory must confirm each post was undertaken with appropriate clinical supervision, regular formal teaching, appraisal and feedback to the candidate. Each post must have a named signatory from that hospital, one consultant cannot sign for posts in other countries/hospitals.
- There is no specific requirement to spend time in related acute specialties outside EM. However, time in Paediatric Emergency Medicine, critical care/anaesthetics and Acute medicine will be helpful particularly for candidates whose experience in these areas may be several years ago. This experience will replicate the ACCS core curriculum training.
- Non-trainees, and doctors working or training overseas who wish to sit the examination are required to discuss the examination, in the first instance, with the Dean of the College or Director of Examinations. This will allow the Dean or Director of Examinations to explore the candidate's experience and understanding of the breadth and depth of the examination and the standard required. This will normally be by telephone.

  They must also have their application form signed by a Consultant in their own country or department who confirms that they have completed the listed posts and that they are able to perform at a standard appropriate to an independent consultant working in emergency medicine.
- For UK applicants who are non-trainees we would recommend that the candidate speaks to the Chair of the local STC for Emergency Medicine. The STC Chair should then sign the application form to confirm that they think the candidate is suitable for the examination and ready to be a Consultant.
- The decision of the College of Emergency Medicine in relation to the eligibility of non trainees or overseas candidates will be final. The College reserves the right to refuse entry to candidates if the evidence presented indicated that the candidate has little chance of success.

It is the candidate's responsibility to determine whether they feel that they are eligible to apply for the examinations. The decision (in writing) from the College will not be given until the fully completed application form has been submitted and checked by the Examinations Officer. No advice on eligibility will be given over the telephone.

Locum post

Time spent in **full-time** continuous locum posts which are for four months or more in the same department, will be accepted provided that evidence of appraisal, supervision and regular formal education is provided. This full-time locum post will be counted as substantive and the candidate must obtain a signature from their Educational Supervisor or Consultant confirming that they received appropriate training and supervision.

Locums of less than four months full-time working in one department, including multiple short term locums will **not** be accepted as evidence of supervised experience. Locums at less than full-time but in one department may be considered at the discretion of the Dean.

Unemployment

Candidates who have been unemployed for less than four months at the time of the examination are eligible to sit the examination. They must have a valid GMC certificate with Full Registration (or equivalent) and have a signed letter from their most recent Educational Supervisor confirming that they are competent to sit the examination.

Candidates who have been unemployed for longer than four months for whatever reason are **not** permitted to sit the examination.

Arrangements for candidates who are not working because of temporary illness are covered in the section on special needs.

Maternity leave

Candidates who have been on maternity leave are eligible to sit the examination but the College strongly recommends that candidates who have been on maternity leave for more than 4 months are likely to be disadvantaged in their preparation.

Application Process:

1. Intention to sit form and deposit

The College requires candidates to confirm their intention to sit at least nine months in advance of the closing date and to pay a non-returnable deposit.

No late submissions of the intention to sit form and deposit will be accepted. The intention to sit form and deposit will normally be acknowledged by email within two weeks of receipt.

2. Submission of application form

Only those who submitted an intention to sit form and deposit will be permitted to submit an application form. The deposit submitted must be deducted from the fee submitted with the FCEM application.

Trainees who are not enrolled with the TSC or ACEMT will not be eligible to submit an intention to sit form. It is the candidate's responsibility to submit evidence of enrolment with the intention to sit form. This may be a letter confirming the CCT date or receipt of training fee.

The form returned to the applicant with the confirmation of intention to sit must be used in application for first time applicants.

For those candidates that are resitters the appropriate application form will be sent to them by the Examinations Officers.

Candidates may only apply for the next available diet – no prospective applications **in addition** to the current application will be accepted. Intention to sit forms and deposits **must** be submitted to enable candidates to submit the appropriate application form(s) for the relevant diet.

3. Evidence submitted with application form

Application for any part of the examination **must** be accompanied by **all of the required documentation:**

- Form signed and stamped with hospital stamp on appropriate page.
- Certified copy of satisfactory ARCP/RITA form **(trainees).**
- Each post required to meet eligibility to be signed by Consultant **(non trainees and overseas).**
- Correct fees (undated cheque(s) made payable in Pounds Sterling to the College of Emergency Medicine.
- Completed equal opportunities form.
- Primary medical qualification **(overseas only).**

Applications will only be considered once all documentation is received, with the relevant fees; incomplete applications will be returned without consideration of eligibility.

Candidates who do not submit the correctly completed application form, including appropriate signatures (Head of School or Chair of the Training Committee), hospital stamp, relevant documentation (satisfactory ARCP/RITA) and correct fee(s) will have their form(s) returned. Resubmission will only be accepted if received prior to the closing date.

Application closing dates

Application for entry to any part of the examination **must** reach the Examination Officer by the published closing date. Applications received after the closing date will be returned and not be considered for eligibility.

Candidates are strongly advised to submit the application using Registered Post. If you do not receive an acknowledgement letter from the College three weeks after sending your application you are advised to contact the College to ensure that your form(s) has been received. The College will not take any responsibility for application forms that are not received/acknowledged. The fully completed application form(s) must be submitted in addition to the intention to sit form and deposit.

Timeline for application and details

1 year – consider application for the examination – check eligibility. Submit intention to sit form and non-returnable deposit together with evidence of enrolment for training (trainees only).

4 months – check closing date and submit correctly completed application form(s), signed by Educational supervisor/CTR supervisor, 3 copies of CTR (or electronic version) and balance of fee.

3 weeks after closing date – College confirmed eligibility and place.

2 weeks (approximately) before SAQ examinations – College confirmation of candidate number, venue of examination, registration time and start time of examination. This will include information for those who are eligible to sit the CTR viva – those who have successfully passed the CTR on the written and those who's written submission is not of sufficient standard to require a viva will be informed of these results at this stage.

3 weeks after last day of examination diet – results published on College website.

4 weeks after examination results published – detailed feedback to candidates and trainers.

Validated proof of identity

Candidates must bring photographic proof of identity to the examination for **all** parts of the examination. Suitable proof of identity must be an official document, such as current passport or driving licence that includes the candidate's name, signature and photograph.

Candidates will not be permitted to sit the examination if they do not produce photographic identification for registration at the examination.

Confirmation of eligibility

Candidates will receive written confirmation of eligibility within three weeks of receipt of the application(s) wherever possible.

Candidates whose application is incomplete will have the form(s) returned without consideration of eligibility. Similarly if the correct fee is **not** enclosed, the application will not be considered until the correct fee has been received. Such candidates will not have a place in the examination reserved until full documentation and fees are received. Submission of reapplication after the closing date will not be accepted under any circumstances

All correspondence from the College will be by email with a Royal Mail letter to follow where necessary. Candidates **must** provide a working email address and are responsible for updating the College if this changes. Failure to provide notice of change of address or email will not be considered as mitigating circumstances.

Number of attempts/Resits

Candidates must pass each part independently. Both sections D and E must be passed at the same sitting.

Once a candidate has passed a section they will not be required to resit that section providing they pass the FCEM within 3 years (total of five attempts).

Failure to complete the FCEM at five attempts in total including the first attempt (maximum six diets over 3 years inclusive) results in the requirement to resit the whole examination including the CTR. The only exception to this is the Critical appraisal paper which, once passed, is not required to be retaken as part of the resit of the whole examination.

Failure of the Clinical Topic Review (CTR)

If the candidate fails the CTR, the candidate will need to submit a new written CTR and undergo a repeat viva. The resubmitted CTR can normally be on the same subject but is expected to be updated and areas of weakness that have been identified must be corrected. The Dean will give advice on what is required to individual candidates in the event of a failure in the CTR. If the written CTR is of very poor quality, the Dean may recommend that the candidate chooses a different topic and defers by one diet to give time to adequately prepare the CTR.

Repeated failure

After four re-sit attempts (five in total) candidates would normally be required to resit the whole examination including submitting a new Clinical Topic Review (CTR) (excepting the critical appraisal).

There needs to be a detailed review of the candidate's educational needs and re-assessment of his/her career aspirations. Any subsequent applications must be supported with letters from the Chair of the local Training Committee or Head of School confirming that they support the application and that they consider that it is in the candidate's and the specialty's best interest that he/she has a further attempt. In the case of a non-trainee or overseas candidate, the Dean or Director of Examinations will determine the suitability of the candidate in conjunction with their local clinical supervisor or sponsor.

The re-application must be made AFTER a period of additional training – in line with a programme designed and delivered by a named educational supervisor. It is therefore likely that any reapplication will be at least 1 year later than the last attempt.

If a candidate needs to resit more than one section of the examination they **must** apply for **all** of those sections when applying for the next/subsequent sitting.

Specific guidance on sections of the examination

Section A - Short Answer Questions (SAQ) - Review of published work

Candidates will be given a total of **90 minutes to read the paper (without it's abstract) and answer the accompanying short answer questions** which will be in the form of a paper. The answers must be clearly written in the space provided in the marksheets. Candidates are advised to prioritise possible answers as marks will be awarded for the first answers given only. Candidates will first be asked to summarise the paper typically in less than 200 words/one side of A4, describing the essential elements of the study. Subsequent questions will focus on the design, analysis, results and conclusions. Candidates should read the questions carefully, provide clearly written and succinct answers. Candidates should try to answer all questions in the time given. There will be no negative marking. Some broad general knowledge of statistics will be expected but a detailed knowledge of specific tests is not required. No calculators or electronic devices are permitted to be used. Candidates are required to write their answers in pencil which will be provided.

Candidates should note that any candidate writing after the end of the examination has been declared will be disqualified and automatically given a fail on this part. No reason will be accepted for continuing to write.

To be successful in this section, the candidate must demonstrate a clear understanding of how to evaluate, interpret and use a research paper.
Candidates must be familiar with the structure for appraisal of a diagnostic and therapeutic paper. Examples of such structures are found in Sackett or JAMA study guides. Candidates should also practice reading and assimilating information in the paper under examination conditions (time restrictions). Candidates should also practice creating short summaries of a published paper. The ability to define accurately commonly used terms e.g. confidence interval, is important. Use of precise terminology is recommended in the answer. In the exam, it may be beneficial to read the questions before commencing reading the paper.

Further advice is available on the College website.

Section B - Clinical Topic Review (CTR)

The assessment of the CTR is in two parts:

i) the written CTR review – 60% of marks
ii) the viva of the CTR – 40% of marks. This will be for 15 minutes.

The CTR should be less than 3,500 words in length and be of direct relevance to clinical practice in Emergency Medicine rather than departmental management or the wider aspects of service provision. However, primary research dealing with topics relevant to Emergency Medicine will be accepted. Three copies of the CTR must be submitted with the completed application form. The Clinical Topic Review manuscripts will be sent out to the examiners two months before the examination. Failure to score 7 in the written will mean an automatic fail. A mark of more than 21 in the written will mean an automatic pass and no viva will be required.

Candidates should note that excessive use of tables to reduce the total word count will not be accepted, it is recommended that no more than four tables should be used.
The search strategy should be included in the main body of the CTR.

Any CTR longer than 3,500 words (excluding tables, references and appendices relating to personal work) will not be considered.

The CTR should be:

- The sole work of the candidate.
- Typed using 12-font typeface with double spacing and 2 cm margins.
- Referenced throughout using the Vancouver style.

- Stapled or clipped and not submitted in folders, poly wallets or binders.
- Include a header at the top of each page containing the candidate's name, title of review and page number.
- The front sheet should include the title, the candidate's name and word count and a signed declaration that the manuscript is all their own work.
- The candidate should attempt to adhere as much as possible to the template as set out in **Appendix 1**.

Trainees are encouraged to submit the CTR on a CD or in paper format (3 copies). The document must be in Word97-2003 format. No other format will be accepted. The format of the document should be such that on printing, the above stipulations are met (other than stapling). The CTR will be disqualified if the document is not formatted correctly on the electronic version.

Objectives of the CTR written report review

The CTR represents the opportunity for the candidate to demonstrate that they are capable of:

- Identifying a topic or problem related to Emergency Medicine.
- Conducting of an appropriate literature search.
- Selecting and reviewing of scientific papers from the search.
- Synthesising the findings of the literature review.
- Creation of a well presented, pithy but comprehensive report of the findings of the review.
- Conducting personal work that contributes to what is known on the topic. Please see **Appendix 2**.
- Construction of conclusions from the work.
- Presenting recommendations from the CTR to improve patient care.

Consequently, a detailed up to date knowledge of the body of relevant evidence is required along with an ability to evaluate the relative importance of each reference cited. The CTR should include evidence of deductive thought and not be restricted to a presentation of established opinion. Organisational aspects of patient care may be reviewed but questioning should chiefly impact on clinical practice. The choice of topic is crucial and must be of direct relevance to Emergency Medicine. Questions relating to therapy and diagnosis are common, hence a well-phrased three-part question with written argument is often used (as in the BestBETs series – www.bestBETs.com) but this is not essential. Topics outside this area e.g. health education, implementation of guidelines require additional knowledge of areas outside of Emergency Medicine and often considerable original work. Additional other work i.e. experimental work, audit, systematic reviews and metanalysis not previously undertaken are worth a maximum of 8/46 marks. This type of work indicates a greater degree of application and reflection and so will score greater marks. Educational interventions which improve patient care or patient safety may also be considered but must be clinically relevant to the practice of Emergency Medicine. See Appendix 2.

The choice of topic will not be criticised, as the candidate in consultation with his or her trainer would have decided this. However, candidates should be able to defend the importance of the topic and indicate its relevance to direct clinical care in the Emergency Department.

Experience has shown that candidates need a significant amount of planning in order to complete satisfactory reviews. **It is strongly recommended that:**

- **The subject of the candidate's review is agreed with trainers by at least the beginning of ST4.**
- **The CTR should be completed no later than 6 months before the submission date. The personal work element may take at least a year to 18 months to complete prior to the**

submission date. Candidates are advised strongly to start planning and completing key components of the work from the start of their ST4 post.

- **The candidate's trainer or other Fellow who is familiar with the examination critiques the CTR before it is submitted according to the College guidance. The Fellow should not attempt to rewrite the CTR – but simply to make observations on direction of the discussion, presentation and conclusions.**
- **Further information and advice on preparing a CTR can be found on the website.**
- Each examiner will read the CTR and independently record their mark for the written content presentation before the examination. The written report will carry 60% of the total marks for the CTR. Prior to the viva the two examiners will confer and the agreed mark for this part will be noted on the first examiner's mark sheet.

Objectives of the CTR viva

The oral examination will focus on areas that the examiners wish to explore in more depth. The specific points are listed in the mark sheet (**Appendix 3**) but in general these consist of:

- Identifying the critical components of a clinical problem.
- Reviewing the background material and appraising its value.
- Presenting a clinical topic succinctly but comprehensively.
- Defending opinions and recommendations.

The candidate should bring his or her copy of the CTR with them into the examination. The copy for the viva may be annotated beforehand if the candidates wish and may be referred to during the viva. This is not a test of memory but of the ability to defend a given argument. Candidates are strongly recommended to organise mock vivas with their trainers well before the examination.

Marking will be based on how completely the candidate addressed the following in both their written report and viva:

1. Why the topic was chosen. The justification for the importance of the topic should be made along with setting it in context with the rest of Emergency Medicine practice.
2. The conduct of the literature search – for example the demonstration of its thoroughness through description of the search methods used, databases explored, bibliographic searching and the use of limited hand searches.
3. Appropriate critical appraisal of the literature.
4. Ability to synthesise the evidence, appreciating the limitations of the literature, demonstrating the candidate's in-depth understanding of the topic.
5. The relevance of the findings of the CTR to current and future clinical practice. Discussion on how the candidate has, or intends to, use the knowledge gained.
6. Evidence of activity other than the literature search and review that was generated by this piece of work.

Please also note the following important information:

- Each candidate must submit their clinical topic review **at the same time as their application form** by the deadline stated for the examination for which they are applying.
- The submission must **include a statement declaring that it is the candidate's own work and there has been no plagiarism** (see below).
- Candidates will not be permitted to submit an amended clinical topic review after the examination closing date.
- The top 50% of those who have passed will be invited to submit their CTR for publication on the College's ENLIGHTENme Hub and the candidate will have a College ePublication. This will not compromise the author's ability to subsequently submit their work if they also wish to a peer reviewed journal.

Plagiarism

THIS IS THE ACT OF INCLUDING OR COPYING, WITHOUT ADEQUATE ACKNOWLEDGEMENT, THE WORK OF ANOTHER IN ONE'S WORK AS IF IT WERE ONE'S OWN. IT IS ACADEMICALLY FRAUDULENT AND NOT COMPATIBLE WITH THE COLLEGE'S CODE OF CONDUCT.

All work submitted for assessment by candidates is accepted on the understanding that it is their own unassisted effort. Candidates are expected to offer their own analysis and presentation of information gleaned from research. In so far as candidates rely on sources, they should indicate what these are according to the appropriate convention in their discipline.

The innocent misuse or citation of material without formal and proper acknowledgement can constitute plagiarism, without a deliberate intent to cheat. Work is plagiarised if it consists of close paraphrase or unacknowledged summary of a source, as well as word-for-word transcription. Plagiarism is a serious disciplinary offence. Any failure to adequately acknowledge or properly reference other sources in submitted work could lead to lower marks or to a mark of zero being returned, or to disciplinary action being taken.
Ref: http://www.registry.ed.ac.uk/staff/Examinations/collegesandplagiarism.htm

Suspected plagiarism will be explored at the viva by the examiners – and a decision made as to whether the relevant section is plagiarised. The Dean or Director of Examinations may then interview the candidate regarding the suspicions before determining the next step.

Candidate's who's written CTR is not of sufficient standard to require a Viva, will nevertheless be offered a Viva if there is suspicion of plagiarism.

Exemptions

Candidates who have successfully completed a postgraduate higher research degree by examination (e.g. PhD, MD) on a topic relevant to Emergency Medicine are considered to have already demonstrated the skills required for this part of the examination. The PhD or MD must have required a thesis of at least 5,000 words and a viva voce examination for its award. An MSc or equivalent degree will not be accepted.

Candidates who believe they may be eligible for exemption as a result of gaining these qualifications **BEFORE** the FCEM, should write at least six months in advance of the closing date of their intended sitting. They should submit relevant information regarding the course work, the thesis word count and regulations, and the details of any viva undertaken. Candidates also need to send a copy of the thesis abstract and a certified copy of the University documentation showing successful completion of the degree with the thesis title.

This will be considered by the Dean for eligibility and the candidate informed 3 months before the closing date of their exemption. Failure to submit evidence 6 months prior to the closing date will result in the candidate having to complete a CTR regardless of the previous qualification. The acceptance of a previous work as exemption is at the discretion of the Dean and his/her decision is final. Candidates who have been given exemption by these qualifications should complete the relevant part of the application form.

Published work relating to the CTR

Candidates who have successfully published work (original research or review article) may use the material for the CTR section but must write a new document for submission. A published paper, however good, is unlikely to gain sufficient marks to pass and candidates are strongly advised to read the marksheet.

Section B – Management viva

35 minutes.

The candidate will be expected to have a good understanding of the management of the Emergency Department and also of general health service management in the UK and Ireland. In particular he or she must be able to discuss methods available to resolve day-to-

day organisational problems and the wider aspects of service provision, planning and future strategy.

Candidates are advised that this section is particularly challenging for those who have not worked in the UK or Ireland health systems and we would recommend candidates seek exposure to such experience.

The candidate will be given an in-tray exercise and one management scenario. Five minutes will be given for reading and thinking (examiners are not present at this time), followed by 15 minutes each for the in-tray exercise and scenario.

In-tray Exercise

Candidates are given a typical morning's in-tray containing letters, memos, circulars and email along with the day's timetable and department staffing. Candidates should spend the 5 minutes' preparation time to read through the in-tray papers, organise and prioritise them. The candidate is then expected to be able to indicate their anticipated actions in response to the papers and to discuss the likely outcomes. Candidates should note that there are additional marks allocated for prioritisation, lateral thinking and the candidate's general approach as well as the marks allocated for dealing with the individual topics or papers. Candidates are permitted to write on the management papers and will be provided with post-it notes to use to make notes.

Management Scenario

Following on from the in-tray will be a scenario which will be linked with at least one of the in-tray topics. The scenario will be discussed and themes developed by the examiners for 15 minutes.

General points

Candidates will be expected to be able to think around the subject and to indicate clearly what their proposed action would be in response to every item.

Candidates will be expected to consider both current healthcare policy, local initiatives and issues current to Emergency Medicine.

If the examiners are required to prompt or ask direct questions to elicit the specific criteria, the candidate will gain fewer marks.

Candidates should ensure they are able to read swiftly and recognise the nature of a particular item i.e. complaint, adverse incident, HR issue. Candidates who are slow readers are strongly recommended to practise to develop active skills.

Section D- Short answer question paper (SAQ)

The question paper will be accompanied by a databooklet containing the relevant images, ECGs, blood results, clinical descriptions or photographs appropriate for each question. Candidates will use the data presented to answer questions on diagnosis, management of clinical problems, complications and associated conditions. The answers should be clearly written in the space provided in the question paper. Marks will be awarded for the first answers given only, candidates are advised to prioritise possible answers and write the most important answers only.

Each question is worth 10 marks. Prior to the examination the SAQ committee set a minimum competency mark for each question. These marks are aggregated so that an overall minimum competency mark (MCM) for the SAQ paper is set. Assessment of the candidate's performance occurs in a closed session with two examiners marking each question to ensure reliability and consistency.

The format of each question will be a description of a clearly defined clinical scenario. The expectation is that the candidate's response will be based on the evidence available in the question and their knowledge of the subject. Examples include descriptions of clinical

scenarios (with questions about investigations, differential diagnosis and initial management) and the interpretation of radiographs, electrocardiographs, blood results and other investigations. Candidates will be provided with a glossary of terms used in the SAQ (available on the website)

No calculators or electronic devices are permitted to be used. Candidates are required to write their answers in pencil which will be provided.

Candidates should note that any candidate writing after the end of the examination has been declared will be disqualified and automatically given a fail on this part. No reason will be accepted for continuing to write.

Section E - Objective Structured Clinical Examination (OSCE)

This is comprised of 12 stations of 8 minutes each and 2 double stations of 17 minutes each (giving a total equivalent to 16 single stations). There is one minute between each station and two rest stations. The total time, including two rest stations, is therefore 162 minutes.

The stations will consist of interactive scenarios using actors or patients, manikins or models, and may involve using equipment or demonstrating practical procedures and teaching. Examiners will be provided with "checklists" for each station of core actions the candidate must take in order to be successful.

Each station has a predetermined mark. Candidates must pass 12 of 16 stations where a pass in the double length station counts as two passes

Failure of both double stations will be an automatic failure of the OSCE

20-25% of the stations will be based on scenarios in children

Assessments in the OSCE stations will cover specific areas of competency including:

a) History taking
b) Examination of a patient
c) Communication skills
d) Practical procedures
e) Team leadership skills
f) Teaching

There will always be:

History taking in standard scenarios and in difficult circumstances (interpreter, deafness etc) or in ambiguous clinical situations. Candidates should be able to identify the key facts, realise there could be several possibilities, prioritise according to likelihood and risk, and explain their thoughts to the patient.

Clinical examination stations using real patients.

Difficult communication stations – breaking bad news, conflict.

Practical skills including procedural skills and clinical evaluation.

Teaching skills.

One of the double stations will be a leadership station, both double stations will be resuscitation scenarios.

Organisational skills – such as triage or a CDU board round.

As a Leader of a team of competent clinical staff the candidate must demonstrate team leadership skills enabling the competent team members (usually nurses from ED) to perform procedures and demonstrate skills. In the other resuscitation scenario, the candidate will be expected to perform more of the procedures themselves.

General points

Each part or section of the examination is marked to a standard set prior to the examination – i.e. it is criterion referenced.

The candidate's performance in each part or section of the examination will be judged pass or fail.

There is no compensation between any parts of any section or between sections.

The raw scores will be used to derive information for formative feedback to candidates and to identify the Alison Gourdie medal winner.

Final criteria to pass the FCEM

- To pass the examination, a candidate must pass each section independent of the other sections.
- To pass the clinical section the candidate needs to pass both OSCE and SAQ at the same sitting.

Withdrawal from examination

Notice of withdrawal from any part of the Examination must be given in writing (letter, fax or email) to the appropriate Examinations Officer. Candidates will be asked to provide evidence for their reason for withdrawal.

Withdrawal prior to the closing date of the relevant examination

The deposit submitted with the intention to sit form will **not** be refunded unless exceptional circumstances are proved.

Withdrawal after closing date

Refunds or transfer of fees will not be made for any part of the examination where candidates submit their withdrawal request after the published closing date unless there are circumstances deemed as exceptional which can be substantiated. This will normally be in the following circumstances:

- Illness
- Involvement in an accident
- Death of a close relative (parent, sibling, spouse or child; the candidate must prove their relationship to the relative if they do not share the same surname).

Other cases may be considered on their own merit and at the discretion of the Director of Examinations. Documentary evidence is required in all cases.

Any request (accompanied by supporting evidence) must be submitted within four weeks of the Examination date if it is to be considered. No consideration to refunding fees will be given, irrespective of the circumstances, thereafter. Decisions on these cases will be made by the Director of Examinations, whose decision is final.

Conduct of the examination

A senior member of the Examination Department staff at the College office will be present throughout the entire period of the examination. Candidates are strongly advised to contact either the Dean or the Administration staff present if they have problems of any kind.

Each question/station will be reviewed by the College Clinical examinations subgroup and an appropriate pass mark set before the examination is held.

Any subsequent adjustment to the examination pass mark after the candidates have sat the examination will be made only at the discretion of the Dean and as a result of the evidence of the performance of new questions or stations used in that examination.

Marking of the examinations will utilise both electronic scanning technology and manual checking. Any candidate who fails any section of the examination will have the marksheets. manually double checked before release of the results.

Improper conduct by examination candidates

In the case of improper conduct of an examination candidate as defined below, the College may refuse a candidate entry to the current or future examinations.

Improper conduct is defined as [1]:

Dishonestly obtaining or attempting to obtain entry to the examination by making false claims about eligibility for the examination or falsifying any aspects of the entry documentation.

Obtaining or seeking to obtain unfair advantage during an examination, or inciting other candidates to do the same. Examples of unfair advantage are:

- having on the person any material that would give advantage in an examination once the examination has commenced (this includes electronic communication devices),
- communicating or attempting to communicate with another candidate once the examination has commenced, including passing information about the contents of the FCEM examination to candidates on subsequent days of the same diet,
- refusing to follow the instructions given by examiners or examinations staff concerning the conduct of and procedure for the examination. For example, any candidate continuing to write (even one letter) after the bell at the end of a written examination will be immediately disqualified.

Removing or attempting to remove from the examination any confidential material relating to the conduct of the examination.

Obtaining or attempting to obtain confidential information concerning the examination from an examiner or examination official.

Passing confidential information on the content of the examination to a third party.

[1] This list is not exhaustive.

In accordance with its Standing Orders, in cases of serious misconduct not relating to the examination, the College may decide that a candidate should not be allowed to proceed further with the examination or, having passed the examination, may not be admitted to Membership.

In the event of suspected improper conduct, the Dean of the College must, in conjunction with the Examinations Manager instigate an enquiry. The results of this enquiry must be made available within 30 days of the examination and be reported to the Education & Examination Committee. In the case of serious misconduct, the College may decide to refer the case to the GMC.

Equal opportunities

The College of Emergency Medicine aims to make every effort to provide an environment for candidates that is free from discrimination. It is the policy of the College that no candidate receives less favourable treatment than another on the grounds of age, gender, sexual orientation, marital or parental status, race or ethnic origin, colour, creed or religion, disability, political belief or social class or other irrelevant distinction. The College aims to assess candidates on the basis of merit, competency and potential.

To achieve this, the College has implemented the following strategies:

- formal mechanisms for training examiners.
- improved equal opportunities awareness for departmental staff with regard to examinations practice and service.
- monitoring admissions and examination results in relation to changes in the candidate population profile.
- monitoring of:

  modes of assessment
  examiner behaviour
  examiner population profile

- a review of results and appeals procedure.
- review of policies and practices for fairness and relevance.
- special arrangements policy for candidates with disabilities and/or other specific requirements.
- policy for consideration of candidates' exceptional circumstances.

The College is committed to inclusivity and promoting a diverse workforce within the specialty. Candidates are therefore required to complete an equal opportunities monitoring form. Personal details of candidates will be kept confidential in line with the data protection act. The College monitors success of different groups as part of the examinations process Quality Assurance.

The College will not accept behaviour from staff, members, examiners or candidates, which constitutes sexual or racial harassment or that which results in unlawful discrimination on any grounds. The College adheres to the provision for the protection of the rights of the individual within the following legislation:

- The Sex Discrimination Act – 1976/1986
- *The Disability Discrimination Act – 1995*
- *Special Educational Needs and Disabilities Act 2001*
- *The Race Relations (Amendment) Act – 2000*
- *Data Protection Acts 1984 and 1998*

The College maintains the right to discriminate lawfully in the interests of the medical/dental profession and this policy encompasses any regulations applied by relevant statutory or regulatory bodies such as the General Medical Council and General Dental Council.

Appeals are not allowed against the decision to disqualify. In the event of disqualification the candidate's results are immediately invalidated.

Results

The pass mark is set for each examination diet before the diet commences.

Examiners are invited to confirm the pass mark after marking the examination and further adjustment may be made in the light of the cohort performance on marker questions or stations.

The results for **all** sections of the examination will **not** be released until after the last day of the diet. The examination results are published on the College website showing the candidate number and pass or fail which will be 3 weeks after last day of examination diet.

Requests for early release of critical appraisal results or results of single sections for resitting candidates will not be considered. Applicants who are appointed to consultant posts pending the results of the exam are reminded that a substantive appointment requires GMC confirmation of specialist registration and therefore the delay with the results is unlikely to impact on the feasibility of such an appointment. Trainees are required to give 3 months notice, and therefore the delay in release of results will not materially affect the exit from training.

Post Examination feedback

In the event of a fail in the examination, candidates will be provided with feedback. They will not, under any circumstances, be given their raw scores in any section.

Feedback will consist of a list of stations passed (with cohort performance) candidate performance compared to the cohort on each SAQ question, feedback on specific questions in the critical appraisal (**Appendix 5**).

Further information based on written comments made by the examiners will be also provided for the viva sections.

Trainers and STC Chairs/Heads of School will be provided with copies of the feedback but not the raw scores. Subsequent counselling will be a matter for the local trainer.
For non-trainees and overseas candidates the feedback will be shared with the sponsoring consultant/trainer for their information and to provide opportunities for the non-trainee/overseas doctor to have further structured and informed support.

This feedback will normally be available within four weeks of the examination. The College examination panel will not enter into any further correspondence regarding feedback.

The matrices described in these guidelines will be used as the marksheets for the examination. These, and any other documentation used during the examination, will be retained by the College and not released to the candidate or to their trainer under any circumstances.

Feedback will include recommendations from the Dean for further structured training as well as advice on timing of the required resit application.

Grounds of appeal against the examination results

Candidates who wish to make representations with regard to the conduct of the College examinations must do so in writing within 30 days of the last day of that section of the examination on that diet.

Appeals will be considered if they allege misadministration, bias or impropriety whether in the conduct or in the determination of the result of the examination. Appeals disputing the academic judgment of the examiners **will not** be considered.

Appeals will not be considered until after the results of the examination are published.

The full examination appeal process is available on the College website:
http://secure.collemergencymed.ac.uk/code/document.asp?ID=6097

Provision of services for candidates with special needs

The following table indicates the special provisions available for candidates with special needs. Any candidate who wishes to have special provision made must indicate the requirements at the time of application. The responsibility for requesting special modifications rests with the candidate. Candidates must provide a report from a relevant professional outlining their specific needs or adjustments required. The candidate must confirm that their trainer and/or head of school of emergency medicine is aware of their special requirements and is supportive of their application for the examination.

Candidates should note that there is **no** provision for extra time in OSCEs.

In general, candidates who are **not working** at the time of the examination due to temporary ill-health are considered to be ineligible for the examination and will need to submit written medical evidence to the Dean that they are able to take the examination if they wish to sit.

Candidates who are on sick leave from their employment at the time of the examination will not ordinarily be permitted to sit the examination, as the College considers this to be an eligibility exclusion criterion.

Pregnancy – examination deferral

A deferral, with no financial penalty, may be permitted to a candidate supplying an appropriate medical report which satisfies the Dean indicating that:

a) the candidate has any pregnancy related problems or illness and/or
b) the candidate's confinement is due shortly before or around the date of the examination.

In such circumstances a deferral will be permitted and no further fee will be required including the deposit for intention to sit.

Any candidate who does not inform the College of her pregnancy and is consequently unable to sit for that examination will not normally be allowed to defer this examination without submission of another fee. Details of the candidate's expected week of confinement should be notified to the College and where possible, at the time of the application. Deferral because of a spouse's confinement is not normally granted.

Each case will be assessed by the Examinations Manager together with the Dean. Candidates will be informed in writing of the outcome of their application for special consideration and of the arrangements that will be made to meet their needs.

Category	Special Provision(s)		
	Separate Rooms	**Extra Time**	**Other**
Visual Impairment	Yes	Yes in written only	• All written material whether in written examinations, orals or clinics enlarged, where possible • Possible use of a computer in written examinations • Possible use of a scribe to transfer MCQ answers to optically marked sheet • Additional lighting • Any photographic material should be enlarged • Inform relevant examiners in orals and clinics
Hearing Impairment or deafness	Yes (for orals)	No	• Written instructions issued at the start of an examination or seated near front of examination hall • Sign language interpreter • Inform relevant examiners
Speech Impairment	No	Possibly (in orals only)	• Inform the relevant examiners in orals
Dyslexia	Yes	Written only	• All written material in 'dyslexic friendly' fonts • All written material on appropriately coloured paper if required • Use of computer in essay style examinations • Additional lighting • Specific formatting • Double marking of scripts
Mobility problems which may: • Restrict access to certain rooms or ability to carry out clinical examination of patients Reduced ability to sit for long periods e.g. back or neck problems or later stages of pregnancy	 Yes if access difficult Yes	 No Yes	• Ensure access is possible for all rooms and appropriate toilet facilities are available • Adjustable chair • In clinical examinations – patients in adjustable beds • Adjustable chair
Difficulties with writing e.g. Arthritis or RSI	Yes	Yes written only	• Use of a Scribe appointed by the College
Reduced stamina e.g. ME	Yes	No	• Timetable oral or clinical examination in morning
Dietary problems e.g. Diabetes			• Allowed to bring food/drink into the examination hall • Provide refreshments at orals & clinical examinations

Mental Health Problems such as: • Claustrophobia • Agoraphobia • Panic attacks	 Yes Yes Yes	 No No No	Provision of a separate room in case the candidate suffers an attack and behaves in a manner that would disrupt the other candidates
Mitigating circumstances:			Possible effect on performance
• Temporary conditions due to illness or injury on the day of the examination	Possibly	Possibly (Written only)	• May need scribe or disabled access depending on nature of injury
• Disruption during the examination	No	No	Possible effect on performance • To be considered by the examiners at the adjudication stage

Candidates should note that there is no extra time in OSCEs.

Election to Fellowship

Persons holding a medical qualification who have been successful in the Fellowship examination established by the College may be elected to Fellowship of the College by the College Council.

Annual subscription fees

Every Fellow shall pay each year such annual subscriptions as may be determined by the Council of the College. Payment of the annual subscription fees entitles the Fellow to use the post-nominal FCEM.

Diploma ceremonies

New Fellows will be invited to the Annual Diploma Ceremony for the presentation of a diploma. Dates will be available on the website.

Alison Gourdie Medal

Each year, the candidate with the best overall performance from all successful candidates in both sittings will receive the Alison Gourdie Medal, awarded at the College Annual Autumn Scientific Meeting.

Appendix 1 - Suggested template for Clinical Topic Review (CTR)

1. Title
2. Author
3. Key words (maximum of 6 key words)
4. Introduction- the clinical dilemma clearly identified with relevant back ground information. Clear justification for choice of topic.
5. Objective of the CTR
   a. As a 3 part question (ideally)or
   b. A clear focused question to be answered

6. Literature search
7. Appraisal of the literature
8. Synthesis and conclusions drawn from this evidence centred on:
   a. Principal findings,
   b. strengths and weaknesses of the literature
   c. applicability
   d. generalisability

9. Personal work- how this relates to the evidence, what was done, how this advances the candidates understanding and augments the CTR
10. Conclusions
11. Recommendations- that are clear and justifiable based on the literature review and personal work and clearly related to Emergency Medicine practice.
12. Appendices & tables (including details of personal work)
13. References- Vancouver style

3 copies of the CTR must be submitted with the fully completed FCEM application form.

Trainees are encouraged to submit the CTR on a CD or in paper format (3 copies). The document must be in Word 97-2003 format. No other format will be accepted. The format of the document should be such that on printing, the above stipulations are met (other than stapling). The CTR will be disqualified if the document is not formatted correctly on the electronic version.

Appendix 2 - Examples of personal work suitable to submit with the CTR

Note :

- The candidates personal work is the opportunity to demonstrate they can analyse the clinical problem that is central to their CTR, select an aspect of that problem which they seek to answer through their own efforts. Such work needs to demonstrate thought, thoroughness, effort and advance the candidates understanding of their chosen topic.
- Candidates will need to provide evidence of the work they have undertaken and its impact
- More than one domain of personal work activity may be chosen to prove depth and breadth of work done

Domain	Example	Evidence
Clinical effectiveness Introduction of a new practice as supported by the CTR	Literature indicates a better therapy/ diagnostic test than currently used. Assessment of current practice, against clear standards, introduction of new practice, assessment of change of practice .	Audit of present practice. Plan and record of implementation of change Re-audit of practice.
Metanalysis of papers identified in CTR	The candidate identifies suitable papers that can be combined in a metanalysis that has not been previously undertaken using original literature data and possibly new data acquired by the candidate	Meta-analysis not previously undertaken
Research –candidate decides to investigate in more detail an aspect of their CTR	Candidate generates research proposal, seeks ethical approval, undertakes research with recruitment of patients, analysis of data and generation of results. Candidates may not complete all these components- and should make their role within the project clear	Evidence could include the following: Generate research proposal that has been peer reviewed Ethical approval Evidence of Recruitment Analysis and results Submission for publication or Publication
Survey- Candidates should note that questionnaire formation requires skill and training. Surveys need piloting and a high response rate to be of value	Well formed question around present practice that the CTR requires to be answered. The questions are unambiguous and have been piloted. Greater than 80% response rate.	Report of survey that has been submitted for publication or published Evidence of work that has followed on from the survey- change of practice, research submission.
Modelling the impact of a change of practice	Data of existing practice including outcomes and potential impact of proposed changes - this could be an educational strategy that the trainee has led on.	Use a classical PDSA (Plan, Do Study, Act) structure to define the impact of your strategy. If this is educational make sure there are clear quantifiable markers of change.

Appendix 3 – Example CTR marksheet

	Poor	Acceptable	Outstanding	Total marks
Topic/title	Long, unclear, boring	One line and easy to understand	Short, punchy and arresting	2/1/0
Presentation and layout including spelling and formatting	Multiple spelling mistakes, incorrect underlining/use of bold, tables poor	Minimal spelling mistakes, grammar acceptable and tables can be understood. Adhered to the suggested template (see appendix 3)	No spelling or grammatical mistakes, excellent use of language, tables simple and demonstrate relevant points. Adhered to the template in appendix 2.	4/2/0
Clinical dilemma clearly identified and right question asked to solve the dilemma	Unclear what the main question to be answered is, or dilemma stated but search and CTR not relevant to solving the problem	Question stated but no background or relevance stated	Well phrased problem which is given relevant background and should provide the answer to the clinical dilemma	2/1/0
Reason for choosing stated	No personal relevance stated	Some relevance to personal practice	Clearly states why the issue interests the author in their own practice	2/1/0
Literature review	Search not described appropriately or inappropriately completed	Search outlined, with minor flaws in strategy	Good search strategy clearly defined	2/1/0
Appraisal of literature	No attempt to critique papers quoted	Some attempt to evaluate standard of papers	Good evaluation of the standard of evidence presented	4/2/0
Synthesis of and conclusions from evidence	No summary of evidence or conclusion presented	Some summary but not overall conclusion from evidence	Good overview of all papers synthesised into overall conclusion	4/2/0
Additional other work – value and standard	No additional work	Additional work – marks for quality, quantity and range of work completed (see appendix 4).	Good quality original research, introduction of a change in clinical practice with comprehensive supporting audit, additional analysis of CTR data that enhances CTR	4/2/0
Makes suggestions for how changes personal practice	No suggestions for change in practice or suggestions that are unjustified	Limited suggestions to change practice – or not based on lit review or own work	Good clear suggestions as to how this will change practice, justifiable from the literature review and own work	4/2/0
			Total	**28marks**

Objectives of the CTR viva (40% of total marks)

MARK

The CTR viva will be marked using the following mark sheet. The pass mark for the CTR will be approximately 65%.

PLEASE COMPLETE EACH SECTION & indicate on the back of this sheet the areas identified for discussion prior to the viva. Continue on a separate sheet if necessary

	Below standard	**Standard**	**Above standard**	**Mark**
Written mark agreed by both examiners				(out of 28)
Why chosen-relevant to Emergency Medicine	Not able to justify (0)	Partial justification (1)	Convincing justification that topic relevant to clinical practise (2)	
Conduct of literature search	Unable to describe literature search, significant papers missing (0)	Reasonable search but at least one missing relevant paper , describes search adequately(1)	Appropriate search, papers all relevant and well referenced, deals with questions on search and describes process including grey literature etc (2)	
Critical appraisal	No comment on quality of evidence (0)	Clearly comments on quality – identifies some weaknesses (2)	Able to judge quality of any reference cited, gives reasons for judging as high quality or poor papers (4)	
Synthesis of evidence	No in depth evaluation of evidence, simply regurgitation (0)	Cam summarise the evidence but unable to give balanced judgement (1)	Good appraisal of current thinking and identification of limitations of evidence. Able to judge whether evidence should influence practice (2)	
Relevance to clinical practice	No application to clinical practice (0)	Can apply generally to EM work (2)	Able to give clear indication of how this work changes practice in real terms (4)	
Evidence of other work	No evidence of personal work (0)	Good summary of work done but limited relevance or contribution (2)	Good summary of work and justifies how relevant to the topic(4)	
			Total	**/46**

Agreed mark	**Examiner 1 (Print & signature)**	**Examiner 2 (Print & signature)**

Appendix 4 – Example of feedback form for unsuccessful candidates

Candidate number and name	Dr Sample F0600000

SAQ CLINICAL

% Passing this section	Pass mark	Your performance
74%	68%	Fail

OSCE

% Passing this section	No. of station required to pass	Your performance
70%	12	Fail

SAQ CRITICAL APPRAISAL

% Passing this section	Pass mark	Your performance
64%	62%	Fail

CLINICAL TOPIC REVIEW

% Passing this section	Pass mark	Your performance
76%	27	Fail

MANAGEMENT

% Passing this section	Pass mark	Your performance
78%	22.5	Fail

CLINICAL
Candidate number F0600000 - Short answer question

Question	Median score	Your Score
Anaphylaxis	7.5	Below the median
Ankle Block	6	Equal to the median
Major Chest Trauma	8	Above the median
Kohlers Disease	8	Below the median
HIV Testing	7	Equal to the median
Bell's Palsy	9	Below the median
HELLP	8	Equal to the median
MI	8	Below the median
Pulmonary Embolus	8	Above the median
Stroke/Rosier	7	Below the median
GI Bleed	6	Below the median
TCA Overdose	7	Equal to the median
Hyponatremia	7	Equal to the median
Anion Gap Acidosis	5	Equal to the median
Thyroid Storm	8.5	Below the median
Idiopathic Thrombocytoperua purpura	4	Equal to the median
Infectious Disease	8	Below the median
Toxic Shock Rash	7	Above the median
Rheumatoid Arthritis	6.75	Below the median
Croup	9	Below the median

Your overall score for SAQ : Fail

Objective Structured Clinical Examination
Candidate number F060000

	Pass rate for this station	Your result
Package and arrange transfer	59%	Pass
Management of hypovolaemic shock (double station)	78%	Pass
Teach ENP how to look at an Xray	69%	Pass
CVS examination	45%	Fail
Suture a laceration	89%	Pass
Examine a knee	89%	Fail
Manage an SVT in a baby (double station)	87%	Pass
Convince a nurse of a possible NAI case	85%	Pass
Take a history in renal colic	91%	Pass
Examine the cranial nerves	91%	Pass
PV for PID	80%	Pass
Explain BM measurement to father	70%	Pass
Discuss chronic pain management with a patient	91%	Fail
Take a history in suicide	89%	Pass

Overall result of the OSCE: Pass

Overall assessment: Fail

Well done on passing the clinical parts of the FCEM. The feedback from the other parts is as follows:

CTR:
You failed your CTR and the examiners commented that:
Your literature search was limited,
There was limited evidence- which was very heterogeneous and therefore your synthesis of the evidence was problematic.
Your viva performance was better than your written submission.
You reported that you contributed to the initial audit but there was limited work beyond that.

Critical Appraisal:
You did not understand the design of this therapy trial, did not recognise the lack of p values and confidence intervals, that you thought the trial product should be used, that you did not understand intention to treat analyses.
You need to study how to appraise therapy and diagnostic papers- the JAMA guides are useful.
Previous papers are available on the college website, including some in the new SAQ format.

Management:
You just failed the Management section and the examiners commented that:
You needed a lot of prompting and had to be led through the long case point by point.

You should revisit the college website and look at the Management section. Ask your trainers to go over the common topics, and ask for mock vivas, ideally with FCEM examiners.

Appendix 5 Example of a blueprint for a Fellowship examination

	OSCE = 16 (two double)	SAQ = 20
Cardiology/CT	examine the CVS	LVF - pathophysiology, Starling
GI		SBO - biochemistry and fluids
Respiratory		COPD - bipap guidelines
Renal/Urology	take a history of renal colic alternating with history of haematuria	urinary retention management with antibiotic cover
Endocrine		HONK - fluids and osmolarity
Neurology	examine cranial nerve palsy alternating with peripheral nerve palsy	vertigo central vs peripheral
Psychiatry	suicide alternating with mania	Puerperal psychosis - and organic causes, management of acutely disturbed patients in ED
Haematology	discuss with patient chronic pain management – conflict	Sepsis - SIRS
Dermatology		Hypothermia and frost bite
Obstetrics		UTI in pregnancy
Gynaecology	pelvic examination (PID/ectopic)	Pelvic pain and chaperone guidelines
Children	take a peak flow and explain asthma medication alternating with diabetic BM and explanation in a child	a) post streptococcal joint pain in child b) Jaundice in a baby
Infectious diseases		travellers diarrhoea
Major Trauma	teach X-ray interpretation of the cervical spine to ENP	Major trauma - chest trauma
Adult Resuscitation	shocked patient double station	
Paeds resus	one double station - SVT in a child	
Organisation of healthcare	refer and transfer a child with serious head injury-communication	
Eyes		orbital cellulitis
ENT		epistaxis
Toxicology		paracetamol overdose
Ethics	NAI- communication	
Orthopaedics/Rheumatology	examine the knee/shoulder	Gout
Minor injuries	suturing of wound	laceration and tetanus status