

**The Royal College of  
Emergency Medicine**

## **Regulations and Information Pack**

### **FRCEM Final Examinations**

**Applicable from 1 August 2018**

**Updated July 2018**

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## Introduction to the FRCEM Examination Structure

In August 2016 the College introduced the current suite of examinations, mapped to the Emergency Medicine 2015 Curriculum. Success in all components leads to the award of Fellowship by Examination (FRCEM).

From August 2018, the Fellowship examination consists of the following components:

- FRCEM Primary Examination
- FRCEM Intermediate Certificate:
  - Short Answer Question Paper
  - Situational Judgement Paper
- FRCEM Final Examination:
  - Critical Appraisal (Short Answer Question Paper)
  - Quality Improvement Project (QIP)
  - Clinical Short Answer Question Paper
  - Objective Structured Clinical Examination (OSCE)

The CTR has been replaced by the Quality Improvement Project (QIP) from 1 August 2018. Candidates who have not been awarded Fellowship by Examination (FRCEM) by 31 July 2018, and remain eligible to sit the FRCEM Final examinations after 1 August 2018, are required to pass the new FRCEM QIP component, irrespective of a previous pass (or exemption) in the FRCEM CTR.

The College continues to offer **Membership by Examination** (MRCEM) for candidates who have passed all of the following examinations:

- FRCEM Primary (or MRCEM Part A between 1 August 2012 and 1 August 2016 or granted exemption)
- FRCEM Intermediate SAQ (or MRCEM Part B between 1 August 2012 and 1 August 2016)
- MRCEM OSCE (previously called Part C. Passed after 1 August 2012)

For further information regarding the FRCEM Primary and the FRCEM Intermediate Certificate examinations or the MRCEM OSCE, please refer to the relevant Information and Application Pack, available on the [Exams Section](#) of our website.

## Examination Regulations

1. Applications for each component of the FRCM examination should be submitted via the online application system, available via the [Examinations Section](#) of the College Website.
2. Applications may only be submitted during a specified time period ('the application window'). The date on which the application window opens (opening date) and closes for receipt of applications (the closing date) is published on the Examinations Section of the College Website.
3. Completed applications must be submitted by 17:00 (GMT) on the published closing date after which time the system automatically closes. Partially completed or late applications will not be accepted.
4. Candidates in a GMC approved, UK training programme, must be registered or enrolled with the College and have paid the appropriate trainee administration fee.
5. It is a candidate's responsibility to ensure they have all the information required to complete the entire application form prior to the application window closing on the advertised date at 17:00 (GMT).
6. Upon submission of a completed application, candidates will receive an automated email confirming receipt of the application. Detailed written instructions confirming the exact date, timetable for, and location of the examination will be emailed individually to all candidates once the final allocation of examination spaces is confirmed, approximately four weeks prior to the examination.
7. Candidates wishing to withdraw or transfer their examination entry must notify the Examinations Department in writing by 17:00 (GMT) on the closing date. Fees cannot be transferred or refunded after this time.
8. Candidates must apply for any required entry visas in good time prior to the date of the examination. In exceptional circumstances, subject to receipt of written documentation confirming the refusal of a visa, the Head of Examinations will consider requests for candidates to transfer their examination entry.
9. Candidates who do not attend an examination will forfeit their examination fee. In exceptional circumstances, for matters beyond the candidate's control, the Head of Examinations will consider requests to transfer a candidate's entry to the next diet, subject to receipt of written documentation (e.g a detailed medical certificate, a death certificate for a direct family member). Please note that insufficient preparation is not considered a sufficient reason to transfer an examination entry.
10. Candidates will be informed of the date on which examination results will be published at the time their examination entry is confirmed. In very exceptional circumstances this may be amended by the College and due notice will be published on the College website.
11. Results will be published on the College website. Result letters and feedback will be posted to candidates within four weeks of the publication of results. Examination results will not be issued or confirmed by telephone or email.

## Introduction to the FRCEM Final Examinations

The FRCEM Final examinations are mapped to the Emergency Medicine 2015 Curriculum, in its entirety, which is available on the [2015 Curriculum page](#) of our website. All applicants for the FRCEM Final examinations are strongly advised to familiarise themselves with the 2015 Curriculum in preparation for sitting the FRCEM Final examinations.

## FRCEM Final – Format of Examination

From 1 August 2018, the FRCEM Final consists of the following components:

- FRCEM Critical Appraisal, 90 minute Short Answer Question (SAQ) Paper
- Quality Improvement Project (QIP) completed during ST4-6
- FRCEM Final Short Answer Question (SAQ) Paper comprising of a 3 hour paper of 60, 3 mark questions
- FRCEM OSCE consisting of 16, 8 minute stations. An additional one minute of reading time is provided for candidates between each OSCE station (1 minute reading time + 8 minutes in each station).

Subject to eligibility criteria, candidates will be able to apply and sit each component independently but, as each component tests different skills and knowledge, candidates are required to pass all components, no cross compensation is permitted.

With effect from 1 August 2016, candidates are no longer be required to pass the FRCEM OSCE and FRCEM SAQ in the same sitting. Individual passes in either the OSCE or the SAQ components prior to August 2016 are excluded – such candidates are required to pass both the SAQ and OSCE (independently) after August 2016.

## Eligibility Criteria for the FRCEM Final: Critical Appraisal and Quality Improvement Project (QIP)

A candidate will be eligible to enter the Critical Appraisal and QIP components provided he/she:

- a) Holds a medical qualification approved by the General Medical Council (GMC) for the purposes of registration **and**
- b) Has obtained Membership by Examination (MRCEM) prior to 31 July 2018 **or**
- c) Has passed the FRCEM Primary and FRCEM Intermediate Certificate (SAQ & SJP) after 1 August 2016 (or accepted equivalent examinations)

Candidates who are registered with the GMC should include their registration number in the appropriate place on the application form. If you are registered or anticipate being registered with the GMC then your personal data, including your examination results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates for completion of training (CCTs).

Candidates registered with the Irish Medical Council (IMC) or an international medical council are required to upload a copy of their current medical registration document at the time of application.

After submission of the online application, as part of the approvals process, the candidate's Head of School/QIP Supervisor or sponsoring consultant is asked to validate that the candidate has completed the required training experience, is familiar with the curriculum and understands the standard required.

Candidates are advised that IELTS Level 7 is the expected standard for completion of FRCEM examinations. For the QIP, the QIP supervisor, who has advised on the preparation of the QIP and who has read the submitted document is also required to confirm that the QIP is of a suitable standard.

### **Eligibility Criteria for the FRCEM Final: Clinical Short Answer Question (SAQ) and the Objective Structured Clinical Examination (OSCE)**

A candidate will be eligible to enter the Clinical SAQ and OSCE components provided he/she:

- a) Holds a medical qualification approved by the GMC for the purposes of registration **and**
- b) Has obtained Membership by Examination (MRCEM) prior to 31 July 2018 **or**
- c) Has passed the FRCEM Primary (or granted exemption) and FRCEM Intermediate Certificate (SAQ & SJP) examinations after 1 August 2016 **and**
- d) For trainees in an approved UK or Irish training programme: has completed 24 months (or full-time equivalent) of training in Emergency Medicine\* at ST4/ST5 or equivalent **or**
- e) For non-trainees: has completed 7 years of training post-qualification; 4 years (or full-time equivalent) of which must be in Emergency Medicine, and 2 years (or full-time equivalent) of which must be at a level above ST3/SHO.

\*Subspecialty training in Paediatric Emergency Medicine or Pre-Hospital Emergency Medicine is not counted

Candidates who are registered with the GMC should include their registration number in the appropriate place on the application form. If you are registered or anticipate being registered with the GMC then your personal data, including your examination results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates for completion of training (CCTs).

Candidates registered with the Irish Medical Council (IMC) or an international medical council are required to upload a copy of their current medical registration document at the time of application.

### **Exemptions**

Candidates who have successfully completed a postgraduate higher research degree by examination (e.g. PhD, MD) on a topic relevant to Emergency Medicine, **and who**

**have not previously attempted the relevant component**, may apply for exemption from the Critical Appraisal. 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 wish to apply for exemption must complete the Critical Appraisal request form (available from the Examinations Office), submitting all required additional documentation a minimum of 13 weeks in advance of their expected CCT date. This will be considered by the Dean for eligibility and the candidate notified of the outcome. The acceptance of a previous work for exemption is at the discretion of the Dean and their decision is final.

Candidates who had previously been granted exemption from the CTR but who are not awarded Fellowship by Examination (FRCEM) by 31 July 2018 will be required to pass the FRCEM Quality Improvement Project, irrespective of a previously awarded exemption from the CTR.

## **Equivalent Examinations and Currency**

Candidates who were previously granted approval by the Dean for direct application to the FRCEM Final examinations without obtaining MRCEM, are required to pass all components of the FRCEM Final Examination by 31 July 2018. Candidates who were on this route and have not obtained FRCEM by 31 July 2018 will be required to complete the full suite of FRCEM examinations, starting with the FRCEM Primary and including the FRCEM Intermediate Certificate and current FRCEM Final examinations.

Candidates who have had previous success in some FRCEM Final components retain their pass in those components, in line with the respective currencies detailed below. However, they must pass the FRCEM Primary and Intermediate examinations before being eligible to attempt their remaining FRCEM Final components and on the condition that they have not previously met or exceed the number of permitted attempts for the relevant FRCEM Final component.

### **FRCEM Critical Appraisal**

A pass in the FRCEM Final Critical Appraisal will usually remain current. If at some future date it becomes necessary to replace it, holders of the FRCEM Final Critical Appraisal will be given a minimum of 24 months' notice of the date from which it will be deemed time expired.

### **FRCEM Quality Improvement Project (QIP)**

A pass in the FRCEM QIP will usually remain current. If at some future date it becomes necessary to replace it, holders of the FRCEM Final QIP will be given a minimum of 24 months' notice of the date from which it will be deemed time expired.

Advice on QIP, including implementation, written presentation and mark scheme can be found on the RCEM website (Quality Improvement section). For trainees, the QIP should be completed after ST3 year of training.

A QIP may be completed during Paediatric Emergency Medicine (PEM) sub-specialty training but is not accepted during Pre-Hospital Emergency Medicine (PHEM) training as it must focus on an quality improvement in Emergency Medicine.

### **FRCEM Final Clinical SAQ**

From August 2016 candidates are required to pass the FRCEM OSCE within seven calendar years of the date they pass the FRCEM SAQ. Candidates who do not successfully complete the FRCEM OSCE within seven calendar years of the original award will be required to resit the FRCEM SAQ, subject to at least one attempt remaining. Candidates who have exhausted all of their available four attempts at the SAQ are not usually permitted to resit. In exceptional circumstances candidates may apply for approval for an additional examination attempt. Such cases will be dealt with on a case by case basis at the discretion of the Dean, whose decision is final.

### **FRCEM Final OSCE**

From August 2016 candidates are required to pass the FRCEM SAQ within seven calendar years of the date they pass the FRCEM OSCE. Candidates who do not



successfully complete the FRCEM SAQ within seven calendar years will be required to resit the FRCEM OSCE, subject to at least one attempt remaining. Candidates who have exhausted all of their available four attempts at the OSCE are not usually permitted to resit. In exceptional circumstances candidates may apply for approval for an additional examination attempt. Such cases will be dealt with on a case by case basis at the discretion of the Dean, whose decision is final.

### **FRCEM Final Clinical SAQ and OSCE**

Candidates who have previously passed **both** clinical components of the FRCEM (the Clinical SAQ & OSCE) **in the same diet** prior to 1 August 2016 are deemed to have passed equivalent examinations to the FRCEM Final SAQ and FRCEM Final OSCE introduced from 1 August 2016. These candidates will be required to achieve FRCEM within seven years of the date they passed the FRCEM Clinical SAQ and OSCE. Candidates who do not successfully obtain FRCEM within seven calendar years will be required to pass the current FRCEM SAQ and OSCE components, subject to at least one attempt remaining.

Candidates who have passed only one clinical component of the FRCEM (the Clinical SAQ or the OSCE) prior to 1 August 2016 are not deemed to have passed equivalent examinations to the FRCEM Final SAQ and FRCEM OSCE and are therefore required to pass both the FRCEM Final SAQ and the FRCEM OSCE introduced from 1 August 2016.

### **Oversubscription Criteria**

#### **FRCEM Final: Critical Appraisal SAQ and Clinical SAQ**

There is normally no restriction on the number of places available for either the FRCEM Final Critical Appraisal SAQ or the FRCEM Final Clinical SAQ but candidates may not always be allocated their first choice of venue.

#### **FRCEM Final: QIP**

From August 2018 the QIP is a written submission only, so there is normally no restriction on numbers.

#### **FRCEM Final: OSCE**

In the event that the above examinations are oversubscribed, candidates will be allocated a place to sit the examination in the following order:

- Candidates in approved ST6 UK training post
- Candidates in Year 7 of approved Irish training programme
- Candidates who were not allocated a place at the most recent sitting (on a first come, first served basis, if required)
- All other candidates on a first come, first served basis

### **Number of attempts**

Candidates are permitted a maximum of four attempts each in which to pass the four components of the FRCEM Final Examination (i.e. Critical Appraisal: 4 attempts; CTR or QIP: 4 attempts, Clinical SAQ: 4 attempts and OSCE: 4 attempts). In exceptional

circumstances candidates may apply for approval for an additional examination attempt. Such cases will be dealt with on a case by case basis at the discretion of the Dean, whose decision is final.

Previous attempts at the FRCEM Final examinations do not count towards the number of available attempts after August 2016 on the condition that candidates have not previously exceeded the maximum number of attempts available and been disbarred from any further attempts.

### **Required Examinations for the Completion of Training**

Trainees in a GMC approved, UK training programme are required to complete the full suite of the FRCEM examinations (or approved equivalents) prior to the completion of the training programme.

Candidates exiting the training programme without having obtained FRCEM cannot be recommended for a Certificate of Completion of Training (CCT) and will be required to successfully complete a CESR application for entry onto the Specialist Register.

## Structure and Content of the FRCEM Final Examinations

The FRCEM Final Examinations are conducted in English and candidates are advised that IELTS Level 7 is the expected standard for completion of the FRCEM examinations.

The blueprint for the FRCEM Final SAQ is as follows:

Coverage	Curriculum Category	LO Number	LO/Sub-Category	Questions
ST4-6	HST Major and Acute Presentations	HAP1 HAP2 HAP3 HAP4 HAP5 HAP6 HAP7 HAP8 HAP9 HAP10 HAP11 HAP12 HAP13 HAP14 HAP15 HAP16 HAP17 HAP18 HAP19 HAP20 HAP21 HAP22 HAP23 HAP24 HAP25 HAP26 HAP27 HAP28 HAP29	Abdominal pain Acute back pain Alcohol and substance abuse Anal pain and rectal bleeding Blackouts Breathlessness Bruising and spontaneous bleeding Chest pain Dental emergencies Dialysis Environmental emergencies Epistaxis Falls Fever Fits /Seizure Haematemesis and melaena Headache Joint swelling - atraumatic Limb pain and swelling - traumatic and atraumatic Major Incident management Oncology emergencies Observational Medicine Palpitations Penile conditions Poisoning Pre-hospital care Pregnancy Rash – Life-threatening rashes Research	25
		HAP30 HAP31 HAP32 HAP33 HAP34 HAP35 HAP36 HMP1 HMP2	Sexual assault Sexually transmitted disease Visual loss Weakness not due to stroke Wound management Complex older patients The patient with chronic disease Anaphylaxis Cardio-respiratory arrest	

		HMP3 HMP4 HMP5	Major Trauma Shocked patient Unconscious patient	
	Additional Paediatric Practical Procedures	PEMP5 PEMP11 PEMP12 PEMP14	Replacement of tracheostomy tube Cricothyrotomy and percutaneous trans-tracheal ventilation External cardiac pacing Safe sedation in children	3
	Practical Procedures (HST)	PP28 PP29 PP30 PP31 PP32 PP33 PP34 PP35 PP36 PP37 PP38 PP39 PP40 PP41 PP42 PP43 PP44 PP45	Preoperative assessment Management of spontaneously breathing patient Administer anaesthesia for laparotomy Demonstrate RSI Recover patient from anaesthesia Demonstrates function of anaesthetic machine Transfer of patient to operating table Demonstrate CPR resuscitation on a manikin Technique of scrubbing up and donning gown and gloves Basic competences for pain management Patient Identification Post op N&V Airway assessment Choice of muscle relaxants and induction agents Post op analgesia Post op oxygen therapy Emergency surgery Safe use of vasoactive drugs and electrolytes	11
	Ultrasound		Ultrasound Physics Sectional and ultrasonic anatomy Focused assessment using sonography in trauma (FAST) Assessment of the abdominal aorta competency Echo in Life Support (ELS)	3
Previously assessed in Intermediate SAQ	Clinical Presentations - Core Major & Acute Presentations	CAP1 CAP2 CAP3 CAP4 CAP5 CAP6 CAP7 CAP8 CAP9	Abdominal Pain including loin pain Abdominal Swelling, Mass & Constipation Acute Back Pain Aggressive/disturbed behaviour Blackout/Collapse Breathlessness Chest Pain Confusion, Acute/Delirium Cough	6

		CAP10	Cyanosis	
		CAP11	Diarrhoea	
		CAP12	Dizziness and Vertigo	
		CAP13	Falls	
		CAP14	Fever	
		CAP15	Fits / Seizure	
		CAP16	Haematemesis & Melaena	
		CAP17	Headache	
		CAP18	Head Injury	
		CAP19	Jaundice	
		CAP20	Limb Pain & Swelling - Atraumatic	
		CAP21	Neck pain	
		CAP22	Oliguric patient	
		CAP23	Pain Management	
		CAP24	Painful ear	
		CAP25	Palpitations	
		CAP26	Pelvic pain	
		CAP27	Poisoning	
		CAP28	Rash	
		CAP29	Red eye	
		CAP30	Mental health	
		CAP31	Sore throat	
		CAP32	Syncope and pre-syncope	
		CAP33	Traumatic limb and joint injuries	
		CAP34	Vaginal bleeding	
		CAP35	Ventilatory Support	
		CAP36	Vomiting and Nausea	
		CAP37	Weakness and Paralysis	
		CAP38	Wound assessment and management	
		CMP1	Anaphylaxis	
		CMP2	Cardio-Respiratory Arrest	
		CMP3	Major Trauma	
		CMP4	Septic Patient	
		CMP5	Shocked Patient	
		CMP6	Unconscious Patient	
	Common Competences	CC1	History Taking	2
		CC2	Clinical examination	
		CC3	Therapeutics and safe prescribing	
		CC5	Decision making and clinical reasoning	
		CC9	Principles of quality and safety improvement	
		CC10	Infection control	
		CC11	Managing long term conditions and promoting patient self-care	
		CC16	Health promotion and public health	
		CC17	Principles of medical ethics and confidentiality	

		CC18 CC19 CC20 CC21	Valid consent Legal framework for practice Ethical research Evidence and guidelines	
Anaesthetic Competences CT1&2	A1a A1b A1c A2 A3 A5 A6 A7 A8	Preoperative Assessment - History Taking Preoperative Assessment - Clinical examination Preoperative Assessment - Specific anaesthetic evaluation Premedication Induction of general anaesthesia Postoperative and recovery room care Management of respiratory and cardiac arrest Control of infection Introduction to anaesthesia for emergency surgery Airway Management Procedural Sedation Transfer Medicine Critical Incidence	1	
ICM within ACCS	ICM3 ICM4 ICM5 ICM9	Obtains an arterial blood gas sample safely, interprets results correctly Demonstrates aseptic placement of central venous catheter Connects mechanical ventilator and selects initial settings Prescribes safe use of vasoactive drugs and electrolytes	1	
Acute Presentations - Additional Adult ST3	C3AP1a C3AP1b C3AP1c C3AP1d C3AP1e C3AP2a C3AP2b	Major trauma - Chest Injuries Major trauma - Abdominal trauma Major trauma - Spine Major trauma - Maxillofacial Major trauma - Burns Traumatic limb and joint injuries - Lower limb Traumatic limb and joint injuries - Upper limb	2	
	C3AP3 C3AP4 C3AP5 C3AP6 C3AP7 C3AP8 C3AP9	ABGs -Interpretation of abnormal blood gas results in the Emergency Department Abnormal blood glucose Dysuria Emergency airway care (CT3 and covers HST) Needlestick injury Testicular pain Urinary retention		
Paediatric Presentations - Major & Acute Presentations	PAP1	Abdominal pain	3	
	PAP2	Accidental poisoning, poisoning and self-harm		

		PAP3 PAP4  PAP5 PAP6  PAP7 PAP8 PAP9 PAP10 PAP11 PAP12 PAP13 PAP14 PAP15 PAP16 PAP17 PAP18 PAP19 PMP1  PMP2 PMP3 PMP4 PMP5 PMP6	Acute life-threatening event (ALTE)  Blood disorders Breathing difficulties - recognise the critically ill and those who will need intubation and ventilation  Concerning presentations Dehydration secondary to diarrhoea and vomiting  ENT  Fever in all age groups Floppy child Gastro-intestinal bleeding Headache Neonatal presentations Ophthalmology Pain in children Painful limbs – atraumatic Painful limbs- traumatic Rashes in children Sore throat Anaphylaxis Apnoea, stridor and airway obstruction Cardio-respiratory arrest Major trauma in children The shocked child The unconscious child	
	Practical Procedures (ACCS)	PP1 PP2 PP3 PP4 PP5 PP6 PP7 PP8 PP9 PP10	Arterial cannulation Peripheral venous cannulation Central venous cannulation Arterial blood gas sampling Lumbar puncture Pleural tap and aspiration Intercostal drain - Seldinger Intercostal drain - Open Ascitic tap Abdominal paracentesis	3
		PP11 PP12 PP13 PP14 PP15 PP16 PP17 PP18 PP19	Airway protection Basic and advanced life support DC cardioversion Knee aspiration Temporary pacing (external/wire) Reduction of dislocation/ fracture Large joint examination Wound management Trauma primary survey	
		PP20	Initial assessment of the acutely unwell	

		PP21	Secondary assessment of the acutely unwell (i.e. after initial resuscitation and in the intensive care unit)	
		PP22	Connection to a mechanical ventilator	
		PP23	Safe use of drugs to facilitate mechanical ventilation	
		PP24	Managing the patient fighting the ventilator	
		PP25	Monitoring respiratory function	
		PP26	Deliver a fluid challenge safely to an acutely unwell patient	
		PP27	Describe actions required for accidental displacement of tracheal tube or tracheostomy	
				<b>60</b>

The curriculum areas assessed within the FRCEM Final OSCE are as follows:

<b>Stations</b>	
1	Core Acute
2a	Resuscitation
2b	
3	Core Major
4	Common Competences
5	Common Competences
6	Anaesthetic Competences
7a	Paediatric Resuscitation
7b	
8	Paediatric Acute
9	Paediatric Major
10	HST Major
11	HST and Adult Acute
12	Practical Skills
13	Paed Practical Skills
14	Non-technical Skills



## Sample Questions to illustrate the format of the FRCM Final SAQ

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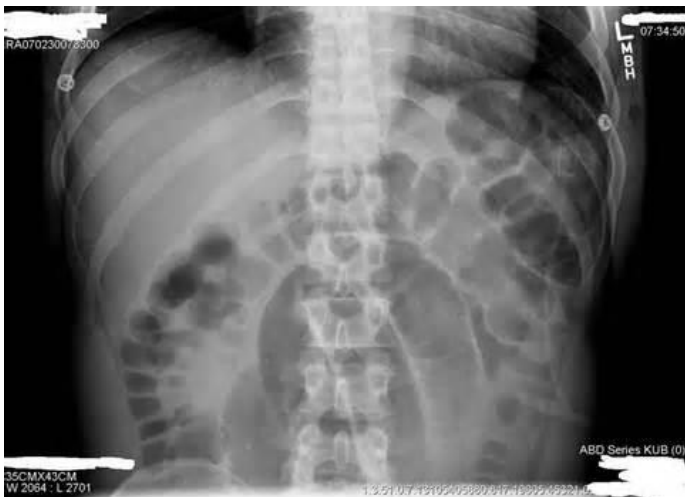
1.



An 11 year old boy presents with his parents to the ED having developed a limp over the last week.

- What is the abnormality on the x-ray? (1 mark)
  - Name and describe the radiological sign associated with this abnormality? (1 mark)
  - Name one complication associated with this condition. (1 mark)
- 

2.



A 45 year old lady presents to the ED with a two day history of abdominal pain. Abdominal examination confirms generalised tenderness.

- What is the diagnosis? (1 mark)
- Name two other symptoms which the patient may complain of? (1 mark)
- What would be your first two steps in your early management of this patient? (1 mark)

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3.

**On oxygen 10 litres:**

**pH 7.15**

**PaCO<sub>2</sub> 6.0 kPa**

**Pa O<sub>2</sub> 7.5 kPa**

**O<sub>2</sub> sats 98%**

**Na 145 mmol/L**

**K<sup>+</sup> 3.5 mmol/L**

**Urea 3 mmol/L**

**Cl 90 mmol/L**

A 37 year old male is brought to the ED following a house fire. He is GCS 10 and agitated on arrival with a pulse of 120 and BP 105-85. He has sooty deposits around his face and mouth but no burns elsewhere on his body. He appears cyanosed and is receiving 10 L/min of oxygen through a face mask.

- Calculate the anion gap including your workings (1 mark)
- What is the explanation for this result in this patient? (1 mark)
- What empirical treatment might you consider? (1 mark)

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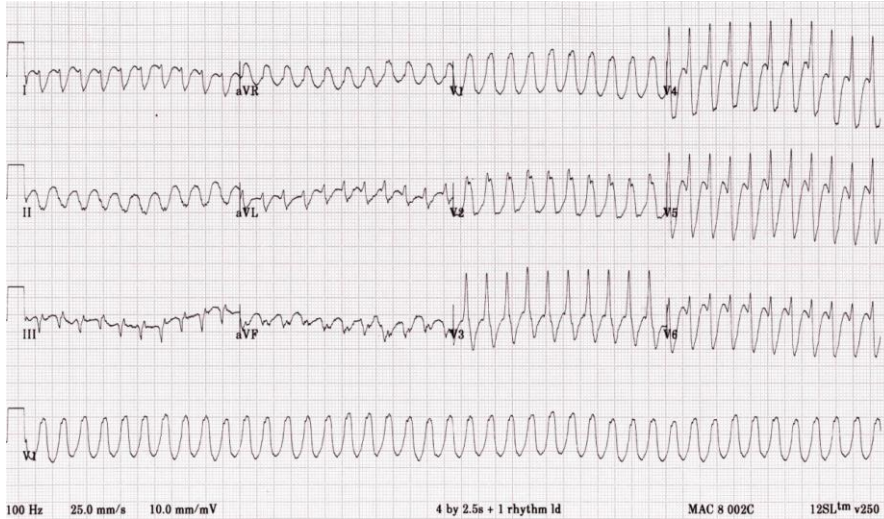
4.



A 17 year old male attend the ED complaining of a rash. He describes having a cold sore one week ago followed by the abrupt onset of a rash. The rash started peripherally and spread centrally. He is now unwell, febrile, tachycardic and is complaining of a headache. He also complains of a sore mouth and gritty eyes. He has haematuria on urine dipstick testing.

- Describe the key feature of this rash? (1 mark)
  - What is the likely diagnosis? (1 mark)
  - What is the most likely infective agent that has precipitated the rash? (1 mark)
-

5.



A 57 year old man has two hour history of palpitations. On examination he is sweaty and has a BP of 100/50 but denies chest pain or breathlessness.

- Name two diagnoses which would explain this ECG picture? (2 marks)
- He then drops his BP to 80/60. What treatment is required? (1 mark)

6.



A 60 year old male plumber attends with a painful and swollen right knee. He has been sent to the ED by his boss as he is finding it difficult working.

- What is the diagnosis (1)
- What is the main complication this patient may develop? (1)
- Outline two aspects of your treatment (1)

## Standard Setting

### FRCEM Final Critical Appraisal

The FRCEM Final Critical Appraisal is marked using a domain based marking matrix.

### FRCEM Final SAQ

The FRCEM Final SAQ is standard set using a modified Angoff method. One standard error of measurement (SEM) will be added to the cut score identified using the Angoff method to calculate the final pass mark.

### FRCEM Final OSCE

The FRCEM Final OSCE is standard set using the Borderline Regression method. One standard error of measurement (SEM) will be added to the cut score identified using the Borderline Regression Method to calculate the final pass mark.

### FRCEM Final Quality Improvement Project

The FRCEM Final QIP is marked using a domain based marking scheme which is available on the exams section of the College website. Please refer to the RCEM Quality Improvement Guide for further details on the assessment of QIP.

## Examination Results

The results for each component of the FRCEM Final examination will be published on a pre-advised day approximately four weeks after the date of the examination. Result letters and feedback will be posted to candidates within four weeks of the publication of results. Examination results will not be issued or confirmed by telephone or email.

## Guidance for Candidates with Additional Requirements

The College recognises that some candidates may require reasonable adjustments when undertaking examinations. The responsibility for requesting reasonable adjustments lies with the candidate. Any candidate who wishes to request reasonable adjustments **must** indicate the requirements at the time of application. Candidates **must** provide a report from a relevant professional outlining their specific needs and the adjustments required.

Each request will be assessed by the College on its own merit. Candidates will be notified in writing of the outcome of their application for reasonable adjustments and of the arrangements that will be made to meet their needs.