

**The Royal College of
Emergency Medicine**

Regulations and Information Pack

FRCEM Intermediate Certificate Examinations

Applicable from 1 August 2016

Updated November 2018

Contents

1. [Introduction to the FRCM Examination Structure](#)
2. [Examination Regulations](#)
3. [Introduction to the FRCM Intermediate Certificate](#)
4. [FRCM Intermediate Certificate Eligibility Criteria](#)
5. [Oversubscription Criteria](#)
6. [Number of attempts and currency](#)
7. [Exemption and Equivalent Examinations](#)
8. [Structure and Content of the FRCM Intermediate Certificate](#)
9. [Sample Questions \(SAQ\)](#)
10. [Standard Setting and Examination Results](#)
11. [Guidance for Candidates with Additional Requirements](#)

Introduction to the FRCEM Examination Structure – applicable from August 2016

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 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, the FRCEM Final 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/s.
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 Examinations Manager or Director of Education 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 Director of Education 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 by 17:00 on the day of release. 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 Intermediate Certificate

The FRCEM Intermediate Certificate examinations are mapped to the competences of Year 1-3 of the Emergency Medicine 2015 Curriculum (ACCS Plus) which is available on the [2015 Curriculum page](#) of our website. All applicants for the FRCEM Intermediate Certificate examinations are strongly advised to familiarise themselves with the Year 1-3 competences in preparation for sitting the FRCEM Intermediate Certificate 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.

FRCEM Intermediate Certificate Format of Examination

The FRCEM Intermediate Certificate consists of the following components:

- FRCEM Intermediate Short Answer Question (SAQ) Paper comprising of a 3 hour paper of 60, 3 mark questions
- FRCEM Intermediate Situational Judgement Paper (SJP) comprising of a 2 hour paper of 120 single best answer questions (SBAQ).

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.

FRCEM Intermediate Certificate Eligibility Criteria

A candidate will be eligible to enter the FRCEM Intermediate Certificate examinations provided he/she:

- a) Holds a medical qualification approved by the General Medical Council (GMC) for the purposes of registration **and**
- b) Has completed the UK Foundation Programme or equivalent (electronic evidence will be required at point of application)
- c) Has passed the MRCEM Part A examination after 1 August 2012 and prior to 31 July 2016 **or**
- d) Has passed the FRCEM Primary examination after 1 August 2016 **or**
- e) Has been granted exemption from the FRCEM Primary or MRCEM Part A as a result of obtaining MRCS or MRCSI after 1 January 2012

Exemptions and equivalent examinations

MRCEM Part B in place of FRCEM Intermediate SAQ

MRCEM Part B passes obtained prior to August 2012 are deemed time expired. Candidates who sat the MRCEM Part B prior to August 2012 are therefore required to pass the FRCEM Intermediate SAQ examination.

Candidates who passed the MRCEM Part B examination after 1 August 2012 are deemed to have passed an equivalent examination to the FRCEM Intermediate SAQ examination.

MRCEM Part C (MRCEM OSCE) in place of FRCEM Intermediate SJP

Trainees should see below for the requirements for progression/entry into ST4.

Candidates who have been awarded Membership by Examination (MRCEM) prior to August 2018 are eligible to sit the FRCEM Final examinations and are not required to complete the FRCEM Intermediate SJP.

Candidates who have not been awarded MRCEM prior to August 2018 are still able to sit the required examinations in order to be awarded MRCEM but should be aware that they will be required to pass the FRCEM Intermediate SJP should they wish to sit the FRCEM Final Examinations at a future date.

Oversubscription Criteria

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

Number of attempts and currency

Candidates are permitted a maximum of six attempts each in which to pass the two components of the FRCEM Intermediate Certificate Examination (SAQ – 6 attempts and SJP – 6 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 MRCEM Part B examination prior to August 2016 do not count towards the number of available attempts for the Intermediate Certificate Short Answer Question (SAQ) Paper.

Previous attempts at the MRCEM Part C examination prior to August 2016 do not count towards the number of available attempts for the Intermediate Certificate Situational Judgement Paper (SJP).

A pass in the FRCEM Intermediate SAQ or SJP will remain current. If at some future date it becomes necessary to replace it, holders of the FRCEM Intermediate examinations (SAQ

or SJP) will be given a minimum of 24 months' notice of the date from which it will be deemed time expired.

Required Examinations Entry/Progression into ST4

Trainees in a GMC approved, UK training programme are required to complete the following examinations in order to progress or enter ST4:

- **MRCEM by examination obtained prior to 31 July 2018**
 - MRCEM Part A (after 1 August 2012) **or**
FRCEM Primary (after 1 August 2016) **or**
Granted exemption (MRCS or MRCSI after 1 January 2012) **and**
 - MRCEM Part B (after 1 August 2012) **or**
FRCEM Intermediate SAQ (after 1 August 2016) **and**
 - MRCEM Part C/OSCE (after 1 August 2012 and before 31 July 2018)
- **FRCEM Primary and FRCEM Intermediate Certificate**
 - MRCEM Part A (after 1 August 2012) **or**
FRCEM Primary (after 1 August 2016) **or**
Granted exemption (MRCS or MRCSI after 1 January 2012) **and**
 - MRCEM Part B (after 1 August 2012) **or**
 - FRCEM Intermediate SAQ (after 1 August 2016) **and**
 - FRCEM Intermediate SJP (introduced after August 2017)

Candidates are reminded that the GMC normally considers an examination pass to be current so long as the candidate enters or re-enters an approved training programme within seven years of passing the examination and satisfies any other College currency requirements.

Membership by Examination (MRCEM)

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)
- 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 MRCEM Examination please refer to the MRCEM Information Pack available on [our website](#).

Structure and Content of the FRCEM Intermediate Certificate

The FRCEM Intermediate Certificate Examinations is 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 Intermediate SAQ is as follows:

Curriculum Category	LO/Sub-Category	Questions
Common Competences	History Taking Clinical examination Therapeutics and safe prescribing Decision making and clinical reasoning Prioritisation of patient safety in clinical practice Infection control Managing long term conditions and promoting patient self-care Health promotion and public health Principles of medical ethics and confidentiality Legal framework for practice Evidence and guidelines	7
Clinical Presentations - Core Major & Acute Presentations	Anaphylaxis Cardio-Respiratory Arrest Major Trauma Septic Patient Shocked Patient Unconscious Patient Abdominal Pain including loin pain Abdominal Swelling, Mass & Constipation Acute Back Pain Aggressive/disturbed behaviour Blackout/Collapse Breathlessness Chest Pain Confusion, Acute/Delirium Cough Cyanosis Diarrhoea Dizziness and Vertigo Falls Fever Fits / Seizure Haematemesis & Melaena Headache Head Injury Jaundice Limb Pain & Swelling - Atraumatic Neck pain Oliguric patient Pain Management Painful ear	18

	<ul style="list-style-type: none"> Palpitations Pelvic pain Poisoning Rash Red eye Mental health Sore throat Syncope and pre-syncope Traumatic limb and joint injuries Vaginal bleeding Ventilatory Support Vomiting and Nausea Weakness and Paralysis Wound assessment and management 	
Anaesthetic Competences CT1&2	<ul style="list-style-type: none"> 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 	4
ICM within ACCS	<ul style="list-style-type: none"> 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 	2
Acute Presentations - Additional Adult ST3	<ul style="list-style-type: none"> 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 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 	6
Paediatric Presentations - Major & Acute Presentations	<ul style="list-style-type: none"> Anaphylaxis Apnoea, stridor and airway obstruction Cardio-respiratory arrest Major trauma in children 	11
	The shocked child	

	<p>The unconscious child</p> <p>Abdominal pain</p> <p>Accidental poisoning, poisoning and self-harm</p> <p>Acute life-threatening event (ALTE)</p> <p>Blood disorders</p> <p>Breathing difficulties - recognise the critically ill and those who will need intubation and ventilation</p> <p>Concerning presentations</p> <p>Dehydration secondary to diarrhoea and vomiting</p> <p>ENT</p> <p>Fever in all age groups</p> <p>Floppy child</p> <p>Gastro-intestinal bleeding</p> <p>Headache</p> <p>Neonatal presentations</p> <p>Ophthalmology</p> <p>Pain in children</p> <p>Painful limbs – atraumatic</p> <p>Painful limbs- traumatic</p> <p>Rashes in children</p> <p>Sore throat</p>	
Practical Procedures (ACCS)	<p>Arterial cannulation</p> <p>Peripheral venous cannulation</p> <p>Central venous cannulation</p> <p>Arterial blood gas sampling</p> <p>Lumbar puncture</p> <p>Pleural tap and aspiration</p> <p>Intercostal drain - Seldinger</p> <p>Intercostal drain - Open</p> <p>Ascitic tap</p> <p>Abdominal paracentesis</p> <p>Airway protection</p> <p>Basic and advanced life support</p> <p>DC cardioversion</p> <p>Knee aspiration</p> <p>Temporary pacing (external/wire)</p> <p>Reduction of dislocation/ fracture</p> <p>Large joint examination</p> <p>Wound management</p> <p>Trauma primary survey</p> <p>Initial assessment of the acutely unwell</p> <p>Secondary assessment of the acutely unwell (i.e. after initial resuscitation and in the intensive care unit)</p> <p>Connection to a mechanical ventilator</p> <p>Safe use of drugs to facilitate mechanical ventilation</p>	12
	<p>Managing the patient fighting the ventilator</p> <p>Monitoring respiratory function</p> <p>Deliver a fluid challenge safely to an acutely unwell patient</p> <p>Describe actions required for accidental displacement of tracheal tube or tracheostomy</p>	
TOTAL		60

The blueprint for the FRC EM Intermediate SJP is as follows:

Type	Attributes	LO Number	LO Category	Questions
Common Competences	Patient Focus	CC1	History Taking	25
		CC6	The patient as a central focus of care	
		CC7	Prioritisation of patient safety in clinical practice	
		CC8	Team working and patient safety	
		CC10	Infection control	
		CC11	Managing long term conditions and promoting patient self-care	
		CC12	Relationships with patients and communication within a consultation	
	CC13	Breaking bad news		
	Problem Solving	CC1	History Taking	15
		CC5	Decision making and clinical reasoning	
		CC8	Team working and patient safety	
	Decision Making	CC1	History Taking	15
		CC5	Decision making and clinical reasoning	
CC8		Team working and patient safety		
CC11		Managing long term conditions and promoting patient self-care		
Working in a Team	CC4	Time and workload management	25	
	CC7	Prioritisation of patient safety in clinical practice		
	CC8	Team working and patient safety		
	CC11	Managing long term conditions and promoting patient self-care		
	CC12	Relationships with patients and communication within a consultation		
	CC14	Complaints and medical error		
	CC15	Communication with colleagues and cooperation		
Time Management	CC4	Time and workload management	10	
Self awareness	CC12	Relationships with patients and communication within a consultation	10	
	CC24	Personal behaviour		
Professional Integrity	CC14	Complaints and medical error	10	
	CC17	Principles of medical ethics and confidentiality		
	CC19	Legal framework for practice		
Professional Development	CC23	Teaching and training	10	
	CC24	Personal behaviour		
TOTAL			120	

Sample Questions to illustrate the format of the Intermediate SAQ

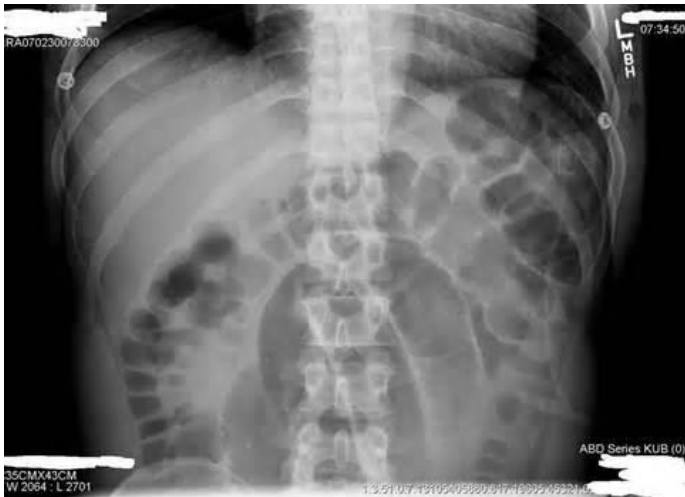
1.



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)

3.

On oxygen 10 litres:

pH 7.15

PaCO₂ 6.0 kPa

Pa O₂ 7.5 kPa

O₂ sats 98%

Na 145 mmol/L

K⁺ 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)
-

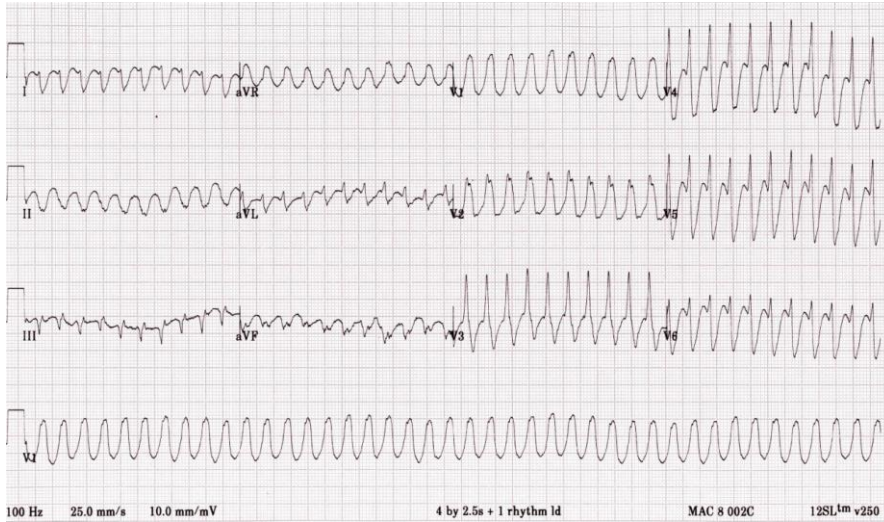
4.



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 and Examination Results

The FRCM Intermediate SAQ and the FRCM Intermediate SJP are standard set using a modified Angoff Method. One standard error of measurement will be added to the cut scores identified using the Angoff method to calculate the required final pass mark for each paper.

The results for both the FRCM Intermediate SAQ and the FRCM Intermediate SJP will be published on a pre-advised day by 17:00, approximately five 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.