



## Fellowship exam Autumn 2006

The 9<sup>th</sup> Fellowship examination of the College of Emergency Medicine was held in October/November 2006. In total 59 candidates presented for the exam, four candidates did not complete all sections. Twelve candidates were resitting one or more parts of the exam. The overall pass rate was 51%, which is a significant drop from previous diets. Most of the change in the pass rate was seen in the management and academic sections. The relevant pass rates for this diet and April 2006 are shown in the table below.

Pass rates for individual exam sections

	April 2006	November 2006
SAQ	83%	80%
OSCE	73%	79%
Management	71%	94%
Critical appraisal	78%	93%
CTR	82%	91%

However, there were several features of this exam that reflect the continued development of the examination as agreed by the Education and Examination committee of the College and mean that comparing results to previous diets may be difficult:

- The College no longer uses a closed marking system but has a simple pass/fail criteria on every section.
  - There are now 20 Short answer questions (previously 16)
  - The OSCE examination included the equivalent of 16 stations (2 double stations)—14 individual encounters (previously 14 with one double station)
  - There is no compensation between any parts in this diet, whereas in April, a 5 in Management could be compensated for by a 7 in Academic, and within the academic, a 5 in critical appraisal could be compensated by a 7 in the CTR or vice versa
  - The introduction of the modular format of the exam meant that there were a considerable number of candidates who were retaking only certain parts of the exam
  - 13.5% of the examinees were Article 14 applicants (8 of 59)
- A full review of the individual sections of the exam and discussion at the Education and examination committee has resulted in the following recommendations:
- Each STC will be provided with four OSCE stations and four SAQ per year for them to use with their trainees, this will provide a standardisation opportunity for regions to calibrate their trainees performance against a national norm and focus on training opportunities where needed
  - The College will further develop a critical appraisal course, which will assist in disseminating the standard required for this section of the exam
  - Trainees should be expected to present a summary of a clinical topic, once a year, in regional training days, to facilitate practice of researching and presenting a clinical topic and to allow them to receive feedback on these skills
  - It is recommended that trainees spend time discussing active management problems with their trainers and develop their own portfolio entries of management projects with feedback from trainers on their performance
  - Trainees should seek shop floor supervision and feedback from trainers, discussing clinical problems including data analysis and being observed performing clinical tasks
  - A pilot “workshop” for FCEM candidates ensuring clarity of the structure and standard of the examination was held on behalf of the College in February and the impact of this will be assessed
- The poor results of the autumn examination are disappointing, but the Dean and College are keen to learn from these results and ensure the training prepares the candidates for the exam and hence for their role as a consultant.

RUTH BROWN AND PETE DRISCOLL

## An application for specialty training

*Many will be familiar with the MTAS application forms with their unimaginative questions and unstimulating near-identical responses. Not many of the applications stand out from the rest. We felt that this response indicated a junior doctor with unusual qualities who might do well in a suitably sympathetic training environment*

### C1

**Provide a recent example of a time when you were able to identify risks and potential problems in a developing situation at work.**

**What strategies did you use and why were these effective? (150 words)**

After a busy night where I saw an array of trauma patients and acutely intoxicated people, I arrived at work for my A&E shift. Using my situational awareness, I realised that I was too hung-over to work and a danger to myself and my patients. I decided that I should inform somebody about this, so I communicated effectively with one of the nurses, and asked her to fetch me a cannula, 4 bags of normal saline, some cyclizine and a vomit bowl. She told me where to go, so I asked one of my SHO colleagues instead.

I then retired to a trolley in Minors to appraise the situation and consider my next course of action. I asked the SHO team to cover for me and not to escalate

to my seniors, as I did not want to distract them from their CDU ward round. At about 4pm when I stopped retching, I contributed to the workload in the Department by seeing a Minors patient. I then reflected upon my actions and filled out a PAT form - positive - and referred myself to the Alcohol Health Worker.

I have learnt from this episode: how to remain aware of developing problems and avert them; to communicate effectively with, and enlist the help of my multi-disciplinary colleagues; to eat more than half a bowl of chips before drinking 12 pints. This has also helped me empathise more with our patients who suffer from alcohol problems.

Consultant appointments February to March 2007. The information for the consultant appointments is provided by the College and any errors should be notified to them and not the journal

Name	Hospital	Previous post
Mr Dewald C BEHRENS	Princess Alexandra Hospital	SpR
Miss Joanna L HARTLEY	Queen Alexandra Hospital, Portsmouth	SpR - Wessex
Mr Jonathan H SHAW	Wythenshawe Hospital	Locum Consultant - N Western
Dr Adriel STEWART	Tyrone & Fermanagh Hospital, Omagh	Consultant - N Ireland

### Women and children first

The Emergency Section (formerly known as the Accident & Emergency Section) of the Royal Society of Medicine has its next seminal meeting, Women and children first, on Friday 29 June.

This will cover everything you have ever wanted to know about small children and pregnant women.

## Congratulations to the FCEM prize winner for 2006

We are delighted to congratulate the winner of the FCEM prize for 2006. This year the prize of the top score out of both diets of the exam was awarded to Dr Sarah Robinson. Sarah is a flexible trainee in the Wessex region, and is currently a specialist registrar at Southampton University Hospital. Sarah has been a registrar at Chichester and Southampton having done her senior house officer training at Worthing. Sarah came back from her OSCE feeling quite sure that she had made too many mistakes to pass and was therefore



surprised and indeed delighted when she found out that not only had she passed but she had also come top. Speaking as one of her consultant mentors I would like to say that I was perhaps even more excited than she was and have told at least 400 people since the announcement.

Sarah sees herself as a generalist in the specialty of Emergency Medicine and is particularly interested in children and toxicology. Outside work her interests include children and good food!

### BAEM conference

The BAEM conference still has a few places left. There are pre-conference workshops on Tuesday 1 May. The conference proper starts with cocktails and canapés at the long room at Lords Cricket Ground.

On Wednesday 2 May there is a medical focus and on Thursday 3 May there is a trauma focus.

The event banquet will be held at the Hurlingham Club in Fulham.

On Friday 4 May there will be presentations on risk and error and the last lecture will be the Morris Ellis Lecture—40 years past, present but mainly the future, by Mr John Heyworth.

We look forward to seeing you there. Come for some simultaneous fun and education.

### Forum news from FASSGEM

#### FASSGEM Members Generosity Helps Provide Safe Drinking Water for the Third World

A charity collection taken at the FASSGEM Annual Conference held in Bath in November 2006 helped to raise over £300 for water pumps to be installed in rural communities in the Third World.

These charity monies along with sponsorship raised by Dr Andrew Newton (Immediate Past Chair of FASSGEM) and members of the Emergency Department Team from Weston General Hospital have purchased a total of 10 bore hole pumps as part of the UNICEF Water for Life Campaign.

Further information on the UNICEF Water for Life Campaign can be found on the UNICEF website ([www.unicef.org](http://www.unicef.org)).

## EMTA update

EMTA has grown from strength to strength with currently over 300 members. With the advent of Run Through Training many Staff Grades and SHO's have been re-evaluating the future of their careers in emergency medicine and turning to EMTA for information and advice.

The EMTA Council and Executive Committee has used the forthcoming merger of the College of Emergency Medicine with the British Association of Emergency Medicine as an opportunity to formalise its own constitution to ensure effectiveness and improved credibility. We have tried to mirror the College of Emergency Medicine constitution as appropriate. The senior members enthusiastically welcome us at their meetings and involve us in the discussions and plans for change. It is important that the members' representatives from EMTA return this with a committed and professional input. There is an EMTA committee member allocated to attend all the important meetings to ensure that they can feedback and offer advice to trainees.

Currently only Specialist Registrars can become members of EMTA by subscribing to BAEM or to the CEM, but with MMC encouraging people to declare a desire to pursue a career in Emergency Medicine from an earlier stage, EMTA may look to expand the level of trainees it accepts and can help in the future.

Two posts are shortly to become available: The British Association of Emergency Medicine Representative and the Secretary/Treasurer. Both are very important positions and reasonably time consuming, requiring a dedicated volunteer. The BAEM representative must also have evidence of previous committee work and have completed at least 2 years of their rotation.

Both posts are available for a period of 18 months in the first instance.

The roles and duties of each post can be found by contacting the EMTA Secretary.

Both posts fill the universal role of the EMTA committee, as defined in the constitution:

a) To encourage active involvement of all trainees to shape the development of Emergency Medicine as a speciality and improve their own training experience

b) To provide a structure to highlight issues specific to trainees and represent their views on CEM Council and CEM Committees.

Anyone interested and wishing to explore the responsibilities of the post in more details should contact the EMTA Secretary, Farhat Rasheed at [drfra-sheed@hotmail.com](mailto:drfra-sheed@hotmail.com).

If any emergency medicine trainee has not been receiving EMTA email updates regularly, can he/she please email Farhat Rasheed at the above address so that they may be added on to the EMTA email directory for future updates.

EMTA also encourages all EM Trainees to log on to the website <http://www.emergencymed.org.uk> and to update their contact details.

We look forward to welcoming the new Secretary and Treasurer and the Members' Representative to BAEM at the next committee meeting on 26th April 2007.

Much work is being done to improve the website, which incurred some problems last year. If you are still having problems accessing the site or registering, then please email EMTA Website Manager, Dan Strong, on [danstrong@mac.com](mailto:danstrong@mac.com).

It is with great sadness that we have to say farewell to Romila Bahl and Farhat Rasheed and the enormous amount of hard work they have done in moving the EMTA committee forward to be fit for purpose.

ANNA FORREST-HAY  
*President EMTA*

"I'll do it!" were the words out of my mouth before I could think twice, at the

EMTA Conference in Nottingham the winter of 2005. Words, that took me on an exciting and challenging ride for the next year. As I come to the end of my term of office, I leave with saying that it has been a great honour to be part of the current executive committee with whom I have spent many a meeting brainstorming ideas and riding this wave of change flowing through out speciality.

It has been a time of looking ahead, consolidating our strengths as a Trainees Association and cementing our presence as a credible voice of EMTA members. Much work has been done in drafting a constitution, updating the website and keeping abreast of the Merger and MMC, and what these mean for future EMTA members. There is so much more still to do.

Amongst the successes for EMTA this year was the Trainees Conference in Poole; the credit almost completely deserved by the trainees from the Wessex Deanery, and it is with keen interest that we look forward to our next conference, to be held in September in Newcastle.

This is also the first time that EMTA elections will be held via email and I strongly encourage all trainees to contact me if they have no already forwarded their email addresses.

If I could leave with a single message to trainees about EMTA, it would be simply to get involved. Though demanding, being an instrument of change, rather than an observer of change, is reward itself.

*Tell me and I forget;  
Show me and I remember;  
Involve me and I understand.*

*Anonymous*

FARHAT RASHEED  
*Outgoing Secretary and Treasurer EMTA*