COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

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NOTES TO CANDIDATES FOR THE SECOND PART EXAMINATION

Introduction
The College of Intensive Care Medicine is the body responsible for intensive care medicine specialist training and accreditation in Australia and Aotearoa New Zealand. This document outlines the processes, standard setting, and format of the Second Part Examination (Generalist).

The following notes apply to Candidates sitting the Second Part ("SP", sometimes called "Fellowship") Generalist Examination. This includes any Specialist International Medical Graduates ("SIMGs") who are required to undertake the Examination as part of the pathway to specialist recognition in Australia or Aotearoa New Zealand.

Successful completion of the Second Part Examination is required to progress to Phase 3 (the "transition year" of training). This provides evidence that Trainees entering Phase 3 have the knowledge, skills and capabilities to practice safely and effectively as a Phase 3 Trainee, who is progressing towards practice as an intensive care specialist.

1. OVERVIEW OF THE EXAMINATION

The Examination is held twice each year. It consists of Written and Oral components, with three sections: a written section, and an Oral section including the Clinical ("Hot Cases") section and a Viva section. SIMG Candidates may be exempted from the Written component if deemed eligible by the Specialist International Medical Graduates Committee.

Content of the Second Part Generalist Examination Syllabus is examined and the Syllabus document can be found here: Second Part Exam Syllabus.pdf.

The marking structure is as follows:

COMPONENTS	PASS REQUIREMENT
Written section 2 x 150-minute papers, each comprising 15 Short Answer Questions (or "SAQs"). **Total Marks** 300	Angoff cut-off score or greater.
Oral sections **Clinical (Hot Cases)** 2 x 20minute encounters **Total Marks** 30	Greater than 50% of total marks
Vivas (Cross-table) 8 x 10minute encounters **Total Marks** 40	Greater than 50% of total marks

To be successful in the SP Generalist Examination, Candidates must satisfy the criterion for both Written and Oral components.

To progress to the Oral sections, Candidates must achieve the pre-determined Angoff cut-off score in the Written section.

To pass the Oral Examination overall, Candidates must:

a) Achieve at least 50% in the Oral sections[1] (=>35 marks from a possible 70); and
b) Not receive a "severe fail" in the Clinical section*.

*A "severe fail" indicates failure in both Hot Cases AND an overall mark of less than 40% (12 marks out of a total of 30 marks.) in the Clinical section. This results in an automatic fail in the Examination overall.

If a Candidate achieves the Angoff cut-off score in the Written section and is unsuccessful at the Oral section, they will be eligible to present for the Oral section at the next two scheduled Examinations without re-sitting the Written section. Candidates are still required to apply for subsequent Oral section attempts, adhering to the prescribed application requirements. This is as per CICM Regulation 5.5.5.6.

Candidates are still required to apply for any subsequent Examination attempts adhering to the prescribed application requirements. Applications from unsuccessful attempts are not held over for future sittings.

To best understand what is expected in the examination, Candidates are encouraged to read previous "Examination Reports" which are available on the College website and online learning Examinations Hub, along with other the comprehensive resources in the Hub which should be utilised.

2. EXAMINATION APPLICATION

Candidates must apply via the College specified application method outlined on the website. Applications will only be received during the advertised timeframe. Applications will NOT be accepted outside of the advertised window.

Candidates must meet eligibility criteria to apply to sit the Examination:

- Be a current and active CICM Trainee.
- Be up to date with submission of appropriate and current Training documentation.
- Have satisfactorily completed at least one year of "core training" in intensive care. These requirements must be satisfied by the date on which the Written section of the Examination commences (as per CICM Regulation 5.5.5.1).
- Be up to date with all College fees (e.g., annual Trainee fee and RPL fees).
- If re-sitting the Examination, have completed a Trainee Action Plan (TAP) with their Supervisor of Training (SOT) and submitted it to the College prior to application.

A fee is payable when applying to sit the Examination. The Candidate's application will not be considered until the required fee is paid in full.

The College will endeavour to notify Candidates of the outcome of their application within one week of the closing date of the advertised window.

[1] In 2025 the Second Part Examinations will prepare to standard set the Oral sections using "borderline regression".

2.1 Withdrawing from the Examination

Candidates who wish to withdraw their application to sit the Examination should notify the College Examinations Department in writing as soon as possible.

As per the CICM Regulations:

5.5.6.3 – A Candidate who withdraws their application may be refunded the fee provided the College receives written notice of withdrawal by the published date on which entries close.

5.5.6.4 – A Candidate whose entry has been accepted and who withdraws from the Examination after the date on which entries close, or who fails to attend the Examination, may be required to pay 30% of the Examination fee unless extenuating circumstances apply.

2.2 Special Considerations and Reasonable Adjustments

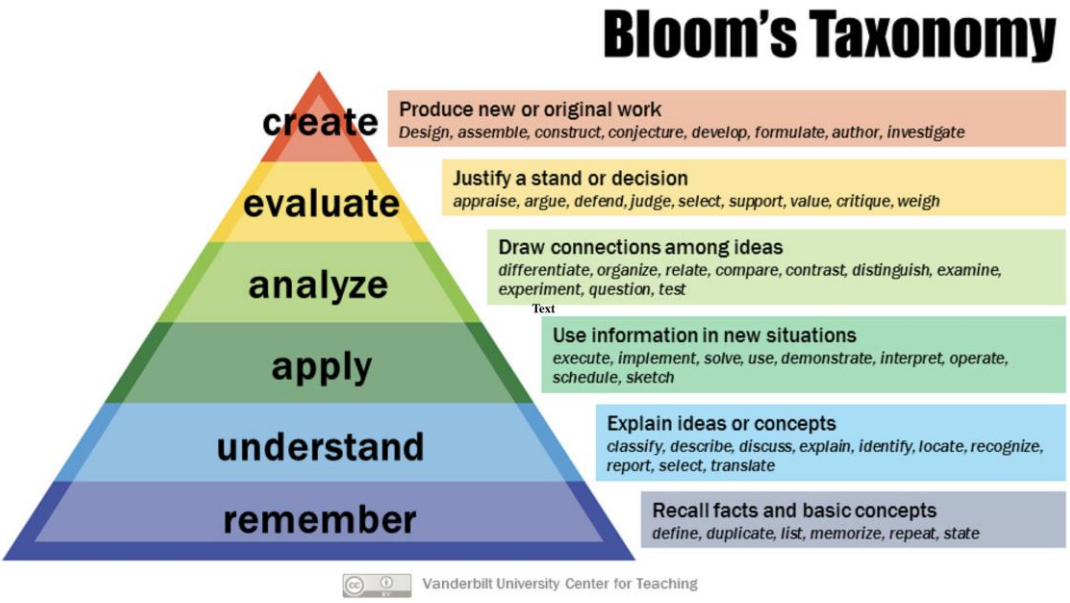
The College is committed to ensuring integration of the principles of equal access, participation, and opportunity for people with a disability or medical condition in Regulations, Policies, Procedures, decisions, and operations. Candidates who may require "special consideration" and/or "reasonable adjustments" for the Examination should refer to the T-19 document which outlines the criteria and process to applying for consideration/adjustments.

Requests for foreseeable special considerations and reasonable adjustments should be submitted with the Examination application prior to the deadline for examination application submission. This ensures the College allocates appropriate time to review the application and organise adjustments appropriately prior to the Examination.

3. EXAMINATION SYLLABUS MAPPING AND COGNITIVE LEARNING OBJECTIVES

3.1 Cognitive Learning Objectives – Blooms Taxonomy

The Examination examines the syllabus across Bloom's Taxonomy of Cognitive Domains or Taxonomy of Education Objectives.



Due to the nature of the Syllabus, the Examination will generally focus on the "Remember (Knowledge), Understand, Apply and Analyse" domains.

Remember – recall facts and basic concepts – define, list, recall and state.
Understand – explain ideas or concepts – classify, describe, discuss and explain.
Apply – use information in new situations and draw connections among ideas – use, demonstrate and interpret.
Analyse - draw connections among ideas -implement, compare, contrast, differentiate and relate.

The Written Examination will require Candidates to demonstrate knowledge recall and understanding. The Oral component will examine higher levels of Bloom's Taxonomy e.g., 'application' and 'analyse' domains of Bloom's Taxonomy.

For more information see https://bloomstaxonomy.net/.

3.2 Content coverage and weighting of the SP Syllabus

The Second Part Examination will cover domains within the Syllabus across either the Written or Oral components. The Second Part Examination Written section will cover >65-70% of the Syllabus domains per sitting.

Syllabus domains of practice	Marking weighting
2.1.2 Decision making 2.2 Communicator and collaborator 2.3 Leader and Manager 2.4 Health advocate	The Exam will incorporate this aspect of the Syllabus through the whole process.
2.1.3 Sepsis and Infections 2.1.4 Cardiovascular intensive care 2.1.5 Respiratory Intensive Care 2.1.6 Gastrointestinal Intensive Care 2.1.18 Perioperative Intensive care 2.1.13 Trauma Intensive Care 2.1.18 Perioperative Issues in Intensive Care 2.1.19 Intensive care procedures	Each Written paper will have up to 5 SAQs per domain.
2.1.1 Structure and process 2.1.7 Renal Intensive Care 2.1.8 Neurological Intensive Care 2.1.9 Endocrine Intensive Care 2.1.10 Immunological and Rheumatological Intensive Care 2.1.11 Haematological and Oncological Intensive Care 2.1.12 Obstetric Intensive Care 2.1.14 Environmental Injuries and Toxicology in ICU 2.1.21 Applied pharmacology in Intensive Care 2.5.1 Research and evidence-based practice in Intensive Care	Each Written paper will have up to 3 SAQs per domain.
2.1.2 Decision making 2.1.15 Organ and Tissue Donation in Intensive Care 2.1.16 Populations requiring special consideration in Intensive Care 2.1.17 Paediatrics 2.1.20 Radiology in Intensive Care 2.2 Communication and collaboration in Intensive Care 2.3 Leader and Manager 2.4 Health Advocate 2.6 Professional	Each Written paper will have up to 2 SAQs per domain.

3.3 Levels of Understanding

Expectations of Candidates understanding of conditions and topics in the Medical Expert domain will differ based on relevance and importance in intensive care practice.

L1
These conditions and topics are core areas of clinical practice relevant to intensive care medicine and are considered essential knowledge. Detailed knowledge and comprehension of the principles and facts that relate to these areas will be expected, as well as the ability to apply and relate facts, principles, and concepts, analyse and appraise information provided, and create and justify rationale for approaches to clinical and non-clinical cases.

L2
These conditions and topics are significant and relevant to intensive care medicine and are considered important knowledge. An understanding of the key concepts and facts that relate to these areas is expected, although with less detail than required for L1 conditions and topics.

The distinction between L1 and L2 conditions and topics is reflected both in the level of expected knowledge, and the frequency with which the condition or topic will be examined.

Frequency of Examination Questions on L2 conditions and topics will comprise no more than 30% of the written paper in total, (90 marks out of 300 marks) and L2 conditions and topics will not form the primary focus of individual vivas.

3.4 Categories of SAQs and Cognitive Levels

Short Answer Questions (SAQs) will examine candidates at different cognitive levels e.g., ability to recall, understand, apply, analyse and evaluate knowledge based on Bloom's Taxonomy.

Note: These categories are meant to guide candidates across the learning outcomes of the expected knowledge. Please note these numbers only provide approximate weightings of examination content and will vary between examinations.

Question categories	Number of SAQ
Clinical assessment	8-12
Clinical management	8-12
Interpretations of investigations	4-6
Evaluation of evidence	1-3
Professional behaviour	1-2
Equipment / procedure	2-5

4. WRITTEN SECTION

There are 2 papers consisting of 15 Short Answer Questions (SAQs) each. The time allowed for each paper is 2.5 hours. Candidates are encouraged to allow 10 minutes per question. Each SAQ is worth 10 marks, contributing to a total of 300 marks for the Written Examination.

Morning and Afternoon papers	
Section	**Time allocated**
Exam paper labelling time	5 minutes
Reading Time (no writing)	10 minutes
Short Answer Questions (SAQs)	15 x SAQs (150 minutes)
Total Per Paper	**165 minutes**

An example of the timing for the written examination day is provided below. This should be used as a guide only; this is subject to change on the day of the Examination.

Timing of the written examination	
Morning Paper	**Time**
Admit Candidates and receive instructions	08:35am – 08:45am
Exam paper labelling time (5 minutes)	08:45am – 08:50am
Reading Time (no writing) (10 minutes)	08:50am – 09:00am
Writing time (2.5-hours)	09:00am – 11:30am
Afternoon Paper	**Time**
Admit Candidates and receive instructions	1:10pm – 1:20pm
Exam paper labelling time (5 minutes)	1:10pm – 1:25pm
Reading Time (no writing) (10 minutes)	1:25pm – 1:35pm
Writing time (2.5-hours)	1:35pm – 4:05pm

4.1 Guidelines for answering the SAQs

All answers must be written in the answer booklets provided (within margins) and Candidates are advised to carefully follow the instructions provided by the College and the invigilators at the Examination venue. Candidates must clearly label their Candidate number on the front cover of each booklet and the top of each page, along with the SAQ number. Each SAQ should be answered in its own booklet.

In particular, Candidates are advised:

- To apportion time equally for all questions.
- Consider time carefully with differential marks weighted for multipart SAQs; SAQs with more than one part will have the marks for each part stipulated.
- Read the question carefully and answer the issues specifically and concisely.
- **Strictly follow the glossary of terms.**
- Write legibly. If Examiners are unable to decipher a Candidate's writing, no marks can be awarded.
- Use structure and headings.
- Use bullet points, flow charts and tables, diagrams to save time.
- Follow directions. For example: If a question requires a list of six items, and a total of ten responses are provided, only the first six responses will be considered for the final evaluation.

  No credit is given for irrelevant information however candidates are encouraged to write something in answer to every question.
- Write using black or blue ink ballpoints only. Do NOT use highlighters, or other coloured ink pens; **Any pens which are not black or blue will not be visible when papers are scanned**.
- Explain abbreviations when first used within each question.
- Where asked, provide rationale for answers.
- An approach consistent with readiness to practice independently is expected.

5. EXAMINATION VENUES

Candidates are advised to carefully read and adhere to the venue-specific correspondence from the College when preparing to attend the Written component. Invigilators are thoroughly briefed by the College prior to the Examination.

Items permitted in the examination room:

- Pencils, erasers (no markings and/or labels)
- Black and/or blue ballpoint pens
- Clear water bottle (no adhesive labels)
- Ear plugs (not Bluetooth enabled) – *The College aims to achieve optimal exam conditions at all times, however absolute silence cannot always be guaranteed*
- Non-programmable calculator
- Analogue clocks/watches (must be silent and not internet-capable)
- Pencil sharpener (no markings and/or labels)
- Rulers (no markings and/or labels)

Items NOT permitted in the examination room:

- Food *(if you have a medical condition and require food, you must contact submit an application for special consideration to the College prior to the exam)*
- Highlighters or coloured ink pens
- Personal computers, laptops, tablets, and any other electronic equipment
- Programmable calculators
- Digital timers/clocks/sport watches
- Text books
- Smart watches
- Mobile phones
- Water bottles with adhesive labels or non-transparent bottles

6. ORAL SECTION

a. Clinical Section "Hot cases": 2x 20minute sessions

Candidates will be asked to carry out the physical examination of two patients in an intensive care unit.

i. Objectives for the Hot case

Candidates should be able to:

a. Perform an orderly, purposeful and relevant sequence of assessment of:
   i. a system,
   ii. a part of the body, or
   iii. those parts of the body involved in a local or general problem.
b. Correctly carry out the assessment of each potential clinical sign;
c. Derive a reasonable diagnosis or working diagnosis (not necessarily the correct diagnosis) and relevant differential diagnoses.

If requested, Candidates are encouraged to defend the method used for eliciting a clinical sign. If requested, Candidates should also be able to:

a. Request and interpret relevant investigations;
b. Discuss an appropriate plan of management (including priority setting) for the patient;
c. Define ethical problems in the patient's management.

Throughout interaction with the patient, Candidates should display courtesy and consideration for the patient, any family members present and the ICU staff caring for the patient. This professional interaction is an important part of the Examination process and deviations from the expected standard (e.g., carelessly causing pain without apology) will result in marking penalties.

ii. Process of the Hot case

There are two Examiners who will provide the Candidate with a written "stem", which is introductory information containing relevant patient details and history, with an outline of the problem, system, or part of the body the Examiners would like to be addressed. The written stem will be read to the candidate by the lead Examiner. Following this the timer is started and the candidate will have 2 minutes to read and consider the stem, (outside of the bedspace) before beginning the Clinical Examination.

There may be Observer/s, who may include but not be limited to new Examiners, Supervisors of Training, unit directors or "Examiner assessors" present during the Hot Case. Family members of the patient may also, on occasion, be present.

Any equipment needed will be available however Candidates may bring their own stethoscope. The host unit policy on all infection control policies, including PPE and personal stethoscope use, will be followed during the examination process.

At any time during the Clinical Examination, the Candidate may request equipment or information to assist with the assessment. Candidates and Examiners may choose to wear masks over and above local infection protocols.

During the Clinical Examination:

1. The Examination time allocated, after 2 minutes reading time, is 10 minutes.
2. Candidates may choose either to remain silent until ready to discuss findings or explain what is happening as the examination of the patient proceeds.
3. Examiners will provide a notification to the Candidate when the allocated 10 minutes are close to completion.
4. After 10 minutes, the clock stops to allow the candidate to complete hand hygiene and doffing of PPE. The examiners, any observers and candidates, will retire to a convenient area away from the bedside for 10 further minutes of discussion.
5. At the start of the 10 minutes discussion time, the lead Examiner will repeat the question at the end of the stem, and the timer will be restarted. If in doubt as to what is expected, the candidate is advised to ask the examiner.
6. If less than ten minutes was utilized during examination, the additional time will be added to discussion time for a total of 20 minutes formal examination time

Generally, an Examiner will not interrupt during an assessment of the patient unless:

1. The Examiner feels that the Candidate needs to be directed to another component of the examination (e.g. another system), or
2. The Examiner feels that the point has been reached at which the Candidate should summarise the findings and present a diagnosis, or
3. An unforeseen clinical issue occurs affecting patient care. In such event, any time adjustment is at Examiner discretion; however, no candidate will be disadvantaged if this occurs.

iii. Questions on ICU Equipment

Candidates may be asked to comment on the principles of items of equipment encountered in the ICU but are not expected to comment on particular brands or items if they are unknown or unfamiliar. Equipment that may be shown will be common in Australasian intensive care practice.

iv. Rest periods

The Clinical section includes mandatory rest periods to ensure both Candidates and Examiners are provided with adequate breaks. During these breaks, Candidates are NOT permitted to:

- access any personal items,
- discuss the cases with one another, or
- discuss their Clinical Examination experience with one another.

Candidates will have access to bathrooms and water.

b. Cross-table Vivas: 8x 10minute sessions (+ 2 minutes reading each station)

i. Objective

The objective of the Viva section is to test the Candidate's knowledge of intensive care related topics in some detail.

ii. Process

- Candidates are divided into cohorts to complete 8 individual stations of 10 minutes each, usually over 2 days. Confirmation of allocation to cohorts and timetabling details are provided to Candidates as soon as possible after enrolment numbers are confirmed after application closing dates.

- Vivas 1 to 4 will typically be held on Day 1 for all candidates and Vivas 5 to 8 will be completed on Day 2. Candidates with the longest quarantine time on Day 1 will have the shortest quarantine time on Day 2 and vice versa.

- During the Examination, Candidates are allocated 2 minutes reading time (of the introductory question/s outside the station), before being able to enter the station for 10 minutes.

Cross-table vivas	
Stage	**Time allocated**
A bell will sound to indicate the commencement of reading time	2 minutes
A second bell will sound to indicate it is time to enter the station	-
Interaction with Examiners inside the station	10 minutes
A bell will sound when it is time to move to the next station	-

- There are up to two Examiners at each station with additional observer(s) who may be present. The Examiner(s) at the station will assess the performance on a mark sheet according to pre-set criteria. Observers may be but not limited to new Examiners, Supervisors of Training or Examiner assessors.

- No stoppage or changing of the rotation is allowed and candidates may not return to a station.

- The Vivas will include the following:
  1. "Communication" station where the ability to communicate with relatives and staff, and to handle ethical and administrative problems, will be assessed.
  2. "Procedure" stations where the ability to demonstrate ICU procedures, or specific ICU-related equipment, will be assessed.

3. “Radiology” station where the ability to interpret common radiological scans, as outlined in the syllabus, will be assessed.

The Radiology and Procedure Vivas are usually held on Day 1, and the Communication Viva on Day 2.

- All stations carry equal marks.

iii. Rest periods

The Viva section includes mandatory rest periods to ensure both Candidates and Examiners are provided with adequate breaks. During these breaks, Candidates are not permitted to access any personal items but will have access to bathrooms and water.

iv. Quarantine periods

To ensure the confidentiality and integrity of the Examination process, Candidates may be quarantined at the venue prior to and after the Examination. The length of each quarantine period may vary for each cohort and timing is subject to change without notice. For quarantine exceeding 1 hour, light refreshments will be provided. Access to mobile phones or digital devices will not be available during this time.

v. Dress Code

There is no mandatory dress code for the Oral Examinations, and Candidates are advised to look professional and feel comfortable.

For the Clinical section (Hot Cases) of the Examination, Candidates should conform to infection control and Occupational Health and Safety standards of the host unit:

- Sleeves above the elbow;
- No ties, scarves, etc.;
- No bulky jewellery, wristwatches, etc.;
- Closed-toe shoes with non-slip soles.

Scrubs may be worn if the candidate feels comfortable.

Candidates will also be assisted in following the local infection control policies and guidelines of the host ICU and be given gloves, plastic aprons, etc. as needed.

Candidates will be asked to advise the College prior to the Oral Examination if they have any special requirements, e.g. latex allergy, non-standard glove size, hearing deficit, etc.

vi. Conduct

The College has an expectation that respect to Examiners, staff (including venue staff), other Candidates and members of the public is shown at all times. This includes keeping noise levels down and adhering to Examination conditions.

In addition, Candidates are expected to be punctual and arrive at the venue as stipulated by the College. An individual Candidate not adhering to the arrival time(s) will have an impact on all Candidates and Examiners, potentially leading to an increase in the length of quarantine periods and / or a delay in the release of results.

Please see Regulation 5.5.6 for further details.

vii. Examination venues (Oral section)

Candidates will be provided with secure areas to leave personal items that will only be accessible after the Examination and quarantine periods are completed. Candidates are not permitted to access the following items during the examination:

- Personal food and water bottles*;
- Personal computers, laptops, tablets, mobile phones, smart watches and any other electronic equipment;
- Programmable and non-programmable calculators;
- Text books;
- Digital timers / clocks;
- Writing material and stationery*.

*Refreshments (including food and water) and writing equipment will be provided to Candidates if / as required by the College.

7. GENERAL

Written and Oral components are marked independently If a Candidate is unhappy with a performance in one element of their Examination, they are encouraged to move on and not let it detract from subsequent performance. Candidates must not assume that a poor performance on a specific question or topic will result in failure of the entire section or Examination. The marking system is rigorous. Two Examiners are involved in each Candidate's results, which are reviewed by the Court and/or Committee and signed off by Chairs.

8. RESULTS

Results are sent to Candidates via email and will not be given over the telephone. The College does not send results via SMS nor can results be given to another Candidate, Examiner, colleague or relative.

CICM Examinations are undergoing a staged introduction of "standard setting" to each component. Whilst this is an important process in ensuring the validity of Examinations, it requires extra time to ensure accuracy of the results. As such results will take at least 5 weeks from the date of the Written Examination and up to at least 1 week from the final day of the Oral Examination[2].

The marking system is rigorous and the process is robust. Examiners mark up to 5 SAQs each in pairs and the final mark is the average of the two. Thus, many Examiners are involved in the marking for each written paper. All sections are marked by multiple examiners and averaged.

If a candidate asks for a review or reconsideration of examination results, the appeals process of the candidate's examination results will review the results for errors of process affecting the validity of results (e.g., transcription errors, calculation errors or missing data). Applications for remarking of any or all sections of the Examination, however, are outside the scope of the Appeals Process.

For more see CICM Regulation 15.3.1.

9. FEEDBACK / BREAKDOWN OF RESULTS

Unsuccessful Candidates are given a breakdown of their performance in the relevant section of the Examination. Due to the specific and detailed information included in the feedback letters,

[2] Should there be a delay in releasing the results the College Exams Department will notify Candidates as soon as possible electronically by email.

they may take several weeks to create. Candidates can decide whether or not to reattempt an Examination before receiving the feedback letter; TAPs can be completed by reflecting on the Examination, and other elements of training, ideally with an SOT.

Candidates are advised to consult with their SOT or mentor and use the information contained within the Examination Report to reflect on their Examination, and other elements of their Training, prepare for future attempt/s. Candidates with multiple unsuccessful attempts are also offered a supportive interview with CICM and Committee members.

a. Written Examination feedback

Feedback includes:

- A cover letter giving an overview of the marking process;
- A breakdown of marks indicating the mark range for each SAQ category;
- A spreadsheet of all questions with mark received. SAQs with less than 5/10 marks have a section for examiner comment to indicate more individual reasons for failure;
- The TAP template for remedial training/learning to be completed by the Trainee and SOT.

b. Oral Examination feedback

Feedback includes:

- A cover letter;
- A breakdown of marks for the two Hot Cases and Vivas indicating the mark range;
- An indication of the reasons for each Hot Case attaining an average mark of less than 7.5;
- Examiner feedback for each Viva detailing an overview of successful and unsuccessful candidate performances.
- The TAP template for remedial training/learning to be completed by the trainee and SOT.

c. Notification of feedback results to SOTs

At the time of email notification of Candidate marks, and any Examination Feedback for the Written and Oral Examinations, SOTs (and Examiners) are notified that results have been released. An explanation of the Examination feedback and a draft copy of the candidate letter is provided to SOTs. This is to familiarise them with CICM communication to aid their support of trainees in future Examination attempts.

Candidate Examination results will not be given to the SOT by CICM unless the Candidate has given permission for this, which is encouraged.

10. EXAMINATION REPORT

A detailed report, prepared by the Second Part (General) Examination Committee, is compiled following the completion of the Oral component of each Examination. The reports are made available on the College website and the Online Learning Examinations Hub. The reports contain historical and statistical comparisons, and the following for each section:

- Written:
    - Each SAQ.
    - Angoff mark.
    - Highest mark for each SAQ achieved.
    - Examiner feedback with a discussion of the standard of answer required

of the transitional fellow.
    - A representative selection of rubrics to aid study and understanding of the standard required to answer Written questions.

- Hot Cases and Vivas:
    - Selections of representative "stems" (the introductory information provided to Candidates prior to entering the station) used.
    - An overview of unsuccessful and successful candidate performances in both sections.

11. NUMBER OF EXAMINATION ATTEMPTS

Trainees have a maximum of five attempts at the Examination. Please note:

College regulation 5.13.4 - *A trainee who is unsuccessful in either the written or oral components of the second Part Examination (general or paediatric) on the fifth attempt will be removed from the Training Program.*

Trainees should familiarise themselves with:

- the Second Part Generalist Examination webpage on the College website, in particular the FAQs Second Part Examination, and
- College Guidelines relating to the Assessment and Examinations processes, including:

Training resource documents
T-13 Guidelines for assisting Trainees identified as requiring additional support
T-19 Special circumstances and reasonable adjustment policy for examinations

Regulations
5.5.5 The Second Part Examination (General or Paediatric)
5.5.6 Examination application and conduct (first and second part)
5.13 Removal from the training program
15 Review and reconsideration Process

12. DEFINITIONS

Key words which may appear in Second Part Generalist Examinations:

Critically evaluate	Explain and provide the evidence available relating to a topic.
Outline	Provide a summary of the important points.
List	Provide a list.
Compare and contrast	Provide a description of similarities and differences. You may tabulate your answer.
Assessment	Generic term that implies determining an underlying diagnosis, encompassing; history, clinical examination, and relevant investigations.
Management	Generic term that implies determining an overall management plan, encompassing; resuscitation, definitive treatment, initial and ongoing monitoring with supportive treatment.
Discuss	Explain the underlying key principles. Where appropriate, this should include controversies and/or advantages and disadvantages.
Explain	Make plain or known in detail.

References and sources

Armstrong, P. (2010). Bloom's Taxonomy. Vanderbilt University Center for Teaching. Retrieved [16/07/2024] from Bloom's Taxonomy | Center for Teaching | Vanderbilt University.

CICM Regulations

Acknowledgments

Second Part (Generalist) Examinations Committee
Assessments Committee

Document Control

Revision Frequency	5 years
Version History	2019, 2024
Next Review	2028

Revision History

Date	Pages revised/ Brief explanation of revision
2024	Introduction of the Angoff score for the Written Examination, inclusion of the application, withdrawal, and special considerations process for the Second Part Exam, update of key definitions, inclusion of estimated written section timing for the day of the exam.

Further Reading

The below College documents/policies should be read in conjunction with the T-18 Notes to candidates for the Second Part Examination.

Syllabus Second Part Examination
Blueprinting Second Part Examination
T-13 Guidelines for Assisting Trainees Identified as Requiring Additional Support
T-19 Special Circumstances and Reasonable Adjustments Policy for Examinations
College Regulations
T-23 Contingency Plans for Examinations

Publishing Statement

Published by CICM: 2024.
This Training Document has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case. The College's Training Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Training Documents have been prepared according to the information available at the time of their publication, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the College endeavors to ensure it's Training Documents are as current as possible at the time of publication, it takes no responsibility for matters arising from changed circumstances or material which may have become available subsequently.

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