

Fellowship Examination of the  
Joint Faculty of Intensive Care  
Medicine of Ireland

Candidate Regulations  
October 2024

## Introduction

The JFICMI has an agreement with the Examinations Department of the College of Anaesthesiologists of Ireland to conduct the examination on its behalf. This is done under the overall direction of the Joint Faculty's Examination Committee. The examination is run under the auspices of the CAI and their general examination regulations pertain to the JFICMI. The examiners are Consultants with a current substantive practice in Intensive Care Medicine in Ireland and are Fellows in Good Standing of the JFICMI. Where possible an extern examiner is appointed.

The Fellowship examination of the Joint Faculty of Intensive Care Medicine of Ireland is composed of two sections:

1. a Multiple-Choice Question paper (50-75 Single Best Answers) and a Short Answer Question paper (8 multipart questions). This section can be attempted a maximum of 4 times. Once successful in this section, candidates progress to attempting section 2 and are not required to repeat section 1 should they be unsuccessful in section 2.
2. a clinical examination comprising two bedside clinical cases and two structured oral examinations both of which cover the theory and practice of modern intensive care medicine. Candidates are allowed a maximum of 4 attempts to pass Section 2 of the examination.

The FJFICMI Examination is designed to test that candidates have the skills, knowledge and attitudes required to provide high quality specialist care to critically ill patients. The curriculum is set out in the JFICMI curriculum and minimum training requirements document.

The standard required in the FJFICMI examination is that of a senior trainee who has satisfactorily completed at least 8 months of dedicated, supervised Intensive Care Medicine training. The candidate should show evidence of skills, attitudes and knowledge that would allow them to take charge of an ICU for a period, providing a high standard of patient care. The candidate will be expected to show consistent evidence of competence to practice independently in intensive care medicine.

For regulations pertaining to ICM supra-specialty training in Ireland please refer to the website <https://jficmi.anaesthesia.ie/standards-and-documents/>

## Eligibility

*To sit the FJFICMI examination, a candidate must:*

1. be registered with the JFICMI as a trainee
2. have submitted the appropriate application and fee
3. provide evidence of having passed a Fellowship examination in their base specialty either (FCAI, FRCPI, FRCSI, FRCM) or equivalent
4. have completed a minimum of 8 months training, of the 12 months required (either continuous or modular) in an ICU or ICUs accredited for training by the Joint Faculty. Six months of this training must be in a general adult ICU. Training must be taken in periods of not less than 2 months (modules) and the total 8-month period must be accumulated over a period of no more than 6 years. Four months of training must be completed within the 2 years immediately prior to sitting the examination. The award of FJFICMI will not be conferred until all 12 months of training are signed off by the supervisor of training.
5. have undertaken all training in Ireland in a centre accredited by the Joint Faculty and supported by in training assessments. A candidate may under exceptional circumstances be given a recommendation to sit the FJFICMI examination by the Credentials Committee following assessment of alternative training.

## FJFICMI written examination

- The written examination takes place online in a place of the candidate's choosing, using their own hardware.
- The Examinations Department will use online remote invigilation to proctor the examination.
- The MCQ and SAQ component of the examination will take place consecutively over a single day. There will be a trial exam the week before for candidates to check their hardware and to familiarise themselves with the process.
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- All questions are mapped to a detailed blueprint, with explicit coverage of the entire Intensive Care Medicine curriculum.

### **Single Best Answers (SBAs)**

- SBAs are designed to assess the application of knowledge, to determine if the candidate “knows how” and “knows why” as opposed to just “knows”.
- Each SBA is composed of three parts: a stem, a question and 5 answer options (4 distractors and one correct answer).
- Each SBA is based on a clinical scenario.
- SBAs are written by individual examiners and further reviewed by a core group of examiners and revisions made as appropriate prior to finalising the paper.
- The SBA paper has 50-75 mandatory questions and candidates have a maximum of 135 minutes to complete the examination
- One mark is awarded for a correct answer, giving a total of 50-75 marks for the SBA paper.
- There is no negative marking.

### **Short Answer Questions (SAQs)**

- The examination consists of 8 short answer questions. Candidates have 120 minutes to complete the examination.
- The questions are highly structured with each of the 8 questions containing at least 3-6 subparts marked out of 25 giving a total of 200 marks for the SAQ.
- Each component of the individual questions has marks awarded proportionally to help guide candidates on which parts to allocate more time to.
- Highly structured model answers have been developed making marking more structured and consistent for examiners.

- Each question is marked by two examiners independently, enhancing reliability and fairness.
- The pass mark for every question is determined using the Angoff method. This will consider the level of difficulty of each question. The overall SAQ pass mark is calculated by totalling the Angoff cut score for each question.

### **Written examination outcome**

- The results of the written examination will not be available to candidates on the day of the examination. The questions must be marked, and a rigorous quality assurance process will take place prior to the issuing of any results. The CAI Examinations Department will notify candidates of the date results will be issued. Results will be available from this date on both the CAI and JFICMI websites.
- If a candidate is unsuccessful in one part of the written examination, it may be possible for them to compensate between the MCQ and SAQ components.
- Candidates who are successful in the written component of the examination will be eligible to apply for the clinical examination.

## FJFICMI clinical and structured oral examination

The focus of this examination is that of a clinical examination so candidates must achieve an overall pass in the clinical case section of the examination to pass the fellowship examination. Compensation between the 2 cases is allowed.

- The clinical bedside examination and SOE are run on the same day, the clinical examination being in the morning and the SOE in the afternoon.
- Depending on the number of candidates, the clinical bedside examination is held in multiple ICUs concurrently usually across Dublin. The Structured oral examination will take place in the College of Anaesthesiologists of Ireland.
- Candidates will be informed of their allocation for the clinical bedside examination at least one week in advance.
- Candidates will not be allocated to the unit in which they are currently working.
- Candidates must not attend the intensive care unit they have been allocated as an examination centre, within 1 week of the examination date for bedside tutorials.

### **Clinical examination**

- This is a professional examination so business attire must be worn. For the bedside clinical examination candidates should adhere to good infection control procedures including bare below elbows, and removal of watches, bracelet, and all rings except wedding bands.
- This component of the examination consists of two clinical cases where the candidate must examine and assess patients currently admitted to the intensive care unit.
- Thirty minutes is allocated for each clinical case, with the approximate breakdown being 20-25 minutes for clinical assessment and 5-10 minutes allocated for presentation of findings and discussion.
- The standard required in the FJFICMI examination is that of a senior trainee who has satisfactorily completed at least one year of specific, dedicated Intensive Care Medicine training. The candidate must demonstrate evidence of skills, attitudes and knowledge that would allow them to take charge of an ICU
- The candidate will also be expected to show consistent evidence of competence to practice independently in intensive care medicine. This will include evidence of a capacity to communicate effectively and demonstrate a professional approach to both patients and staff.
- A minimum of 2 examiners are allocated for each clinical case and the candidate will be examined by a different pair in each case.

## Structured oral examination

- Candidates must complete two SOEs in the afternoon, each lasting 30 minutes.
- The candidate will be examined by a minimum of two examiners for each SOE and will be examined by a different pair of examiners each time.
- At all stages of the exam, an agreed mark for each candidate is necessary between two examining partners before undertaking to examine a further candidate. This mark is conveyed to the chair of the examination to be collated for the Court of Examiners at the end of the examination.
- SOE 1 focuses on data interpretation including but not limited to radiology /curves/ laboratory values / ECGs. SOE 2 comprises questions on a variety of topics including clinical scenarios, ethical considerations, research/audit, and administration/management topics relevant to intensive care medicine.

## Marking scheme

Each of the 6 components is marked with equal importance i.e. a maximum of 5 marks (range 0 – 5) per component. The Fellowship exam is a clinical exam primarily and a premium is attached to passing the clinical sections of the exam. A pass mark (6/10), between the two clinical major cases is a requirement to pass the exam.

### Exam of six components

		Component	Content type	Time allowed
Section 1		1	Multiple Choice Questions (50-75 SBA)	90-135 minutes
		2	Short Answer Questions (8 MWQ)	120 minutes
Section 2		3	Clinical Examination Major case 1	30 minutes
		4	Clinical Examination Major case 2	30 minutes
		5	Structured Oral Examination (Radiology, ECGs, Laboratory values, curves)	30 minutes
		6	Structured Oral Examination (Clinical scenarios, ethics, research, audit)	30 minutes

## Assessment on which marking is based:

A six point 'closed' marking system is used, the marks being:

Bad Fail/Veto	0
Fail	1
Bare Fail	2
Pass	3
Good Pass	4
Excellent	5

The marking system is designed as a closed marking system.

Each component of the exam (apart from the MCQ) is scored by a pair of examiners. The short answer questions are independently marked by 2 examiners.

There are a minimum of 2 examiners for each clinic and 2 examiners for each SOE.

The scores awarded to each candidate at all interactive sections of the exam must be agreed and recorded by the examiner pair at the end of each section of the exam – before beginning to examine another candidate. It is anticipated that the Extern will examine with different pairs of examiners throughout the day, and may act at times as an observer, at his/her discretion.

## Application of the marking system to various sections of the Exam

### 1. MCQ component:

The MCQ is marked as

1 mark = correct answer

0 mark = incorrect answer or no answer

i.e. there is no negative marking in the MCQ

### 2. SAQ component:

Each question is to be marked out of 25 giving a total of 200 marks for the component. The proportion of marks allocated to each section is indicated on the exam paper and in the model answer. The Examiners are not to stray outside this marking range.

Each question is double marked independently. Where there is a discrepancy between the examiners the Chair of the examination adjudicates. At the end of the SAQ marking process, the total marks for the SAQs for each candidate are collated by the Chair of the Examination, the composite marks being addressed as follows.

For the SAQ the pass mark is the median mark [out of a total of 200 (8x25)]. The overall SAQ score is converted to the closed marking system,



**Admission to Clinical and Structured Oral Examination:**

The closed marks from section 1 and 2 of the exams are added for each candidate. A combined closed mark of  $\geq 5$  is required in these two sections to qualify for admission to the clinical / SOE components (3-6) of the exam.

Each pair of examiners is required to agree a mark based on their assessment at all remaining components (3-6) of the exam. The 'call over' is the forum where all the marks are collated, and the final adjudication is agreed – in accordance with the 'marking' system outlined above.

Examiners should retain notes of all stages of the exam; particularly of situations in which they have awarded bare fail (2) marks. Such notes are especially valuable in contributing to the discussion of 'review candidates' who have received a 17 mark overall – see overall marking system and 'call-over' below. Such candidates may, after review, be deemed suitable for an overall pass due to compensation.

## **Overall Exam Marking – court of examiners’ ‘call-over’.**

**Pass** :18 marks.

Provided

- a) The combined mark achieved in clinical sections (3 and 4) is 6 or greater.
- b) The candidate has no mark of 0 (veto) in any section of the exam.

### **Faculty Medal**

The candidate who achieves first place in the exam provided the mark awarded is:  
≥ 25 marks.

Although the overall pass mark is 18 (with provisions - see below), candidates whose composite mark is 17 shall be reviewed, provided the composite score for the clinical sections (major and minor cases) is ≥ 6.

If the highest marked candidate has achieved a mark of 25 or over, they are considered for the award of the JFICMI medal and a recommendation for the awarding of the Medal should go to the next Board meeting. The medal is normally awarded at the time of the conferral of the Fellowship. If candidates have the same overall mark, the candidate with the higher mark in the clinical exam component shall receive the medal. If the candidates are tied in the clinical section, then the medal shall be shared.

If there is an Extern taking part, s/he is normally invited to comment on the examination at the call-over. The Extern’s comments, or report as applicable, may be incorporated into the Chairperson’s Examination report to the Board.

### **Announcement of Results to Candidates**

The results are announced immediately after the call-over and the successful candidates are invited to meet the examiners. Candidates will also be informed of their result in writing. The Dean of the Faculty usually addresses the candidates and there is then the opportunity for all parties to meet informally over refreshments.

Guidance for unsuccessful candidates

The candidates who were not successful are offered the opportunity for exam feedback on their exam performance and for guidance to be arranged on the day of the examination or subsequently via zoom or in person.

### **Fellowship Conferral**

To be conferred with Fellowship of the JFICMI, the candidate must have passed the examination and completed at least one year of JFICMI recognised, competency-based training in intensive care medicine. The successful candidate will be conferred with fellowship by the Dean of the Faculty at a subsequent graduation ceremony.