



Joint Faculty of Intensive Care Medicine of Ireland

College of Anaesthesiologists of Ireland • Intensive Care Society of Ireland
Royal College of Physicians of Ireland • Royal College of Surgeons in Ireland

Regulations for Candidates

August 2026

Introduction

The JFICMI has an agreement with the Examinations Department of the College of Anaesthesiologists of Ireland (CAI) to conduct the examination on its behalf. This is done under the overall direction of the Examinations Committee of the JFICMI. The examination is run under the auspices of the CAI and their general examination regulations pertain to the JFICMI. The examiners are permanent Consultants with a substantive regular clinical commitment to ICM and are Fellows in Good Standing of the JFICMI. Where possible an Extern examiner is appointed.

The Final exam of the JFICMI is composed of two sections:

1. **Written Examination:** comprising a Multiple-Choice Question paper (75 single best answer type questions) and a Short Answer Question (SAQ) paper (eight multipart questions). Candidates are allowed a maximum of four attempts to pass the written component of the examination. Once successful in this section candidates progress to attempting section 2 of the examination and are not required to repeat section 1 should they be unsuccessful in section 2.
2. **Clinical Examination:** comprising two bedside clinical cases and two structured oral examinations (SOEs) both of which cover the theory and practice of modern intensive care medicine (ICM). Candidates are allowed a maximum of four attempts to pass Section 2 of the examination.

The purpose of the Final exam of the JFICMI is to ascertain whether candidates have the knowledge, skills 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 on the Joint Faculty's website [https://jficmi.anaesthesia.ie/wp-content/uploads/2026/09/FINAL- -JFICMI-Curriculum-Document.pdf](https://jficmi.anaesthesia.ie/wp-content/uploads/2026/09/FINAL--JFICMI-Curriculum-Document.pdf) .

The standard required in the Final exam of the JFICMI is that of a senior trainee who has satisfactorily completed at least one year of dedicated, supervised ICM training. The candidate should show evidence of the knowledge, skills and attitudes 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 ICM.

The National Programme for Higher Specialist Training in ICM is a two-year programme. To progress to Year 2, trainees must attempt the Final exam of the JFICMI during their first year of training, even if they do not pass. A trainee who has completed 24 months of training in JFICMI-accredited training centres, within the context of a formal training programme and has met all other training requirements, will not be awarded a CSCST in ICM until they have successfully passed the Final exam of the JFICMI. This will not impact the overall training time of 2 years.

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

Eligibility Criteria

To be eligible to sit the Final exam of the JFICMI *a candidate must:*

- be registered with the JFICMI as a trainee
- have submitted the appropriate application and fee
- provide evidence of having passed a Fellowship examination in their base specialty, either FCAI, MRCPI, FRCSI, FRCER or equivalent
- have completed a minimum of eight of the required 12 months of structured supervised training (either continuous or modular) in ICUs accredited for training by the JFICMI. Six months of this training must be in a general adult ICU. Two months of training can be completed in a model three hospital accredited for training by the JFICMI. Training must be undertaken in periods of not less than two months (modules) and the total eight-month period must be accumulated over a period of no more than six years. Four months of training must be completed within the two years immediately prior to sitting the examination. The award of JFICMI will not be conferred until all 12 months of training are signed off by a supervisor of training.
- have undertaken all ICM training in Ireland in a JFICMI accredited centre and provide successful in training assessments to support this
- a candidate may under exceptional circumstances be given a recommendation to sit the Final exam of the JFICMI by the Credentials Committee following assessment of alternative training.

Written Examination

- The written examination currently takes place online in a place of the candidate's choosing, using their own hardware. The Examinations Committee and Board of the JFICMI reserve the right to revert to a paper based in-person written examination in the future.
- The Examinations Department will use online remote invigilation to proctor the examination.
- The MCQ and SAQ components of the examination will take place consecutively over a single day. There will be a trial examination the week before for candidates to check their hardware and to familiarise themselves with the process.
- All questions are mapped to a detailed blueprint, with explicit coverage of the entire ICM curriculum.

Multiple Choice Questions (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 five answer options (four 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 examination.

- The SBA paper has 75 mandatory questions and candidates have 135 minutes to complete the examination.
- One mark is awarded for a correct answer, giving a total of 75 marks for the SBA paper.
- There is no negative marking.
- The SBA pass mark is set using the Angoff method and the score is then converted by the Examinations office to a closed marking system (1-5).

Short Answer Questions (SAQs)

- The SAQ paper consists of eight short answer questions. Candidates have 120 minutes to complete the examination.
- Each question is marked out of 25 giving a total of 200 marks for the SAQ paper.
- The questions are highly structured with each of the eight questions containing at least 3-6 subparts. Each subpart of the individual questions has marks awarded proportionally to help guide candidates on which parts to allocate more time to.
- Each question is marked by two examiners independently, enhancing reliability and fairness.
- Highly structured model answers have been developed ensuring structured and consistent marking by examiners.
- The pass mark for each 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 and the score is then converted by the Examinations office to a closed marking system (1-5).

Outcome of the Written Examination

- 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.
- A combined score of ≥ 6 is required to pass the written section of the examination. If a candidate is unsuccessful in either the MCQ or SAQ component of the examination, it may be possible for them to compensate between components.
- Candidates will be allowed to sit the clinical section of the examination if they achieve a combined closed mark of ≥ 5 in the written section of the examination but will be required to compensate in the clinical section of the examination to achieve an overall pass mark of ≥ 18 .

Clinical Examination

- The focus of this section of the examination is the clinical application of knowledge, skills and attitudes pertaining to ICM. This section of the examination is comprised of

two bedside clinical cases and two SOEs. Candidates must achieve an overall pass in the ***clinical case component*** of the examination to pass the Final exam of the JFICMI. Compensation between the two clinical cases is allowed.

- The clinical bedside examination and SOEs 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 SOE will take place in the College of Anaesthesiologists of Ireland.
- Candidates will be informed of their allocated hospital for the clinical case examination at least one week in advance.
- Candidates will not be allocated to the intensive care unit in which they are currently working.
- Candidates must not attend the intensive care unit they have been allocated as an examination centre, within one week of the examination date for bedside tutorials.

Clinical Cases

- 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, bracelets 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 minutes for clinical assessment and 10 minutes for presentation of findings and discussion.
- The standard required in the Final exam of the JFICMI is that of a senior trainee who has satisfactorily completed at least one year of specific, dedicated ICM training. The candidate must demonstrate evidence of knowledge, skills and attitudes 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 ICM. This will include evidence of a capacity to communicate effectively and demonstrate a professional approach to both patients and staff.
- A minimum of two examiners are allocated for each clinical case and the candidate will be examined by a different pair of examiners in each case.

Structured Oral Examination (SOE)

- 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.
- 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 ICM.

	Component	Content Type	Time Allowed
Section 1	1	Multiple Choice Questions (75 SBAs)	135 minutes
	2	Short Answer Questions (8 SAQs)	120 minutes
Section 2	3	Clinical case 1	30 minutes
	4	Clinical case 2	30 minutes
	5	Structured Oral Examination 1 (Radiology, ECGs, Laboratory values, curves)	30 minutes
	6	Structured Oral Examination 2 (Clinical scenarios, ethics, research, audit)	30 minutes

Table 1: Summary of individual components of the Final exam of the JFICMI

Marking scheme

Each of the six examination components is marked with equal importance i.e. a maximum of 5 marks (range 1 – 5) per component.

The marking system is designed as a closed marking system. The marks are allocated as follows:

Fail	1
Bare Fail	2
Pass	3
Good Pass	4
Excellent	5

Table 2: Closed marking system

The Final exam of the JFICMI is a clinical examination primarily and a premium is attached to passing the clinical case component of the examination. A combined pass mark (6/10), between the two clinical cases is mandatory to pass the overall examination.

Each component of the examination (apart from the MCQ) is scored by a pair of examiners:

- each short answer question (SAQ) is independently marked by two examiners
- there is a minimum of two examiners for each clinical case
- there is a minimum of two examiners for each SOE

The scores awarded to each candidate at all interactive sections of the examination must be agreed and recorded by the examiner pair at the end of each section of the examination

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 their discretion.

Application of the Marking System

1. MCQ (SBA) component:

The MCQ is marked as follows:

- 1 mark = correct answer
- 0 mark = incorrect answer or no answer

There is no negative marking in the MCQ. The MCQ pass mark is set using the Angoff method and the MCQ score is converted by the Examinations office to the closed marking system (1-5) (see table 2)

2. SAQ component:

Each question is marked out of 25 giving a total of 200 marks for the SAQ component. The proportion of marks allocated to each individual subpart is indicated on the examination paper and in the model answer. Each question is marked independently by two examiners. Where there is a discrepancy between the examiners, the Chair of Examinations adjudicates. The passmark for each SAQ is determined using the Angoff method and the candidate's overall SAQ score is converted by the Examinations office to the closed marking system (1-5) (see table 2)

3. SOE and Clinical Examination component:

The closed marks from section 1 (MCQ and SAQ) of the examination are added for each candidate. A combined closed mark of ≥ 5 is required to qualify for admission to section 2 of the examination (SOE and clinical examination).

For the remaining components of the examination (clinical cases and SOEs) each pair of examiners is required to agree a mark (1-5) based on their assessment.

Overall Examination Marking – Court of Examiners' 'call-over'

The 'call over' is the forum where marks from each individual component of the examination are collated and the final adjudication is agreed.

To pass the examination a candidate must:

- achieve an overall mark of ≥ 18 **and**
- obtain a combined score of 6 in the clinical case component of the examination.

Although the overall pass mark is 18 (with provisions - see above), candidates whose composite mark is 17 shall be reviewed and discussed at the Court of Examiners and may be deemed suitable for an overall pass on the “compensatable” rule, provided the composite score for the clinical cases is ≥ 6 .

Faculty Medal

The Faculty medal will be awarded to the candidate who achieves first place in the Final exam of the JFICMI, provided the combined mark awarded is ≥ 25 . This candidate will be identified at the Court of Examiners 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 of the JFICMI. If multiple candidates have the same combined mark, the candidate with the higher mark in the clinical case component of the examination shall be awarded the medal. If the candidates are tied in the clinical cases, then the medal shall be shared.

Announcement of Results to Candidates

All candidates will be notified in writing of the results within a few days of the clinical examination.

Guidance for Unsuccessful Candidates

Candidates who are not successful are offered the opportunity to meet with the Chair of Examinations either in-person or via zoom to receive feedback on their examination performance and guidance for future examination preparation.

Fellowship Conferral

To be conferred with Fellowship of the JFICMI, the candidate must have passed the Final exam of the JFICMI **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 Joint Faculty at a subsequent graduation ceremony.