



Joint Faculty of Intensive Care Medicine of Ireland

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

JFICMI FELLOWSHIP EXAMINATION ORGANISATION (Including marking system and Examiner regulations)

1. General

The Fellowship exam (JFICMI) is a summative examination process within the global training of a postgraduate doctor in ICM and is fundamental to the role of the Faculty in the overall supervision of Training in ICM in Ireland. The responsibility of the Faculty to conduct a Fellowship exam is entrusted to its Examination and Training (E and T) committee and its Chairman.

2. Setting the Exam

Exam is normally set by the Exams and Training Committee before Christmas – the written exam being normally conducted in April-May of the following year. Both the MCQ and written (SAQ) paper seeks to set a balance of medical, surgical and general critical care questions based on the 'Scope of Assessment' in the Examination Regulations document (Appx 8 to the JFICMI submission to the IMC February 2015).

New MCQs and SAQs are constantly required. The organisers of the Faculty's refresher course series and of the JFICMI's pre-exam (3-day) course are invited to keep the bank refreshed from each course. The various lecturers and tutors to the course are invited to submit MCQs and SAQs (with answers / model answers) related to their lecture.

Security – including 'model answers'

Examiners who are to contribute model answers should be identified at the E and T exam-setting meeting and the agreement of the examiner to do this secured. It should not happen that a question is sent out and then have it returned (to go to somebody else) because the first examiner turns out to be unavailable.

Immediately after the meeting, the identified examiner should be formally requested in writing to do whichever model answer has been agreed; model answers should be returned quickly and be retained securely at the exam office.

Only the question for which a model answer is requested should be transmitted to any individual examiner. The full paper should never be sent out from the office to any examiner.

After the exam, the Written Paper is released – see papers from recent years (2010-2014) in Appx 8b of the Faculty's accreditation application to the IMC February 2015. Consideration may be given to the release also of the 'model (or reference) answers' to ICM registered trainees the purpose of which being education and guidance.

3. Dates and venues

Exam: Once the date for the written exam is set, the hospital which will host the clinical exam is agreed, usually on a rotational system. The Clinical / Viva exam is conducted over one day and is usually in May.

Course: The pre-exam course is run by the Faculty over three days in the March before the exam. Positions are limited and preference is given to registered ICM trainees who are eligible to take the FJFICMI exam. The date of the Course should also be set before Christmas and the Course organiser identified for liaison purposes. The course is normally conducted in three Dublin hospitals.

Closing date for applications: This is set to allow time for administrative organisation and for review of applications by the Chair of the E and T committee to ensure compliance with exam eligibility can be checked. The E and T committee may need to arbitrate on any application which is considered borderline in terms of eligibility criteria.

4. Candidates

Applicants are required to have achieved a fellowship or membership of the College of Surgeons, Physicians (incl Paediatrics) or Anaesthetists (see Training and Exam regulation documents for specific requirement for your own individual training pathway). Applicants are also required to have attained at least one year of approved training in ICM, up to 6 months of which may have been in 'complementary discipline training'. Candidates are required to become registered trainees with the JFICMI and to have their training prospectively approved.

The full examination eligibility criteria are outlined in the JFICMI Fellowship Examination Regulations – see appx 8 to the JFICMI submission to the IMC February 2015.

5. Examiner regulations

CRITERIA for APPOINTMENT as an EXAMINER to the JFICMI FELLOWSHIP exam.

- 1 The examiner needs to be an accredited Specialist in Intensive Care Medicine working as a Consultant in Intensive Care Medicine.
- 2 An examiner should hold the qualification of FJFICMI.
- 3 An examiner needs to be in good standing with the JFICMI.

- 4 An applicant to be an examiner needs to apply in writing to the Exams and Training committee of the JFICMI with accompanying CV.
- 5 All training hospitals are expected to supply examiners to the JFICMI's fellowship exam. The Exams and Training will show preference to those applicants who have participated actively as trainers in their hospital and who participate in supplying questions (and model answers) to the Examination bank of Multiple Choice Questions(MCQs), Short Answer Questions(SAQs) and structured Viva questions.
- 6 If approved by the E and T committee, the potential examiner needs to join the examining team for at least one JFICMI Examination to shadow the various steps of the examining process and become familiar with practical stages (incl the Court of Examiners process) and the Marking system - before being proposed by the Chair of Examinations as an examiner. The examiner should act on the directions of the Chair of Examinations in terms of the organisation of his / her time on the examining day.
- 7 The potential new examiner needs to familiarise him / herself with the principles underlying the validity, reliability and fairness of the exam and act assiduously in accordance with those principles. S/he should also read the Faculty documents:
 - a. JFICMI Fellowship Exam (incl Clinical / Viva exam) Format and
 - b. JFICMI Fellowship Exam Organisation (including marking system) – see appendices 8c and 8d of the IMC submission (Feb 2015).
- 8 The examiner needs to be utterly honest and non-partisan when taking part in the adjudication process on individual candidates at each step of the exam.
- 9 It is preferred if the applicant has attended an examiners course or workshop before starting as an examiner.
- 10 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 examining day.
- 11 Personal notes should be kept by the examiner to inform the discussion at the Court of Examiners especially if a Fail mark is being allocated.
- 12 The examiner will be required to contribute to the Chairpersons notes (and counselling process) particularly in instances where a candidate has not passed the examination.
- 13 The examiner may be requested to accompany the Chairperson of Examinations when meeting / counseling any candidate who has not passed the exam after the results have been announced.
- 14 Each examiner must be willing to be subject to audit with regard to marking and other exam behaviour as required by the Chair of the Examination or by the Exams and Training committee

- 15 Occasionally, on the decision of the E and T committee, an examiner may be invited to the exam who is not a Consultant in ICM but who is deemed to have special expertise which may contribute to the validity and reliability of the exam.
- 16 Providing the Chair of Examinations is satisfied that the examiner has complied with all of the requirements of an examiner (as outlined above), the term of office as an examiner is 5 years – renewable once by the Exams and Training committee. When the term is finished, an examiner may newly apply after a period of one year (of not being an examiner), if invited or desired.

6. Extern

The E and T committee may consider it appropriate to invite an Extern examiner from time to time. The Extern, if invited, is usually an Intensivist of international standing who is an experienced examiner. The primary purpose of the Extern is to contribute to the process of validating the exam and if possible contributing to its reliability. Other categories of persons e.g. those with expertise in quality improvement or educational assessment may be invited from time to time.

The Extern examiner should be invited before Christmas, if possible. S/he will need to arrive on the night before the exam and accommodation for the first two nights is organised together with an invitation to the Examiners Dinner on the evening of the examination. The orientation for the Extern should normally include a copy of the written exam paper and the 'model answers' and copies of the Faculty's documents on Examination Regulations, format of the Fellowship exam and Fellowship Exam Organisation.

On the day of the Clinical / Viva exam, every effort should be made to integrate the Extern as widely as possible into the various features of the exam – see example exam organisation structure below. The Extern is free to comment at any stage on any aspect of the exam and may be helpful in marking arbitration situations. (S)he should also however be specifically afforded the opportunity to speak at the 'call-over' court of examiners meeting at the end of the Clinic / Viva exam before the final results are signed off.

The extern is invited to submit a short report together with the Chairman's report, to the E and T committee.

7. Arbitration on Candidate performance in the Exam

a) Standard of the Examination

The standard required in the FJFICMI examination is that of a consultant specialist or senior trainee who has satisfactorily completed at least one year of specific, supervised Intensive Care Medicine training. The candidate should show evidence of skills, attitudes and knowledge that should allow him / her to take charge of an ICU (and the management of its patients) for a period.

The candidate will be expected to show consistent evidence of competence to practice independently in intensive care medicine. This will include evidence of a capacity to consult other services appropriately and in general to maximise the multidisciplinary environment of critical care for optimum patient benefit.

b) Marking system

The Examination is now in two distinct parts, Part 1 encompasses the MCQ and SAT components. Part 2 consists of the clinical and Viva Components. Each of the six sections is marked with equal importance i.e. a maximum of 5 marks (range 0 – 5) per section.

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), between the two clinical components of the exam, is a requirement to pass the exam.

Exam of Two Parts: Six distinct sections

Part 1: MCQ & SAQ

Section	Section Content	Time allowed
1	MCQ	60 mins
2	Written paper (8 short answer questions in 2 parts)	90 mins

Each component is worth a maximum of 5 marks of a closed marking scoring system. To be eligible to apply for Part 2 of the FJFICMI exam, the candidate must have at least 5/10 marks and not have scored a 0 (veto) mark in one of the components.

Part 2: Clinical Cases & Vivas

Section	Section Content	Time allowed
3	Clinic – Major Case	30 mins
4	Clinic – Minor Case	30 mins
5	Viva 1 (ECGs, X rays, Labs, Traces)	20 mins
6	Viva 2 (Intensive Care Medicine)	20 mins

The total for Part 2 is 20 marks. To pass the exam the candidate must get a minimum of 18 marks including at least 6 marks in clinical component and no veto (0 marks) anywhere in the exam.

Carrying Marks

If the candidate does not pass the examination (having completed Part 1 and 2), then he/she may "carry" the marks already accrued in Part 1 until the next sitting of Part 2. As the exam is held only annually, the marks may be carried to the following year only; they cannot be carried beyond the next sitting of the exam.

c. 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 section of the exam (apart from the MCQ) is scored by a pair of examiners.

i.e.: All written papers are exchanged between a pair of examiners
2 examiners for each clinic
2 examiners for each viva

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.

d. Application of the marking system to various sections of the Exam

1. MCQ Section:

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

For the MCQ, the pass mark is the median mark. The MCQ score is converted to the closed marking system, such that

< Median – 2 SD	=	0
≥ Median – 2 SD	=	1
≥ Median – 1 SD	=	2
≥ Median	=	3
≥ Median + 1 SD	=	4
≥ Median + 2 SD	=	5

The candidate's MCQ mark is converted as above in the Exams office to the 0 – 5 closed marking system before final collation of marks

2. Paper (SAQs) section:

There are usually four paper-marking examiners, who are divided into two marking pairs. Each pair should preferably get the answer books, relating to a given half of the exam from all of the candidates – to facilitate comparisons and benchmarking

Each question is to be marked in accordance with JFICMI standard marking system (0 – 5). Examiners are not to stray outside this marking range as this interferes with the pre-agreed weighting allocated to each of the components and sections of the exam.

Examiners are requested to use the 0 (zero) (veto) mark only in extreme circumstances. If it is used, the examiners will be asked to justify their mark at either the script review or call-over meetings.

Each question is marked independently. Each marker should have independently marked all sections and retain record of same for 'review of scripts' meeting.

Each examiner will exchange with his/her paired examiner half way between receipt of papers and the script markers 'review of scripts' meeting. Markers should not write or otherwise make marks on the answer books before handing them over to the paired examiner.

Examiners' 'Review of Scripts' meeting:

The written section of the Exam is separated into two parts (Sections A and B) of four short questions each. One examiner pairing shall mark and exchange Section A. The second examiner pairing shall mark and exchange Section B.

Each of the two paired sets of examiners meet and compare results for each question answered. If the two examiners have awarded the identical mark for any given question, this mark is the agreed mark for that question without need for further discussion.

If the marks are divergent, the examiners review their notes relating to each such question. If it is evident that an agreed mark can be arrived at quickly e.g. one examiner may have made the notation that he /she may have marked a little stringently in the circumstances, it may be readily agreed that the higher mark or a compromise mark is appropriate and this agreed mark is then awarded.

If there is substantial divergence and ready agreement is not evident, the examiners should re-read the answers and see if an agreed mark is forthcoming. If so the agreed mark is awarded.

In cases where agreement is not readily achieved, the questions under consideration are given to the other pair of examiners (and / or to the Extern if available) for an independent assessment and mark. After this process, including general discussion of the difficulty, an agreed mark is arrived at and awarded.

At the end of the SAQ marking process, the total marks for the SAQs for each candidate are collated by the Chairman of the Examination, the composite marks being addressed as follows. In the event of the composite score being other than a whole number (e.g. 2.4), the mark (for this section of the exam) will be rounded to the nearest whole number

e.g. < 2.5 shall be rounded to 2
 ≥ 2.5 shall be rounded to 3

Admission to Clinical / Viva Exam:

The marks from section 1 and 2 of the exam are added for each candidate. A mark of ≥ 5 is required in these two sections to qualify for admission to the clinical / viva sections (3-6) of the exam.

Sections 3 - 6 of exam – Clinics x 2 and Vivas x 2

Each pair of examiners is required to agree a mark based on their assessment at all remaining sections (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 on the 'compensatable' rule.

8. Overall Exam Marking – court of examiners' 'call-over'.

Once the marks from the Clinical / Viva section of the exam are collated, attention is given to the overall results from the exam. The 'call over' is the forum of the examiners where all the marks are collated and the final adjudication is agreed by all present – in accordance with the 'marking' regulations outlined.

Veto marks (0) will be the subject of discussion and issues of counselling may need to be addressed. All examiner notes relating to the marking of all candidates should be transferred to the care of the Chairman or Chief Examinations officer at the end of the 'call-over' as these may be required or helpful in dealing with subsequent enquiries, complaints or counselling.

Overall examination result

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, (s)he is 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 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 Chairman's Examination report to the E and T committee.

9. Announcement of Results to Candidates

The results are announced immediately after the call-over and the successful candidates are invited to meet the examiners. The Dean of the Faculty usually speaks a formal few words to the successful candidates and there is then the opportunity for all parties to meet informally over refreshments. The candidates who were not successful are offered the opportunity for exam feedback on their exam performance and for advice / counselling.

10. Examination report

The Chairman prepares a report for tabling at the following E and T committee meeting. It should include reference to the Extern Examiner's commentary and may also specifically include an Externs report. The committee and Board of the Faculty may at its discretion wish to release such reports for the benefit of trainees e.g. on the Faculty's website.

If there is agreement from script examiners (or from the court of examiners in general) on an improved mechanism of conducting any aspect of the exam, this should go forward from the court of examiners (via the Chairman) as a recommendation to the E and T committee, preferably as part of the Chairman's Examination report.

The conferring may rotate annually between the Colleges of Anaesthetists, Surgeons and Physicians but is most commonly conducted with the College of Anaesthetists of Ireland. The Parchment format may be viewed on the JFICMI website (appx 8f of the JFICMI's submission to the IMC of Feb 2015). The Dean of the Faculty joins the platform party for the conferring and confers the Parchment on the graduands after recital of the Fellow's Declaration – for its wording, see JFICMI website or as Appx 8e to the JFICMI's submission to the IMC of Feb 2015. The JFICMI medal if applicable is also conferred at this time.

12. Example Organisational Schedule on exam day

Clinical and Viva (oral) exam										
Clinical exam(a.m.):		Hospital ICU								
Viva exam(p.m.):		Hospital (or College) non-clinical location								
07.00hrs		Examiners meet - coffee & review of cases and confirmation of clinical signs (Candidates indicated by numbers 1- 10)								
CLINICAL EXAM (Major and Minor cases):		Hospital ICU								
Time	07.30	08.00	08.30	09.00	09.30	10.00	10.30	11.00	11.30	12.00
Major	1	2	3	10	5	6	coffee break	7	8	9
Minor	2	1	10	3	6	5		8	7	4
13.20hrs		Lunch								

VIVA (TABLE) EXAM		Hospital (or University) non-clinical area								
Time	14.20	14.40	15.00	15.20	15.40	16.00	16.20	16.40	17.00	17.20
Table 1	1	2	3	4	5	6	coffee break	7	8	9
Table 2	2	1	4	3	6	5		8	7	10
18.00hrs	Examiners review 'call over' Meeting									
18.45hrs	Meet successful candidates & welcome from Dean or Exam Chairman Meet unsuccessful candidates for feedback on their exam performance and for advice / counselling as appropriate									
20.00hrs	Dinner									
Example scheduling of Examiners (Morning)	Major Cases		PS(Extern), BK, DP (One examiner, usually the Extern, may change to minor cases at 11.00hrs)							
	Minor Cases		EMcG, GL , KC (One examiner may swap, usually with the Extern, to major cases at 11.00hrs)							
Example scheduling of Examiners (Afternoon)	Oral 1 (Investigations)		PS(Extern), KC, DP (One examiner, usually the Extern, may change to Oral 2 at 16.40hrs)							
	Oral 2 (Intensive Care Med)		JM, TG, GL (One examiner may swap, usually with the Extern, to Oral 1 at 16.40hrs)							