The Faculty of Intensive Care Medicine

FFICM Examination Annual Report

2024/25

How to use this Report

This Annual Examination Report summarises the delivery, outcomes, and quality assurance of the FFICM Final Examination for the academic year July 2024 – June 2025. It is written for candidates, trainers, examiners, and wider stakeholders.

If you are reading this report for practical preparation rather than in full, you may wish to focus on the sections most relevant to your role and stage of training.

If you are a candidate (or trainer supporting candidates), you may wish to focus on:

- Section 3 – The FFICM Final Examination for an overview of the exam structure, pass marks, reliability, and performance trends across the MCQ, OSCE and SOE.
- Section 4 – Guidance to Candidates for exam-specific advice, common pitfalls, and preparation tips for each component.
- Section 5 – Reasonable Adjustments and Accessibility if you have, or support someone with, a disability or long-term health condition and need to understand how to request adjustments.

If you are an examiner, educator, or policy/QA colleague, you may find it helpful to focus on:

- Sections 3 and 7 for detail on test performance, examiner recruitment, training, and quality assurance activity.
- Section 8 – Examination Reviews and Future Development for information on ongoing reforms and the planned move towards new assessment formats.

Most readers may wish to start with the Executive Summary (Section 1), then move to the sections most relevant to their role.

Contents

1 Executive Summary

This report summarises the delivery, performance, and quality assurance of the FFICM Final Examination for the academic year July 2024 to June 2025. During this period, the Faculty of Intensive Care Medicine delivered four examination diets, continuing to uphold rigorous standards in the assessment of candidates' knowledge, clinical judgement, and communication skills at the point of entry to independent consultant-level practice:

FFICM MCQ:

- January 2025 sitting
- June 2025 sitting

FFICM OSCE/SOE:

- Autumn 2024 sitting (late Sept/early Oct 2024)
- Spring 2025 sitting (March 2025)

The FFICM Final Examination consists of three components: a Multiple-Choice Question (MCQ) paper, an Objective Structured Clinical Examination (OSCE), and a Structured Oral Examination (SOE). Each component is independently assessed and mapped to the Intensive Care Medicine curriculum. Candidates must first pass the written MCQ paper to be eligible to progress to the clinical oral components.

The MCQ were sat by 197 and 139 candidates respectively, with pass rates of 81.22% and 88.49%. Across the academic year, a total of 336 candidates[1] attempted the MCQ, with a pass rate of 84.23%.

The MCQ outcomes have been broadly consistent with previous diets since January 2024, and reliability statistics remained within acceptable parameters.

The OSCE/SOE were sat by 207 and 195 candidates respectively, with pass rates of 56.04% and 68.72%. Across the academic year this equates to 402 candidates with a pass rate of 62.19%.

October performance (56.04%) was consistent with the previous year, while March 2025 achieved 68.72%, a 12.68 % increase from October and higher than recent March sittings, though still below the 2023 peak. Pass rates fall within an acceptable range.

Significant progress was made in response to the independent review of RCoA exams published in February 2023, with the Faculty contributing to a cross-College development programme aimed at modernising the structure, delivery, and assessment methods of the FFICM Final. Development work is underway to future-proof all three components of the exam, ensuring continued alignment with evolving clinical practice, curriculum expectations, and principles of fair and defensible assessment.

This report provides a detailed analysis of examination delivery and candidate performance, alongside reflections on quality assurance activity, examiner development, and strategic planning for future reforms.

[1] Throughout this report, the term *candidates* refers to the total number of exam sittings, which includes both first-time attempts and re-sit attempts. This means the figure does not represent the number of unique individuals sitting the exam.

2 Introduction

The Fellowship of the Faculty of Intensive Care Medicine (FFICM) Final Examination is a summative, high-stakes assessment designed to be taken by doctors at the end of Stage 2 training in Intensive Care Medicine. The examination is a formal requirement for the award of a Certificate of Completion of Training (CCT) in ICM.

The FFICM Final Examination assesses whether candidates have acquired the knowledge, skills, and judgement required for safe and effective independent practice. It comprises three components: the written MCQ (SBA) examination, and two oral clinical assessments — the OSCE and the SOE. Each component tests a distinct set of competencies and is underpinned by detailed blueprints aligned to up to the end of Stage 2 of the ICM curriculum.

The purpose of this report is to document and reflect on the operation of the examination during the academic year 2024-2025, to provide transparency around assessment processes, and to outline the measures in place to ensure that the examination remains reliable, valid, fair, and defensible. It also records any changes made to the format or governance of the exam during this period and highlights upcoming areas of development.

3 The FFICM Final Examination

3.1 Overview

The FFICM Final Examination is designed to test a candidate's readiness for independent consultant-level practice in Intensive Care Medicine. It serves as a summative assessment aligned to the end of Stage 2 of the Intensive Care Medicine curriculum and is a requirement for all trainees completing single or dual training pathways in ICM.

The examination comprises three components, each assessing different but complementary domains:

- A **Multiple-Choice Question (MCQ) paper** assessing applied knowledge across a broad clinical and scientific range applied to clinical practice.
- An **Objective Structured Clinical Examination (OSCE)** testing knowledge and skills such as clinical reasoning, data interpretation, communication skills, and professionalism in a structured, time-limited setting.
- A **Structured Oral Examination (SOE)** testing knowledge in clinical science as applied to the practice of Intensive Care Medicine.

The examination is delivered across two diets annually, typically in spring, and autumn. Each component is delivered independently, and each component follows a standardised process of blueprinting, standard setting, quality assurance, and moderation. The MCQ component must be passed before a candidate can proceed to the OSCE and SOE, and all three components must be passed for the award of FFICM.

3.2 The FFICM MCQ Examination

The MCQ component of the FFICM Final Examination is a three-hour paper comprising 130 questions. The paper includes 80 Single Best Answer (SBA) questions, each worth one mark, and 50 extended SBA questions, each worth two marks. The exam is delivered online with remote proctoring by the platform provider TestReach.

Questions are drawn from a validated question bank, which is maintained and regularly reviewed by the FFICM MCQ Core Group. Each item is mapped to the training curriculum up to the end of the Stage 2 and reviewed for relevance, clarity, and statistical performance before being included in a paper.

Examiners aim to ensure that the content reflects the real-world decisions and challenges encountered in intensive care practice. Questions require not only factual knowledge but the ability to apply that knowledge in clinically realistic contexts, often involving multi-step reasoning.

Candidates who pass the MCQ examination may proceed to the OSCE and SOE components within a three-year validity window.

3.2.1 Setting the pass mark

For the MCQ component, the pass mark is established using the Angoff method. A panel of subject matter experts independently reviews each question and estimates the likelihood that a borderline candidate would answer it correctly. These estimates are averaged to determine the recommended pass mark for the paper.

In academic year 2024–25, a standard error of measurement (SEM) was subtracted from the Angoff-derived pass mark for the January 2025 sitting, in line with previous practice. From the June 2025 sitting onwards, the SEM was not removed, following an update to the Faculty's standard-setting policy and in response to a recommendation within the independent review of RCoA examinations. This change ensures alignment with best practice and greater consistency in how candidate performance is benchmarked across diets.

3.2.2 Test reliability

(Figure 1) The reliability of the MCQ paper is measured using the Kuder-Richardson Formula 20 (KR-20), a standard index of internal consistency for dichotomous test items. A KR-20 score of 0.70 or above is considered acceptable for high-stakes examinations. Across the current academic year, KR-20 values for the MCQ paper ranged between 0.78 and 0.79, indicating high internal reliability.

Item-level statistics are also analysed to evaluate difficulty and discrimination indices. Poorly performing questions are reviewed and may be revised or removed from scoring.

Figure 1: *FFICM MCQ – Reliability Statistics over the last 5 academic years*

3.2.3 Marking and Moderation

Candidate responses are scored automatically. After each diet, the MCQ Core Group meets to review question performance and candidate feedback. Any items flagged, by statistical anomalies or post-exam candidate comments, are scrutinised in detail. Where a question is found to be problematic, it may be excluded from the final score calculation. All adjustments are documented and approved by the Examination Board before results are released.

3.2.4 Quality performance metrics

Attempts across the academic year totalled 336, with pass rates ranging from 81.22% to 88.49% across two sittings. Year-on-year comparison suggests that candidate performance remains stable, with no significant deviation from previous cohorts. Full data are presented in **Figure 2** and illustrated in **Table 1.**

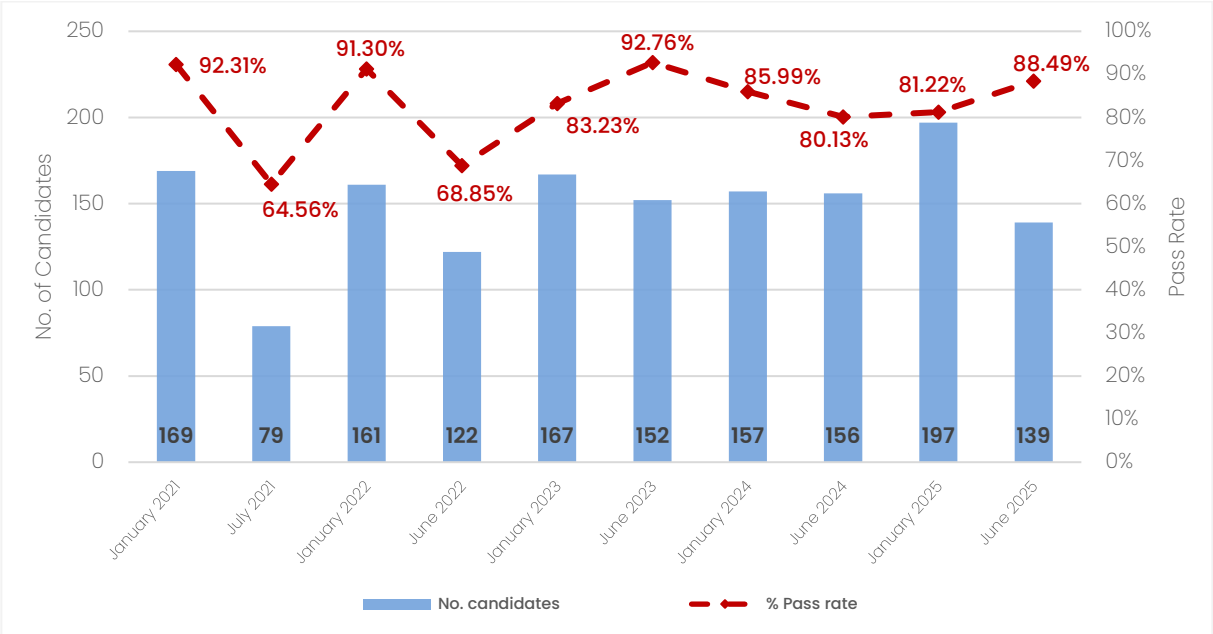

Figure 2: *FFICM MCQ - Number of candidates and pass rates per diet over the last 5 academic years*

Academic year	No. candidates	% Pass rate
2020/2021	248	83.47%
2021/2022	283	81.63%
2022/2023	319	87.77%
2023/2024	313	83.07%
2024/2025	336	84.23%

Table 1: *FFICM MCQ - Number of candidates and pass rates over the last 5 academic years*

3.3 The OSCE/SOE examination

3.3.1 Exam overview

The clinical components of the FFICM Final — the OSCE and the SOE — are delivered together across two diets each academic year. Candidates who have successfully passed the MCQ within the three-year validity period are eligible to attempt these oral performance-based assessments.

The OSCE consists of a circuit of structured stations designed to assess applied clinical knowledge, interpretation of investigations, professionalism, and communication skills in scenarios that simulate real intensive care practice. The SOE complements this by testing depth of understanding, clinical reasoning, and decision-making through structured questioning and discussion of clinical problems. Together, the OSCE and SOE provide a comprehensive evaluation of the applied knowledge, skills, and judgement required for independent practice.

Both components are developed against detailed blueprints mapped to the curriculum up to the end of Stage 2 ICM training. Standard setting, examiner training, and moderation processes are applied consistently to ensure fairness and defensibility, with quality assurance activities carried out at each stage of delivery. Outcomes from the OSCE and SOE are reported collectively as the clinical phase of the FFICM Final Examination.

3.3.2 Quality performance metrics

Across the 2 diets in the academic year, 402 candidates sat the OSCE/SOE, with a pass rate of 62.19%.

In October 2024, 207 candidates sat the exam, achieving a pass rate of 56.04%. This is consistent with October 2023 pass rate of 56.25%.

In March 2025, 195 candidates sat the exam, and the pass rate rose to 68.72% an increase of 12.68 % from October 2024, and higher than March 2024 (56.63%) and March 2022 (64.79%), though still below the March 2023 peak of 73.96%.

Overall, the 2024 to 2025 results reflect stable performance in the October diets and a marked improvement in March compared with the last three sittings.

Figure 3 and Table 2 illustrate pass rates, attendance figures, and performance trends over the past five years.

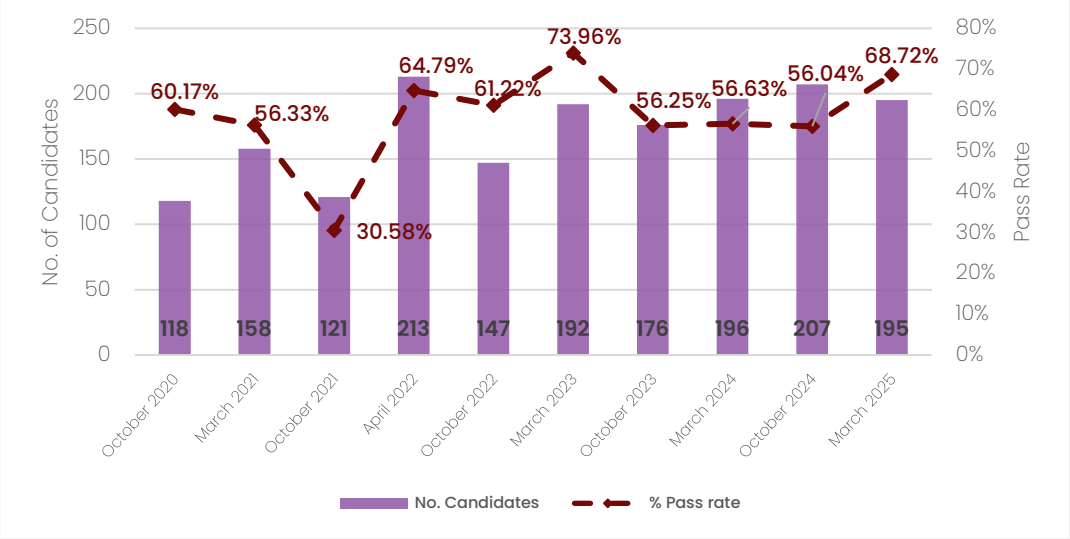

Figure 3: *FFICM OSCE/SOE - Number of candidates and pass rates over the last 5 academic years*

Academic year	No. candidates	Pass rate
2020/2021	276	57.97%
2021/2022	334	52.40%
2022/2023	339	68.44%
2023/2024	372	56.45%
2024/2025	402	62.19%

Table 2: *Number of candidates and pass rates for FFICM OSCE/SOE – Academic Years 2020/2021 to 2024/2025*

3.4 The Objective Structured Clinical Examination (OSCE)

The OSCE component consists of 13 stations – one of which is a test station. Stations are drawn from clinical practice including data interpretation, equipment, procedures, communication, professionalism, resuscitation and medical emergencies. Each station is carefully designed and reviewed to ensure coverage of the ICM curriculum and to simulate realistic clinical tasks.

3.4.1 Setting the pass mark

The OSCE pass mark is determined through the Angoff method, applied at the level of individual stations. The OSCE Core Group reviews each station in advance, with panellists estimating how a borderline candidate would perform. The scores are aggregated to calculate the overall pass mark for that set of stations. This approach ensures fairness and consistency across different exam diets and enables comparison of station difficulty over time.

3.4.2 Test validity and reliability

Reliability of the OSCE is maintained through blueprinting, structured mark schemes, examiner calibration, and moderation. The OSCE working party monitors for variation of performance at station level and ensures that new or revised stations are validated before use.

3.4.3 Marking and moderation

Each station is marked by a single examiner using structured checklists. At the end of each exam day, examiners meet to discuss operational issues and provide feedback on station performance. Prior to the release of results, a moderation board reviews statistical data, low scores, and qualitative examiner feedback.

3.4.4 Quality performance metrics

Across the 2 diets in the academic year, 356 candidates sat the OSCE component. Pass rates ranged from 57.63% to 81.01%, continuing the pattern of differences between the October and March/April sittings observed since 2021/2022. Figure 3 and Table 3 illustrate pass rates, attendance figures, and performance trends over the past five years. A significant dip in the October 2021 pass rate (28.18%) prompted a review of both the stations and the entire cohort. No discrepancies were found in the station design or cohort composition. Outcome data reflects overall success in the clinical examination phase of the FFICM Final.

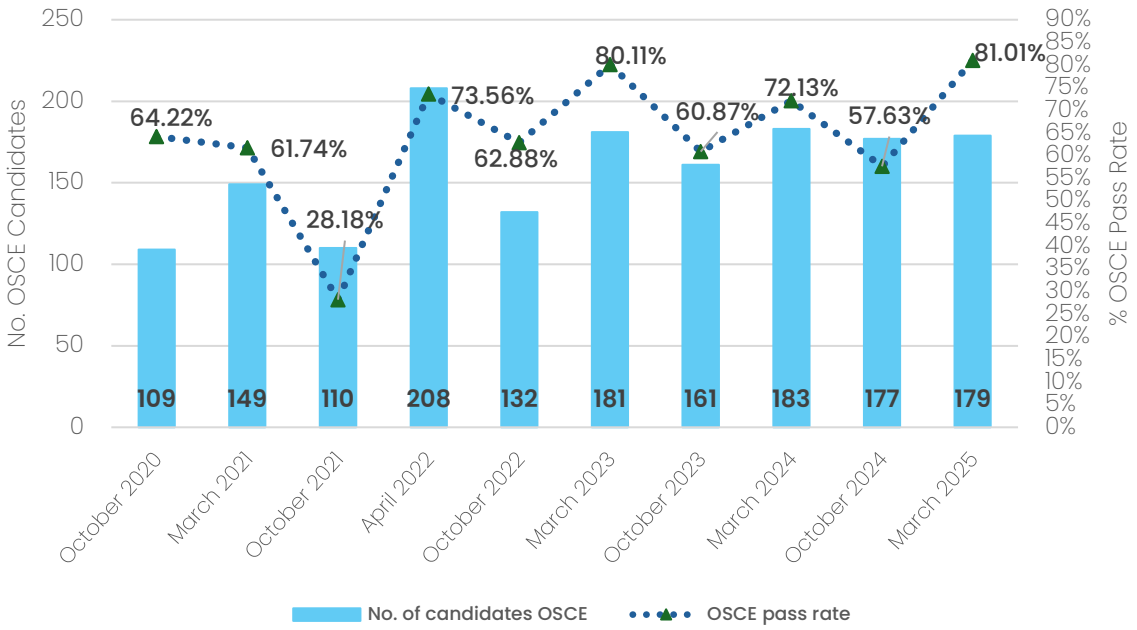

Figure 4: *FFICM OSCE - Number of candidates and pass rates over the last 5 academic years*

Academic year	No. OSCE candidates	OSCE Pass rate
2020/2021	258	62.79%
2021/2022	318	57.86%
2022/2023	313	72.84%
2023/2024	344	66.86%
2024/2025	356	69.38%

Table 3: *FFICM OSCE: Number of Candidates and Pass Rates for Academic Years 2020/2021 to 2024/2025*

3.5 Structured Oral Examination (SOE)

The SOE assesses clinical reasoning, task prioritisation, and decision-making through four structured oral stations, each lasting fourteen minutes. Candidates are examined by two independent examiners at each station, both of whom provide a score and a global performance rating.

3.5.1 Setting the Pass Mark

The SOE uses the Borderline Regression Method (BRM) to determine the pass mark. This method plots the relationship between examiner-assigned scores and global ratings, using regression analysis to identify the point at which a candidate rated as 'borderline' would be expected to score.

The Hofstee method is used alongside BRM to sense-check the standard, particularly in smaller cohorts or where score distribution deviates from expected norms. These methods ensure that the standard reflects both the content of the exam and the performance of the candidate group.

3.5.2 Test Reliability and Validity

Reliability in the SOE is enhanced by structured examiner training, consistent mark schemes, and dual marking. Examiner pairs are allocated carefully according to level of experience, and all questions are selected and reviewed by the SOE Core Group to ensure clarity, fairness, and curriculum coverage.

The SOE's validity is supported by its alignment with real-world clinical decision-making and its ability to test prioritisation, justification, and applied knowledge.

3.4.3 Marking and Moderation

Each candidate receives a numerical score and a global rating from both examiners at each station. Following each exam day, examiners attend debrief sessions to discuss candidate performance, question clarity, and any procedural issues.
Before results are released, a moderation panel convenes to review borderline cases, confirm prize winners, and validate scoring consistency. Examiner comments are considered alongside numerical data, and any anomalies are addressed prior to final ratification.

3.5.4 Quality Performance Metrics

A total of 334 candidates sat the SOE in the academic year 2024/2025. The overall pass rate was 72.16%. Performance trends were broadly consistent with previous years, although the 2022/2023 pass rate of 80.07% was the highest recorded since 2020/2021 as both sittings pass rates were in the high 70% to low 80% range.

Pass mark variation between diets remained within expected parameters. Figure 5 and Table 4 provide a breakdown of pass rates and cohort sizes.

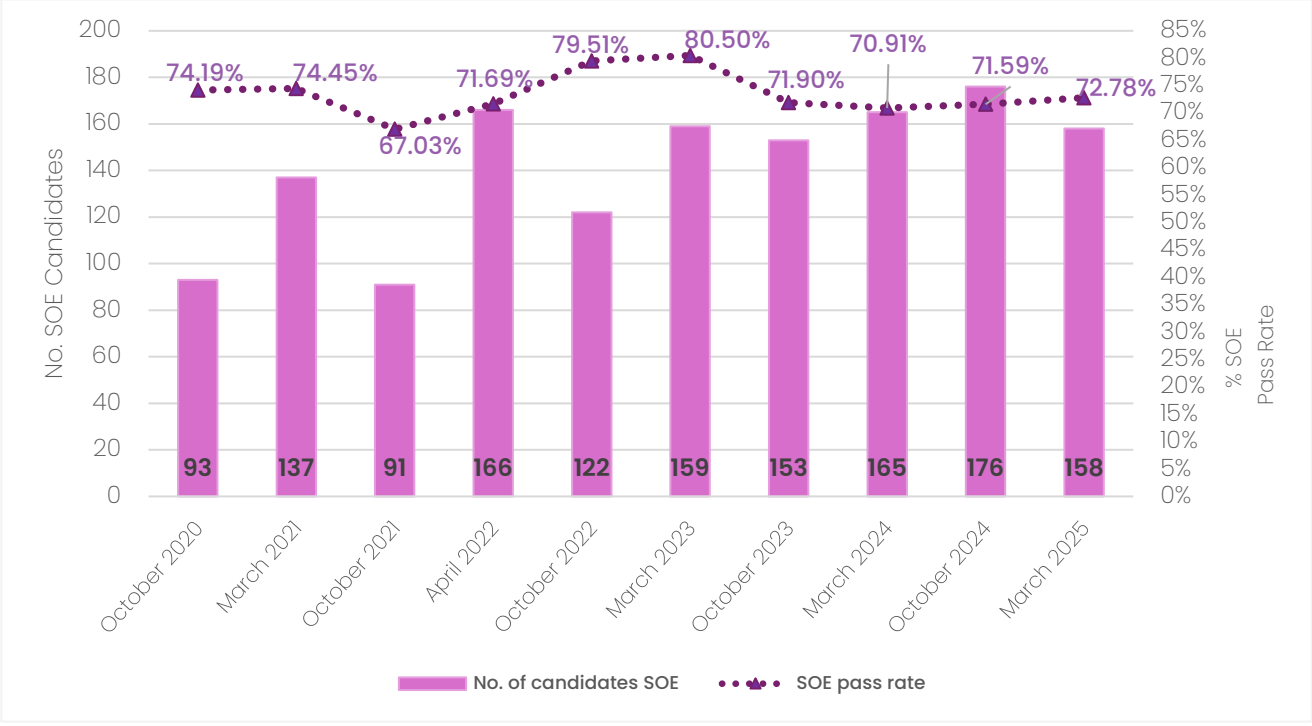

Figure 5: *FFICM SOE - Number of candidates and pass rates over the last 5 academic years*

Academic year	No. SOE candidates	SOE Pass rate
2020/2021	230	74.35%
2021/2022	257	70.04%
2022/2023	281	80.07%
2023/2024	318	71.38%
2024/2025	334	72.16%

Table 4: *FFICM OSCE: Number of Candidates and Pass Rates for Academic Years 2020/2021 to 2024/2025*

4 Guidance to Candidates

This section offers structured guidance to support future candidates preparing for the FFICM Final Examination. It draws on examiner feedback, statistical analysis, and common themes observed in candidate performance across the academic year July 2024 – June 2025. The intention is to help candidates better understand the expectations of the examination and to identify areas where focused preparation may improve outcomes.

While each examination component tests distinct competencies, several cross-cutting themes recur year-on-year. Strong performance typically reflects thorough preparation, familiarity with the exam structure, and the ability to apply knowledge confidently and clearly. In contrast, underperformance is often associated with poor time management, superficial reasoning, and difficulties responding to examiner prompts or structured tasks under timed conditions.

4.1 MCQ Examination

The MCQ paper tests applied knowledge and clinical decision making across the breadth of the FFICM Exam Syllabus. This includes the basic sciences (anatomy, physiology & biochemistry, pharmacology, physics & clinical measurement, and statistics).

Candidates who performed well in this component typically:

- Have good knowledge and understanding of the full breadth of the ICM syllabus
- Demonstrate knowledge and understanding of the basic sciences relevant to clinical practice
- Demonstrate appropriate clinical decision making within typical ICM clinical scenarios
- Integrate clinical information, examination findings and investigations to select the best answer even in unfamiliar scenarios.

Examiner feedback – Common candidate issues:

- Lack of knowledge of applied basic sciences within clinical practice – e.g. Pharmacology (mechanism of action, interactions, adverse effects), Physiology (ECG abnormalities, cardiac tamponade, ventilation, maternal physiology, renal failure)
- Diagnosis, Assessment, Investigations, Monitoring and Data interpretation – e.g. blood results, microscopy & biochemistry of body fluids
- Disease management – e.g. maternal peripartum complications, use of medications in circulatory failure
- Paediatric care – e.g. stabilisation of acutely unwell child
- Procedures – e.g. venous access, use of renal replacement therapy, intercostal chest drains, cardiac pacing.

Recommendations for candidates:

- Practice a wide range of SBA-style questions under timed conditions and ensure revision covers all the syllabus
- Review chair of examiners reports concerning topics that have previously scored poorly in the exam
- Make use of external resources, courses and text books as highlighted on the FICM website

4.2 OSCE

The OSCE tests a range of applied skills, including professionalism, clinical decision-making and communication skills together with applied technical knowledge of equipment, data interpretation, clinical monitoring and measurement, and knowledge of conditions seen in Intensive Care Medicine along with relevant applied basic sciences.

Candidates who performed well in this component typically:

- Had a broad range of appropriate knowledge of conditions which present to ICM.
- Were able to interpret relevant investigations correctly – integrating data and providing meaning of results, rather than simply listing those outside a reference range.
- Integrated information from clinical findings, monitoring and investigation to reach an appropriate differential diagnosis.
- Understood the relevant applied basic sciences.
- Demonstrated appropriate decision making as relevant to ICM.
- Demonstrated situational awareness, particularly in emergency scenarios.
- Communicated appropriately and clearly with both professional colleagues and simulated patients/ relatives.
- Were able to consider and balance competing priorities as appropriate to ICM.

Examiner feedback – Common candidate issues:

- Lack of knowledge of National guidelines e.g. Resuscitation of the pregnant patient
- Inadequate depth of knowledge on important ICM topics e.g. modes of ventilation, hyperkalaemia
- Understanding of applied basic sciences e.g. Causes of Type 2 respiratory failure, identifying pelvic bones in radiology, interpreting ventilator curves, and physiology of oxygen delivery
- Lack of microbiology knowledge e.g. Selecting appropriate antibiotics for a specific clinical situation and describing the clinical factors influencing that choice, where it is expected a candidate has knowledge of antimicrobial prescribing deferring to a microbiologist will not score marks.
- Lack of knowledge of Stage 2 curriculum areas e.g. paediatric topics
- Understanding of ethical topics (appropriate to geographic location in the UK where the candidate works) e.g. 'best interests' decision-making and when this is not appropriate, effectively assessing the capacity of a patient who is refusing life-saving treatment
- Correct interpretation of ECGs and radiological images

To prepare effectively, candidates are advised to:

- Study a broad range of appropriate topics (including all Stage 2 curriculum topics)
- Practice OSCE-type questions with feedback.
- Be observed by consultants and obtain consultant feedback on communication tasks (e.g. talking to relatives, handing over to colleagues).
- Obtain feedback on data interpretation (ECG and radiology).
- Be observed and obtain feedback from ICM simulation teaching.
- Approach the exam simulation station as an everyday ICM scenario, rather than expect an emergency to occur or resuscitation to be performed.

4.3 SOE

The SOE assesses a candidate's ability to apply their knowledge of physiology and basic sciences, together with their clinical reasoning, patient management, professionalism, communication and leadership skills, in response to structured questioning.

Candidates who performed well in this component typically:

- Communicated their responses in a systematic and structured manner without significant prompting from the examiner.
- Demonstrated their understanding of pathophysiological processes in the development of disease and organ dysfunction and applied this in their responses.
- Described safe clinical practice, highlighting treatment priorities and potential challenges.
- Evaluated and applied evidence-based medicine and professional guidance to clinical scenarios.

Examiner feedback – Common candidate issues:

- Application of basic science knowledge and the description of pathophysiological processes – e.g., lack of knowledge and understanding of inotropes, right heart failure, respiratory physiology and toxicology.
- Answers to questions on organ support-e.g., poor description of appropriate modes of ventilation/ventilator settings, and inability to adequately describe the provision of renal replacement therapy.
- Description of common ICU procedures – e.g. failure to apply clinical guidelines and safety checklists.
- Responses to questions on professionalism – e.g. poor structure or communication under time pressure, vague or unfocused answers, lack of reference to guidelines, ethical principles and evidence-based medicine.

To prepare effectively, candidates are advised to:

- Practise with peers and senior colleagues; approaching those with more formal examiner/postgraduate training experience, will be of particular benefit.
- Use the FFICM exam curriculum as a revision aid, ensuring all domains are covered including applied basic sciences relevant to everyday ICM practice e.g., cardiovascular and respiratory physiology, and the pathophysiology of organ dysfunction in common causes of critical illness.
- Familiarise themselves with the FFICM Exam Glossary; create structured response tools for common question stems such as: "*What is the pathophysiology of?", "What is the role of?", "What additional challenges should be considered?"*
- Review published ICM professional guidelines and key research publications as part of exam preparation.

Candidates are encouraged to focus on developing their communication skills to deliver structured, systematic and considered responses, to demonstrate safe/appropriate clinical reasoning and management plans, which are central to examiner expectations in the SOE.

5 Reasonable Adjustments and Accessibility

The Faculty of Intensive Care Medicine is committed to ensuring that all candidates are assessed fairly and equitably. In line with its duties under the Equality Act 2010 and guidance issued by the General Medical Council and the Academy of Medical Royal Colleges, the Faculty provides reasonable adjustments (RAs) for candidates with a disability, long-term health condition, or specific learning difference.
This section outlines the processes followed in the academic year 2024 - 2025, including changes made to improve clarity, responsiveness, and candidate support.

5.1 Policy and Process

Candidates requiring adjustments must submit a formal request during the application window for each examination component. Requests are submitted using the Reasonable Adjustment application form, available on the FICM website, and must be accompanied by supporting medical or educational evidence. For example, candidates with dyslexia are expected to provide an educational psychologist's report confirming the diagnosis and outlining the impact on examination performance.

The following adjustments were commonly granted:

- Additional time (typically 25%)
- Rest breaks
- Use of screen readers or dyslexia-friendly fonts for digital assessments
- Adapted candidate briefing arrangements (e.g. additional reading time)

For all requests, the Examinations Department assesses whether the adjustment is reasonable and whether it maintains the integrity of the examination. Where a request cannot be accommodated, this is communicated clearly to the candidate with an explanation and, where possible, an alternative suggestion.

5.2 Requests and Outcomes

During the academic year 24-25, requests for reasonable adjustments were received across all components as follows:

- **FFICM MCQ:** 14 requests -13 approved as requested, 1 approved with modification.
- **FFICM OSCE/SOE:** 26 requests - 25 approved as requested, 1 approved with modification.
- **FFPMRCA MCQ:** 3 requests - all approved as requested.
- **FFPMRCA SOE:** 3 requests - all approved as requested.

5.3 Quality Assurance and Oversight

In November 2025, the College will launch a centralised RA tracking log to support oversight, transparency, and audit-readiness. Adjustments will be linked to candidate exam records and monitored through a quality assurance lens to ensure delivery is consistent across exam sittings. Long-term RA trends will be monitored to inform policy review and operational planning.

6 Examiner Recruitment and QA

The delivery of the FFICM Final Examination depends on a committed and well-trained group of examiners drawn from across the Intensive Care Medicine community. This section outlines examiner activity during the academic year [Insert Academic Year], including recruitment, induction, training, quality assurance, and professional development.

6.1 Recruitment

During the academic year 2024 – 2025, the Faculty maintained an active pool of examiners across the MCQ, OSCE, and SOE components. Fifteen new examiners were successfully appointed following the Faculty's recruitment round in Q1. Appointments were made following open advertisement and formal application, with selection overseen by the FFICM Examinations Committee. All new examiners underwent a structured induction process prior to participating in their first exam diet.

At the end of their formal tenure, five examiners stepped down, either through planned rotation or retirement. The Faculty continues to benefit from a small number of experienced "Retire and Return" examiners who contribute on a voluntary basis and bring valuable continuity and expertise to the team.

6.2 Training and Induction

In September 2024, all new examiners were required to complete a mandatory training day before undertaking their first examining duties. This training covered:

- Examination format
- Equality, diversity, and inclusion (EDI) training
- Standard setting and marking processes
- Candidate safeguarding and unconscious bias
- Examiner responsibilities and conduct

Each new examiner is paired with an experienced colleague during their first diet to provide support and informal mentoring. Initial performance is monitored through observation, feedback, and audit processes as part of the probationary period.

6.3 Audit and Quality Assurance

Examiner performance is subject to ongoing quality assurance throughout the year. Examiners conduct scheduled audits of marking, communication, and procedural consistency during live examination diets. Feedback is discussed directly with the examiner and recorded centrally.

In academic year 2024-2025, live audits were conducted across OSCE and SOE components. No major concerns were identified. All examiners are offered supportive feedback where required.

6.4 Examiner Diversity and Leadership Representation

The Faculty of Intensive Care Medicine (FICM) remains committed to promoting diversity and inclusivity within its examiner cohort. A diverse and representative group of examiners strengthens the fairness, validity, and credibility of the FFICM Final Examination. Equally, diversity in leadership roles ensures a breadth of perspectives in decision-making, policy development, and quality assurance activities. Equality, Diversity, and Inclusion (EDI) training is mandatory for all examiners and is reinforced during leadership recruitment and transition processes.

6.4.1 Current Examiner Pool – Demographic Overview

At the end of the academic year [2024–2025], the FFICM examiner pool comprised 75 examiners in total.

Self-declared demographic data were collected across key domains:

Characteristic	Examiners (%)
Gender – Female	35%
Gender – Male	65%

6.4.2 Leadership representation

Leadership roles within FFICM examinations include the Chair and Vice Chair of the Exam and Core Group Leads (MCQ, OSCE, SOE). These positions are responsible for overseeing question development, standard setting, examiner training, and quality assurance.

At the close of the academic year:

Characteristic	Leadership Roles (%)
Gender – Female	50%
Gender – Male	50%

7 Examination Reviews and Future Development

The FFICM Final Examination is currently undergoing review in response to an independent review of RCoA-delivered examinations published in February 2023.

As part of the review process, the core purposes of the FFICM Final components have been revisited. An outline of what a revised FFICM Final examination may look like is currently under development. The intention is to maintain the summative role of the FFICM Final as a gateway to progression to Stage 3 training, while modernising the assessment formats and ensuring alignment with the current ICM curriculum.

Under the new model, all written examinations will comprise Single Best Answer (SBA) questions, and the clinical/oral assessments will evolve into circuit-based clinical performance examinations. These will place greater emphasis on applied clinical judgement, decision-making, prioritisation, and critical thinking — domains considered essential for contemporary intensive care practice.

To support this work, representatives from FFICM working groups have observed examination practices across other Royal Colleges and shared learning on station design, exam delivery, and standard setting. In addition, members of the FFICM OSCE and SOE Core Groups have attended postgraduate education and assessment courses to strengthen their understanding of psychometrics, blueprinting, and best practice in oral and performance-based assessment.

All major changes to the FFICM Final Examination will be communicated clearly to candidates, examiners, and training networks at least one year before implementation. The transition to the new exam format is currently planned for academic year **2027–28**, with full publication of the transition timetable to follow. The Faculty is committed to ensuring candidates are given adequate notice, detailed guidance, and appropriate support throughout this process.

8 Conclusion

Postgraduate medical examinations such as the FFICM Final play a vital role in safeguarding patient care by ensuring that doctors possess the knowledge, skills, and professional judgement required for independent practice in Intensive Care Medicine. As a high-stakes summative assessment, the FFICM Final must not only be rigorous and defensible, but also equitable, transparent, and reflective of real-world clinical responsibilities.

Throughout this report, we have outlined how the Faculty of Intensive Care Medicine — in collaboration with the Royal College of Anaesthetists — ensures the quality and integrity of the examination at every stage. This includes blueprinting against the Intensive Care Medicine curriculum, applying recognised standard setting methodologies (such as the Angoff and Borderline Regression methods), maintaining robust moderation processes, and reviewing psychometric performance data following each diet.

The examination continues to evolve in response to internal quality assurance activity, stakeholder feedback, and the recommendations from recent College-wide reviews. A clear development roadmap is now in place, with reforms to assessment formats and processes underway. The Faculty remains committed to ensuring that these changes are communicated in good time, implemented with care, and supported by meaningful resources for candidates and examiners alike.

Central to the success of the FFICM Final Examination is the continued dedication of the examiner cohort. Their contributions — from question writing and standard setting, to examining, auditing, and mentoring — are essential to the function and fairness of the assessment. The Faculty wishes to formally acknowledge and thank all examiners, question authors, and administrative staff for their professionalism and commitment during the academic year 2024-2025.

We hope that this report provides a clear, informative, and transparent overview of the FFICM Final Examination and its ongoing development. As always, we welcome feedback from candidates, trainers, and members of the wider intensive care community to help us strengthen the examination further and ensure it remains a valid and trusted part of the training pathway.

The Faculty of
Intensive
Care Medicine

www.ficm.ac.uk

@FICMNews

Churchill House | 35 Red Lion Square | London WC1R 4SG
tel 020 7092 1688 | *email* contact@ficm.ac.uk