



The Faculty of  
**Intensive  
Care Medicine**

# Quality Management of Training Report 2023

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## KEY MESSAGES

Section 1: INTRODUCTION

Section 2: FICM TRAINING SURVEY 2023

Section 3: GMC TRAINEE SURVEY 2023

Section 4: REGIONAL ADVISOR REPORTS

Section 5: EXAMINATION DATA

# KEY MESSAGES

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1. The ICM CCT training programme is being successfully delivered across the UK with overall positive feedback from both Intensivists in Training and ICM trainers
2. Nearly 30% of our workforce is currently training or has applied to train Less Than Full Time
3. The standard of training in Stage 3 is reported to be high; good news as we prepare ICM consultants of the future
4. ICM and Anaesthesia placements in the training programme are reported to be of a high standard
5. The majority of placements have access to the required rest facilities
6. Trainers must be aware of and manage issues surrounding differential treatment, bullying and discrimination of our Intensivists in Training.

# 1: INTRODUCTION

Sarah Clarke, Quality Lead

Welcome to the Tenth Quality Management of Training Report from the Faculty of Intensive Care Medicine. Quality Assessment for the FICM sits within the Training, Assessment and Quality Committee (FICMTAQ) and oversees the collection of data that allows the FICM to quality manage its training programme.

As with other specialties, we use a variety of indicators to QA our programme (below). A clear link between changes in training and improvement in the quality of consultants is difficult to prove, but by obtaining data from a variety of sources, we can monitor the process of training, and help guide sensible and effective changes by measuring the results.

In addition to the overview of UK training presented here, detailed breakdowns of data on both Intensivists in Training (IIT) and GMC feedback is available to ICM Regional Advisors (RAs), and this is one of the main drivers for improvement at the regional and local level.



## 2: FICM TRAINING SURVEY 2023

Sarah Clarke, Quality Lead

Each year, except for 2020, all FICM liT undertaking the ICM CCT training programme receive a link to an annual survey requesting feedback. Unlike the GMC's National Training Survey (NTS) that collects data at only the one point in the year, the FICM survey collects detailed data on all the liT's placements that year. In addition, it is not bound by the GMC's stipulation that there needs to be three responses before providing a report per hospital, so in our survey every submission has a 'voice'.

The main beneficiaries of the survey results are the regional training programmes. Each ICM RA obtains useful, granular information about the placements the liT finds helpful, and those that have reported issues. This allows the RAs and TPDs to influence changes to the training programme and address problems as they arise.

### 2.1 OVERVIEW OF 2023 RESULTS

Thank you once again to all our Intensivists in Training (liT) who completed the survey. It provides the FICM with invaluable data with which we can improve our training programme.

This year, we had 175 responses from liT in the ICM programme for the year, and 54 replies from doctors on a dual CCT programme who were working in their partner specialty for the entire year. We therefore received a total of **229** responses to the survey in 2023: just over 22% response rate. Whilst we would always like a higher rate, we appreciate the timing of the FICM survey coincided with an liT led survey, and links to this are found below. We are extremely grateful for the survey submissions; we are all too aware of the pressures liT are under, and the perceived survey burden, so a big 'thank you' to all of you: we are listening.

It should be noted that the transition to the new curriculum occurred in August 2021 and all our (now over 1000) liT are on the 2021 curriculum. The annual liT survey was not conducted in 2020 (due to the pandemic) and prior to this, ratings were differently categorised to 'excellent, appropriate and inappropriate' so this data is no longer displayed as a comparator. Instead, we have attempted to improve the ratings' descriptors to 'excellent, good, reasonable, poor and very poor'.

Respondents are surveyed on **all** their placements during the year, and the summary results are tabulated below. This overview markedly masks variation between posts and regions themselves, and although not published here, the underlying important detail is disseminated to the individual ICM Regional Advisors for their use, action and communication with trainers in their locations. For ease of digesting, the categories of excellent and good have been grouped together, as have poor and very poor.

Results and training quality experiences generally remain consistent with previous years (and the 'old' curriculum), though some 'down-grading' of positive rankings is observed, particularly in Stage 2. Unfortunately, it is important to acknowledge that Medicine placements in Stage 1 have had a further decline in the poor/very poor rating. The observation of a lower number of liT in these posts likely reflects the overall increase in proportion of doctors who have already undertaken their medicine placements in core training. This is seen in our liT demographic data, with increasing proportions of EM and Medicine trainees being recruited to the programme, and together they account for just over 50% of all Intensivists in Training. The RAs in the regions reporting poor Medicine experiences have been made aware of the situation.

Another area where there has been an observed decline in experience is in the SSY module, though the small numbers should be acknowledged overall. As a response to this, further resources are being developed, and will shortly be published. An area to be highlighted is the welcome improvement in Paediatric ICM experiences, though again, the small numbers mean the result should be interpreted with caution. It is heartening to see that overall experiences in placements in Anaesthesia and Intensive Care Medicine across the three stages of training are consistently positive. It is great to see that the feedback for Stage 3 training is overwhelmingly positive and suggests that we are preparing our consultant colleagues well for substantive posts.

### How would you rate the standard of training in this placement?

#### Stage 1

		2021	2022	2023
		% (# of responders)	% (# of responders)	% (# of responders)
ICM Stage 1	Excellent/Good	77% (155)	80% (118)	81% (47)
	Reasonable	15% (30)	16% (24)	14% (8)
	Poor/Very Poor	8% (17)	4% (6)	5% (3)
Anaesthesia Stage 1	Excellent/Good	80% (108)	72% (75)	86% (37)
	Reasonable	14% (19)	20% (20)	14% (6)
	Poor/Very Poor	6% (8)	6% (6)	0% (0)
Medicine Stage 1	Excellent/Good	45% (23)	35% (13)	43% (11)
	Reasonable	27% (14)	39% (15)	19% (5)
	Poor/Very Poor	28% (14)	26% (10)	38% (10)

## Stage 2

		2021	2022	2023
		% (# of responders)	% (# of responders)	% (# of responders)
Cardiothoracic ICM Stage 2	Excellent/Good	70% (58)	67% (57)	60% (27)
	Reasonable	22% (18)	26% (22)	27% (12)
	Poor/Very Poor	7% (6)	7% (6)	13% (6)
Neurosciences Stage 2	Excellent/Good	81% (64)	74% (55)	71% (38)
	Reasonable	14% (11)	23% (17)	23% (12)
	Poor/Very Poor	5% (4)	3% (2)	6% (3)
Paediatric ICM Stage 2	Excellent/Good	72% (53)	54% (44)	51% (24)
	Reasonable	21% (15)	28% (23)	36% (17)
	Poor/Very Poor	6% (5)	18% (14)	13% (6)
ICM Stage 2	Excellent/Good	92% (61)	68% (41)	79% (33)
	Reasonable	6% (4)	23% (14)	14% (6)
	Poor/Very Poor	2% (1)	9% (5)	7% (3)
Special Skills Year Stage 2	Excellent/Good	87% (14)	85% (17)	55% (6)
	Reasonable	0% (0)	15% (3)	27% (3)
	Poor/Very Poor	13% (2)	0% (0)	18% (2)

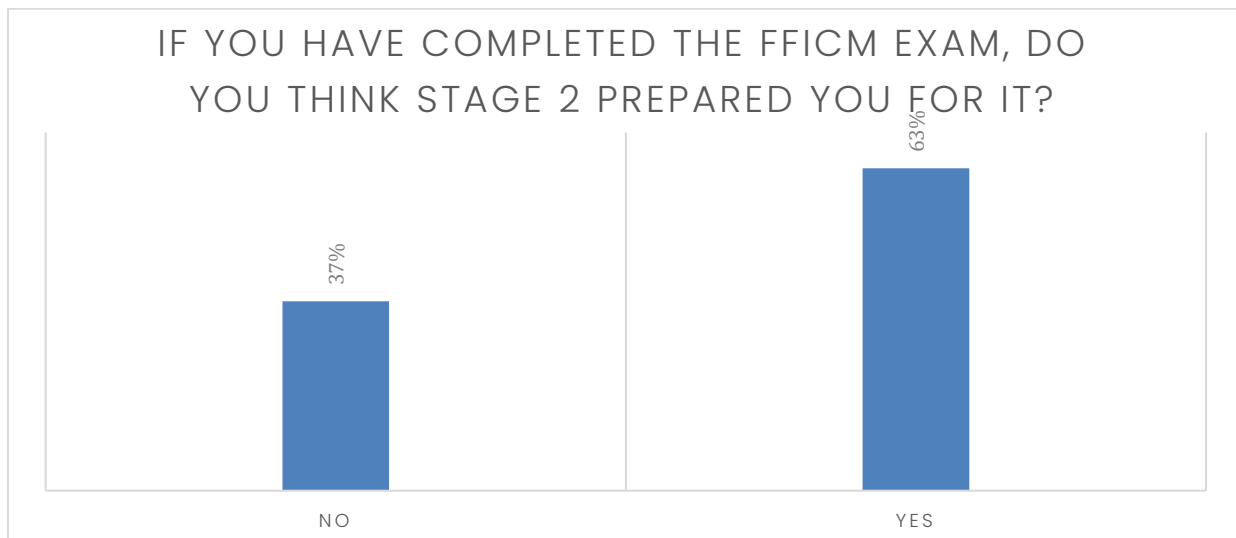
## Stage 3

		2021	2022	2023
		% (# of responders)	% (# of responders)	% (# of responders)
ICM Stage 3	Excellent/Good	87% (49)	80% (33)	94% (31)
	Reasonable	11% (6)	15% (6)	6% (2)
	Poor/Very Poor	2% (1)	5% (2)	0% (0)

## 2.2 EXTRA QUESTIONS

This year, we concentrated on preparedness for the FFICM, rest facilities, LTFT training, positive aspects of the new curriculum and areas that require improvement, along with stages of training with issues. We also asked about notice periods for post rotations and income loss due to rotations. Although these aspects are outside the Faculty's control we can continue to put pressure on those bodies whose remit it is.

### 2.2.1 Stage 2 – preparation for the FFICM exam

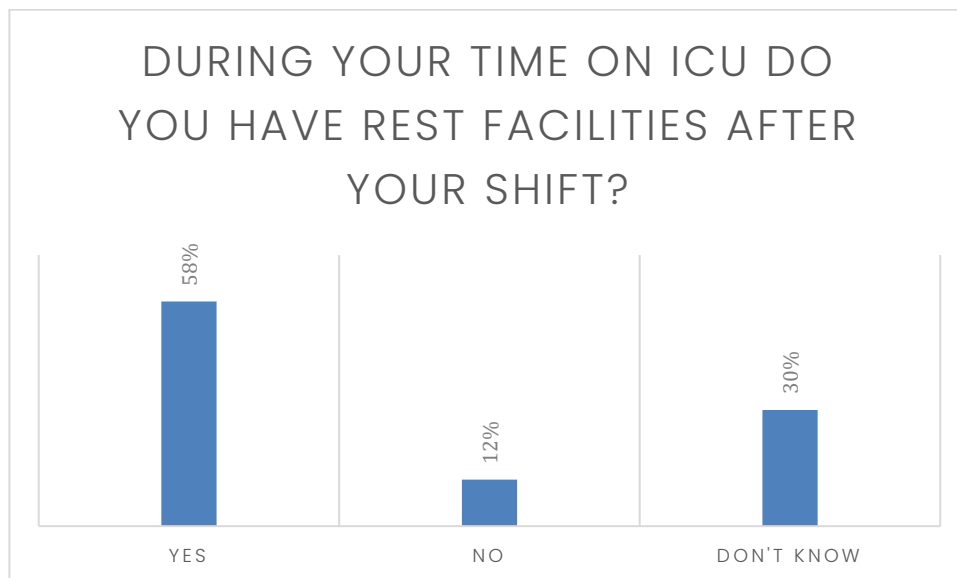
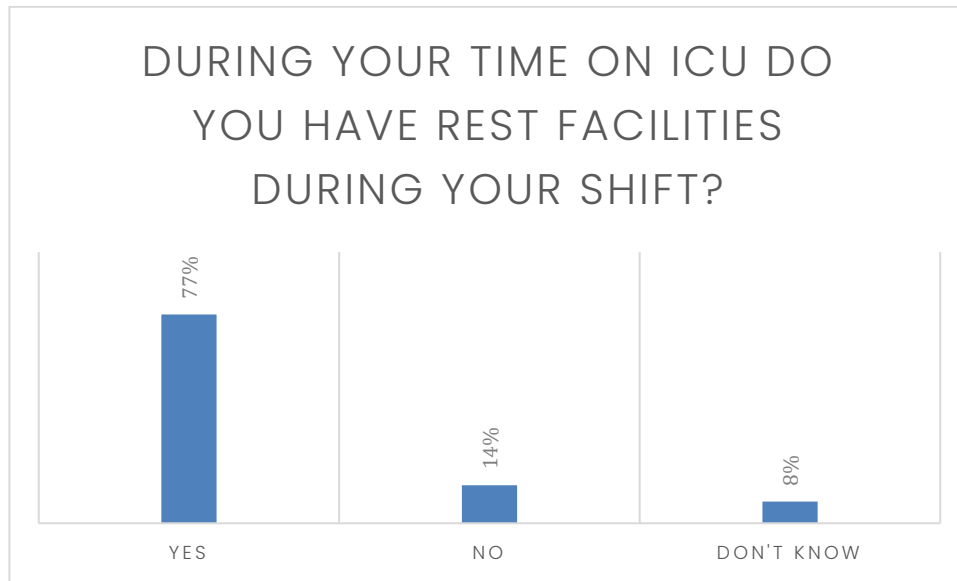


It is encouraging to see that, though more can be done, that liT feel their training has prepared them for the examination. It must be highlighted that the exam standard is the required competence at the end of stage 2.

### 2.2.2 During your time on ICU do you have access to rest facilities during and after your shift?

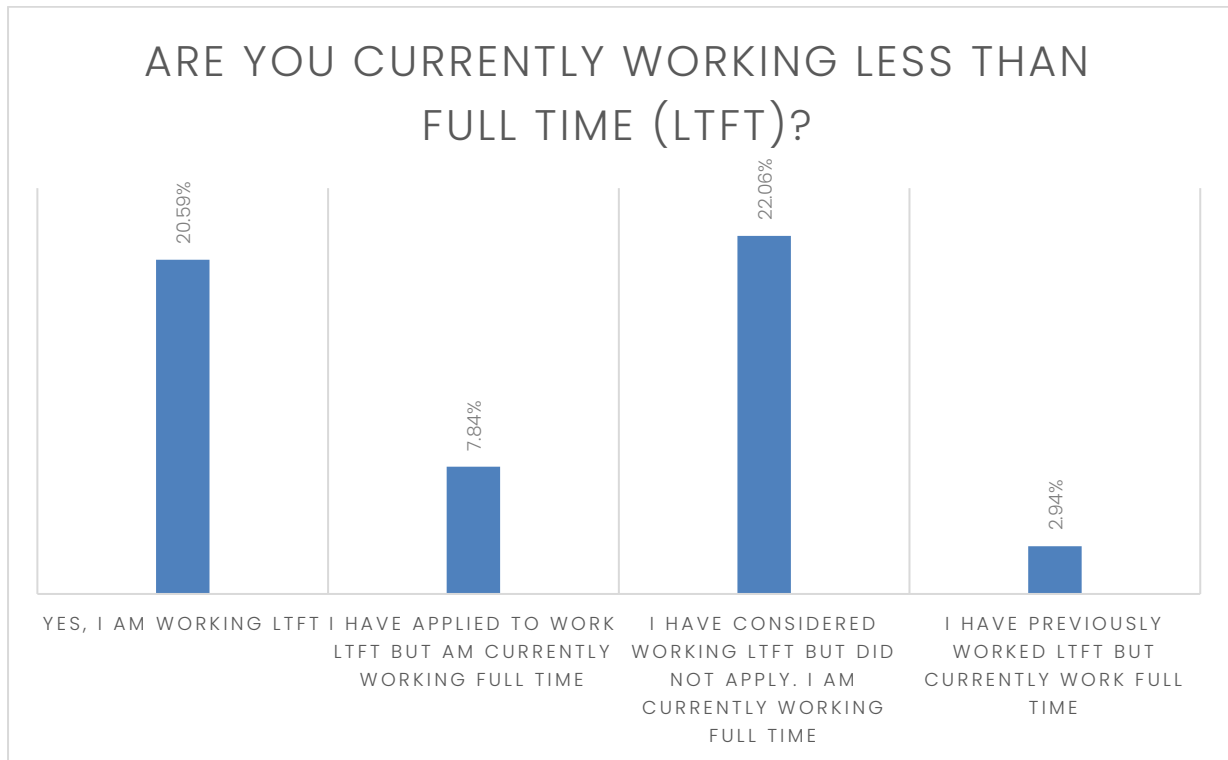
The majority of liT have access to rest facilities, and this is positive progress; however, this should be improved until *everyone* has access to them during and after shifts. The Faculty remain committed to the ['Fight Fatigue' campaign](#) and continue to campaign and represent our findings to NHSE and the devolved nation's statutory education bodies (SEBs).





### 2.2.3 Less Than Full Time Training (LTFT)

In 2023, 42 respondents (21%) advised that they were currently working LTFT with 16 (8%) actively engaged in applying for less than full time training and a further 45 (22%) respondents were considering future applications. The predominant reason for wanting to work LTFT was childcare, and the majority chose 80% as a proportion of whole time equivalent, but 70%, 60% and 50% were also working practices. Considering that nearly 30% of IIT are working, or have applied to work LTFT, this is a stark message being relayed to FICM's Careers, Recruitment and Workforce Committee and the SEBs, as it impacts on the future workforce planning for senior staffing of Intensive Care Units in the UK.



### 2.2.4 New Curriculum

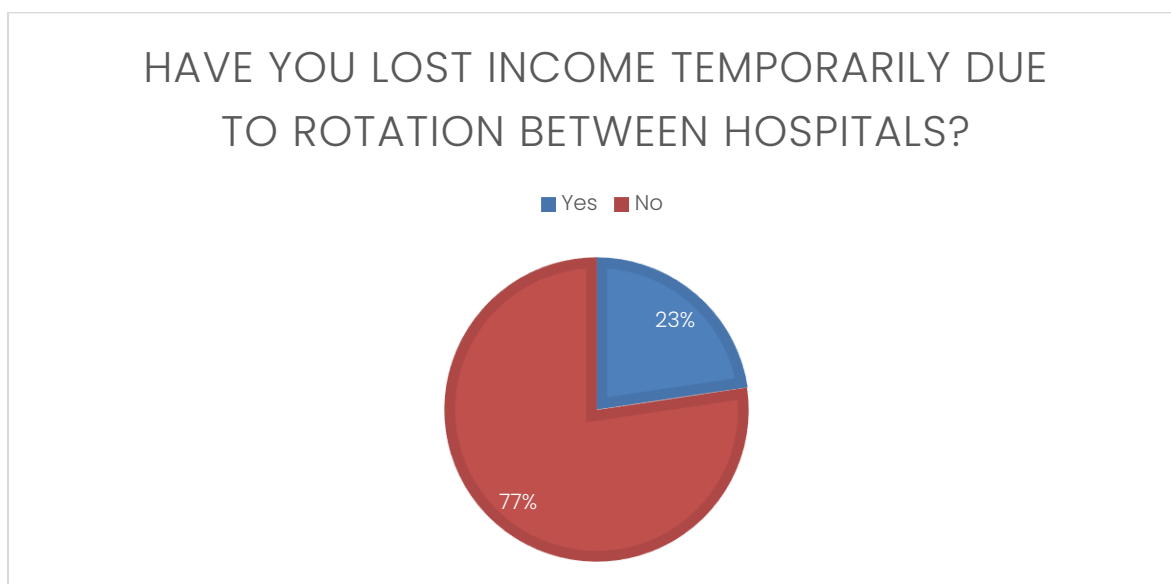
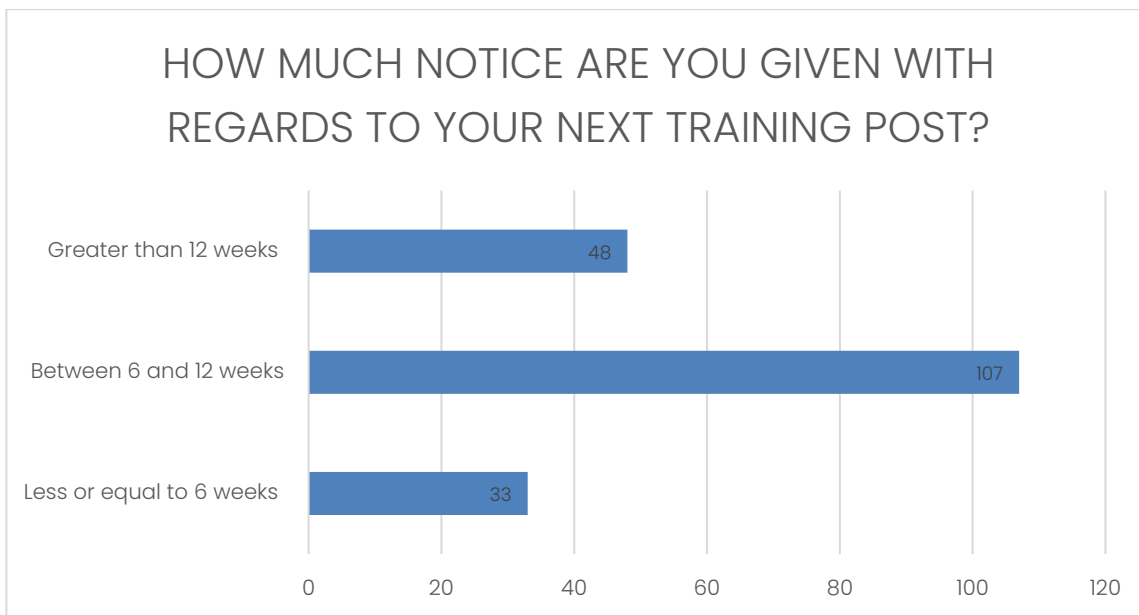
Having used the new curriculum for +1 years, which aspects do you think are good (please tick all that apply)	
Flexibility	50.73%
LLP	40.98%
Supervised Learning Events (SLEs)	40.98%
ESSRs	23.90%
ARCPs	17.07%
Multiple-consultant report	14.63%
Support	7.80%
Guidance	7.32%
Implementation	6.34%

Having used the new curriculum for +1 years, which aspects do you think could be improved? (please tick all that apply)	
Guidance	45.85%
LLP	41.95%
Multiple-consultant report	31.71%
Implementation	26.34%
ESSRs	25.37%
Supervised Learning Events (SLEs)	20.0%
Flexibility	19.51%
ARCPs	19.51%
Support	18.05%

Both curriculum questions included free text comments that FICMTAQ are exploring in detail with help and support from the StR Sub-Committee. Under the improvements question, functionality in the LLP platform featured heavily, with searching and linking issues impacting users. There were also issues listed around the adding of assessors for the completion of assessments. On the positives, those dualling with Anaesthetics liked the fact that both curricula are on the same platform, and others liked the structure including the broad domains, that allow more flexibility whilst ensuring the core curriculum is still covered.

### 2.2.5 Notice of posts and Income loss due to rotation

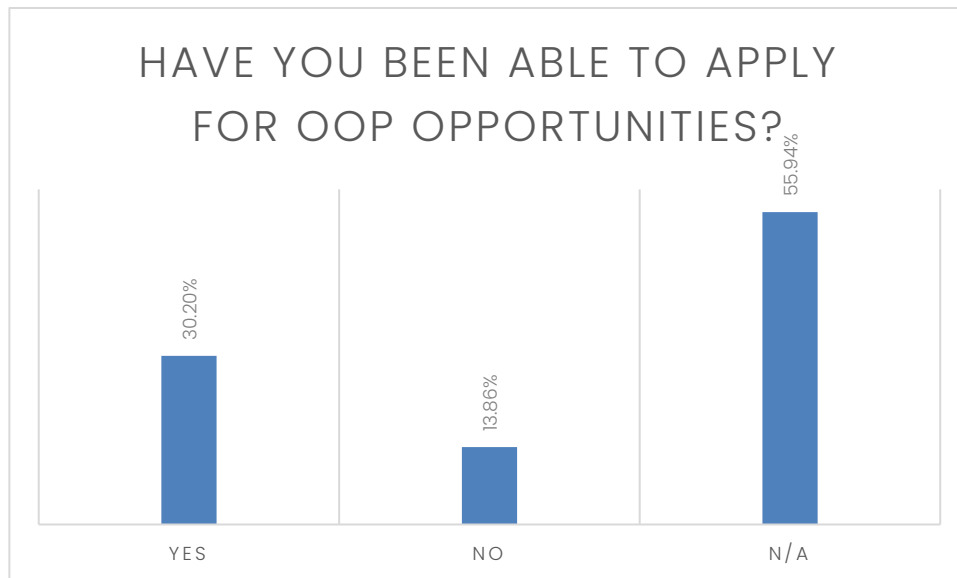
A new question set this year asked intensivists in training to advise, in weeks, how much notice they received before their next training post. The answers ranged from 3 weeks to 52 weeks, with examples of large variations even within single regions. The code of practice is for at least 12 weeks’ notice. Although contractual obligations are outside the Faculty’s control, it is important we highlight and represent our doctors’ lived experiences with the Deaneries and SEBs. FICMTAQ is also working with the RAs to look at regional information, and the options to support enhanced notice periods.



Again, beyond the Faculty’s remit, this is an important factor affecting our doctors’ training experiences, and we are exploring, working with the relevant bodies, to address some of the issues,

such as the Lead Employer structure for regional programmes, LTFT status and minimising rotational placements where possible.

## 2.2.6 Out of Programme



The comments made under the OOP question highlighted that some doctors were dissuaded from applying. There is further work planned in terms of sharing learning, and good practices between regions and publicising opportunities along with details on how to apply.

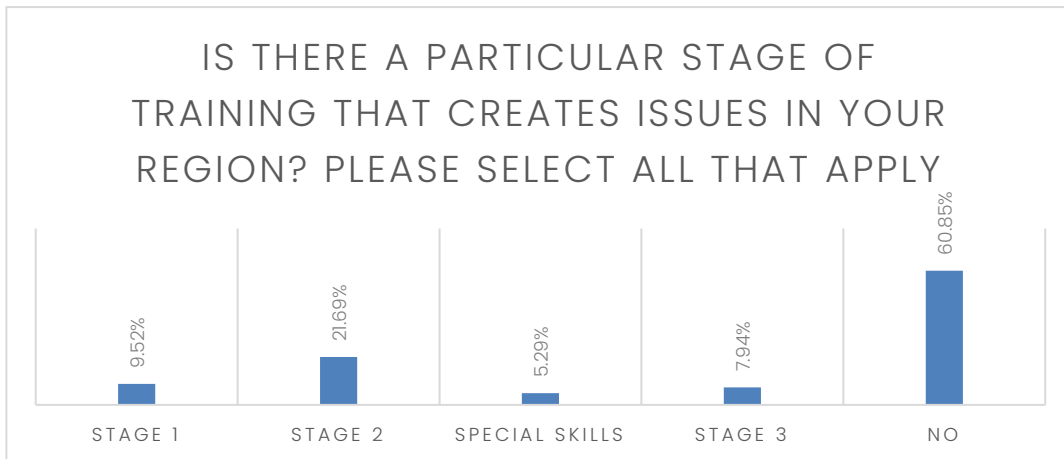
## 2.2.7 Differential opportunities for Intensivists in Training on dual/triple CCT programmes

In 2023, we asked the survey recipients undertaking a Dual CCT programme if they were aware of any differential training opportunities for Duals in their region. 26% of respondents advised that they **did** believe there were differential training opportunities for IIT on dual CCT programmes.

The free text option led to 28 comments offering further explanation. There were repeated themes such as missing out on the Special Skills Year and subspecialty training on both programmes. Concerns were also raised about prolonged periods out of each specialty, rather than the programmes complementing each other, and this was noted throughout training, not specifically related to any one stage.

The lack of formal ICU Paediatric and Neuro placements for those dualling with Anaesthesia was also raised, with some encountering difficulties achieving ICM sign off in these posts. Some responders felt that there was a bias towards those dualling with Anaesthetics, with regards to opportunities. Equally, those dualling with Anaesthetics felt that doctors doing single CCTs in Anaesthesia were offered better opportunities.

**2.2.8 Stage of training with issues**



This data is important for individual regional analysis, however it should be noted that nearly 61% of respondents report no stage of training problems overall.

**2.2.9 Behaviour**

Have you experienced any behaviours that have made you feel uncomfortable during your training this year?	
Yes	19.61%
No	80.39%

It is concerning that a fifth of respondents reported experiencing behaviours that led to them feeling uncomfortable. To further explore this, the FICM StR Sub-Committee ran two surveys amongst IIT that covered many aspects of training including experiences of bullying and undermining during training journeys. Whilst the majority (67%) of respondents in these surveys were satisfied with their training there were some concerning themes of bullying, undermining, and discrimination, both in training and of protected characteristics. The action plan arising from these surveys sees the FICM Training, Assessment and Quality Committee working alongside the FICM StR Sub-Committee to address and respond. [The full report can be found here](#).

**2.2.10 The one thing the Faculty could improve for ICM StRs**

We asked all respondents to suggest one thing that the Faculty could improve for ICM StRs. The variety of answers was extensive and for the purposes of this report we have attempted to group the responses into main themes; these encompass a wide range of concerns and suggestions for improvement, both within the ICM CCT training programme and beyond, and we are grateful for such

open responses by our training membership. They feed directly into FICMTAQ's work streams, with collaborative input from the StR Sub-Committee.

#### **Training Structure and Curriculum:**

- Clear expectations and guidance for each stage of training
- Improvement of the logbook system and acceptance of alternative formats
- Flexibility in training options and support for dual training
- Integration of specific training sessions and skills development into the curriculum

#### **Exams and Assessment:**

- Reforming the exam structure and content
- Providing more support and resources for exam preparation
- Addressing issues with the current assessment process and making it more relevant to clinical practice

#### **Support and Wellbeing:**

- Better support for personal leave and important life events
- Support for IIT's wellbeing, including rest facilities and flexible working arrangements
- Recognition and support for IIT with family responsibilities

#### **Communication and Administration:**

- Improving communication between IIT and the Faculty
- Reducing administrative burden and improving efficiency in processes such as ARCPs

#### **Career Development and Opportunities:**

- Guidance and support for career progression, including mentorship
- Access to training opportunities and resources
- Advocating for the recognition and advancement of single ICM, and Emergency Medicine and Medical dual/triple IIT

#### **Financial Considerations:**

- Reducing financial barriers, such as exam fees and membership costs
- Ensuring equitable access to training resources regardless of socioeconomic circumstances

#### **Specific Training Needs:**

- Specific requests for training in certain skills, procedures, or clinical areas
- Advocacy for changes in training structure, such as reducing unnecessary rotations or improving the quality of rotations

### **2.2.11 Becoming a Royal College of Intensive Care Medicine**

A shared theme amongst many of the Faculty's surveys in 2023, was to ask for our fellows and members' thoughts on the Faculty beginning the journey towards becoming a Royal College of Intensive Care Medicine. It is fair to say that all options were covered in the answer range: for, against

and ambivalent. Whilst the majority of responses were very supportive (126 of the 179 comments), viewing it as an important step for the future of the specialty, some also confessed to being unsure what benefits such a move would bring, what the process would look like in reality, and crucially how it would affect intensivists in training. Others raised concern over the loss of experience, particularly in exams, moving away from the RCoA, and felt that there are more pressing items to focus on such as recruitment, retention and welfare in ICM. This information and engagement from our liT is invaluable and will be used to inform the Faculty Board's next steps.

### 2.2.12 Additional General Comments

Many general comments received in the survey unfortunately describe scenarios and conditions which are beyond our control: rota designs, contracts, pay and working conditions. However, this does not mean we cannot represent views to NHSE and the SEBs, and it is incumbent on regions and programmes to ensure that established standards and regulations are complied with.

This last year has seen a wealth of information gathered and submitted through various surveys, as described, and we are grateful to all our respondents. Work streams are already well under way, and FICMTAQ is busy addressing many of the factors reporting deficiencies or unsatisfactory scenarios for the training programme. This, however, takes time and TAQ acknowledges that change is slower than sometimes desired.

The 2023 survey highlights the dynamic and diverse nature of our training membership, and any individual has a unique experience in training, dependent on their circumstances and core programme. The Faculty recognises this, and acknowledges that more work needs to be undertaken to ensure we have an equitable programme for all, particularly as the proportion of liT recruited from Emergency Medicine and Medicine continues to climb, and with a greater ratio of single CCT Intensivists progressing through training

The exam is reported regularly in the free comments section, relating to burden, stress and timing. This is an area of constant engagement by the exams committee and the [ever-expanding exam resources](#) is just one work stream to address these concerns. Recent changes now permit Intensivists in Training to sit the MCQ in Stage 1, acknowledging that the timing of exam sittings is personal and depends on an individual's circumstances. In line with previous years, there were comments regarding the incompatibility of different training e-Portfolios for doctors undertaking dual CCT programmes. This is clearly an unnecessary, unwanted burden. We recognise that all colleges and faculties would ideally have the same training platform; however, it would depend on *all* the respective bodies agreeing with this approach, collaborating resources and funding. Unfortunately, this conflicts with the autonomy of the Royal Colleges and Faculties in selecting the platform that best suits their needs. The recent addition of Faculty representation on the LLP development group is welcome progress.

To counterbalance some of the above, we are also grateful for the positive comments our intensivists in training offered in the free text. It is heartening to see the following comments:

- **Allows a lot more flexibility for different shapes of training but still ensures the core curriculum is covered. So far I'm enjoying, Learning well in my training and looking forward**
- **It's a great career and we also need to support those who are returning to work from period of absence, less than full time**



- I have felt that the faculty have been excellent at proactive communication to members during uncertain times. I hope that this ethos continues into the future
- I have had excellent training, and have felt extremely well supported in gaining essential skills and career development from our local trainers, the faculty and my peers
- ICU training is the best! I love being an intensivist
- I was given all my stage 2 placements at once, really helpful to know where I am going to be for next 12 months. TPD in my deanery is great, very considerate, trainee-focused and organised
- The TPDs as well as the HoS, have been amazing through my training so far
- I'd like to highlight excellent ICM training team in our deanery - they try so hard to accommodate a wide variety of liT and their needs. In addition, a few of the consultants are just fantastic trainers and should be recognised.

## 3: GMC NATIONAL TRAINING SURVEY (NTS) 2023

Sarah Clarke, Quality Lead

### 3.1 THE ROLE OF THE GMC

The GMC is responsible for ensuring both undergraduate and postgraduate training standards are upheld and does this through its Quality Assurance Framework, of which one aspect is its annual trainee and trainer survey. All doctors in training are required to complete the GMC National Training Survey, and evidence of this is required at ARCP.

### 3.2 PROGRAMME SPECIFIC QUESTION RESULTS FROM THE GMC NTS SURVEY 2023

The questions were answered by 421-425 doctors in training at ST3+ who were in an ICM post at the time of completion (it therefore excludes those in complementary training posts on our programme and explains why the number of respondents does not correspond with the total number on our ICM CCT programme). The results are self-explanatory and are to be considered along with the results of the FICM trainee survey above.

What is your preferred consultant appointment?	
Teaching Centre	55%
Large DGH	42%
Smaller or rural unit	3%

Are you planning to continue with ICM long term?	
Yes	86%
No	2%
I'm not sure	12%

Would you consider dual training if you had the choice again?	
Yes	65%
No	35%

<b>With regard to the implementation and transition to the new 2021 ICM curriculum, how has the process been for you?</b>	
Very easy	12%
Easy	38%
Somewhat burdensome	38%
Difficult	11%

<b>On balance have the intentions i.e. minimising burden of assessment, ownership of personal development, of the new curriculum been realised?</b>	
Completely	10%
Mostly	48%
Not quite	30%
Not at all	12%

<b>To what extent do you agree or disagree with the following statement: My Educational Supervisor has good knowledge of the new curriculum &amp; LLP</b>	
Strongly agree	30%
Agree	41%
Neither agree nor disagree	16%
Disagree	7%
Strongly disagree	4%
I don't know/Can't say	2%

To what extent do you agree or disagree with the following statement: The LLP is easy to use and apply in my clinical practice	
Strongly agree	12%
Agree	43%
Neither agree nor disagree	20%
Disagree	15%
Strongly disagree	9%
I don't know/Can't say	1%

## 4: REGIONAL ADVISOR REPORTS 2023

Andrew Sharman, Lead ICM Regional Advisor

The 2023 Regional Advisors Survey was conducted over the summer using Survey Monkey. All regions responded.

In the summer of 2023, there were 1054 doctors training in Intensive Care Medicine. In the last year, August 2022-August 2023, 27 left the specialty, reasons are varied but include pursuing their other specialty, portfolio burden and examination failure. Four moved into single Intensive Care Medicine CCT training. This year saw an increase in the number of IIT working less than full time (LTFT), 147 nationally, with some regions seeing over 30% of IIT working LTFT.

The portfolio route to the specialist register is an established pathway but only four regions had a recognised specialist to advise these doctors. The role in most regions falls on the Regional Advisors.

This year, a separate ARCP review process was undertaken by the Regional Advisors who acted as external, independent assessors of a region other than their own as part of the Faculty's Quality Assurance processes. Those ICM RAs undertaking the ARCP reviews reported a consistent and fair assessment method at each participating region's ARCPs. This external review process is conducted annually, to ensure the assessment standards are maintained. It was noted how important it is for IIT and trainers to use the [Faculty's Educational Supervisors guide for ARCPs](#) found on the Faculty's website. There were also reports of difficulties with the FICM Lifelong Learning Platform (LLP).

Advanced Critical Care Practitioners (ACCPs) are becoming established in many units, with over 370 qualified FICM ACCP members and over 200 in training. They have been received very positively in these units. Future surveys of Regional Advisors and Intensivists in Training will continue to monitor ACCP numbers and impact.

The major training successes this year relate to training/educational courses regionally and exam courses. The latter is offered in every region bar one. The continued high ARCP outcome rate is also worth noting. Stage 2 continues to cause problems, both with more time often needed to gain the required capabilities, particularly if an IIT is in a dual/triple ICM CCT Programme and having to complete two examinations. Paediatric Intensive Care Medicine placements were reported as often being problematic, with differential experience offered and variable training opportunities, in addition to less-than-optimal supervision. The differential experience of training, if you are an IIT from an anaesthetic background, over those from medical backgrounds is again noted. In general, there still appears to be a bottleneck in certain regions when training teams try to get all their IIT through their specialist ICU placements.

Dual/triple specialty IIT do struggle to complete their training in the time allotted and often face extensions to training. IIT on a triple CCT programme are particularly affected by this due to the requirements of the general medicine curriculum.

Medicine and Anaesthetic placements in Stage 1 continue to be viewed as problematic with IIT from a medicine background feeling underprepared from their anaesthesia placements. IIT from an anaesthetic background report being used as admin support for the wards in their medical placements.

Regarding wider issues, the clearest message was the concern regarding the workforce issues facing all regions – there are too many doctors leaving and not enough being recruited. IiT on the Single ICM CCT are concerned that they will have limited consultant jobs on offer at the end of their training due to the inflexibility of advertised jobs if they remain partnered with anaesthesia.

The lack of recognition for over 50% of Faculty Tutors and Regional Advisors across the country is only adding to the mentioned trainer burnout and ever reducing number of trainers. This is a real concern especially at a time when the number of doctors undertaking the portfolio pathway (CESR route) to a CCT is increasing in many trusts/health boards, with no one other than these trainers to support these doctors.

Looking forward, there was enthusiasm for the Faculty to become a Royal College of Intensive Care Medicine, however they highlighted that collaborative working with other Colleges as well as workforce planning should be the Faculty's immediate priorities in this area.

I would like to extend my thanks for the help and support the Regional Advisors have provided again this year to our IiT, the trainers in their regions and the Faculty. The time and effort invested does not go unrecognised by the Faculty and is greatly appreciated.

## 5: EXAMINATION DATA 2023

Victoria Robson, Chair FFICM Examiners

2023 was the eleventh year of FFICM examinations, with multiple choice exams taking place in January and June and orals in March and October.

### 5.1 FFICM MULTIPLE CHOICE (MCQ)

The MCQ now uses the single best answer format for all its questions and uses the TestReach platform, where candidates are 'proctored' by a live invigilator as they sit the exam online from a location of their choice. It consists of one 3-hour paper, containing both short and long questions.

- In January 2023, 167 candidates sat the MCQ, of which 139 (80.1%) passed.
- In June 2023 152 candidates sat the MCQ of which 141 (92%) passed; this is one of the highest FFICM MCQ pass rates.

### 5.2 FFICM ORAL EXAMINATIONS

The oral exams consist of the Objective Structured Clinical Exam (OSCE) and Structured Oral Exam (SOE). A candidate must pass the MCQ within the preceding three years to be eligible for the orals and take both parts of the oral exams at the same sitting. If successful at one part only, that pass remains valid for 2 years, during which they re-sit only the single required component. A maximum of six attempts at any component is allowed.

The oral components are held face-to-face in London, with a candidate taking both the OSCE and SOE components on the same day. Four days of examining were required for the March and October 2023 sittings.

In March 2023, 192 candidates sat the oral components. Of 181 taking the OSCE, 145 (80.1%) passed and of 159 taking the SOE, 128 (85%) passed. These are both higher than average pass rates. The overall oral exam pass rate was 74%.

In October 2023, 176 candidates sat one or more oral components. This was the largest number of candidates at an Autumn sitting, and all candidates were examined, despite Industrial Action by both Consultants and Junior Doctors during the exam. Of 161 candidates in the OSCE, 95 (60.8%) passed and 110 (71.9%) of 152 SOE candidates passed. The overall oral pass rate was 54%.

Several observers were present at each oral exam. These were ICM Consultants involved in training. The Chair of the FRCA also observed the exam. 8 new examiners were appointed to commence in September 2023, following a competitive recruitment process.

Following the independent review of all RCoA examinations, published in January 2022, a number of work streams have been progressed. Two new members of the RCoA exams team were appointed, with specific responsibility for delivering Faculty exams (including FFICM). A new short-life committee met on several occasions and produced resources to assist candidates in preparing for the exams which are available on the [FICM website](#). These include example videos of borderline and good candidate performances, new example questions, guidance on what is expected in certain OSCE

stations and lists of useful resources. The Chair of FFICM Examiners also presented at FICM's Training Leadership Annual meeting.

The OSCE question bank review process continued, with every question being reviewed and revised if necessary, as the question database transferred to the Practique system. The SOE question bank is also being migrated to Practique. Both exams are now administered and marked via the Practique system.

The Exams Assurance and Development Group (EDAG) was set up, including examiner representatives of all RCoA exams, exams staff and an independent advisor, to oversee the development of exams going forward.

A sub-group of examiners was also established to consider changes to the format of the FFICM Examination. Work is progressing and will take some years; however, we will give prospective candidates at least 1 year's notice of any important changes.

Some amendments were approved by FICMTAQ to the FFICM Exam Regulations, to allow more flexibility in exam timing for trainees, particularly to assist doctors training less than full time and doctors on a dual/triple CCT who join the ICM programme late. [To view the latest Exam Regulations including these changes see the Faculty website here.](#)





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**@FICMNews**

Churchill House | 35 Red Lion Square | London WC1R 4SG  
*tel* 020 7092 1688 | *email* [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk)