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Editor's Commentary

Coping with an Exam Failure

Examination failure is not uncommon among medical students and postgraduate trainees. While failure among final year medical students is low at less than 5%, it can be over 30% for postgraduate exams. Despite its relative frequency among postgraduate trainees, it is seldom discussed. The unlucky candidate undoubtedly finds it to be a painful event. Quite often it is the individual's first experience of failure. There is the fear of adverse judgement of others. One may attempt to hide or minimize the failure from one's family and friends. Unfortunately, failure is something that everyone has to deal with in life. It needs to be addressed in a constructive and considered manner.

Recently, a small group of educators and a trainee doctor have written on how to approach and cope with an exam failure[1]. A number of themes emerge. It is normal for one to feel upset. One should not suppress disappointment, it does not work. Failure is difficult to accept, particularly if one has spent a lot of time and effort preparing for the test. One must not go down the path that the failure is proof of inadequacy. The better option is to consider what can be changed through further study and learning. Blaming oneself is unhelpful. The exam just reflects one's performance at a particular moment in time, it is not a permanent statement. Reach out to family and friends in the immediate days after the bad news. The key advice is to recover and recalibrate. Review carefully any feedback provided by the examiners and the examination board.

After a failure, the candidate needs to work out where things went wrong. It may be a lack of information and knowledge. One potential trap is that candidates during their exam preparations tend to concentrate on what they already know because it is pleasant, rather than also covering the other unfamiliar topics that are equally important. Any knowledge gaps need to be plugged. It could also be that one is studying the wrong areas and not adhering to the outline curriculum. The examiners in essence are looking for the fundamental points in the history, physical examination, the investigations, the diagnosis, and treatment. They have a duty to the public to ensure a doctor is competent to practice medicine commensurate with their required level of responsibility and grade status. The preparation may have been insufficient with too much passive reading rather than active case-based recall. The ability to execute practical clinical reasoning is important. This can be developed through mock OSCI stations and simulation sessions. Slowness in responding to questions and in eliciting physical signs is frequently mentioned by examiners about candidates who fail. This is often due to insufficient or uncertain knowledge. When one is certain of one's facts, they tend to be articulated quickly and confidently.

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The Clinical and Viva sections of the exam bring an additional level of anxiety due to the confrontational nature of the interaction. In times of stress, only solid, well-rehearsed knowledge remains intact while half-learned information tends to quickly evaporate in the heat of the moment. Precision is critical, particularly in the clinical sections of the exams. It is important that in a moment of panic that one does not introduce physical signs that the patient does not have. Other examples of sub-optimal human behavior under stress are looking at the examiner's face for a clue rather than at the patient or the laboratory and radiology investigations. Patterns that are viewed negatively are talking continuously without a clear focus or mumbling an answer that the examiners cannot hear.

It is important to be completely familiar with the exam format and marking system. The requirement is that one has sufficient knowledge and skill to pass each section of the exam. It is about reaching the required standard across the entire test. There is little point in being excellent in one section and failing one or more of the other sections. The exams are devised to test that one has attained the necessary degree of competency across all areas. A patchy performance with segments below the required threshold will invariably result in failure.

The performance of candidates at the OSCI 'explanation station' is frequently disappointing. This is the scenario where one has to inform and explain a diagnosis to a patient or a parent in the case of a child. It is important to ascertain the patient's level of prior knowledge and level of understanding. Use plain language and avoid jargon. Deliver the information in small segments. Explain what the diagnosis means and what is the treatment pathway. Outline what impact the diagnosis may have on the patient's work and day-to-day life. Pause to ensure that the patient understands what they are being told. A useful tip for candidates is to read their hospital's patient information leaflets on common conditions. Alternatively, the HSE website 'Health A-Z' provides patient information on wide range of medical problems. CHI has a large list of information leaflets on conditions affecting children. These communications have been carefully written and have taken guidance from the National Adult Literacy Agency (NALA)[2]. NALA recommends that medical communications should be generally pitched at a reading age of 12 years. By studying information leaflets, the exam candidate will get a good insight on how to communicate specific a diagnosis and management with patients.

The first-time pass rates for Irish graduates are 15-20% higher than those of international medical graduates. The reasons for this 'differential attainment' are multi-factorial. The Irish candidates are more familiar with the local healthcare system, the clinical examination, and communication styles. The Irish training system has an emphasis on self-reflection and critical appraisal which suits sections such as grey cases. The international candidates are less likely to be in training posts than their Irish counterparts. There are a number of ways that can improve their success rates. Communication and culture training is helpful in improving the clinical interaction with patients. Mock OSCI simulation scenarios provide useful guidance in

clinical reasoning and differential diagnosis. In day-to-day clinical practice, the provision of constructive feedback that identifies knowledge and skill gaps is essential. Mentorship is also invaluable in terms of guidance, encouragement, and boosting of confidence.

Postgraduate medical training in Ireland is overseen by 17 training bodies that work together through the Forum of Irish Postgraduate Medical Training Bodies[3]. The Forum, established in 2006, supports training bodies in maintaining high standards in medical education and training. The CPD support scheme is funded by the HSE to provide education and training courses for NCHDs who are not in a formal training scheme.

Some candidates may think that the exam failure was just bad luck and simply re-sit without considering carefully why they did not pass. This is the wrong approach. If the blind spots in one's knowledge, clinical skills, and clinical reasoning are not adequately addressed and rectified, it is likely that one will fail again. This is particularly the case if the candidate had a problem with the OSCI, clinical, viva components as these are difficult to improve on with solo studying. Senior consultant advice and guidance is invaluable before embarking on the next attempt at the exam.

J.F.A. Murphy
Editor

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