

CANDIDATE INSTRUCTIONS AND GUIDANCE NOTES

MRCS
PART B

OBJECTIVE STRUCTURED CLINICAL
EXAMINATION
(OSCE)

Effective January 2013
(updated March 2015)

**MRCS - PART B
OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)**

CANDIDATE INSTRUCTIONS AND GUIDANCE NOTES

1. General information

These guidance notes refer to the revised Part B (OSCE) to be examined for the first time in February 2013. They will be updated periodically. They should be read in conjunction with the MRCS Regulations dated October 2012.

Changes to the Intercollegiate MRCS examination have been approved by the General Medical Council (GMC).

The purpose of the MRCS examination is to determine that trainees have acquired the knowledge, skills and attributes required for the completion of core training in surgery and, for trainees following the Intercollegiate Surgical Curriculum Programme (see <http://www.iscp.ac.uk>), to determine their ability to progress to higher specialist training in surgery. Possession of the MRCS Diploma is one of the requirements for transition to ST3. The examination is intended for and set at a level of early second year UK core training. There is no mandatory requirement that candidates have to be at any particular level of training or in any approved training scheme.

A detailed content guide to the MRCS examination can be found at http://www.intercollegiatemrcsexams.org.uk/new/pdf/Guide_intercollegiate_MRCS_exam_feb_12.pdf

The Intercollegiate MRCS examination comprises two Parts as follows:

Part A - Multiple Choice Questions (MCQ) consisting of two papers, each of 2 hours' duration, taken on the same day.

Part B - Objective Structured Clinical Examination (OSCE).

Candidates must have passed Part A of the examination to be eligible to apply for Part B. There is a limit of **six** occasions on which candidates may attempt to pass Part A of this examination and **four** attempts in which to pass the Part B (OSCE), irrespective of the time interval within which they are taken. Candidates should be aware however that the GMC has deemed that **seven years** is the time limit at which additional educational input must be shown before they are allowed to complete the examination. Failure to pass the Examination within the permitted number of attempts will debar the candidate from applying for any component/part of the MRCS examination.

2. Objective Structured Clinical Examination (OSCE)

2.1 Structure

The OSCE will normally consist of 18 examined stations each of 9 minutes' duration. These stations will be divided into broad content areas (BCAs) as follows:

- Anatomy and surgical pathology (5 stations)
- Applied surgical science and critical care (3 stations)

These two BCAs will be grouped together for the purposes of passing the examination and will be known collectively as “Applied Knowledge” (8 stations = 160 marks)

- Clinical and Procedural Skills (6 stations)
- Communication skills (4 stations)
 - Giving and receiving information
 - History Taking

These two BCAs will be grouped together for the purposes of passing the examination and will be known collectively as “Applied Skills” (10 stations = 200 marks)

There may, in addition, be one or more preparation station and one station that is being pre-tested. Any such pre-testing station will not contribute towards the final mark of the examination. Candidates will not be informed which station is being pre-tested.

Each of the 18 examined stations is ‘manned’. Some of the stations will have two examiners and some one. In stations with two examiners, each examiner will be examining different aspects of a candidate’s performance.

2.2 Domains

In addition to the four broad content areas examined in the OSCE, four domains have been identified which encompass the knowledge, skills, competencies and professional characteristics of the competent surgeon. These domains map to GMC’s Good Medical Practice (GMP) and are assessed in the OSCE. They are as follows:

- *Clinical knowledge and its application*: the clinical knowledge specified in the syllabus; the ability to understand, synthesise and apply knowledge in a clinical context.
- *Clinical and technical skill*: the capacity to apply sound clinical knowledge, skill and awareness to a full investigation of problems to reach a provisional diagnosis, the ability to perform manual tasks related to surgery which demands manual dexterity, hand/eye coordination and visual/spatial awareness.
- *Communication*: the ability to assimilate information, identify what is important and convey it to others clearly using a variety of methods; the capacity to adjust behaviour and language (written/spoken) as appropriate to the needs of differing situations; the ability actively and clearly to engage patient/carer/colleague(s) in open dialogue.
- *Professionalism*: the demonstration of effective judgement and decision making skills; the consideration of all appropriate facts before reaching a decision; the capacity to make the best use of information and think beyond the obvious; being alert to symptoms and signs suggesting conditions that might progress or destabilise; being aware of own strengths/limitations and knowing when to ask for help; the ability to accommodate new or changing information and use it to manage a clinical problem, to anticipate and plan in advance, to prioritise conflicting demands and build contingencies, to demonstrate effective time management; being aware of the need to put patient safety first.

The four domains are assessed via the 18 stations of the OSCE.

Candidate performance on domains will not be pass/fail criteria. Domains will be used primarily for structuring the scenarios and mark sheets.

2.3 Duration

Each station will be of 9 minutes' duration. There may, in addition, be one or more rest or preparation stations and one station that is being pre-tested. The total duration of the OSCE will be approximately 3 hours 30 minutes; this may vary slightly depending on the time allowed between stations, on the rest break(s) provided during the examination and on whether a pre-test station is included.

2.4 Marking and standard setting

Each station is marked out of a total of 20 marks.

It is important to note that to score the highest marks it will be necessary for a candidate to demonstrate the knowledge, skills, competencies and professional characteristics described by the domains across the stations of the OSCE.

In addition to being given a maximum mark of 20 for each examined station, candidates will be awarded a separate, overall global rating for the station as follows:

- Fail
- Borderline
- Pass

In order to pass the examination candidates must obtain a pass mark in the two aggregated Broad Content Areas defined in 2.1 above - Knowledge and Skills. Using information from the structured mark sheets for each station out of 20, and the global rating for each station, a mark will be calculated out of 160 for Knowledge and 200 for Skills, that is judged to be the mark required to pass each BCA.

To be awarded a pass in the OSCE a candidate must pass EACH of the two grouped areas at the same sitting. Candidates will note, therefore, that from February 2013, there will be no overall pass mark.

Knowledge (8 stations) incorporating the broad content areas of anatomy and surgical pathology and applied science and critical care.

Skills (10 stations) incorporating communication skills in giving and receiving information and history-taking

3. Conduct of the examination

3.1 Proof of identity

Candidates must bring proof of identity to the examination. Proof of identity must be an official document, such as a current passport or driver's licence that includes the candidate's name, signature and photograph.

For the purposes of visual identification, any candidate sitting the examination will be required to remove any clothing and/or other item which covers all, or part of, the candidate's face. The Colleges will observe sensitivity and, in specific circumstances, privacy in the visual identification of candidates.

3.2 Dress code

In line with modern infection control practices, and in view of the variety of stations and the limited time available between them, it has been decided to adopt a standard dress code for all stations in order to ease the pressure upon candidates who would otherwise be required to modify their dress between stations. The dress requirements for candidates are as follows:

- Arms to be bare below the elbow
- No jewellery on hands or wrists with the exception of wedding rings/bands.

An acceptable form of dress would be a conventional short-sleeved shirt/blouse, open at the neck, or for a long-sleeved shirt/ blouse to have the sleeves rolled up throughout the examination. Tee-shirts and polo shirts are not acceptable dress. Candidates with religious or cultural reasons for not observing this code for all stations will be expected to comply with the dress code for those stations involving the physical examination of patients/actors.

There will be space provided for hanging up jackets etc, if necessary.

To facilitate the assessment of non-verbal communication skills and interaction with the examiner and patient (or actor in the role of the patient as the case may be), the Colleges will require candidates for the duration of the stations in question for the Part B (OSCE) to remove any clothing and/or other item which covers all, or part of, the candidate's face.

3.3 Briefing

All candidates will receive a detailed briefing by a member of the examination administrative staff, and usually the Supervising Examiner, prior to the commencement of the Part B (OSCE) examination. It is very important that candidates listen carefully to the information that they are given at the briefing and also follow any instructions that they are given by the administrative staff during the circuit. The briefing will cover the checking and issuing of candidate numbers; layout of the stations; rest stations; an indication whether or not there is a pre-test station (although the station will not be identified); the candidate's starting position; timing arrangements; and arrangements for emergency evacuation of the centre. Candidates must make sure that they understand how the examination circuit is to be run at this stage. At the end of the circuit there will be a debriefing session and candidates will be invited to complete a feedback form and can air any immediate concerns that they may have about the conduct of the examination.

3.4 Equipment

All equipment required for the tasks set in each station will be supplied. Candidates may use their own stethoscopes, measuring tapes etc.

3.5 Electronic and Communication Devices

Mobile phones or other electronic/communication devices must not be carried on the person during the circuit. They can be left (switched off) with other property. Any candidate who is found to be in possession of an electronic/communication device after the start of the examination will be subject to disciplinary action.

3.6 Candidate instructions

Each of the stations will have detailed instructions on the outside about the task to be performed. One minute is allocated for reading the instructions which will also be

available within the bay for reference if required. In stations that involve a task followed by interaction with an examiner there will be an indication of the time allocated for each part. This will normally be six minutes for the task and three minutes for the examiner interaction. A sound indication will be given at this point and the examiner will commence their questioning.

In each station the examiner will check the candidate's number; candidates are to ensure that their badges are visible at all times.

In bays involving the examination of patients the examiner will usually watch the candidate conduct the required examination. Candidates will not be prompted and will not be required to give a running commentary. If the examiner judges that a candidate is not performing the task requested, the candidate will be prompted to re-read the instructions for the station.

If a candidate has had contact with patients/cadaveric material or been performing a practical task he/she must use the hand gel provided.

A candidate completing the task within the 9 minutes available for each station must remain within the station until the signal to move on. A candidate not managing to complete the task must move on promptly even if in the middle of a question.

3.7 Results

Standard-setting to determine the examination pass mark will be conducted centrally, with all candidate mark sheets from all centres taken into account. This process will take some time, hence the examination results may not be released for several weeks after the examination – details of the release date will be given to candidates at or around the time of the examination.

3.8 Feedback

Candidates will receive a breakdown of their marks for the grouped BCAs with their overall Pass/Fail result. No further feedback will be normally be available.

3.9 Improper Conduct by Examination Candidates

This examination will be conducted according to the disciplinary procedures published by the ICBSE. If a candidate is suspected of any malpractice the Supervising Examiner may make reasonable enquiries at the time and will notify the candidate of what the concerns are and how the matter will be resolved.

Note: All parts of the examination will be conducted in English and will use terminology and procedures relevant to the NHS in the UK. Candidates should be familiar with UK guidance issued by National Institute for Health and Clinical Excellence (NICE) or Scottish Intercollegiate Guidelines Network (SIGN).