

INTERCOLLEGIATE MRCS APPLICATION FORM - PART B (OSCE)

The examination fee and all relevant information must be included with the application. Please write in capital letters.

Give details of any username or personal ID issued to you by the College to which you are applying to sit the examination:

FOR OFFICE USE ONLY	
Acknowledgement sent: _____	Comments on Application: _____
Fee paid: _____	_____
_____	_____

Last name in full: _____
Write your name exactly as it appears on your primary medical degree certificate.

Other names in full: _____

Gender:

Date of birth: ____/____/____
Day/ Month/ Year

Address:

(For examination notices, results and correspondence)

Postcode: _____

Telephone Numbers:

Contact number: _____ Mobile: _____

Fax: _____ Email: _____

Reasonable Adjustment Requests

I am requesting a reasonable adjustment under the Reasonable Adjustments Policy and I enclose the required documentary evidence.

Please note that you must send the required documentary evidence to the examinations department of the College to which you are applying within one week of application, or it may not be possible to accommodate the request.

SECTION 1 - APPLICATION

I wish to apply for MRCS Part B (OSCE)

to be held on: ____/____/____
Day/ Month/ Year

Centre _____

College to which you are applying:

Edinburgh England Glasgow Ireland

If you have applied to sit the MRCS examination at this College before, please indicate the date: ____ / ____ / ____
Day/ Month/Year

I enclose the required fee of _____ as shown in the current College examinations calendar.
Note: The fee must be submitted in £ sterling (UK) or Euros (Ireland) (See section 8 on page 6.)

Notes:

1. You can enter the examination through any College but may enter with only one College at each sitting.
2. If you are out of time in the current Intercollegiate MRCS, but in a surgical training post at the time of sitting the examination, please provide evidence from your ISCP Assigned Educational Supervisor.
3. If you attempt to enter the examination through more than one of the four Colleges at the same sitting you will forfeit the fees for each additional application.
4. If you are applying to sit the examination through a College to which you have applied previously you must submit another application form, but you do NOT have to send your degree certificate or complete section 2 again.

SECTION 2 - ACADEMIC RECORD

Primary medical qualification _____

Date conferred: ____/____/____
Day Month Year

Qualifying University (UK Only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Aberdeen | <input type="checkbox"/> Exeter | <input type="checkbox"/> Lancaster |
| <input type="checkbox"/> Anglia Ruskin | <input type="checkbox"/> Glasgow | <input type="checkbox"/> Manchester |
| <input type="checkbox"/> Aston | <input type="checkbox"/> Hull, York | <input type="checkbox"/> Newcastle upon Tyne |
| <input type="checkbox"/> Belfast – Queen’s University | <input type="checkbox"/> Keele | <input type="checkbox"/> Norwich – UEA |
| <input type="checkbox"/> Birmingham | <input type="checkbox"/> Kent and Medway | <input type="checkbox"/> Nottingham School of Medicine |
| <input type="checkbox"/> Brighton and Sussex | <input type="checkbox"/> Leeds | <input type="checkbox"/> Nottingham, Lincoln |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Leicester | <input type="checkbox"/> Oxford |
| <input type="checkbox"/> Buckingham | <input type="checkbox"/> Liverpool | <input type="checkbox"/> Plymouth Peninsula |
| <input type="checkbox"/> Cambridge | <input type="checkbox"/> London – Barts and the London | <input type="checkbox"/> Sheffield |
| <input type="checkbox"/> Cardiff – University of Wales | <input type="checkbox"/> London – Brunel | <input type="checkbox"/> Southampton |
| <input type="checkbox"/> Central Lancashire | <input type="checkbox"/> London – GKT | <input type="checkbox"/> St Andrews, Dundee |
| <input type="checkbox"/> Derby | <input type="checkbox"/> London – Imperial College | <input type="checkbox"/> Sunderland |
| <input type="checkbox"/> Dundee | <input type="checkbox"/> London – QMUL | <input type="checkbox"/> Swansea |
| <input type="checkbox"/> Durham – Stockton | <input type="checkbox"/> London – School of Hygiene & Tropical Medicine | <input type="checkbox"/> Warwick |
| <input type="checkbox"/> Edge Hill | <input type="checkbox"/> London – St George’s | |
| <input type="checkbox"/> Edinburgh | <input type="checkbox"/> London – UCL | |

University at which degree obtained (if not from UK): _____

Country: _____ GMC/IMC Number (if held): _____

If your name does not appear in the Medical Register of the General Medical Council of the UK or the Medical Register of Ireland, your qualification must be acceptable to one of the Councils of the Colleges; in this case, you MUST submit your original degree certificate or a certified copy for scrutiny.

SECTION 3 – ELIGIBILITY

In order to apply for Part B (OSCE), you must provide evidence of having passed Part A of the Intercollegiate MRCS examination. A certified copy of your pass letter for Part A should be included with this application unless you are applying for Part B (OSCE) at the same College at which you passed Part A.

If you have passed Part A:

- Edinburgh
- England
- Glasgow
- Ireland

Date of passing: ____/____/____
Day Month Year

Candidates are permitted a maximum of 4 attempts in a combination of the Intercollegiate MRCS Part B (OSCE) and Intercollegiate MRCS Part B (OCC). Candidates are permitted 4 attempts at the Part 2 DOHNS for the purposes of obtaining MRCS (ENT).

Please list the College(s) and date(s) of any previous attempts at any of these examinations:

Date of sitting: ____/____/____ College: _____ Exam: _____
Day Month Year

Date of sitting: ____/____/____ College: _____ Exam: _____
Day Month Year

Date of sitting: ____/____/____ College: _____ Exam: _____
Day Month Year

**SECTION 4 – LEVEL OF TRAINING AND DEANERY AT THE TIME OF APPLICATION
[TO BE COMPLETED BY UK TRAINEES ONLY]**

The Colleges are required to collect the following information by the UK General Medical Council. Please note: the completion of this section is mandatory for UK candidates. Incomplete applications will be returned to candidates.

4.1 Please indicate the level of your training by ticking the appropriate box if applicable:

FY1 FY2 CT1/ST1 CT2/ST2 CT3/ST3 FTST International non-trainee Other:.....

4.2 Please indicate the Deanery to which you are appointed by ticking the appropriate box if applicable:

- | | |
|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Health Education Kent, Surrey and Sussex |
| <input type="checkbox"/> Health Education East Midlands | <input type="checkbox"/> Health Education North East |
| <input type="checkbox"/> Health Education Yorkshire and Humber | <input type="checkbox"/> Health Education North West |
| <input type="checkbox"/> Health Education East of England | <input type="checkbox"/> Health Education West Midlands |
| <input type="checkbox"/> Health Education Wessex | <input type="checkbox"/> Health Education South West |
| <input type="checkbox"/> Health Education Thames Valley | <input type="checkbox"/> NHS Education for Scotland |
| <input type="checkbox"/> Health Education North West London | <input type="checkbox"/> Northern Ireland Medical and Dental Training Agency |
| <input type="checkbox"/> Health Education South London | <input type="checkbox"/> Wales Deanery |
| <input type="checkbox"/> Health Education North Central and East London | <input type="checkbox"/> Defence |

SECTION 5 - CHECKLIST

Is your application form complete? Have you included the following?

	yes	no
➤ Complete and up-to-date contact information	<input type="checkbox"/>	<input type="checkbox"/>
➤ Examination fee	<input type="checkbox"/>	<input type="checkbox"/>
➤ Paperwork relating to a Reasonable Adjustment request (as required)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Complete details of your primary medical qualification, including university and date of completion	<input type="checkbox"/>	<input type="checkbox"/>
➤ A certified copy of your primary medical degree certificate (if your name does not appear on the GMC or IMC Register)		
➤ If the College at which you passed Part A or Part 1 and 2 is not the same as the College to which you are applying for Part B, documentary evidence of your pass(es)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Date of examination	<input type="checkbox"/>	<input type="checkbox"/>
➤ Signed and dated declaration confirming that you have read and understood the <i>Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of the United Kingdom and in Ireland</i> currently in force	<input type="checkbox"/>	<input type="checkbox"/>

Copies of original documentation, verified by a public notary or solicitor/lawyer, should have an official stamp accompanying the signature. Official English translations will be required for stamps or certificates sent that are not in English.

SECTION 6 - RELEASE OF RESULTS AND CANDIDATE DATA

Privacy Notice:

If you are registered or anticipate being registered with the GMC then your personal data, including data about your exam results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates of completion of training (CCTs). In addition, for the purposes of checking eligibility, results data is shared between the four Surgical Royal Colleges of the United Kingdom and in Ireland via the ICBSE.

Explanatory Note for Information:

It is a requirement that candidate demographic and results information is routinely made available to the GMC for statistical purposes. Candidate information will not be handled by or be visible to any other third parties, individuals or organisations, except for research purposes as approved by procedures laid down by the GMC Ethics Committee.

REQUEST FOR SPECIAL ARRANGEMENTS

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMINATIONS SECTION OR DEPARTMENT OF ANY SPECIAL REQUIREMENTS AT THE TIME OF APPLICATION TO THE EXAMINATION AND SUBMIT APPROPRIATE SUPPORTING EVIDENCE AS SPECIFIED IN THE REGULATIONS.

Applications for special arrangements on medical or compassionate grounds must be supported with medical certification at the time of application.

SECTION 7 - DECLARATION (to be signed by the candidate)

I have read and understood *the Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of the United Kingdom and in Ireland* currently in force. I declare that to the best of my knowledge all the information given on this form is a true statement. Any false statement will invalidate my entry. I understand that if I have become out of time in the Collegiate or Intercollegiate MRCS or have exceeded the permitted number of attempts, I am not permitted to apply for the MRCS.

I understand that seeking to gain, or provide, an unfair advantage in the examination by removing or sharing confidential examination content is strictly prohibited and the Colleges reserve the right to contact the individual's regulatory body and take legal action where appropriate. In particular, sharing of examination content, whether verbally, electronically or by any other means represents a breach of conditions of entry and will be dealt with accordingly.

Signature of Candidate: _____ Date: ____/____/____
Day Month Year

All personal information held by the four Surgical Royal Colleges of the United Kingdom and in Ireland will be held in accordance with the General Data Protection Regulation. Any data collected may be exchanged between the four Surgical Royal Colleges via ICBSE but will not be released elsewhere without your permission. Your information will be held in line with the retention schedule of the College you applied to and information relating to the retention schedule can be supplied on request.

In the unlikely event that the Surgical Royal Colleges have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges shall incur no further liability.

SECTION 8 - PAYMENT

- None of the Surgical Royal Colleges accept American Express.
- Please note that payment to The Royal College of Surgeons in Ireland can only be made by Bank Draft or Postal Order made payable to The Royal College of Surgeons in Ireland.
- Candidates should contact the relevant College using the contact details below to arrange payment of their examination fee.

The Royal College of Surgeons of Edinburgh

Nicholson Street
Edinburgh
EH8 9DW
Tel no: 0131 527 1600
Charity No. SC028302
E-mail address:

surgical.exams@rcsed.ac.uk

The Royal College of Surgeons of England

Examinations Department
35-43 Lincoln's Inn Fields
London WC2A 3PE
Tel no: 020 7405 3474
Charity No. 212808
E-mail address:

exams@rcseng.ac.uk

The Royal College of Physicians and Surgeons of Glasgow

232-242 St Vincent Street
Glasgow G2 5RJ
Tel no: 0141 221 6072
Charity No. SC000847
E-mail address:

mrcsb@rcpsg.ac.uk

The Royal College of Surgeons in Ireland

123 St Stephens Green
Dublin 2
Ireland
Tel no: 00353 1402 2221
Charity No. CHY 1277
E-mail address:

mrcsexams@rcsi.ie

EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of the United Kingdom and in Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK and Irish legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, and a 'prefer not to say' option is provided, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be held in accordance with the General Data Protection Regulation 2016 and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be used only for monitoring our business practices.

Gender

- Female
 Male
 Non-binary
 Transgender
 Prefer not to say
 Other (write in)

Ethnicity

Choose one selection from the list below to indicate your ethnic group or background.

a) White

- English/Welsh/Scottish/Northern Irish/British
 Gypsy or Irish Traveller
 Irish
 Any other White background (write in)

b) Mixed / Multiple Ethnic Groups

- White and Asian
 White and Black African
 White and Black Caribbean
 Any other mixed background (write in)

c) Asian or Asian British

- Bangladeshi
 Chinese
 Indian
 Pakistani
 Any other Asian background (write in)

d) Black / African / Caribbean / Black British

- African
 Caribbean
 Any other Black / African / Caribbean / Black British (write in)

f) Other Ethnic Group

- Arab
 Any other ethnic background (write in)

Prefer not to say

Do you consider your first language to be English?

- Yes
 No
 Prefer not to say

Do you have a disability under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- Yes
 No
 Prefer not to say

What is your sexual orientation?

- Bisexual
 Heterosexual/Straight
 Lesbian or Gay
 Prefer not to say
 Other (write in)

Marital Status

- Civil partnership
 Cohabiting
 Married
 Separated/divorced
 Single
 Widowed
 Prefer not to say

What is your religion or belief?

- Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 No religion
 Sikh
 Prefer not to say
 Other religion/belief (write in)