

## MRCS/DO-HNS Additional Attempt Application Form

- Please read the guidance notes (Appendix 1 of this application form) **BEFORE** completing this form.
- Please complete ALL sections and ensure that you date and sign the Agreement.
- Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS**.
- Send the form to the Examinations Office of the College to which you wish to apply. Please note that the additional attempts application will normally take one calendar month to process. Please allow appropriate time between submission of the application for additional attempt and the Examination application deadline.
- All personal information held by the Surgical Royal Colleges of Great Britain and Ireland will be held in accordance with the Data Protection Act of 1998 and the Freedom of Information Act 1998. Any data collected may be exchanged between the Surgical Royal Colleges but will not be released elsewhere without your permission.

### Section 1 – Candidate Personal Details (please use block capitals)

Family/Last name in full:

Write your name exactly as it appears on your primary medical degree certificate.

Forenames in full:

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day/ Month/ Year

Address:

Postcode: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Home number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## **Section 2 – Details of the examination for which you would like to apply**

- ☐ MRCS Part A (MCQ)
- ☐ MRCS Part B (OCC) – (end date 31 January 2016)
- ☐ MRCS Part B (OSCE)
- ☐ DO-HNS Part 1 (MCQ)
- ☐ DO-HNS Part 2 (OSCE)

Exam Date: \_\_\_\_\_

## **Section 3 – Confirmation of additional educational experience (to be completed by the Educational Supervisor and Training Programme Director (or equivalents))**

**\*The Educational Supervisor and Training Programme Director (or equivalents) MUST have direct experience of the applicant's clinical practice undertaken within the last two years (please refer to the Educational Supervisor Guidance notes when completing this section).**

### **Educational Supervisor**

**DECLARATION:** I confirm that the candidate named above has undertaken additional educational experience (in line with Appendix 1) to prepare them for the above examination, and I endorse their request for one additional attempt\*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Work email: \_\_\_\_\_

**\*Please note that as an educational supervisor supporting the additional attempt you may be contacted to verify this form.**

Please provide an official stamp for the Hospital / Institution of your workplace:



### **Training Programme Director**

**DECLARATION:** I confirm that the candidate named above has undertaken additional educational experience (in line with Appendix 1) to prepare them for the above examination, and I endorse their request for one additional attempt\*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

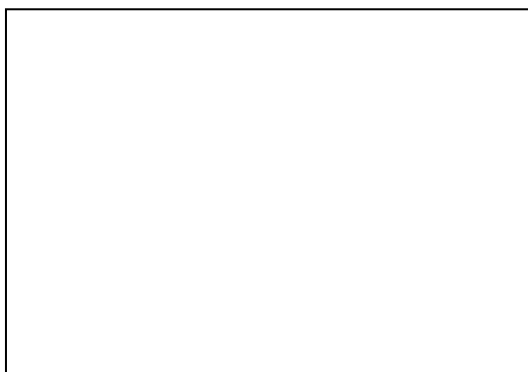
Place of work: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Work email: \_\_\_\_\_

**\*Please note that as a Training Programme Director supporting an additional attempt you may be contacted to verify this form.**

Please provide an official stamp for the Hospital / Institution of your workplace:



### **Section 4 – MRCS/DO-HNS Examination Agreement**

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand falsifying information is an act of misconduct and will be investigated according to the MRCS/DO-HNS Malpractice Regulations. Proven cases of misconduct are routinely reported to the relevant regulatory body.

I understand that information requested will be used by the Colleges for administrative purposes, and to meet its statutory obligations.

Candidate name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Guidance Notes for Educational Supervisor/Training Programme Director (or equivalents)

### STATEMENT OF ADDITIONAL EDUCATIONAL EVIDENCE

to support entry to the examination for an additional attempt at MRCS/DO-HNS

- **Educational Supervisor/Training Programme Director (or equivalents) MUST have direct experience of the applicant's clinical practice undertaken within the last two years.**

Surgeons seeking support to enter the examination for the additional attempt at either MRCS/DO-HNS have failed to meet the standard on previous occasions. The Intercollegiate Committee for Basic Surgical Examinations (ICBSE), therefore, requires the Educational Supervisor Training Programme Director (or equivalents) to provide additional educational evidence in confidence in support of the application. Educational Supervisor/Training Director (or equivalents) must have evidence to justify their statement, should this be required by ICBSE and relevant MRCS/DO-HNS Committees. Education Supervisors/Training Programme Directors (or equivalents) are asked to provide evidence against the following criteria.

- **Overall Professional Capability/Patient Care** (personal qualities, professionalism and ethics, surgical experience, adaptability to stress and ability to deal with ethical dilemmas)  
Attitudes towards patients and colleagues, their work ethic, their ability to deal with stressful or even confrontational issues and the effectiveness of their communication skills in providing supportive care for patients and their families which are indicative of the professional qualities required of a candidate. The ICBSE would consider it inappropriate for an Educational Supervisor/Training Director (or equivalents) to provide support if there is any doubt as to the development of a mature and professional approach to performance in clinical practice which is considered essential for safe and successful patient care.
- **Knowledge & Judgement** (knowledge, ability to justify, clinical reasoning)  
In giving support you confirm that you are fully aware of the standards defined in the curriculum, the standards are those which apply to the appropriate discipline at the end of the training programme. The description of these standards should be taken as a guide to assist you in formulating your statement for the applicant irrespective of his/her position in clinical practice or in a training programme. The ICBSE would consider it inappropriate for an Educational Supervisor/Training Director (or equivalents) to provide support if there is any doubt as to this standard of the applicant.
- **Communication Skills** (communication skills, logical thought process)  
You should be in a position to indicate that your support is based on knowledge of the candidate's ability to demonstrate: satisfactory communication in all situations, anticipating and managing any difficulties which may occur; the ability to break bad news in both unexpected and planned settings; appropriate communication with team members, predicting and managing conflict between members of the healthcare team. The ICBSE would consider it inappropriate to provide support if there is any doubt as to the applicant's ability to demonstrate satisfactory communication skills as above and English language skills necessary for their daily practice in the UK/Ireland.