

DOHNS-subgroup of Intercollegiate Committee for Basic Surgical Examinations

Guide to the Intercollegiate Diploma in Otolaryngology - Head and Neck Surgery examination

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Guide to the intercollegiate DOHNS examination

The DOHNS subgroup of the Intercollegiate Committee for Basic Surgical Examinations (ICBSE) has produced this guide to the intercollegiate DOHNS examination. It contains the following sections:

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Note that this guide is a living document that will change over time.

Please check the intercollegiate MRCS website for updates:

<http://www.intercollegiatemrcsexams.org.uk>

Section 1 – Introduction

The purpose of the DOHNS is to test the breadth of knowledge, the clinical and communication skills and the professional attributes considered appropriate by the Colleges for a doctor intending to undertake practice within an Otolaryngology Department in a non-consultant career grade or trainee position. It is also intended to provide a test for those who wish to practice within another medical specialty which interacts with the field of Otolaryngology. In particular, it will be relevant for General Practitioners with a Special Interest in Otolaryngology.

The complete syllabus for the Diploma of Otolaryngology - Head and Neck Surgery (DOHNS) is contained within the General Medical Council (GMC)-approved curriculum for the "Early Years" of Otolaryngology Training in the United Kingdom, and can be found at: <http://www.iscp.ac.uk/surgical/syllabus.aspx>. This is a useful resource for candidates to understand the level of knowledge, clinical and technical skills required to be successful in the examination and candidates are advised to consult the Standards for Knowledge and Skills within the syllabus. The curriculum is competence based, requiring the trainee to demonstrate both applied and theoretical knowledge and practical skills, together with the professional behaviours described in the Good Medical Practice document of the General Medical Council of the United Kingdom (<http://www.gmc-uk.org/>). The provision of excellent care for the surgical patient, delivered safely, is at the heart of the curriculum.

Note:

- The DOHNS is a stand-alone diploma. In order to be awarded this Diploma, a candidate is required to pass both the DOHNS Part 1 examination (comprising one Multiple Choice Question paper) and the DOHNS Part 2 examination (which is in the form of an Objective Structured Clinical

Examination).

- From August 2011, the DOHNS Part 2 examination also forms part of the examination pathway leading to the award of the intercollegiate MRCS (ENT). In order to be awarded the MRCS (ENT), a candidate is required to pass both the MRCS Part A examination (comprising two Multiple Choice Question papers) and the DOHNS Part 2 examination. Candidates are advised to consult the regulations currently in force, which may be found at: <http://www.intercollegiatemrcsexams.org.uk/dohns/regulations.html>, and also the *Guide to the intercollegiate MRCS examination* which may be found at: <http://www.intercollegiatemrcsexams.org.uk/new/guide.html>.

The Otolaryngology Specialist Advisory Committee has deemed that the possession of either the MRCS (ENT) or the MRCS plus the DOHNS is required to allow access to the National Selection Process for transition from CT/ST2 to ST3. Candidates are advised to consult the ISCP website for the latest regulations (<http://www.iscp.ac.uk>).

This guide has been produced in order to indicate to candidates and their supervisors the extent and level of knowledge that is required to pass the DOHNS examination. Each examination will contain a range of questions that cover a representative sample of the syllabus, but not every topic will be tested on each occasion.

Section 2 – Topics and skills that may be examined in the DOHNS

Candidates are advised to consult the complete syllabus for the DOHNS examination which is contained within the curriculum for the "Early Years" of Otolaryngology Training in the United Kingdom, and which can be found at: <http://www.iscp.ac.uk/surgical/syllabus.aspx>.

This is a summary taken from that syllabus:

1. Elective otology

Detailed knowledge is expected of the anatomy and physiology of the ear and auditory pathways, the cranial nerves, the relationship of disease to the temporal bone, and general knowledge of embryology and genetics in relation to congenital ear problems. Candidates are expected to understand anatomy and physiology related to the maintenance of balance; to understand the aetiology, classification, presenting symptoms, signs and management of common acute and chronic conditions, including conductive and sensorineural deafness in adults, facial paralysis, tinnitus, trauma (including barotrauma), dizziness, and infective and non-infective conditions of the inner, middle and external ear; to understand the potential intra- and extra-cranial complications of ear disease; to understand the principles and practice of audiological assessment and the interpretation of audiological investigations; to understand the basics of auditory rehabilitation, including hearing aids and implantable devices; and to understand the role of imaging and be able to interpret radiological investigations at a basic level. Candidates should have general knowledge of the microbiology of organisms commonly associated with ear infections, and the pharmacology of medications used in ear disease. Candidates are expected to be able to perform a competent clinical examination of the ear, using

appropriate instruments and to be able to explain a common condition or treatment to a patient.

2. Paediatric otolaryngology

Candidates are expected to have general knowledge of applied embryology and the anatomy of the head and neck in children, and of the anatomical differences between the adult and paediatric airway. They are expected to understand the aetiology, presenting symptoms, signs and management of common conditions including neck masses both congenital and acquired, airway disorders at birth and later in childhood including obstructive sleep apnoea, congenital deformities affecting the head and neck including the ear and cleft lip and palate, the commoner congenital syndromes seen in an ENT clinic, deafness including otitis media and its complications, facial palsy, otitis media and its complications, balance disorders, nose and sinus infections and their complications, inflammatory nasal disease and investigations, nasal polyps, foreign bodies in the ear and airway, epistaxis with particular reference to children, trauma to the head and neck, disease of the tonsils and adenoids and their complications, oncology, speech and language development and the management of the drooling child. They are expected to have knowledge of the presentations of non-accidental injury in an ENT clinic, and to be aware of age-appropriate hearing tests and hearing aids. They are expected to be able to take a thorough history from a child or parent.

3. Disease of the head and neck

Candidates are required to have detailed knowledge of the anatomy and physiology of the head and neck. They should understand the aetiology, pathology (including microbiology), presenting symptoms, signs and management of common conditions, including congenital abnormalities of the head and neck (e.g. branchial arch abnormalities, cleft lip and palate), oral pathology, airway obstruction, voice

disorders, disorders of swallowing, sleep related breathing disorders, adenoid and tonsillar pathology, benign and neoplastic salivary gland disease, thyroid and parathyroid disease, malignancies in the upper aerodigestive tract (including the oral cavity to the extent that an ENT surgeon will be involved in diagnosis and multi-disciplinary management), craniocervical trauma in adults, cervical sepsis, lymphadenopathy and other neck lumps. They should also understand the classification of head and neck malignancies, in particular that for squamous cell carcinoma, and understand the pattern of spread of malignancy in the head and neck. They should understand common post-operative complications and their management. They are expected to be able to take an appropriate history, carry out an appropriate examination of the neck and upper aerodigestive tract, and to be able to explain a common condition or treatment to a patient.

4. Rhinology

Candidates are expected to have detailed knowledge of the anatomy, embryology and physiology of the nose and sinuses, including olfaction and the lacrimal system. They should understand the aetiology, presenting signs, symptoms and management of common conditions, including congenital abnormalities, nose and sinus infections and inflammation (including allergy), nasal polyps, facial pain, epistaxis, nasal trauma and deformity, rhinological oncology, granulomatous conditions, septal and rhinoplasty surgery including some understanding of the role of cosmetic surgery and reconstruction. They should understand the aetiology, pathophysiology and microbiology of sinonasal infections, and the general concepts behind sinonasal surgery for infection. They are expected to have knowledge of disorders of olfaction; the aetiology and management of epiphora; knowledge of the basic types of skin grafts, local flaps, regional flaps and free flaps; and knowledge of the pharmacology of drugs commonly used to treat nasal conditions. Candidates are expected to be able to take an appropriate history, carry out an appropriate examination of the nose

using instruments in common use in an ENT clinic, and to be able to explain a common condition or treatment to a patient.

5. Emergency otolaryngology

Candidates should understand the aetiology, presenting signs, symptoms and management of common conditions, including epistaxis, otitis externa, otitis media (and its complications), auricular trauma, foreign bodies in the ear and airways, acute oropharyngeal infections, acute sinusitis (and its complications), and simple fractures of the facial skeleton. They should understand the principles of acute airway obstruction and its management, including tracheostomy, and be able to resuscitate a critically ill patient. They should be familiar with the Glasgow Coma Scale.

6. General

Candidates are expected to be familiar with taking a history from a patient with a common otolaryngological condition, to be competent at carrying out an appropriate clinical examination (including the use of instruments in common use in an ENT clinic) and to be able to discuss and explain a condition or treatment to a patient or relative. This includes the effective communication of prognosis, risk, benefit and alternative managements in an appropriate manner. They are expected to demonstrate communication skills and empathy. An understanding of the concept of consent is required. Commonly used measures to prevent cross-infection are to be observed. Knowledge of epidemiology, statistics, evidence-based medicine and audit is expected. Recognition of the importance of clear written and verbal communication is required. Candidates will also be required to have knowledge of topics common to all surgical specialties, including the use of blood and blood products, the use of antibiotics in the surgical patient, the role and complications of diathermy, pain relief, thrombo-embolic prevention and management, wound care and suture techniques and materials. Candidates will be expected to be able to

interpret basic blood tests (including coagulation) and overnight pulse oximetry. They will also be required to have knowledge of the advantages, disadvantages and appropriateness of various imaging techniques, and to be able to make basic interpretations and to draw conclusions from images presented to them in the examination.

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 NICE or SIGN, and with standards issued by the British Society of Audiology.

Section 3 – The intercollegiate DOHNS examination

The DOHNS examination consists of two parts, designated Part 1 and Part 2. Though it is divided into two parts, the DOHNS is a single examination, and passing Part 1 alone does not carry any diploma status. Topics may be examined in either Part 1 or Part 2 or both parts of the examination. The examinations are held three times a year.

Part 1 is a two hour multiple choice examination containing both Multiple True-False questions and Extended Matching questions. Candidates may sit this examination in various centres both in the UK and abroad.

Part 2 is an objective structured clinical examination (OSCE), lasting approximately three-and-a-half hours. This examination is held in one of the Royal Colleges of Surgeons. The examination is held at one College on each occasion, and this location rotates between the four Colleges, i.e. the examination is held in London, Edinburgh, Glasgow or Dublin.

Entry requirements

To meet the entry requirements for the DOHNS examination, candidates must hold a recognised medical qualification, and are strongly recommended to have been engaged in acquiring professional knowledge and training in Otolaryngology for at least 6 months in a full-time or equivalent part-time position.

Candidates may attempt part 1 of the examination 6 times only, and the Part 2 of the examination 4 times only.

Further details of entry requirements for the examination are given in the Regulations (see <http://www.intercollegiatemrcsexams.org.uk/dohns/pdf/dohnsregswebpdf.pdf>) and candidates are advised to consult the website for up-to-date information.

MRCS(ENT)

Candidates should note that, when the Part 2 DOHNS examination is entered for award of MRCS(ENT), a limit of four attempts at the DOHNS Part 2 examination is permitted. Further details are given in the Regulations (see <http://www.intercollegiatemrcsexams.org.uk/dohns/pdf/MRCS%20ENT%20Regulations.pdf>) and candidates are advised to consult the website for up-to-date information.

Section 4 – Part 1 information and sample questions

Part 1 of the DOHNS is a two-hour multiple choice question (MCQ) paper normally consisting of 140 questions in total, and is divided into two sections:

Section 1 contains 40 Multiple True-False Questions. Each question contains a variable number of items which may be True or False. Candidates should mark each item as either True or False.

Section 2 contains 100 Extended Matching Questions. Each question contains a variable number of options and clinical situations. Only one option is the most appropriate response to each clinical situation. Candidates should select the most appropriate option. It is possible for one option to be the answer to more than one of the clinical situations.

Quality of the examination

Each newly written multiple choice question is assessed for accuracy, clarity and relevance.

Each question used in an examination paper is analysed for its ability to discriminate high-performing from low-performing candidates and statistical coefficients are derived for every question allowing an analysis of the reliability of the examination.

Guidance to Candidates

- There are equal marks for each question.
- Marks will not be deducted for a wrong answer, but you will not gain a mark if you mark more than one box for the same item.
- When you are satisfied with your decision, record your answer on the answer sheet.

- The answer sheets are scanned by machine. If you do not enter your answer to each question correctly and clearly on the answer sheet, the machine which scores your paper may reject it.
- Only answers that are clearly struck horizontally across the correct response will guarantee a mark. Faint marking may be misread, resulting in no mark for that question.
- Many candidates find it easier to mark their answers on the question booklet first and transfer them to the answer sheet later. If you do this, you should allow time to transfer your answers to the answer sheet before the end of the examination. No extra time will be given for the transfer of answers.
- Do not make any marks on your answer sheet other than inserting your candidate number and indicating your answer with a bold horizontal line in the boxes provided.
- Use only the pencil provided. Do not use pen or ballpoint.
- If you need to change an answer, you should make sure that you rub it out completely so that the computer can accept your final answer.
- Do not fold or crease the answer sheet.

Intercollegiate DOHNS Part 1: Sample Questions


Examples of Multiple True-False Questions and a sample of an Answer Sheet

- 1 The following statements are true of cholesteatoma:
- x A it typically presents with pain.
 - √ B it typically arises in the pars flaccida.
 - x C disturbance of taste due to involvement of the chorda tympani is a common early complication.
 - x D a lateral rectus palsy is a well-recognised complication.
 - √ E a conductive hearing loss is a common early complication.
- 2 A surgeon performing a thyroidectomy should remember that:
- √ A the recurrent laryngeal nerve is an intimate relation of the inferior thyroid artery.
 - x B the recurrent laryngeal nerve supplies all the intrinsic muscles of the larynx.
 - √ C the superior laryngeal nerve supplies the cricothyroid muscle.
 - x D it is important to divide the superior thyroid artery and vein as far as possible from the gland to avoid damage to the external laryngeal nerve.
 - x E the inferior thyroid artery is a branch of the costocervical trunk of the subclavian.

The Royal Colleges of Surgeons of Great Britain and in Ireland

INTERCOLLEGIATE DO-HNS

Examination Date

- This document is designed to be scanned by machine.
- Mark boxes clearly like this  using the pencil provided.
- If you make a mistake correct by using the eraser provided.
- Indicate your response by marking a clear single line through the appropriate box.

For example:

Mark T for True 

Mark F for False 

- This is a standard answer sheet. Each question will have up to eight items listed (A-H), which will be either True or False. Therefore, an answer will not be necessary for each column on the answer sheet.

Candidate Number

Example

Candidate 0076 should be inserted as:

0	0	1	2	3	4	5	6	7	8	9
0	0	1	2	3	4	5	6	7	8	9
7	0	1	2	3	4	5	6	7	8	9
6	0	1	2	3	4	5	6	7	8	9

Insert your **personal candidate number** here, following the example shown above.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

	A	B	C	D	E	F	G	H
1	T	F	T	F	T	F	T	F
2	T	F	T	F	T	F	T	F
3	T	F	T	F	T	F	T	F
4	T	F	T	F	T	F	T	F
5	T	F	T	F	T	F	T	F

	A	B	C	D	E	F	G	H
21	T	F	T	F	T	F	T	F
22	T	F	T	F	T	F	T	F
23	T	F	T	F	T	F	T	F
24	T	F	T	F	T	F	T	F
25	T	F	T	F	T	F	T	F

6	T	F	T	F	T	F	T	F
7	T	F	T	F	T	F	T	F
8	T	F	T	F	T	F	T	F
9	T	F	T	F	T	F	T	F
10	T	F	T	F	T	F	T	F

26	T	F	T	F	T	F	T	F
27	T	F	T	F	T	F	T	F
28	T	F	T	F	T	F	T	F
29	T	F	T	F	T	F	T	F
30	T	F	T	F	T	F	T	F

11	T	F	T	F	T	F	T	F
12	T	F	T	F	T	F	T	F
13	T	F	T	F	T	F	T	F
14	T	F	T	F	T	F	T	F
15	T	F	T	F	T	F	T	F

31	T	F	T	F	T	F	T	F
32	T	F	T	F	T	F	T	F
33	T	F	T	F	T	F	T	F
34	T	F	T	F	T	F	T	F
35	T	F	T	F	T	F	T	F

16	T	F	T	F	T	F	T	F
17	T	F	T	F	T	F	T	F
18	T	F	T	F	T	F	T	F
19	T	F	T	F	T	F	T	F
20	T	F	T	F	T	F	T	F

36	T	F	T	F	T	F	T	F
37	T	F	T	F	T	F	T	F
38	T	F	T	F	T	F	T	F
39	T	F	T	F	T	F	T	F
40	T	F	T	F	T	F	T	F

Examples of Extended Matching Questions and a sample of an Answer Sheet

Options

- A Tension pneumothorax
- B Aortic rupture
- C Haemothorax
- D Aortic dissection
- E Ruptured spleen
- F Cardiac tamponade

For each of the situations below, select the **single** most likely diagnosis from the options listed above. Each option may be used once, more than once or not at all.

41. A 24-year-old man is brought into the Emergency department having been stabbed with a screwdriver. He is conscious. On examination he is tachypnoeic and has a tachycardia of 120 beats/minute. His blood pressure is 90/50 mmHg. He has a small puncture wound below his right costal margin. A central venous line is inserted with ease, and his central venous pressure is 17 cm. A chest X-ray shows a small pleural effusion with a small pneumothorax. He has received two units of plasma expander, which has failed to improve his blood pressure.

[Correct Answer F]

42. A 42-year-old man is admitted following a road traffic accident complaining of pains throughout his chest. He was fit and well prior to the incident. He is tachypnoeic and in considerable pain. His brachial blood pressure is 110/70 mmHg and his pulse rate is 90 beats/minute. Both femoral pulses are present though greatly diminished. A chest Xray shows multiple rib fractures and an appreciably widened upper mediastinum. Lateral views confirm a fractured sternum. An ECG shows ischaemic changes in the V-leads.

[Correct Answer B]

Options

- A Abscess
- B Carcinoma
- C Mikulicz's syndrome
- D Mumps
- E Pleomorphic adenoma
- F Sialectasis
- G Sjögren's syndrome

For each of the patients described below, select the **single** most likely pathological condition from the options listed above. Each option may be used once, more than once or not at all.

43. An emaciated 80-year-old homeless man is admitted with a hot, tender swelling in the left parotid region. He is pyrexial.

[Correct Answer A]

44. An 18-year-old is admitted with bilateral testicular swelling, upper abdominal pain, fever, malaise and bilateral parotid swelling.

[Correct Answer D]

45. A 34-year-old woman presents with discomfort and swelling of the left parotid salivary gland after meals.

[Correct Answer F]

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• Each question will have up to ten options listed (A-J). Only one of the options will be the correct answer. Indicate your response by marking a single line through the appropriate box. For example:

If question 121 correct answer is option C 121 A B C D E F G H I J
 If question 122 correct answer is option F 122 A B C D E F G H I J
 If question 123 correct answer is option A 123 A B C D E F G H I J

• This is a standard answer sheet, but the number of items will vary for each question. Therefore, an answer will not be necessary for each column on the answer sheet.

41	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	76	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	111	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
42	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	77	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	112	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
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45	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	80	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	115	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
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Section 5 – Part 2 information

1. Structure of the DOHNS OSCE Examination

The DO-HNS OSCE consists of a “circuit” of up to 28 “Active Stations” and sometimes some “Preparation Stations” and “Rest Stations”. The 28 Active Stations are of two types:

- There are approximately five “clinical stations”. These are designed to assess clinical skills, clinical examination, clinical history-taking and communication skills. These stations are manned by both a patient (or an actor playing the part of a patient) and an examiner. Each candidate’s performance is observed and marked directly by the examiner.
- There are a further approximately 23 stations where candidates are presented with questions to be answered on a written question/answer sheet. These stations allow assessment of anatomy and physiology, pathology/histology, audiometry, otology, rhinology, laryngology, neck conditions, written communication skills, radiology, instruments and paediatric ENT surgery. Candidates are each provided with a cardboard folder to hold their completed question/answer sheets. The folder is labeled with the appropriate candidate number. Candidates keep their folder throughout the examination, carrying it on to the next station, and accumulating completed question/answer sheets as they progress around the circuit.

Some stations require the presence of a “Preparation Station” just before the active station. This Preparation Station provides instructions for the next station, so that the candidate is fully aware of the task which he/she will be asked to complete at the next station.

The examination is also likely to include a variable number of “Rest Stations”. During the rest stations, candidates may review their answer sheets from previous stations if they wish to do so.

2. Standard Setting

The pass mark for the DO-HNS OSCE examination is determined by the examiners attending the examination, and includes a modified Angoff process.

3. Duration

The candidates have 7 minutes at each station to complete the task or the questions posed. After 7 minutes each candidate moves on to the next station. The examination will normally last approximately 3 hours 20 minutes.

4. Conduct of Examination

4.1 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 driving 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.

4.2 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
- No tie

An acceptable form of dress would be a conventional short-sleeved shirt/blouse, open at the neck or for a long-sleeved shirt/blouse with 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.

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 station in question to remove any clothing and/or other item which covers all, or part of the candidate's face.

4.3 Briefing

All candidates will undergo a detailed briefing, normally by a member of the examination administrative staff, prior to the commencement of the DO-HNS Part 2 (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, the candidates' starting position, timing arrangements and arrangements for emergency evacuation of the centre. Candidates must make sure that they fully understand how

the examination circuit is to be run. At the end of the circuit there will be a debriefing session and candidates will be invited to complete a feedback form.

4.4 Equipment

All equipment required for the tasks set in each station will be supplied. Candidates are not required to bring any equipment for their own use.

4.5 Electronic / Communication Devices

Mobile phones or other electronic/communication devices must not be carried by any candidate during the examination circuit. These can be switched off and left 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.

5. Candidate Instructions

Each station has specific candidate instructions. It is important to read each instruction carefully as this will describe precisely the task(s) that each candidate is required to undertake at each station. Should the candidate complete the task at one of the clinical stations within the 7-minute period, he or she may move outside the station and sit on a seat provided until the bell signals the beginning of the next station.

In stations involving the examination of patients or actors the examiner will usually watch candidates performing the required tasks. 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 may be prompted to re-read the instructions for the station. Hand gel is provided for the use of

candidates where contact with patients or other clinical material requires hand cleaning.

6. Examination Papers

It is essential that candidates mark their candidate number in the top right hand corner of each question/answer sheet in the space provided. Papers with no candidate number will not be added into the examination results. Candidates should ensure that their writing is legible. Abbreviations for medical terms are best avoided. In common with current clinical practice, the words "Right" and "Left" should be written in full. If a question requires a candidate to state laterality, then marks will not be awarded for the use of "R" and "L". Where a question requires a candidate to list, for example, three items of information, but the candidate lists six items of information, then only the first three will be marked. At the end of the examination, the cardboard folders containing each candidate's completed question/answer sheets are collected by a member of the examination staff.

7. Results

Details about the release date for the results will be given to candidates at or around the time of the examination.

8. Feedback

Candidates will receive a breakdown of their marks for the content areas: otology, rhinology, laryngology/head and neck and clinical/communications skills, together with their overall result. No further feedback will be available.

9. Discipline

This examination will be conducted according to the disciplinary procedures published by the Intercollegiate Committee for Basic Surgical Examinations. 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.