

EXAMINER GUIDANCE NOTES

MRCs PART B (OSCE) EXAMINATION

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MRCS PART B (OSCE) EXAMINATION

EXAMINER GUIDANCE NOTES

1. Introduction

The revised MRCS (2008) was developed to meet the requirements of assessing trainee surgeons in MMC (Modernising Medical Careers) training programmes. Obtaining the MRCS Diploma is one of a number of mandatory requirements for trainees to progress from their second year of core/specialty training. These notes refer to the Part B OSCE (Objective Structured Clinical Examination) as modified in 2012 for introduction in February 2013.

The Part B (OSCE) examination has been produced by a sub-group of the ICBSE (Intercollegiate Committee for Basic Surgical Examinations) and this group is also responsible for the operation of the examination and its ongoing development. The revised examination was designed to incorporate some of the best features of the traditional College examinations with oral/clinical and communication skills elements that will be familiar from those examinations. However, it also allows the assessment of other areas such as surgical skills and patient safety. The Part B OSCE examination was introduced in October 2008 and was comprehensively reviewed after three diets in 2009. As a result of this review the 2010 version incorporated a number of significant changes from 2008. A further comprehensive review was undertaken in 2011 resulting in GMC approval for the changes which have been incorporated into the examination since 2013. The flexibility of the format means that all areas of the syllabus can be assessed and it is hoped that all examiners will assist in the continued development of the examination by contributing new scenarios for the individual stations.

The Part B (OSCE) examination is designed to be taken during the second year of specialty/core training and is set at that level. However candidates are free to enter when they wish and experience suggests that many will enter the examination at an earlier stage. Taking the Part B examination is permitted only after successful completion of both (MCQ) written papers that comprise Part A of the MRCS. Only four attempts to pass the Part B examination are allowed.

2. Overview of the examination

The Part B examination consists of a circuit of 18 examined stations presenting different scenarios and tasks. Each station is designed to test different skills or combinations of skills. A schematic of the structure is shown at Appendix 2. There are also preparation and rest stations within the circuit. Each station will be of nine minutes' duration with one minute for reading instructions. The total duration of the Part B examination will be approximately 3 hours 30 minutes; this will usually be split into two halves to allow a mid-session break.

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)

All 18 stations are manned. Some of the manned stations will have two examiners, some one. In most stations with two examiners each will be marking different aspects of a candidate's performance. An outline of the format of the OSCE is provided as Appendix 2.

3. Domains

In addition to the four broad content areas examined, 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 Part B examination 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 demand 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 the 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 think beyond the obvious and to maximise information efficiently; being alert to symptoms and signs suggesting conditions which might progress or de-stabilise; 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; demonstrate effective time management; demonstrate awareness and understanding of the importance of patient safety.

The four domains are assessed via the 18 stations. Each individual station has been designed to assess up to four different domains. The mark sheet for each station will clearly describe which domains are being assessed and how and what marks can be awarded for each domain.

4. Marking

In addition to the 20 marks available for each station for the domain assessments, each candidate will be given a separate, overall global rating for the station based on the assessment of his/ her overall performance. In stations with two examiners there will be a single agreed rating.

The ratings are:

Fail

Borderline

Pass

Marks out of a possible 20 and the global examiner judgements for each of the 18 stations are collected from all the examination centres. These are carefully checked and the performance of individual stations/examiners analysed for any inconsistencies. A regression analysis of the marks awarded against the examiner judgements is used for standard setting. Candidates must achieve a pass mark in both of the two grouped content areas “Knowledge” combining broad

content areas Anatomy and Surgical Pathology and Surgical Science and Critical Care and “Skills” combining Clinical and Procedural Skills and Communication. Each of the two grouped areas must be passed at the same sitting.

The standard setting process takes up to two weeks so no results will be issued on the days of examination.

5. Examination timetable and centres

Depending upon candidate numbers, the Part B examination will be held over several days and a minimum of three times a year at UK examination centres of the four Surgical Royal Colleges (Edinburgh, England, Glasgow and Ireland). The examination circuits will be the same when Part B is run simultaneously at different examination centres. When the examination is not run simultaneously, different versions of the examination will be used.

The dates will be published as soon as they are agreed and examiners will be advised as early as possible about examinations for which they have been selected. It is very important that these dates are noted and that examiners organise their professional leave well in advance. If an examiner is unable to attend on the dates assigned this should be notified as soon as possible.

6. Exam organisation and timing

Surgeon examiners may be selected to examine in any clinical, technical or communication skills station and in stations involving their declared basic science. In clinical stations surgeon examiners will also be expected to examine in any of the bays regardless of their own specialty;

Basic science examiners will examine in their specialty areas and can only examine in:

1. 3 x Anatomy Stations (ASP A...)
2. 2 x Pathology Stations (ASP P...)
3. 2 x Physiology Stations and 1 x Critical Care station (SSC...)

It is a requirement for Surgeon Examiners to hold a licence to practise and it is the examiners responsibility to inform their College if they no longer hold a licence to practise. Surgeon examiners can continue to examine for a period of two years after giving up their licence to practise. After two years surgeon examiners are only be able to examine in basic science stations. International Examiners will be required to meet the regulatory requirements of their governing body.

It is noted however that basic scientists and surgeons without a licence to practise can examine in all stations if the delivery of the exam is in jeopardy.

Lay examiners will continue to examine with a surgeon examiner in communication skills and history taking stations.

Examiners will be organised by the designated Supervising Examiner. For each block of examiners the block will start with a full formal briefing and allocation of examiners to stations. It is mandatory that all examiners attend this briefing. On intermediate days there will still be a briefing but it may be limited to changes or announcements since the previous day. Any new examiners during the block will be given the full briefing.

After allocation of stations, examiners must familiarise themselves with the station they are examining and adequate time will be allocated for this. Each station will contain a folder that will cover all aspects of that station and how it is to be examined and marked. **Please note that the mark of zero can be awarded if appropriate rather than the minimum domain mark of 1 in previous versions of the exam.** The folder will include candidate/patient/actor instructions and the detailed mark sheet. If the allocated station includes patients (real/ simulated/ actors) the

examiner should make sure that they fully understand and are familiar with their brief. The examiner should also check physical signs and liaise with co-examiners (if applicable) about the station. It is very important that examiners are absolutely clear before the examination starts about what and how they are marking, particularly in relation to the allocation of marks, and that they are happy with the practical arrangements for running the station. If examiners think there are mistakes/inconsistencies or are concerned about any aspect of the station they must speak to the Supervising Examiner before the circuit commences.

Usually with stations involving real patients there will be a number of patients available with the same condition so they can be substituted during the day as necessary. Examination administrators will be in attendance throughout to ensure the smooth running of all aspects of the examination.

There may be up to a maximum of five stations per circuit that use tablet computers to show a candidate a particular image. Tablet computers allow candidates to zoom in to an image and provide better quality imaging. Again, examiners should make sure that they fully understand and are familiar with the image and scenario.

Each station lasts nine minutes plus one minute for the candidate to read the scenario before beginning the task. In stations requiring an observed task (physical examination or history taking) six minutes will be allocated for this with three minutes for discussion. There will also be preparation bays required for two of the communication skills stations. Rest periods/timing arrangements and circuit organisation will be locally decided at the respective College centres and will be notified at the briefing. Exam circuits will be identical morning and afternoon as morning candidates will be held back until the afternoon session starts.

If there are any untoward incidents during the examination in any particular station, for example failure of a prop or other equipment or difficulties with patients (real or simulated) the examiner should log this on the incident forms provided with details of the nature of the incident and the candidate number(s) affected.

Examiners may be allocated to a specific station for the whole day as limited time during the lunch interval can make changing over difficult. If feasible the Supervising examiner, at their discretion, can rotate examiners at lunchtime. This rotation will normally be within stations of the same broad content area. If examiner numbers permit additional examiners may be allocated to take over in the afternoon circuit but they must have been given the examiner briefing prior to examining. These examiners should sit in as observers with the last few candidates from the morning circuit to familiarise themselves with the station. Usually examiners will be allocated to a different station on subsequent days.

7. General points for examiners

- Dress code: In line with current infection control guidelines it has been necessary to introduce a dress code both for candidates and examiners. For candidates the following dress code applies throughout; for examiners the dress code applies only to those stations involving the candidates' contact with patients/simulated patients and cadaveric material. Examiners may wear jacket and tie (or equivalent) at other stations. Examiners may also wear bow-ties or tuck ties in instead of having a shirt open-neck.

The dress requirements are as follows:

- No jackets
- Arms to be bare below the elbow
- No jewellery on the 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.

- Examiners must follow and not deviate from the instructions provided for each station. Opportunity for examiner feedback will be provided and encouraged daily together with suggestions for modification/improvement. Examiners must not attempt to modify the station while the circuit is in progress.
- **In stations with two examiners each will be designated examiner 1 or 2. These examiners should be constant with these numbers for the duration of the circuit. Please note that procedural skills and patient safety stations are designed as single examiner stations although a second examiner may be designated as a helper. It is important that the helper, even if an examiner, plays no active part in the marking process. In circumstances where two examiners are allocated to these stations their roles can be reversed at lunchtime.**
- Detailed instructions will be provided in stations where questioning takes place as to the structure of the questioning, acceptable answers and what to do if an incorrect early answer leads to subsequent answers being based on an initial false premise.
- Examiners should read the questions as stated in the script in the first instance. If the candidate fails to respond, one attempt can be made to re-phrase the question if there is sufficient time remaining. The re-phrasing should be made in a manner that does not lead the candidate.
- Timing is very important and candidates must be moved on at the end of the station. If candidates complete the station early they should remain just inside the entrance of the station until requested to move on. The examiner should not engage the candidate in conversation during this time.
- Examiners should check the location/direction of the following station and tell the candidate how to get there if necessary. Examiners should direct candidates to the next station if they are seen to begin to move in the wrong direction.
- There may be up to a maximum of five stations per circuit that use tablet computers to show a candidate a particular image. Tablets computers allow candidates to zoom in to an image and provide better quality imaging.

The following procedures should be followed when examining at a station that uses a tablet:

- Examiners should read the scenario in advance to ensure they are aware of exactly what is being asked of the candidate and what may be required of the Tablet
- Examiners will be provided with two hardcopies of the image. One for their own reference and one as back up for the candidate in case of malfunction of the Tablet
- In the event of a malfunction to the tablet examiners will provide the candidate with the hard copy image you have been provided with as a contingency.
- Candidates should be reassured they will not be disadvantaged if any malfunction occurs to the Tablet computer.
- If the candidate is disadvantaged time-wise they will be allowed to sit the entire station again at the end of the circuit
- Examiners should notify a member of the Exams Staff of any malfunction or anomaly to the tablet
- If the candidate minimises the screen by mistake then examiners should instruct them that they will need to select the image again by clicking on to the minimised image
- The Tablet should be replaced back on to stand when the candidate has finished ready for the next candidate.

- Clinical examination or history taking stations will normally allow up to six minutes for the observed activity and three minutes for discussion. Examiners should simply watch and mark the examination and not interrupt or expect a running commentary. Candidates who give a running commentary should not be penalised for so doing. The candidate will then be asked to present their findings. If the candidate completes the task within the six minutes allowed they can indicate that they are ready to move on to the discussion section.
- If a candidate starts off not doing what the instructions require, the examiner should promptly invite him/her to re-read the candidate instructions provided.
- Examiners should encourage candidates to use the hand gel provided before patient contact and after contact with cadaveric material. The candidate's use of the hand gel should not, however, be considered when marking the station unless the marking instructions explicitly state it as a requirement.
- It is imperative that marks are entered for all the sections on the mark sheet and that marks are allocated for the specific domains indicated. Mark descriptors are provided on the mark sheets and in the station packs and these should be followed.
- It is also imperative that, in addition to the above marks, a single, separate, overall global rating is given for the station as a whole. For stations with two examiners, the single overall rating should be agreed by discussion. In the case of the Communication Skills stations at which there are lay examiners the overall global rating of the clinician has precedence.
- Full completion of the mark sheets will be monitored regularly and any gaps must be filled in as soon as possible. Mark sheets should remain out of the view of the candidates at all times.
- When reviewing a candidate's performance Examiners should be mindful that the physical environment of the OSCE circuit may not provide high levels of sound-proofing for the next candidate waiting outside the station.
- All examiners will need to remain at the examination centre until all marks have been collated and verified and the examiner meeting at the end of the day has been completed.
- Examiners must not leave the station until the circuit is complete. In an emergency, contact a member of the support staff who will arrange a substitute with the Supervising Examiner.
- Mobile phones must be switched off and out of the candidate's sight for the duration of the circuit.
- If an emergency evacuation of the building is required the examiner should remain with the candidate being examined in the designated evacuation area. If it is safe for the examination to continue it will re-start at the beginning of the station that the candidate was in at the time of the alarm.
- It is not necessary or practical to withdraw/arrange substitutes to avoid examining a candidate who is well known to an examiner. It is felt that the objective design of the examination and the number of separate individual examiner marks will dilute any unintentional bias that may occur.
- Current ICBSE regulations governing examiner behaviour will apply.
- **There may be observers present during the examination – Intercollegiate guidelines for observers are placed at Appendix 1 for examiners' information.**

8. Feedback

- Examiners will have regular appraisals by experienced assessors and will receive written feedback on their performance.
- Specific examiner feedback forms on the performance of the individual stations, with provision for suggestions to be made for modification or improvement will be provided in each station.
- No written feedback is required for individual candidates. They will receive a breakdown of their marks in the various components of the examination.

Appendix 1

INTERCOLLEGIATE MRCS PART B – OSCE

Intercollegiate Committee for Basic Surgical Examinations (ICBSE)

Guidance Notes for Non-Examiner Observers

Approval to observe an Examination must be sought from the Lead Examiner and the relevant Examinations Manager of the host College. The Observer is responsible for his/her own travel and accommodation expenses. Observers are required to sign a Confidentiality Declaration (attached) before attending the examination and observe the conditions laid down in these Guidance Notes.

1. Observers must not, under any circumstances, take part in the examination process, be involved in any discussion or try to influence the examiners during the marking process. Details of any discussion and marks awarded must be treated in the strictest of confidence. Discussion with the examiners after the marks have been awarded is permitted.
2. Observers must not make any written notes or attempt to record any part of the examination.
3. No more than one Observer is permitted with examiners in an examination bay (this includes an ICBSE Assessor).
4. Priority must be given to an ICBSE appointed Assessor (as applicable).
5. Observers are requested to comply with all reasonable requests of the Examinations Staff / Lead Examiner on the day of the examination.
6. The Lead Examiner reserves the right to ask any Observer to leave the examination if it is felt the Observer's attendance were to jeopardise the conduct of the examination in any way.

May 2014

ICBSE – IMRCS & IDO-HNS Examinations

Confidentiality Declaration

Examination:

Venue:

Date:

In which capacity do you wish to observe the examination (please state):

I agree to observe the conditions laid down in the Guidance Notes for Non-Examiner Observers approved by ICBSE.

The copyright on all examination material is held by ICBSE and unauthorised use of any of the questions and material is prohibited. In the event of contravention of this copyright, legal action may be taken.

Signed:

Date:

Name:
(Please print)

