

Examination Report

April 2015 Part 2 FRCOphth Oral Examination



Contents:

| | | |
|---|----------------------|----|
| 1. Summary | | 2 |
| 2. Candidates | | 3 |
| 3. The Structured Vivas | | 3 |
| 3a. Results and analysis | | 4 |
| 3b. Standard setting | | 5 |
| 4. The OSCE | | 6 |
| 4a. Results and analysis | | 6 |
| 4b. Standard setting | | 8 |
| 5. The Examination Overall | | |
| 5a. Final results | | 9 |
| 5b. Breakdown of oral exam | | 10 |
| 5c. Comparison to previous examinations | | 12 |
| 6. Appendices | | |
| Appendix 1 | Hofstee | 14 |
| Appendix 2 | Candidate evaluation | 15 |

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1. Summary

This is the second time that the part 2 FRCOphth oral examination has been taken by candidates now that it is no longer directly linked to the written examination. The OSCE now consists of 5 clinical stations at which candidates are required to examine 3 patients (15 in total). The medicine/neurology station is now a neuro-ophthalmology station. The communication station remains unchanged. The total number of marks available for the oral examination has increased from 256 to 318 and as a result of these changes with a weighting towards the OSCE is 62% to 38% for the structured viva (SV).

Seventy-seven candidates sat the examination, which is the smallest cohort since November 2011. The pass mark for the SV has fallen slightly compared to the last sitting and the OSCE pass mark is the lowest since 2011.

The reliability of the oral examination is high at 0.90 (SV) and 0.90 (OSCE).

The pass rate in OST was the highest of any sitting at 80%, which exceeded the pass rate for candidates who were not in OST (47%).

There were statistically significant differences in the success of candidates based upon OST, UK graduates and those with English as first language. Candidates who spoke English as a first language were more likely to pass, as were those in OST and UK graduates.

There was a statistically significant difference in success based upon ethnicity for all candidates, but this difference was not present for UK graduates or those in OST.

At the time of writing data was not available of year of OST. Nor were the lists of viva topics or patients who attended the OSCEs.

The oral parts of the 12th sitting of the Part 2 FRCOphth examination were held in Swansea from Monday 20 April to Friday 24 April.

2. Candidates

Seventy-seven candidates presented themselves for the examination.

3. The Structured Vivas

There were five structured vivas, which were held on Monday 20 and Tuesday 21 April 2015. The communication skills OSCE station was conducted as one of the viva stations, making six stations in all. Each viva lasted 10 minutes. The stations were:

Station 1: Patient investigations and data interpretation

Monday AM
Monday PM
Tuesday AM

*

Station 2: Patient management 1

Monday AM
Monday PM
Tuesday AM

Station 3: Patient management 2

Monday AM
Monday PM
Tuesday AM

Station 4: Attitudes, Ethics and Responsibilities.

Monday AM
Monday PM
Tuesday AM

Station 5: Audit, Research and EBM (5 minutes)

Monday AM
Monday PM
Tuesday AM

Health Promotion and Disease Prevention (5 minutes)

Monday AM
Monday PM
Tuesday AM

Station 6: Communication Skills

Monday AM
Monday PM
Tuesday AM

* Data not available at time of writing

3a) Results:

Maximum mark (5 stations, 10 examiners, 12 marks per station): 120

Pass mark (using borderline candidate method): 65.5/120 (55%)
 Mean score: 81/120 (67%)
 Median score: 82/120 (68%)
 Range*: 47- 111 (39%-93%)
 Reliability: (Cronbach alpha) 0.9
 SEM: 6.5
 Final adjusted pass mark (+ 1 SEM) 72/120 (60%)
 Pass rate before adjustment (pass mark 65.5/120) 66/77 (86%)
 Pass rate after adjustment (pass mark 72/120) 62/77 (81%)

Table 1 Distribution of scores

| Score | Distribution | Total |
|--------------|---------------|-------|
| 21-30 | | |
| 31-40 | | |
| 41-50 | / | 1 |
| 51-60 | ///// | 6 |
| 61-70 | ///// | 7 |
| 71-80 | ////// | 19 |
| 81-90 | ///// | 16 |
| 91-100 | ///// | 18 |
| 101-110 | ///// | 9 |
| 111-120 | / | 1 |
| Total | | 77 |

Table 2 Results for each station

| Station | | Mean score | Median score | Range |
|---------|----------|------------|--------------|-------|
| 1 | PI | 19 | 20 | 5-24 |
| 2 | PM | 15 | 15 | 3-24 |
| 3 | PM | 18 | 19 | 10-24 |
| 4 | AER | 18 | 18 | 6-24 |
| 5 | HPDP/EBM | 13 | 13 | 0-23 |

Table 3 Correlation between examiner's marks at each station

| Team | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 |
|------|-----------|-----------|-----------|-----------|-----------|
| | PI | PM | PM | AER | HPDP/EBM |
| | 0.84 | 0.83 | 0.86 | 0.79 | 0.95 |

Table 4 Mean absolute difference in examiner's marks at each station

| Team | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 |
|------|-----------|-----------|-----------|-----------|-----------|
|------|-----------|-----------|-----------|-----------|-----------|

| | | | | | |
|--|-----|-----|-----|-----|----------|
| | PI | PM | PM | AER | HPDP/EBM |
| | 0.9 | 0.8 | 0.9 | 0.8 | 0.9 |

Table 5 Correlation between examiner's global judgements at each station

| | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 |
| | PI | PM | PM | AER | HPDP/EBM |
| | 0.8 | 0.6 | 0.8 | 0.8 | 0.9 |

Table 6 Correlation between viva stations

| | | | | | |
|-----------|----------|-----------|-----------|-----------|-----------|
| | | Station 1 | Station 2 | Station 3 | Station 4 |
| | | PI | PM | PM | AER |
| Station 2 | PM | 0.36 | | | |
| Station 3 | PM | 0.20 | 0.26 | | |
| Station 4 | AER | -0.02 | 0.33 | 0.13 | |
| Station 5 | HPDP/EBM | 0.09 | 0.53 | 0.20 | 0.41 |

Table 7

Facility and 33% item discrimination (Examiners A & B, all teams, all sessions)

| | | | | | |
|----------------|------------------|------------------|------------------|------------------|------------------|
| | <i>Station 1</i> | <i>Station 2</i> | <i>Station 3</i> | <i>Station 4</i> | <i>Station 5</i> |
| | <i>PI</i> | <i>PM</i> | <i>PM</i> | <i>AER</i> | <i>HPDP/EBM</i> |
| Facility A (%) | 89 | 82 | 82 | 85 | 61 |
| Facility B (%) | 87 | 85 | 84 | 72 | 56 |
| 33% ID A | 0.308 | 0.385 | 0.346 | 0.308 | 0.846 |
| 33% ID B | 0.423 | 0.385 | 0.385 | 0.538 | 0.846 |

3b) Standard setting for the structured vivas

Table 8

| | | | | | | | | | | | |
|---|-----|-----|----|----|----|----|----|-----|----|----|--------------|
| | 1 | | 2 | | 3 | | 4 | | 5 | | <i>Total</i> |
| <i>Number of passed candidates</i> | 66 | 61 | 45 | 44 | 57 | 55 | 53 | 49 | 40 | 32 | |
| <i>Number of borderline candidates</i> | 8 | 12 | 25 | 21 | 9 | 15 | 13 | 18 | 13 | 17 | |
| <i>Number of failed candidates</i> | 3 | 4 | 7 | 12 | 11 | 7 | 11 | 10 | 24 | 28 | |
| <i>Median borderline candidate mark</i> | 6.5 | 7.5 | 6 | 6 | 7 | 7 | 7 | 7.5 | 5 | 6 | 65.5 |

The pass mark for the structured viva was increased by 1 SEM from 65.5/120 (55%) to 72/120 (60%).

4. The OSCE

The OSCE

There were six OSCE stations in all. The five clinical stations were held Wednesday 22 April – Friday 24 April 2015. The communication OSCE was conducted with the vivas.

The five clinical OSCE stations lasted 20 minutes. The communication OSCE lasted 10 minutes. There were two examiners at each station. In the communication OSCE, one examiner was a trained lay examiner.

Details of the patients who made themselves available for the examination are provided in appendix 4.

4a) Results

Candidates examine three patients in stations 1-5 and. Each patient is worth a maximum of 12 marks (2 examiners x 3 marks x 2 criteria). One patient is examined in station 6 (communication skills). This station is worth 18 marks (2 examiners x 3 marks x 3 criteria)

| | |
|---|---------------|
| Maximum mark: | 198 |
| Pass mark (using borderline candidate method) | 107/198 (54%) |
| Mean score: | 123/198 |
| Median score: | 125/198 |
| Range: | 76-182 |
| Reliability (Cronbach alpha): | 0.85 |
| SEM: | 11 |
| Final adjusted pass mark (+1 SEM) | 118/198 (60%) |
| Pass rate before adjustment (pass mark 107/198) | |
| Pass rate after adjustment (pass mark 118/198) | 49/77 (64%) |

Table 9 **Distribution of scores**

| Score | Distribution | Total |
|---------|---------------------------|-------|
| 71-80 | // | 2 |
| 81-90 | ///// / | 6 |
| 91-100 | ///// / | 6 |
| 101-110 | ///// /// | 8 |
| 111-120 | ///// / / / / / / / | 12 |
| 121-130 | ///// / / / / / / / / | 12 |
| 131-140 | ///// / / / / / / / / / / | 15 |
| 141-150 | ///// / / | 7 |
| 151-160 | ///// / / / | 8 |
| 161-170 | | 0 |
| 171-180 | | 0 |
| 181-190 | / | 1 |
| | | |
| Total | | 77 |

Table 10 Station marks

| Station | | Maximum possible | Mean | Median | Min | Max |
|---------|---------------------|------------------|------|--------|-----|-----|
| 1 | Anterior segment | 36 | 18 | 20 | 5 | 32 |
| 2 | Glaucoma & lid | 36 | 25 | 27 | 2 | 36 |
| 3 | Posterior segment | 36 | 24 | 24 | 6 | 36 |
| 4 | Strabismus & orbit | 36 | 23 | 22 | 5 | 36 |
| 5 | Neuro-ophthalmology | 36 | 21 | 22 | 9 | 35 |
| 6 | Communication | 18 | 11 | 12 | 0 | 18 |

Table 11 Correlation between examiner's marks at each station

| | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 | Station 6 |
|--|-----------|-----------|-----------|-------------|-----------|-----------|
| | AS | Glauc/lid | Posterior | Orbit/Strab | Neuro-oph | Comm. |
| | 0.80 | 0.89 | 0.85 | 0.83 | 0.83 | 0.86 |

Table 12 Correlation between examiner's global judgements at each station

| | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 | Station 6 |
|--|-----------|-----------|-----------|-------------|-----------|-----------|
| | AS | Glauc/lid | Posterior | Orbit/Strab | Neuro-oph | Comm. |
| | 0.83 | 0.86 | 0.82 | 0.74 | 0.74 | 0.81 |

Table 13 Mean absolute difference in examiner's marks at each station

| | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 | Station 6 |
|--|-----------|-----------|-----------|-------------|-----------|-----------|
| | AS | Glauc/lid | Posterior | Orbit/Strab | Neuro-oph | Comm. |
| | 2.3 | 1.4 | 1.3 | 1.9 | 1.5 | 1.1 |

Table 14 Correlation between station scores (combined marks 2 examiners)

| | | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 |
|-----------|-------------|-----------|-----------|-----------|-------------|-------------|
| | AS | AS | Glauc/lid | Posterior | Orbit/Strab | Neuro-ophth |
| Station 2 | Glauc/lid | | 0.28 | | | |
| Station 3 | Posterior | 0.12 | 0.28 | | | |
| Station 4 | Orbit/Strab | 0.26 | 0.38 | 0.07 | | |
| Station 5 | Neuro-oph | 0.04 | 0.13 | 0.22 | 0.05 | |
| Station 6 | Comm | -0.10 | 0.11 | 0.18 | -0.07 | 0.25 |

Table 15**Facility and 33% item discrimination (Examiners A & B all teams, all sessions)**

| | Station 1 | Station 2 | Station 3 | Station 4 | Station 5 | Station 6 |
|--------------|-----------|-----------|-----------|-------------|-------------|-----------|
| | AS | Glauc/lid | Posterior | Orbit/Strab | Neuro-ophth | Comm. |
| Facility A % | 69 | 75 | 82 | 69 | 60 | 64 |
| Facility B % | 62 | 77 | 82 | 62 | 61 | 73 |
| 33% ID A | 0.423 | 0.500 | 0.231 | 0.385 | 0.423 | 0.385 |
| 33% ID B | 0.500 | 0.423 | 0.308 | 0.346 | 0.385 | 0.269 |

4b) Standard setting for the OSCE**Table 16**

| <i>Station</i> | <i>1 AS</i> | | <i>2 Glauc/lid</i> | | <i>3 PS</i> | | <i>4 Strab</i> | | <i>5 Neuro</i> | | <i>6 Comm</i> | |
|--|-------------|----|--------------------|----|-------------|----|----------------|----|----------------|----|---------------|----|
| <i>No. of passed candidates</i> | 37 | 36 | 47 | 46 | 42 | 41 | 42 | 35 | 27 | 32 | 40 | 47 |
| <i>No. of borderline candidates</i> | 22 | 15 | 19 | 21 | 25 | 26 | 20 | 16 | 23 | 22 | 14 | 14 |
| <i>No. of failed candidates</i> | 20 | 28 | 13 | 12 | 12 | 12 | 17 | 28 | 29 | 26 | 25 | 18 |
| <i>Median borderline candidate raw score</i> | 8 | 8 | 10 | 11 | 10 | 10 | 10 | 10 | 10 | 10 | 5 | 5 |

The pass mark for the OSCE was increased by 1 SEM from 118/198 (60%) to 1229/198 (65%).

5. Overall results for the oral examination

5a. Results

| | | |
|-----------|---------|-------------|
| Pass mark | 190/318 | (60%) |
| Mean | 206/318 | (65%) |
| Median | 209/318 | (66%) |
| Range | 148-276 | (47% - 87%) |

To pass the oral examination candidates must achieve 190/318 overall, 66/120 in the viva and 118/198 in the OSCE.

Fifty-six candidates achieved 190/318, but only 48 met all three requirements in order to pass the examination overall.

| | | |
|---|-------|-------|
| Pass rate for the oral examination | 48/77 | (62%) |
| Pass rate overall for candidates in OST | 28/35 | (80%) |
| Pass rate overall for non-trainees | 20/42 | (48%) |

Correlation between structured viva and OSCE = 0.300

Table 17 **Distribution of scores**

| Score | Distribution | Total |
|-----------------|---------------|-------|
| 141-150 | / | 1 |
| 151-160 | //// | 5 |
| 161-170 | //// /// | 8 |
| 171-180 | /// | 4 |
| 181- 190 | /// | 4 |
| 191-200 | //// /// | 8 |
| 201-210 | //// // // / | 11 |
| 211-220 | //// // // // | 12 |
| 221-230 | //// /// | 8 |
| 231-240 | //// // | 7 |
| 241-250 | /// | 3 |
| 251-260 | /// | 3 |
| 261-270 | // | 2 |
| 271-280 | / | 1 |
| 281-290 | | |
| 291-300 | | |
| Total | | |

5b) Breakdown of Oral Examination

Table 18 Breakdown of results by training

| | Failed | Passed (%) | Total |
|------------|--------|------------|-------|
| In OST | 7 | 28 (80%) | 35 |
| Not in OST | 22 | 20 (47%) | 42 |
| Total | 29 | 48 (62%) | 77 |

Candidates in OST performed better than those in non-training posts. These differences are statistically significant ($p = 0.005$)

Table 19 Breakdown of results by gender

| | Failed | Passed (%) | Total |
|--------|--------|------------|-------|
| Female | 9 | 18 (67%) | 27 |
| Male | 19 | 29 (60%) | 48 |
| Total | 28 | 47 (63%) | 75 |

Unknown 2

These differences are not statistically significant ($p = 0.62$)

Table 20 Breakdown of results by deanery

| | Failed | Passed | Total |
|---------------------|--------|--------|-------|
| East Midlands | 0 | 2 | 2 |
| East of England | 2 | 3 | 5 |
| East Scotland | 0 | 0 | 0 |
| London | 1 | 5 | 6 |
| Mersey | 0 | 0 | 0 |
| North Scotland | 0 | 0 | 0 |
| North Western | 0 | 5 | 5 |
| Northern | 0 | 0 | 0 |
| Northern Ireland | 0 | 0 | 0 |
| Oxford | 0 | 3 | 3 |
| Peninsula | 0 | 1 | 1 |
| South East Scotland | 0 | 0 | 0 |
| West Scotland | 0 | 0 | 0 |
| Severn | 1 | 0 | 1 |
| Wales | 1 | 2 | 3 |
| Wessex | 0 | 3 | 3 |
| West Midlands | 2 | 0 | 2 |
| Yorkshire | 0 | 4 | 4 |
| Total | 7 | 28 | 35 |

Table 21 Breakdown of results by level of training

| | Failed | Passed | Total |
|-----|--------|--------|-------|
| ST3 | 0 | 0 | 0 |
| ST4 | 1 | 2 | 3 |
| ST5 | 3 | 11 | 14 |
| ST6 | 3 | 14 | 17 |

| | | | |
|-------|----|----|----|
| ST7 | 3 | 7 | 10 |
| Total | 10 | 34 | 44 |

Table 22 Breakdown of results by country of qualification

| | Failed | Passed | Total |
|------------|--------|----------|-------|
| UK | 7 | 29 (81%) | 36 |
| Outside UK | 20 | 17 (46%) | 37 |
| Total | 27 | 46 (63%) | 73 |

Unknown 4

Candidates who qualified in the UK performed better than those who graduated overseas. These differences are statistically significant ($p = 0.003$)

Table 23 Breakdown of results by first language

| | Failed | Passed (%) | Total |
|---------|--------|------------|-------|
| English | 7 | 29 (81%) | 36 |
| Other | 8 | 6 (43%) | 14 |
| Total | 15 | 35 (70%) | 50 |

*First language unknown for 27 candidates

Candidates whose first language is English performed better than those with a different first language. These differences are statistically significant ($p = 0.016$)

Table 24 Breakdown of results by ethnicity

| | Failed | Passed | Total |
|-----------|--------|----------|-------|
| White | 1 | 12 (92%) | 13 |
| Non-white | 21 | 30 (59%) | 51 |
| Total | 22 | 42 (66%) | 64 |

* Ethnicity undeclared by 11 candidates

These differences are statistically significant for white/non-white ($p = 0.05$)

Table 25 Breakdown of results by ethnicity for UK graduates

| | Failed | Passed | Total |
|-----------|--------|----------|-------|
| White | 1 | 10 (91%) | 11 |
| Non-white | 6 | 18 (75%) | 24 |
| Total | 7 | 28 (80%) | 35 |

The difference in the performance based upon ethnicity for candidates is not statistically significant for candidates who attended a UK medical school ($p = 0.39$)

Table 26 Ethnicity of candidates in OST

| Ethnicity | In OST | Not in OST | Total |
|-----------|--------|------------|-------|
| White | 9 | 4 | 13 |
| Non-white | 22 | 28 | 50 |
| | 31 | 32 | 63 |

* Ethnicity undeclared by 14 candidates

Table 27 Breakdown for candidates in OST by ethnicity

| Ethnicity | Fail | Pass | Total |
|-----------|------|----------|-------|
| White | 1 | 8 (89%) | 9 |
| Non-white | 5 | 17 (77%) | 22 |
| | 6 | 25 (81%) | 31 |

* Ethnicity undeclared by 4 candidates

These differences are not statistically significant for white/non-white in training
(P = 0.6)

Table 28 Breakdown of results by number of previous attempts

| Attempts | Failed | Passed (%) | Total |
|-----------|--------|------------|-------|
| 1 (First) | 21 | 34 | 55 |
| 2 | 8 | 14 | 22 |
| 3* | N/A | N/A | N/A |
| 4* | N/A | N/A | N/A |
| 5* | N/A | N/A | N/A |
| 6* | N/A | N/A | N/A |
| 7* | N/A | N/A | N/A |
| 8* | N/A | N/A | N/A |
| Any resit | | | |

*All attempts prior to August 2014 have been disregarded. All candidates allowed 4 attempts from September 2014.

5d) Table 29 Comparison to previous examinations

| Date | April 11 | Nov 11 | April 12 | Oct 12 | April 13 | Nov 13 | April 14 | Nov 14 | April 15 |
|--------------------------|----------|--------|----------|--------|----------|--------|----------|--------|----------|
| Candidates | 46 | 77 | 104 | 95 | 109 | 103 | 104 | 79 | 77 |
| MCQ pass mark | 65% | 58% | 58% | 55% | 61% | 59% | 58% | NA* | NA* |
| Reliability | 0.7 | 0.7 | 0.7 | 0.7 | 0.8 | 0.8 | 0.8 | NA | NA |
| EMQ pass mark | 65% | 59% | 58% | 59% | NA | NA | NA | NA | NA |
| Reliability | 0.7 | 0.7 | 0.7 | 0.8 | NA | NA | NA | NA | NA |
| Viva pass mark | 63% | 60% | 62% | 58% | 60% | 58% | 57% | 63% | 60% |
| Reliability | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.9 | 0.8 | 0.8 | 0.9 |
| OSCE pass mark | 63% | 65% | 62% | 62% | 63% | 61% | 61% | 62% | 60% |
| Reliability | 0.9 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.7 | 0.9 |
| Written pass rate | 46% | 68% | 65% | 81% | 85% | 93% | 90% | NA* | NA* |
| Oral pass rate | 71% | 54% | 57% | 63% | 57% | 58% | 58% | 63% | 62% |
| Overall pass rate | 33% | 35% | 37% | 51% | 48% | 53% | 51% | NA | NA |
| Overall pass rate in OST | 43% | 46% | 43% | 63% | 56% | 64% | 65% | 70% | 80% |

* The MCQ examination is now de-coupled from the oral examination

Table 30 Cumulative results by deanery (September 2010 to date)

| Deanery | Number of passes | Number of candidates | Pass rate % |
|---------------------|------------------|----------------------|-------------|
| East Scotland | 5 | 5 | 100 |
| Oxford | 21 | 25 | 84 |
| Severn | 14 | 19 | 74 |
| Northern Ireland | 8 | 11 | 73 |
| Northern | 16 | 23 | 70 |
| London KSS | 95 | 140 | 68 |
| Mersey | 18 | 27 | 67 |
| East Midlands | 17 | 27 | 63 |
| North Scotland | 5 | 8 | 63 |
| South East Scotland | 8 | 13 | 62 |
| West Midlands | 27 | 50 | 54 |
| West Scotland | 10 | 19 | 53 |
| Peninsula | 11 | 21 | 52 |
| North Western | 22 | 44 | 50 |
| Yorkshire | 30 | 61 | 49 |
| Wales | 14 | 29 | 48 |
| East of England | 11 | 26 | 42 |
| Wessex | 6 | 15 | 40 |
| TOTAL | 338 | 563 | 60 |

Appendix 1: Hofstee pas mark

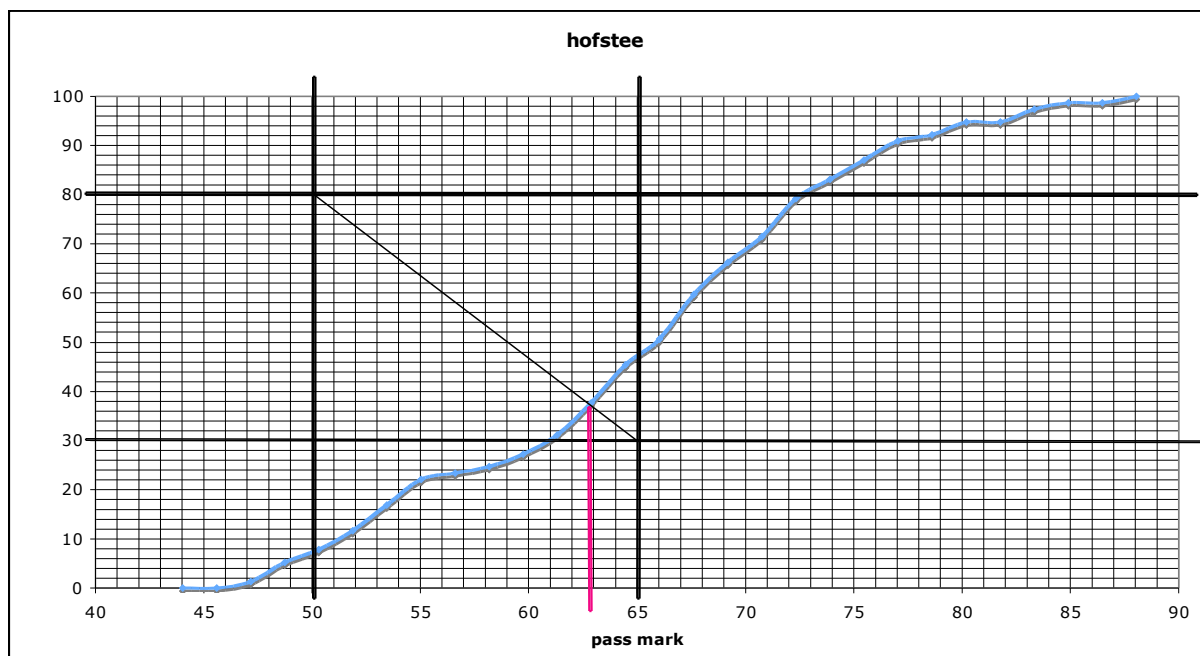
The Hofstee method of standard setting is based upon the examiner's opinion on the maximum and minimum credible pass marks and maximum and minimum credible fail rates for the examination. These parameters can then be used to identify a pass mark from a plot of pass mark against fail rate derived from the examination results.

Using the following parameters*:

- Maximum pass mark 65% (207/318)
- Minimum pass mark 50% (159/318)
- Maximum fail rate 20%
- Minimum fail rate 70%

The pass mark for the oral examination using this method would be 200/318 (63%), which is significantly higher than the pass mark derived from the borderline candidate method (60%). (It should be noted that this result is based upon the total marks for the oral examination with complete cross compensation between OSCE and viva results.)

* These parameters do not necessarily represent the values that would be chosen by the part 2 examinations sub-committee.



Appendix 2: Candidate evaluation

Structured Viva

The following feedback is from 15 candidates who took part in the structured vivas/comms skills out of 77 (19% response)

Viva Station 1 Patient Investigations & Data Interpretation

Were you treated in a courteous manner by the examiners in this station?

Yes 100% No 0%

Comments:

- Examiners were clear in their questions, and the presented images (electronic) were of good quality.

Were the questions appropriate for the station? Yes 80% No 20%

Comments:

- Good range of topics covered. Did not focus too heavily on one obscure investigation.
- Blood results did not have a reference range.
- I do not think it is appropriate to present a set of blood results without the normal range provided and demand we comment on these, especially as they vary between labs. Sometimes it is difficult to understand what the examiner is asking
- Scenario of a patient with intermediate / posterior uveitis.
- The very first question was poorly worded: 'What is the diagnosis?' I started to give a list of potential differential diagnoses only to be interrupted by the examiner who said no and followed it up with another question 'what is the disease process?' It was only clear at this point that the answer they were after was intermediate / posterior uveitis. This is unsettling and wastes precious minutes in a time-pressured exam
- I ran out of time to answer questions – Could the examiners be told to time their questions properly as it is not the candidate's fault when the last questions is not answered properly
- The scenario was fair and the presented data was very typical for the condition that was the focus of the station."

Were the questions of an appropriate standard for an exit examination?

Yes 92 % No 8%

Comments:

- The level of knowledge was appropriate but the questions were poorly written and unclear

- The scenario was fair and the presented data was very typical for the condition that was the focus of the station
- This station was too specialist and the presentation of EDTs was entirely out of context and without the appropriate labelling of the graphs.

Viva station 2 Patient Management 1

Were you treated in a courteous manner by the examiners in this station?

Yes 93% No 7%

Comments:

- Examiners were courteous and responded in ways that facilitated discussion, and encouraged the flow of answers.
- Examiner repeatedly looked at his watch which was extremely off-putting

Were the questions appropriate for the station? Yes 87% No 13%

Comments:

- Unsure if correct station, but for thyroid eye disease management: The questions were a little disjointed. We were given a clinical scenario, then a CT scan, then a Hess chart. All of them were thyroid eye disease. The initial scenario was of acute vision loss, which then went on to a discussion of management. The examiners were unclear if the CT scan and Hess chart were of the same patient, and so the questions were a bit out of context. Likewise I don't think they were clear about the stage of TED with regards to the Hess chart – wouldn't initially commit as to whether it was burnt out or not.
- Again, I did not have adequate time to answer the last question.
- Very fair and typical questions on clinical investigation and management of thyroid eye disease
- Being asked about paediatric corneal grafts in a congenital glaucoma station did not seem appropriate and very sub specialist.

Were the questions of an appropriate standard for an exit examination?

Yes 93% No 7%

Comments:

- Whilst the questions were appropriate I found the way they were asked in this station were not as clear as the other stations. I felt both the first examiner and myself were getting confused along the way, which meant I was not able to fully show my knowledge of the subject, which I felt I knew well. The second examiner was clearer and even corrected the other examiner when he asked me something I had already answered.

- Paediatric PKP is a sub specialist area that is not necessarily appropriate for a generalist ophthalmology exam.

Viva station 3 Patient Management 2

Were you treated in a courteous manner by the examiners in this station?

Yes 93% No 7%

Comments:

- Examiners were courteous but reserved in responses. This was fair.

Were the questions appropriate for the station? Yes 100% No 0%

Comments:

- Wasn't sure whether I was asked about the management guidelines or the management of the given patient – which I felt was going to be different.
- The presented diagrams of retinal detachments were in dark colours, so that breaks could not be drawn on with pencil and easily visualized. This could have been improved perhaps. Otherwise, questions were appropriate.
- The questions were asked in such a way that the flow of the discussion was lost. The questions did not lead the discussion in a logical flow, but instead were very disjointed, which led to significant confusion as to what was being asked of me and thereby I felt I had represented myself poorly despite having a much better level of knowledge than was not brought out during the course of this 10 mins.

Were the questions of an appropriate standard for an exit examination?

Yes 100% No 0%

Comments:

- There was perhaps a bit too much time dwelling on assessment of PVD, which I did not think was appropriately challenging, but the examiners clearly wanted me to say certain things.
- Yes, entirely fair.
- Yes - had they been asked in a much clearer way

Viva station 4 Attitude, Ethics and Responsibilities

Were you treated in a courteous manner by the examiners in this station?

Yes 100% No 0%

Comments:

- I did not understand one of the questions and asked for the question to be repeated. I was told sternly 'We read the questions out to each candidate the same way'. The hostility did not help in a stressful situation.
- Very courteously. Examiners were responsive and encouraged responses where they wanted to hear more. This is very helpful as a candidate, and some examiners don't do this.

Were the questions appropriate for the station? Yes 80% No 20%

Comments:

- I think the question was too vague – something along the lines of: “how do you consent for cataract surgery”. That is a big topic, and knowing that the examiners are looking for me to say certain things, but without giving me any clues as to which direction they wanted me to go in. The clinical scenario was very brief and provided few details, so it was a bit of a guessing game. Obviously this topic should be second nature, but the setting was a bit odd.
- I felt very uneasy about being coerced into offering a patient private PDT as an option for the treatment of his CSR. It was not an option I would want to give in the exit exam but the examiners seemed to want this so it would lead into the next part of the scenario.
- Asked details about management of the particular eye condition i.e. CSCR, which I think is not appropriate for the station.
- Consent and capacity, Gillick competence are all relevant and important.

Were the questions of an appropriate standard for an exit examination?

Yes 87% No 13%

Comments:

- I didn't feel at all challenged, but likewise did not know what the examiners wanted me to say.
- Issues as consultants we will be expected to know well, and consequently, the station was fair.

Viva station 5 Audit, research and evidence based medicine

Were you treated in a courteous manner by the examiners in this station?

Yes 87% No 13%

Comments:

- Very angry male examiner who felt obliged to keep saying "What else, what else, what else" with regards to differences between audit and research. Was very hurried in his manner. The examiner was very rude, constantly tutting and sighing during my

answers. She needs to learn to be much more constructive. Asking someone if they work in the UK is also an irrelevant question.

- One of the examiners shakes her head immediately after most of the questions I have answered whilst writing down on the marking sheet. Perhaps if examiners have been told not to smile at candidates and not to give indications that candidates are doing well (I assume this is the case as none of my examiners smiled!), then perhaps they should refrain from negative body language like shaking their head. It is not necessary and does make it hard for candidates to think in a stressful situation.
- Very courteously, and examiners encouraged responses.
- The examiners were very clear in their questioning and I understood completely what was being asked of me. Each question led very well from one to the next, with a clear progression in the discussion.

Were the questions appropriate for the station? Yes 79% No 21%

Comments:

- Intermittent exotropia is a fairly niche ocular motility entity and was surprised this was examined in a final exit examination based on assessing general ophthalmology.
- We were asked about intermittent exotropia- the classification and clinical trials. This is something I felt to be quite obscure and a question that a general ophthalmologist would not know the answer to as I have found from asking Consultants at my base hospital. This was unfair.
- A question on the evidence base for the management of intermittent exotropia seems more like advanced subspecialty knowledge rather than expected knowledge of a 'general ophthalmologist.' I have discussed this question with two of my local paediatric ophthalmologists who agree this is higher subspecialty knowledge and not suitable for a general exit examination. This seems unfair given it was a significant portion of the station and people who sat the exam on a different day had a much more straightforward question about audit / clinical governance.
- EBM station did expand on the clinical applications of intravitreal steroid use. A further discussion on needlestick injury was fair

Were the questions of an appropriate standard for an exit examination?

Yes 79% No 21%

Comments:

- Knowing where to advise someone to buy safety goggles is not the job of a consultant ophthalmologist - it is the role of the employer. Generally a poor station on eye protection, made worse by the attitude of both examiners.
- Given all the 'landmark' clinical papers we are required to know for our final exit exam, it is incredible that the Newcastle clinical scale for intermittent exotropia was selected – especially as this was never mentioned in the 4 suggested clinical texts I revised from. Feel it was a little unfair, especially when comparing to what other candidates were asked about.
- Questions on clinical governance are more suitable for job interviews.

- Yes, although I do not think many candidates could name the study relevant to Ozurdex in non-infectious posterior uveitis.

OSCE station Communication Skills

Were you treated in a courteous manner by the examiners in this station?

Yes 100% No 0%

Comments:

- Examiners introduced, but otherwise stayed silent. They did introduce the patient actor by first name, even though the name on the brief was Mr Morrison. I clarified this, but otherwise it might have been confusing.

Was the clinical scenario explained clearly? Yes 100% No 0%

Comments:

- The actor spoke a lot! Wasn't sure if she wanted me to explore her mood or the more likely scenario of assisting her by explaining the benefits of CVI registration.
- Yes, it was helpful to have time to read it beforehand and plan a discussion.
- Visual acuity data would have been very helpful in addressing the issues that the patient was raising – it was difficult to address her concerns without this information and this threw me slightly since it is something that we would always have to hand in a real life situation.

Was the clinical scenario appropriate for an exit examination?

Yes 100% No 0%

Comments:

- A very typical scenario that was entirely fair as a comm skills station.

The Structured Viva – Overall Feedback

Was the structured viva examination well organized?

Yes 100%

No 0%

Comments:

- Very organised

Were you given clear instructions about the structured viva examination?

Yes 100% No 0%

Comments:

- Advice regarding dress code for the viva would be appreciated. Some candidates respected the bare below elbows, whilst other wore suits.

Did you feel that the structured viva examination was a fair assessment of your knowledge? Yes 67% No 33%

Comments:

- As the examiners have clearly got fixed questions they have to ask, the questions often seemed quite superficial and skimmed over subjects. It certainly felt like they were just waiting for me to say key words rather than actually assess my knowledge of a topic.
- I do not think the structured viva is a fair assessment of one's knowledge. A number of the questions are unclear and ambiguous, which given the time pressure of each station can result in you failing a station because you don't understand what the questions are trying to ascertain and thus spend most of the allotted time scrabbling around trying to understand the point of the station rather than being able to illustrate your knowledge to the examiners. I do not think it is a fair representation of clinical practice and it does not accurately test your ability to make clinical decisions in a stressful environment.
- Absolutely not. I came out feeling cheated! The questions asked did by no means give the opportunity to show the knowledge one has about a topic and if 'thrown' by a particular examiners unclear questioning it was very difficult to rescue oneself before the time and questions moved on. The pace is far too fast to give a good account of oneself.

In your opinion should the structured viva examination be included in the exit examination?

Yes 87% No 13%

Comments:

- But this exam is to test your knowledge at the level of a general ophthalmologist and so the questions should be suitable and not too overspecialized such as with the intermittent exotropia.
- I think a structured viva is a useful part of the exit examination but not in its current format. I think it would be a much better assessment of the candidates' knowledge if each candidate spent 1 hour with 2 consultants and covered similar questions / topics. This would give the examiners a much better idea of whether the candidate is knowledgeable about a topic and whether they are behaving and performing at a level befitting a consultant.
- No – not in its current form. A much longer viva (say 1-2 hours) with a single pair of examiners to discuss multiple topics would allow for clearer discussion and appreciation of a candidates overall knowledge, rather than this rapid-fire arrangement with multiple examiners. In its current state it is a test of nerves and stamina than a true test of knowledge.

Please write any other comments you have about the structured viva examination below.

- A very well run and fair examination with the only area for improvement being the confusion I experienced in Station 2. Another more general comment was that in two of the stations we seemed to be asked the same question, I think it was something like “ What would you do before starting steroid treatment”. It was difficult to remember whether certain points had been covered in that station or the other i.e. in the second station it was asked I am sure I didn’t mention all the points because I thought I had answered them before.
- Perhaps in the instructions, candidates should be told that whilst they will be treated courteously, the examiners would not be friendly or kind during examination. As doctors, we tend to read body language intuitively. It is hard to perform well when you feel hostility during examination (or just did not expect such cold and unkind demeanour from the examiners).
- The viva was well organized, the stations were entirely fair and appropriate and the examiners were generally very helpful and encouraging.

OSCE

The following feedback is from 15 candidates who took part in the OSCEs out of 77(19% response)

OSCE station 1 Cataract and Anterior Segment

Were you treated in a courteous manner by the examiners in this station?

Yes 87% No 13%

Comments:

- Sadly, I had a female examiner in my station, who was quite aggressive and off-putting, demanding I say the answer quickly and she induced a high level of stress. She was not courteous and didn’t give me a chance to think things through. I have heard similar comments from other candidates who have experienced her. She was the only examiner who behaved this way throughout the whole exam. I reported her behaviour to the examination admin staff informally.
- The examiners were quite pedantic (for example, instead of accepting “four times a day” as a management plan, one examiner wanted me to tell her exactly what times in the day that meant). This is very unhelpful, and no colleague in a discussion would ask you this. One examiner said it was “bizarre” that I had tapped on the table to elicit phacodonesis (I had asked the patients permission first). That sort of indulgent remark is not objective, helpful or contributory I don’t think. The examiners didn’t have the guile in one particular discussion to lead a candidate to a diagnosis, as the cause for visual loss could not be identified in one eye from anterior segment examination. Some examiners have a knack for this, but sadly not present here.

Were the patients you were asked to examine appropriate for the station?

Yes 100% No 0%

Comments:

- One patient had complex signs, which were fine to identify in singularity but hard to link together in combination.

Were the questions of an appropriate standard for an exit examination?

Yes 93% No 7%

Comments:

- The patient with the melanosis on the conjunctiva was not all that clear. We were told that she had blurred vision and asked to examine accordingly. The blurred vision wasn't associated with the melanosis that we were asked about, so that station threw me somewhat. It would have been fairer to say just examine the anterior segment and not give a history for such a case.
- I didn't feel very challenged, but they were topics that we should have been expected to know well.
- The whole station was shadowed by the examiner's behaviour and therefore I do not think her questioning was appropriate for the exit exam.
- Questions were sometimes unfair, for example asking about the EXACT management of aqueous deficient dry eye, without being given a history of symptoms, or being able to check the quality of the tear film etc. This is unrealistic and not true to real world ophthalmology. I responded "I would arrange to see the patient in 2-3 months' time". The pedantic examiner asked: "is that two or three months?" This is unrealistic too.

OSCE station 2 Glaucoma and eyelid

Were you treated in a courteous manner by the examiners in this station?

Yes 93% No 7%

Comments:

- Felt like being harsh and offensive, instructions were not clear, not directed properly as what to examine.
- Very courteous examiners, who encouraged you when you were heading in the right direction.

Were the patients you were asked to examine appropriate for the station?

Yes 93% No 7%

Comments:

- I had a patient with what looked like dermatochalasis, a condition not often treated on the NHS unless field defects, and I was not sure if this was entirely appropriate for an exit case.
- Yes – two common disorders and one rarer (but this was a typical case).

Were the questions of an appropriate standard for an exit examination?

Yes 100% No 0%

Comments:

- General management questions relevant to the disorders identified.

OSCE station 3 Posterior Segment

Were you treated in a courteous manner by the examiners in this station?

Yes 100% No 0%

Were the patients you were asked to examine appropriate for the station?

Yes 100% No 0%

Comments:

- However the indirect ophthalmoscope attached to the wall wasn't of very high quality. It was old and hard to adjust the settings and didn't give a clear view. A newer charged one would have been fairer in such an important exam! I think I could have passed this station if I had have brought my own!
- Although the candidates were appropriate, I experienced difficulty with the indirect examination due to dilating drops wearing off towards the end of the session.
- Although, my patient was finding it hard to co-operate with the indirect examination, saying her eyes were watering and closing them too frequently.
- View through indirect ophthalmoscope was very hazy as if it was not clean. I could not see fine details of patient's retina. I did say that to examiners but they didn't say or do anything about this.
- Two typical disorders. One patient had a small chorioretinal scar on indirect exam, and it was difficult to know whether this was the primary abnormality as you might have considered it an incidental finding on clinical examination. I had only examined 180 degrees when examiner asked if I had seen anything. I wasn't entirely sure we were taking about the same lesion, as the examiner was not very leading in his line of questioning.

Were the questions of an appropriate standard for an exit examination?

Yes 100% No 0%

Comments:

- Follow up questions were typical with sensible discussion on management.

OSCE station 4 Strabismus and Orbit

Were you treated in a courteous manner by the examiners in this station?

Yes 100% No 0%

Comments:

- Examiners were excellent. They understood why I was examining the in the order I was. They curtailed examination when I had identified the diagnosis and asked what else I was likely to find. They acknowledged correct responses. This is very helpful as it encourages good performance.

Were the patients you were asked to examine appropriate for the station?

Yes 93% Not Sure 7%

Comments:

- Main issue was that between station 4 and 5 I think there were 3 patients with superior oblique underaction / inferior oblique overaction (if I was correct that is....). Could have been more diverse
- Although the majority of cases were appropriate, I was asked to examine a patient who had complicated dual pathology that may not have been entirely appropriate for the short period of time with no formal history – bumping into the patient after the exam, she said that her problem was so complicated, it took several doctors to finally come up with a diagnosis of supranuclear palsy and cfeom!
- I still don't know what two of the cases were in this station and unlike the other stations didn't feel that the information I was given, especially for one case, was enough to get to the diagnosis. Some of the information i.e. that the patient had double vision and a squint but full eye movements still don't make sense to me but perhaps I misheard something in the heat of the exam! However it is difficult to know without knowing what the diagnoses were and how I have been marked. I think what was different about this station was that it felt more disjointed than the others i.e. for some reason my train of thought was not following clinical practice as much as in the other stations. This may have been my issue but others who had the same OSCE told me they felt similar so I suspect it was something about the patients or the examiners approach in this station
- Sign were very subtle and ambiguous, difficult to detect in an exam setup with very limited time and under stressful condition.

Were the questions of an appropriate standard for an exit examination?

Yes 100% No 0%

Comments:

- Appropriate questions. Discussion on further examination, investigation and management of each disorder.

OSCE station 5 Medicine and Neurology

Were you treated in a courteous manner by the examiners in this station?

Yes 93% No 7%

Comments:

- One of the examiners left the room completely while I was answering questions from the other examiner. God knows what mark he will give me!

- Very courteous, however the candidates as a whole seemed to find this station hard and we felt that the examiners got frustrated with us, especially towards the end of the OSCEs.
- Excellent manner from examiners.
- The examiners weren't helpful in this station. One was not watching closely, as I had performed Park's 3-step test, and told him the diagnosis. He then suggested I do Park's three step test. The second examiner was trying to be helpful but not sure that he succeeded. Firstly, the room could not be darkened sufficiently to elicit anisocoria in a Horner's syndrome. I was asked to examine a fourth nerve palsy, but there was no distance fixation target.

Were the patients you were asked to examine appropriate for the station?

Yes 87% No 13%

Comments:

- The patient with myotonic dystrophy was essentially a purely medical/neurological case whom we had to do a peripheral neuro exam on. I thought this wasn't as appropriate for the exit exam as the other cases. The only ophthalmic feature (cataracts) had been removed already. The other cases people had seemed fairer/more ophthalmic associated patients such as acromegaly etc. The other two cases I had (4th nerve palsy and hemianopia) seemed fair.
- I understand that using the direct ophthalmoscope is an import skill to acquire, but feel it was unfair to be asked to examine the optic discs in an undilated patient – what is the point, as this would never happen in clinical practice (especially in a 'new' patient you were trying to diagnose).
- Being asked to show the systemic features of myotonic dystrophy surprised me but obviously this is in the curriculum and the examiner made this a comfortable experience despite my possibly quite slow uptake!
- The diagnoses were appropriate but it is somewhat unfair to put patients with anisocoria in a room that cannot be darkened sufficiently as this means you cannot elicit the primary clinical sign.

Were the questions of an appropriate standard for an exit examination?

Yes 100% No 0%

Comments:

- Except for the ones on myotonic dystrophy systemic features.

The OSCE overall

Was the OSCE well organized? Yes 100% No 0%

Comments:

- Very well organized
- Well organized by the non-clinicians who ensured you were in the correct place at each stage.

- But slightly chaotic with the number of patients present!

Were you given clear instructions about the OSCE? Yes 100% No 0%

Comments:

- The exact details of what candidates can and can't bring to the exam could be clearer. In future I would like to bring a better indirect as I felt the one given was of poor quality.

Did you feel that the OSCE was a fair assessment of your knowledge?

Yes 86% No 7% Not entirely 7%

Comments:

- While I understand that rare cases are included to test our differentials and our approach to an examination/further management, there seemed to be an over-proportionate amount of patients with rare findings. I felt that it would have been better to have some more straight forward cases (particularly in strab and neuro-ophth) that would have allowed us to show our knowledge of the more commonly encountered conditions.

In your opinion should the OSCE be included in the exit examination?

Yes 100% No 0%

Please write any other comments you have about the OSCE below.

- Generally I found I was repeating answers. It seemed the examiners would only register an answer if they asked that question. For example, early on in the posterior segment station I mentioned MS and sarcoid as a possibility of an association with intermediate uveitis, then the final question was "tell me about a systemic disease associated with intermediate uveitis". I had already answered the question, but it seems like the examiners only want to hear that particular answer when asked that particular question. There should be some logical wiggle room from the examiners.
- The OSCE felt very challenging (appropriately so), and I think tested a broad range of knowledge. The examiners seemed to have more leeway than with the viva, and were more able to probe your knowledge – it seemed like a better discriminator.
- Excellent organization with what appeared to be a perfect set up clinically for this exam. I felt completely at ease, despite the organization behind this obviously being quite considerable.
- In my posterior segment station view through indirect ophthalmoscope was very hazy as if it was not clean. I could not see fine details of patient's retina. I did say that to examiners but they didn't say or do anything about this.
- I feel that giving the same set of patients to the group of candidates in a single session would be a more fair assessment rather than changing the patients haphazardly.

- Overall, I felt that the examiners are very kind during OSCE. There is a distinct difference compared to the examiners I encountered during my VIVA.
- The variability in examiners is a problem. I had two fourth nerve palsies, in one station I felt I did very well as the scenario lasted about 3 minutes. In the second station, I did exactly the same and the examiner looked confused and asked me to go back and elicit Hirschberg's reflexes. This isn't an encouraging suggestion of internal validity.