

# Examination Report

April 2016 Part 2 FRCOphth Oral Examination



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## 1. Summary

This is the fourth 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).

Only 61 candidates sat the examination, which is the smallest cohort since November 2011. This reflects the current poor performance of candidates in the part 2 written examination, which must be passed before the oral examination can be taken.

The pass mark for the SV was slightly higher at 63% than the last sitting and the OSCE pass mark (also 63%) was the highest since April 2013.

The reliability of the oral examination is high at 0.8 (SV) and 0.90 (OSCE).

The pass rate in OST (69%) has fallen to 2014 levels, having been very high in the 2 sittings in 2015. The pass rate for candidates who were not in OST was significantly lower at 32%.

The oral parts of the 14<sup>th</sup> sitting of the Part 2 FRCOphth examination were held in Norwich from Monday 18<sup>th</sup> April to Thursday 21<sup>st</sup> April 2016.

## **2. Candidates**

Sixty-one candidates presented themselves for the examination.

## **3. The Structured Vivas**

There were five structured vivas, which were held on Monday 18<sup>th</sup> and Tuesday 19<sup>th</sup> April 2016. 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:

<b>Station 1:</b>	<b>Patient investigations and data interpretation</b>
Monday PM	Hess chart
Tuesday AM	6 <sup>th</sup> Cranial neuropathy
Tuesday PM	OCT and angiogram
<b>Station 2:</b>	<b>Patient management 1</b>
Monday PM	Orbital cellulitis
Tuesday AM	Angle closure
Tuesday PM	Blow out fracture
<b>Station 3:</b>	<b>Patient management 2</b>
Monday PM	Drusen/AMD
Tuesday AM	Diabetic retinopathy
Tuesday PM	Aqueous misdirection
<b>Station 4:</b>	<b>Attitudes, Ethics and Responsibilities.</b>
Monday PM	Delegating consent
Tuesday AM	Neonatal conjunctivitis
Tuesday PM	Non-accidental injury
<b>Station 5a:</b>	<b>Audit, Research and EBM (5 minutes)</b>
Monday PM	Open angle glaucoma
Tuesday AM	Interpretation of investigations
Tuesday PM	Open angle glaucoma
<b>Station 5b:</b>	<b>Health Promotion and Disease Prevention (5 minutes)</b>
Monday PM	Optic neuritis
Tuesday AM	Embolic events
Tuesday PM	Infection control
<b>Station 6:</b>	<b>Communication Skills (part of OSCE)</b>
Monday PM	Myopic phacoemulsification
Tuesday AM	Dropped nucleus
Tuesday PM	Optic neuritis

### 3a) Results:

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

Pass mark (using borderline candidate method): 68/120 (57%)  
 Mean score: 82.6/120 (69%)  
 Median score: 84/120 (70%)  
 Range\*: 46 - 114 (38%-95%)  
 Reliability: (Cronbach alpha) 0.8  
 SEM: 7  
 Final adjusted pass mark (+ 1 SEM) 75/120 (63%)  
 Pass rate before adjustment (pass mark 68/120) 49/61 (80%)  
 Pass rate after adjustment (pass mark 75/120) 42/61 (69%)

**Table 1 Distribution of scores**

Score	Distribution	Total
21-30		0
31-40		0
41-50	/	1
51-60	////	5
61-70	//// //	8
<b>71-80</b>	//// / //// ////	14
81-90	//// //// ////	13
91-100	//// //// //	12
101-110	//// /	6
111-120	//	2
Total		

**Table 2 Results for each station**

Station		Mean score	Median score	Range
1	PI	7.3	7.5	1-12
2	PM	10.1	11	5-12
3	PM	9.1	9.5	3.5-12
4	AER	7.5	7	2-12
5	HPDP/EBM	7.4	7	1.5-12

**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
	0.92	0.74	0.84	0.86	0.93

**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
	1.0	1.0	1.0	1.0	0.6

**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
	0.79	0.77	0.85	0.89	0.85

**Table 6 Correlation between viva stations**

		Station 1	Station 2	Station 3	Station 4
		PI	PM	PM	AER
Station 2	PM	0.25			
Station 3	PM	0.45	0.39		
Station 4	AER	0.11	0.34	0.29	
Station 5	HPDP/EBM	0.05	0.23	0.20	0.35

### 3b) Standard setting for the structured vivas

**Table 7**

	1		2		3		4		5		<i>Total</i>
<i>Number of passed candidates</i>	28	25	53	51	45	41	30	25	32	34	
<i>Number of borderline candidates</i>	14	20	6	8	9	15	13	16	17	13	
<i>Number of failed candidates</i>	19	16	2	2	7	5	18	20	12	14	
<i>Median borderline candidate mark</i>	7	6	8	6	7	8	7	7	6	6	68

The pass mark for the structured viva was increased by 1 SEM from 68/120 (57%) to 75/120 (63%).

## 4. The OSCE

### The OSCE

There were six OSCE stations in all. The five clinical stations were held Wednesday 20<sup>th</sup> April – Thursday 21<sup>st</sup> April 2016. 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 were not available at the time this report was written.

#### 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)	115/198 (58%)
Mean score:	131/198 (66%)
Median score:	134/198 (68%)
Range:	64 – 181 (32% - 91%)
Reliability (Cronbach alpha):	0.85
SEM:	10
Final adjusted pass mark (+1 SEM)	125/198 (63%)
Pass rate before adjustment (pass mark 115/198)	46/61 (75%)
Pass rate after adjustment (pass mark 125/198)	37/61 (61%)

**Table 9**      **Distribution of scores**

Score	Distribution	Total
61-70	/	1
71-80	/	1
81-90	///	3
91-100	/	1
101-110	/////	6
111-120	///// ///// /	11
<b>121-130</b>	<b>//// /</b>	6
131-140	///// ////	9
141-150	///// ///// /	11
151-160	///	3
161-170	////	5
171-180	///	3
181-190	/	1
Total		

**Table 10 Station marks**

Station		Maximum possible	Mean	Median	Min	Max
1	Anterior segment	36	23.7	24	4	36
2	Glaucoma & lid	36	27.5	28	7	36
3	Posterior segment	36	25.0	25	9	36
4	Strabismus & orbit	36	23.1	24	6	35
5	Neuro-ophthalmology	36	20.2	22	4	33
6	Communication	18	11.6	12	3	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.
	0.89	0.77	0.82	0.94	0.86	0.85

**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.
	0.74	0.81	0.93	0.81	0.82	0.84

**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.
	1.6	1.9	1.8	1.2	1.6	0.8

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

		Station 1	Station 2	Station 3	Station 4	Station 5
	AS	Glauc/lid	Posterior	Orbit/Strab	Neuro-ophth	
Station 2	Glauc/lid	0.23				
Station 3	Posterior	0.33	0.36			
Station 4	Orbit/Strab	0.31	0.23	0.28		
Station 5	Neuro-oph	0.19	0.30	0.31	0.39	
Station 6	Comm	0.39	0.12	0.23	0.45	0.25

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

<i>Station</i>	<i>1 AS</i>		<i>2 Glaucl/lid</i>		<i>3 PS</i>		<i>4 Strab</i>		<i>5 Neuro</i>		<i>6 Comm</i>	
<i>No. of passed candidates</i>	25	23	42	40	35	36	34	30	21	23	30	29
<i>No. of borderline candidates</i>	17	24	14	17	16	15	12	18	21	20	19	19
<i>No. of failed candidates</i>	19	14	5	4	10	10	16	13	19	18	12	13
<i>Median borderline candidate raw score</i>	11	10.5	12	10	10.5	12	10	11	10	10	4	4

The pass mark for the OSCE was increased by 1 SEM from 115/198 (58%) to 125/198 (63%).



## 5. Overall results for the oral examination

### 5a. Results

Pass mark	200/318	(63%)
Mean	214/318	(67%)
Median	215/318	(68%)
Range	121 - 281	(38% - 88%)

To pass the oral examination candidates must achieve 200/318 overall, 68/120 in the viva and 115/198 in the OSCE.

Thirty-eight candidates achieved 200/318, but only 34 met all three requirements in order to pass the examination overall.

Pass rate for the oral examination	34/61	(56%)
Pass rate overall for candidates in OST	27/39	(69%)
Pass rate overall for non-trainees	7/22	(32%)

Correlation between structured viva and OSCE = 0.67

**Table 17**      **Distribution of scores**

Score	Distribution	Total
121-130	//	2
131-140		0
141-150	/	1
151-160	///	3
161-170	////	4
171-180		0
181-190	////	5
191-200	//// //	8
201-210	//// //	7
211-220	///	3
221-230	//// /	6
231-240	////	5
241-250	//// /	6
251-260	///	4
261-270	//	2
271-280	///	4
281-290	/	1
291-300		0
Total		

## 5b) Breakdown of Oral Examination

**Table 18 Breakdown of results by training**

	Failed	Passed (%)	Total
In OST	12	27 (69%)	39
Not in OST	15	7 (32%)	22
Total	17	34 (56%)	61

Candidates in OST performed better than those in non-training posts. These differences are statistically significant ( $p = 0.01$ )

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

**Table 19 Breakdown of results by deanery**

	Failed	Passed	Total
East Midlands	0	0	0
East of England	2	2	4
East Scotland	0	2	2
London	3	12	15
Mersey	2	1	3
North Scotland	1	0	1
North Western	1	1	2
Northern	0	1	1
Northern Ireland	0	0	0
Oxford	0	0	0
Peninsula	0	0	0
South East Scotland	0	1	1
West Scotland	1	1	2
Severn	0	0	0
Wales	0	0	0
Wessex	0	2	2
West Midlands	0	1	1
Yorkshire	1	3	4
Total	11	27	38

**Table 20 Breakdown of results by level of training**

	Failed	Passed	Total
ST3	0	0	0
ST4	3	5 (63%)	8
ST5	6	14 (70%)	20
ST6	1	7 (88%)	8
ST7	2	1 (33%)	3
Total	12	27	39

**Table 21 Breakdown of results by number of previous attempts**

Attempts	Failed	Passed (%)	Total
1 (First)	19	30 (61%)	49
2	7	3 (30%)	10
3	1	1 (50%)	2
4*	N/A	N/A	N/A
5*	N/A	N/A	N/A
Any resit	8	4	12

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

**5d) Table 22 Comparison to previous examinations**

Date	April 12	Oct 12	April 13	Nov 13	April 14	Nov 14	April 15	Nov 15	April 16
Candidates	104	95	109	103	104	79	77	72	61
MCQ pass mark	58%	55%	61%	59%	58%	NA*	NA*	NA*	NA*
Reliability	0.7	0.7	0.8	0.8	0.8	NA	NA	NA	NA
EMQ pass mark	58%	59%	NA	NA	NA	NA	NA	NA	NA
Reliability	0.7	0.8	NA	NA	NA	NA	NA	NA	NA
Viva pass mark	62%	58%	60%	58%	57%	63%	60%	61%	63%
Reliability	0.8	0.8	0.8	0.9	0.8	0.8	0.9	0.8	0.8
OSCE pass mark	62%	62%	63%	61%	61%	62%	60%	62%	63%
Reliability	0.8	0.8	0.8	0.8	0.8	0.7	0.9	0.8	0.9
Written pass rate	65%	81%	85%	93%	90%	NA*	NA*	NA*	NA*
Oral pass rate	57%	63%	57%	58%	58%	63%	62%	69%	56%
Overall pass rate	37%	51%	48%	53%	51%	NA	NA	NA	NA
Oral pass rate in OST	43%	63%	56%	64%	65%	70%	80%	86%	69%

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

**Table 23 Cumulative results by deanery (September 2010 to date)**

Deanery	Number of passes	Number of candidates	Pass rate %
East Scotland	7	7	100
Oxford	21	25	84
Severn	14	19	74
Northern Ireland	8	11	73
Northern	17	24	71
London KSS	107	155	69
South East Scotland	9	14	64
East Midlands	17	27	63
Mersey	19	30	63
North Scotland	5	9	56
West Midlands	28	51	55
Peninsula	11	21	52
West Scotland	11	21	52
Yorkshire	33	65	51
North Western	23	46	50
Wales	14	29	48
Wessex	8	17	47
East of England	13	30	43
<b>TOTAL</b>	<b>365</b>	<b>601</b>	<b>61</b>

## Appendix 1: Hofstee pas mark

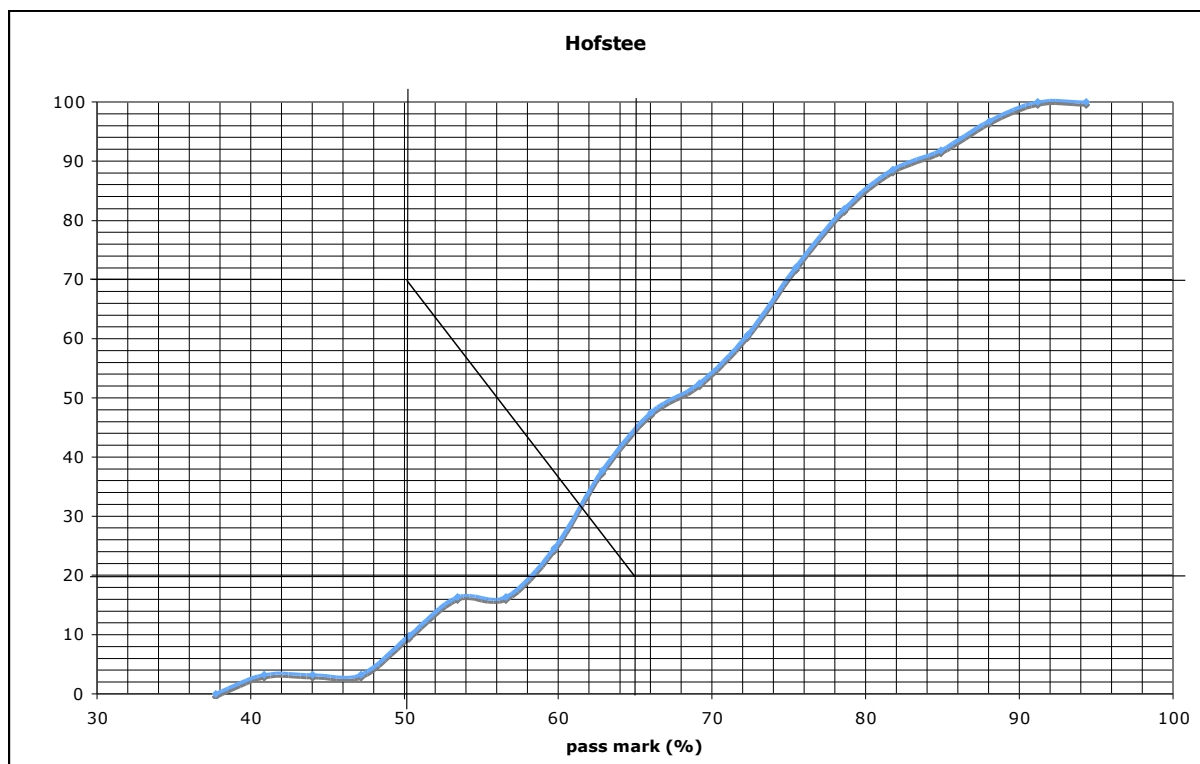
The Hofstee method of standard setting is based upon the examiner's opinion on the maximum and minimum credible pass marks and maximum and minimum credible fail rates for the examination. These parameters can then be used to identify a pass mark from a plot of pass mark against fail rate derived from 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 196/318 (62%), which is slightly lower than the pass mark derived from the borderline candidate method (63%). (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.)

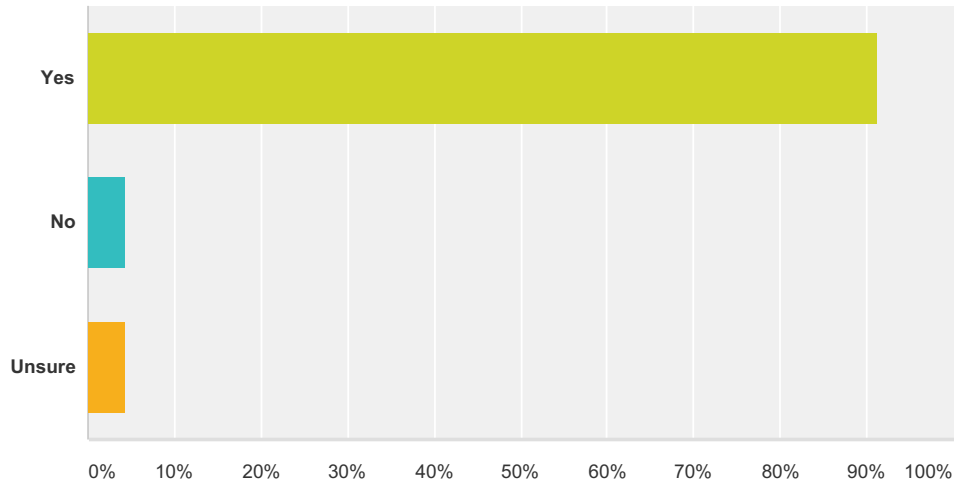
\* These parameters do not necessarily represent the values that would be chosen by the part 2 examinations sub-committee.





### Q1 Were you treated in a courteous manner by the examiners in this station?

Answered: 23 Skipped: 0

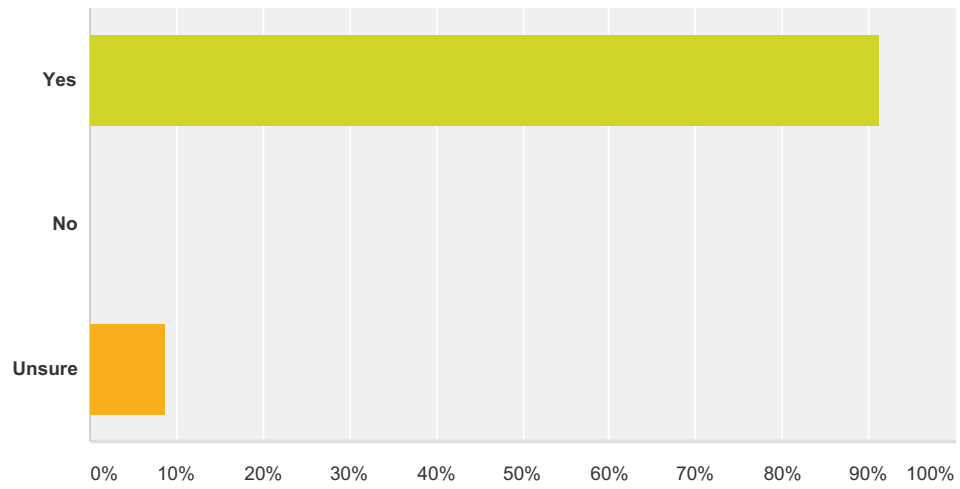


Answer Choices	Responses	
Yes	91.30%	21
No	4.35%	1
Unsure	4.35%	1
<b>Total</b>		<b>23</b>

#	Comments	Date
1	I felt that one of the examiners recognised me from the November exam in Manchester and that skewed him slightly. He was quite abrupt and was racing through the questions - going from FFA to OCT, switching from diabetic macular oedema to ocular ischaemia on the same image very rapidly. The second examiner was fine, asking about features and management of ocular ischaemia syndrome and waiting for my answers before racing ahead to the next thing.	5/12/2016 8:40 PM
2	Examiners very pushy to get a specific answer so were disrupting my train of thought. Obviously they were trying to help get the points but didn't find them very helpful.	4/26/2016 2:05 PM
3	Appropriate level of acknowledgement and courtesy demonstrated to me	4/26/2016 12:25 PM

## Q2 Were the questions appropriate for this station?

Answered: 23 Skipped: 0



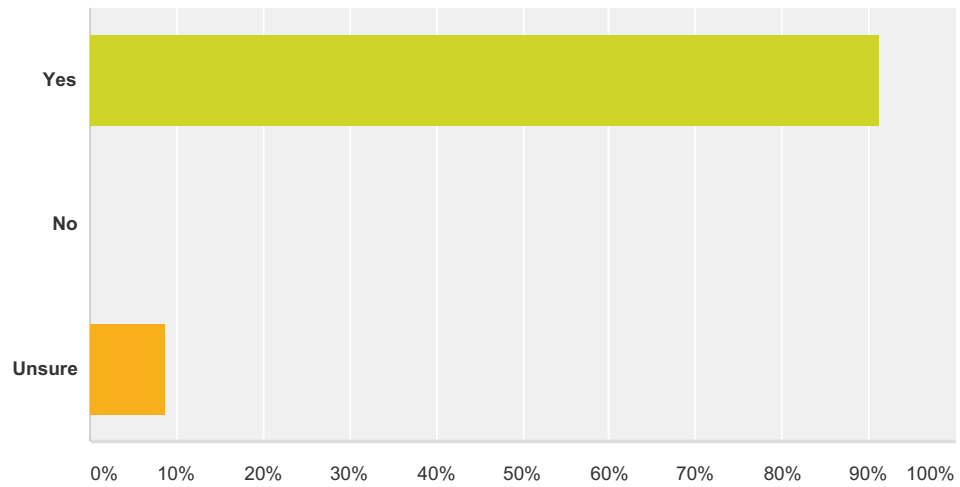
Answer Choices	Responses
Yes	91.30% 21
No	0.00% 0
Unsure	8.70% 2
<b>Total</b>	<b>23</b>

#	Comments	Date
1	This was quite a tricky station, including questions on how surgery for ocular ischaemia syndrome affects diabetic retinopathy - generally the examiners were helpful in prompting though.	4/29/2016 8:31 AM



### Q3 Were the questions of an appropriate standard for an exit examination?

Answered: 23 Skipped: 0

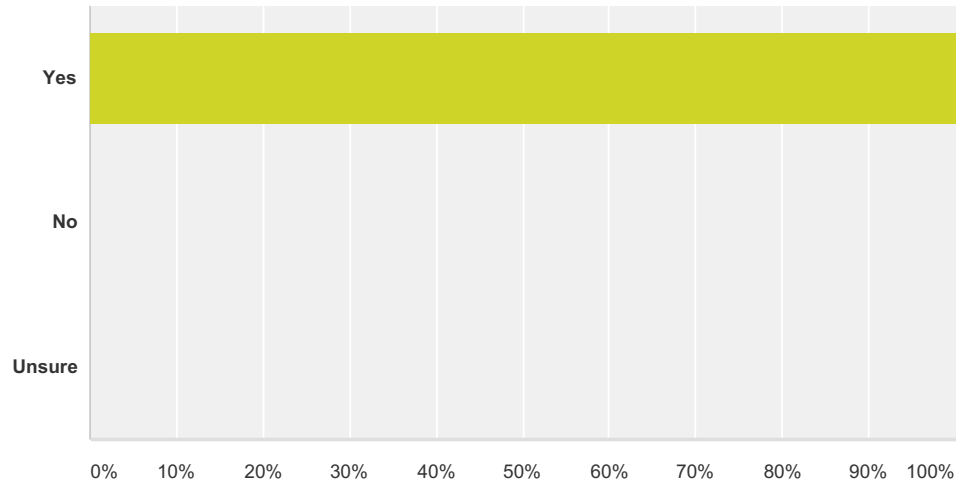


Answer Choices	Responses
Yes	91.30% 21
No	0.00% 0
Unsure	8.70% 2
<b>Total</b>	<b>23</b>

#	Comments	Date
1	I was under the impression that this exam is not an exit exam	4/29/2016 7:05 AM
2	Suitable questions for a general ophthalmologist at consultant level	4/26/2016 3:57 PM

### Q4 Were you treated in a courteous manner by the examiners in this station?

Answered: 22 Skipped: 1

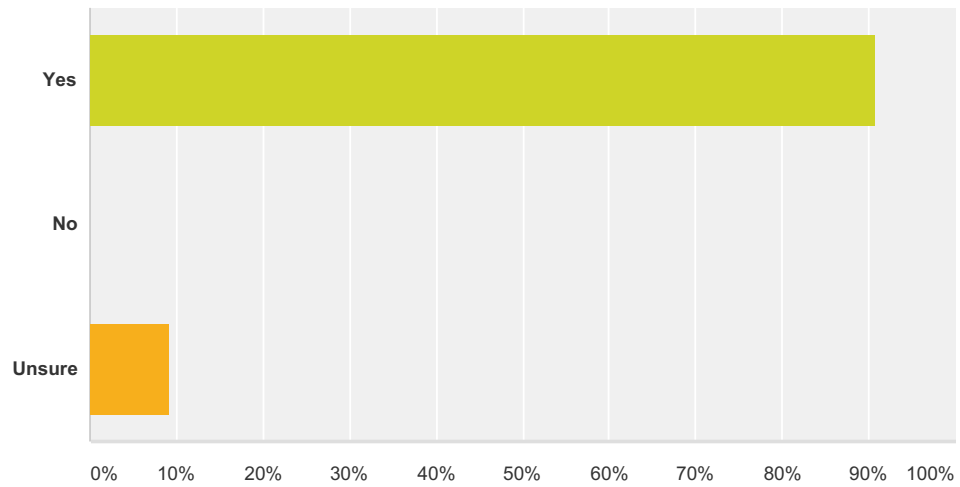


Answer Choices	Responses
Yes	100.00% 22
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>22</b>

#	Comments	Date
	There are no responses.	

### Q5 Were the questions appropriate for this station?

Answered: 22 Skipped: 1

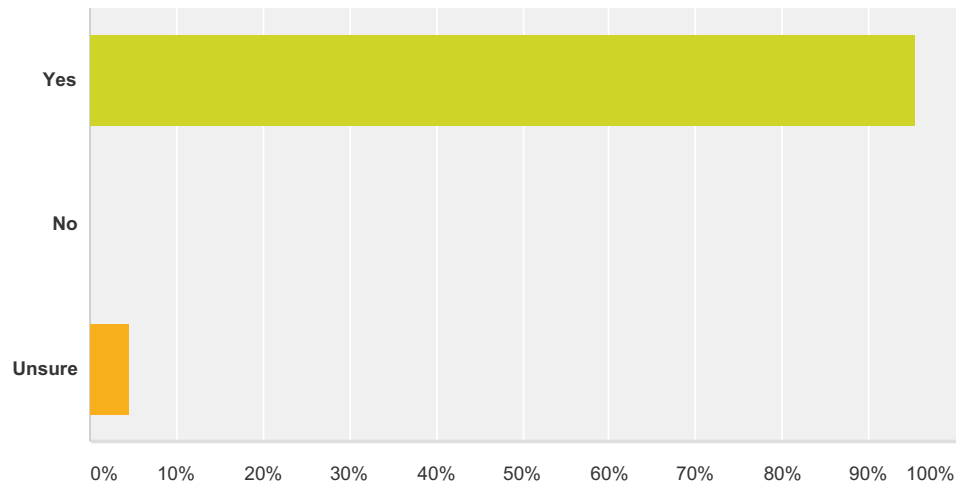


Answer Choices	Responses
Yes	90.91% 20
No	0.00% 0
Unsure	9.09% 2
<b>Total</b>	<b>22</b>

#	Comments	Date
1	There was a questions asked about protocol for Amourosis Fugax. The examiners were happy with the answer regarding ABCD2 score and FAST test - both of which were not related to Amourosis Fugax. They are related to TIA. And FAST test is not a protocol - it is simply a screening test done mostly in the community context	5/6/2016 10:53 AM

### Q6 Were the questions of an appropriate standard for an exit examination?

Answered: 22 Skipped: 1

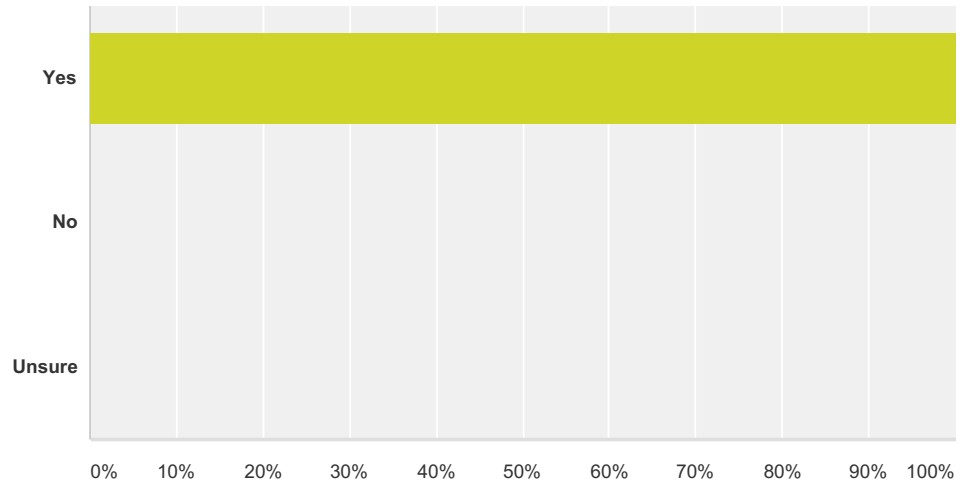


Answer Choices	Responses
Yes	95.45% 21
No	0.00% 0
Unsure	4.55% 1
<b>Total</b>	<b>22</b>

#	Comments	Date
	There are no responses.	

### Q7 Were you treated in a courteous manner by the examiners in this station?

Answered: 21 Skipped: 2

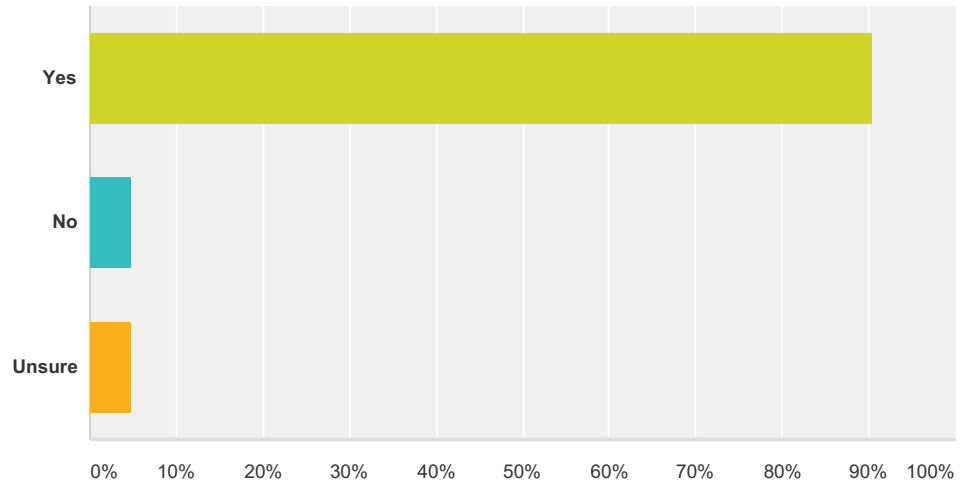


Answer Choices	Responses
Yes	100.00% 21
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>21</b>

#	Comments	Date
	There are no responses.	

### Q8 Were the questions appropriate for this station?

Answered: 21 Skipped: 2

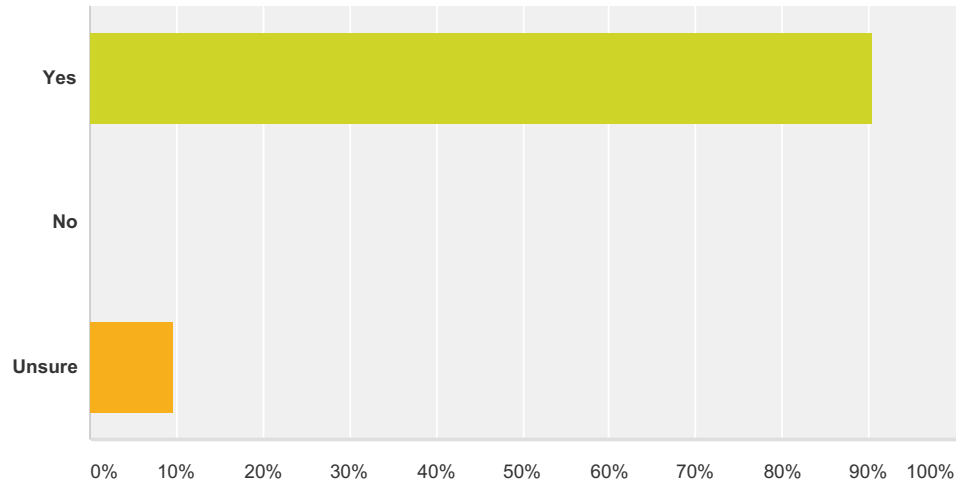


Answer Choices	Responses
Yes	90.48% 19
No	4.76% 1
Unsure	4.76% 1
<b>Total</b>	<b>21</b>

#	Comments	Date
1	The photos used were not ideal to create discussion on differential diagnosis. No questions on management.	4/26/2016 11:40 AM

### Q9 Were the questions of an appropriate standard for an exit examination?

Answered: 21 Skipped: 2

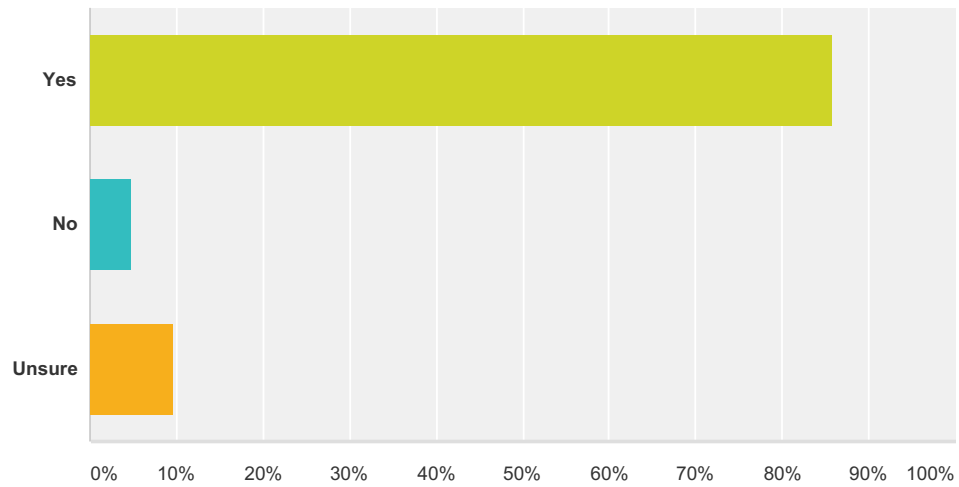


Answer Choices	Responses
Yes	90.48% 19
No	0.00% 0
Unsure	9.52% 2
<b>Total</b>	<b>21</b>

#	Comments	Date
1	Some very random photo of drusen in a young gentleman.	4/26/2016 12:27 PM

### Q10 Were you treated in a courteous manner by the examiners in this station?

Answered: 21 Skipped: 2



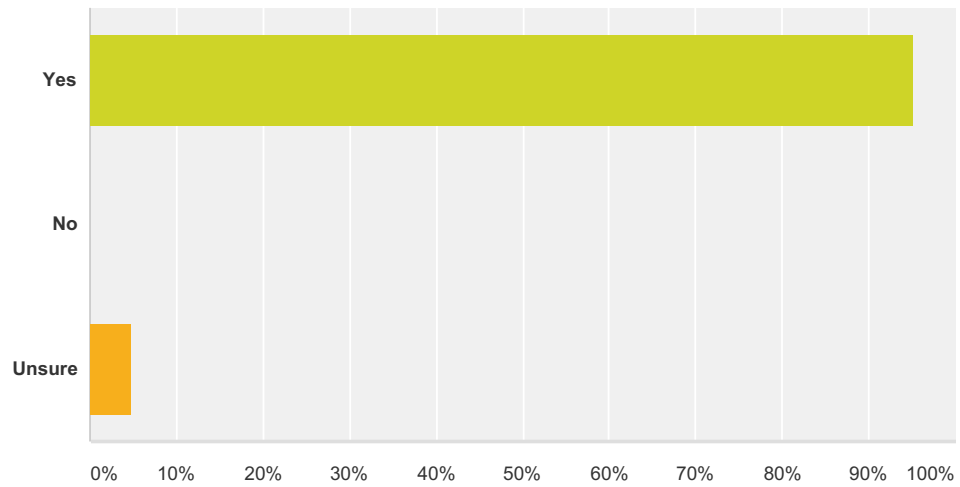
Answer Choices	Responses
Yes	85.71% 18
No	4.76% 1
Unsure	9.52% 2
<b>Total</b>	<b>21</b>

#	Comments	Date
1	Unfortunatley, due to the lay out of the room I could hear the examiners comments after leaving the station. This was also true for another station. I alerted Sophie Donovan who was running the Viva for my group. On a number of ocassions she had to ask the examiners to speak quieter but I think this was more of an issue with the room lay out than the examiners. It difinitely added to the already stressful situation!!	4/26/2016 1:31 PM
2	I realise that examiners were not to give away much in terms of facial expression but there is a fine line between this and intimidation. I found one of the examiners in this station particularly off putting and distracting.	4/26/2016 12:30 PM



### Q11 Were the questions appropriate for this station?

Answered: 21 Skipped: 2

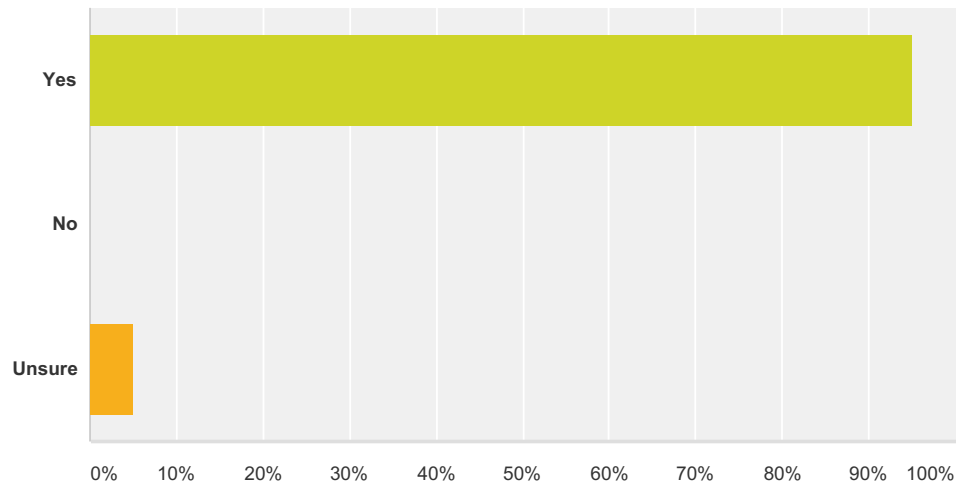


Answer Choices	Responses
Yes	95.24% 20
No	0.00% 0
Unsure	4.76% 1
<b>Total</b>	<b>21</b>

#	Comments	Date
1	I had non accidental injury for my case. Basic protocols are the same wherever you work. For some of the questions, answers would be based on the individual candidate's department/trust policies. Not sure if they would be accepted as correct answers. I was asked if I would explain what my true concerns were to the patient- I said Yes. But there were other candidates who answered --No, you shouldn't disclose it is NAI. -coming from their departments/trust policies.	4/29/2016 7:44 AM

### Q12 Were the questions of an appropriate standard for an exit examination?

Answered: 20 Skipped: 3

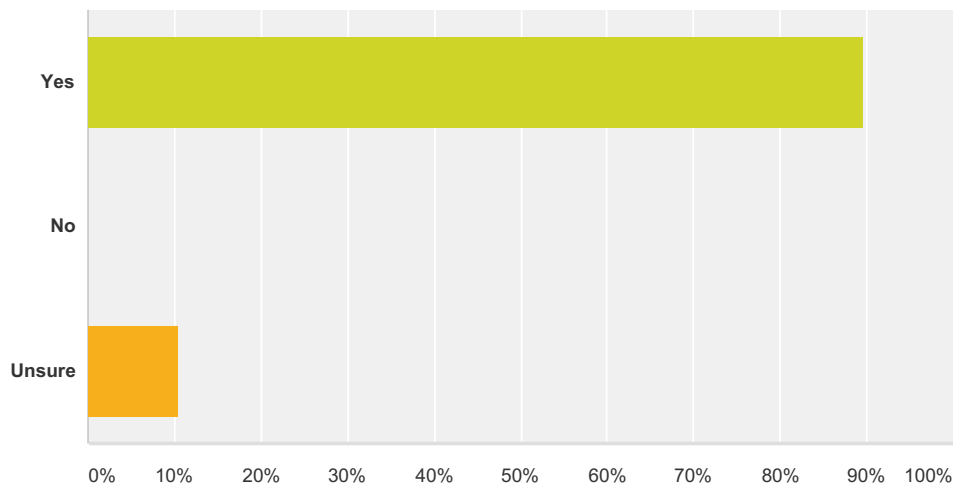


Answer Choices	Responses	
Yes	95.00%	19
No	0.00%	0
Unsure	5.00%	1
<b>Total</b>		<b>20</b>

#	Comments	Date
1	Not sure if we are expected to answer as a registrar or as a consultant.	4/29/2016 7:44 AM
2	There was too much emphasis on specific questions rather than knowledge in the subject and approach towards answering the questions.	4/26/2016 1:56 PM

### Q13 Were you treated in a courteous manner by the examiners in this station?

Answered: 19 Skipped: 4

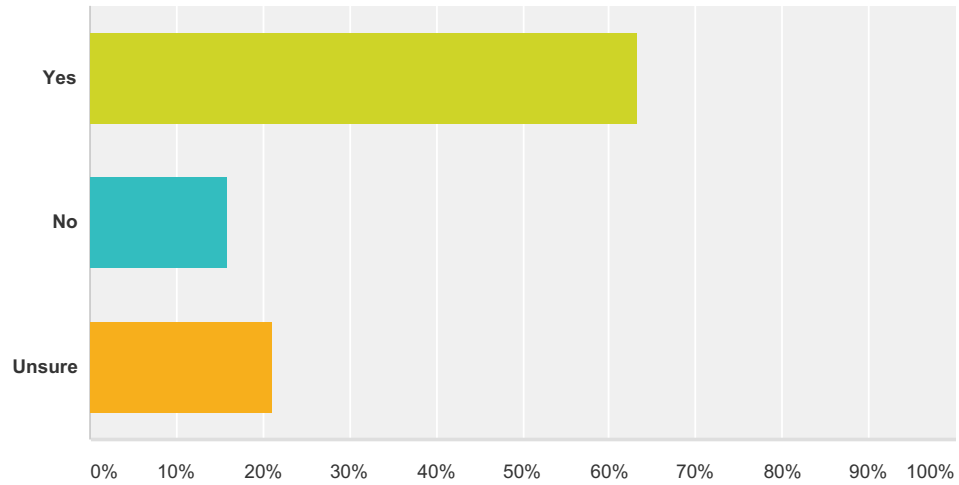


Answer Choices	Responses	
Yes	89.47%	17
No	0.00%	0
Unsure	10.53%	2
<b>Total</b>		<b>19</b>

#	Comments	Date
1	The examiners for this station were less friendly than in the other stations. The questioning style was ambiguous, and started with two questions in one which was confusing -there was less clarity as to what was actually being asked (for the norovirus questions)	4/29/2016 8:37 AM
2	One of the examiners started on the wrong set of questions, which was then corrected. I was asked about OH guidelines. As I answered- I was told repeatedly that I had to talk about guidelines which I had been describing (I later confirmed). I don't know what else the examiner wanted to hear. I am not sure how attentive the examiner was. The rest of the session went badly as I was completely thrown off by the way the first half of the session went. It is an extremely stressful situation. Every word and action from the examiners make huge impact on the candidate. When one half of the station has gone badly, it is difficult to recover and perform well on the next half.	4/29/2016 7:44 AM
3	Unfortunately, due to the lay out of the room I could hear the examiners comments after leaving the station. This was also true for another station. I alerted Sophie Donovan who was running the Viva for my group. On a number of occasions she had to ask the examiners to speak quieter but I think this was more of an issue with the room lay out than the examiners. It definitely added to the already stressful situation!!	4/26/2016 1:34 PM
4	One of the examiners was rather aggressive. I felt that the examiners did not guide the candidate sufficiently through the station in order to complete the station	4/26/2016 12:32 PM
5	examiners made discussion flow really well	4/26/2016 11:44 AM

### Q14 Were the questions appropriate for this station?

Answered: 19 Skipped: 4

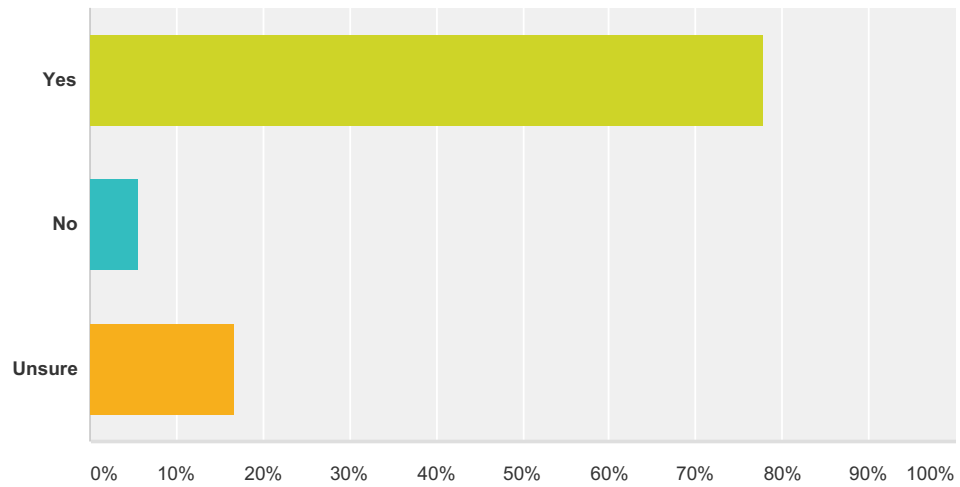


Answer Choices	Responses	
Yes	63.16%	12
No	15.79%	3
Unsure	21.05%	4
<b>Total</b>		<b>19</b>

#	Comments	Date
1	Some of the questions asked were not appropriate - such as 'what cleaning product/how do you clean the room after a patient with norovirus or c diff has been in there'.	4/29/2016 8:37 AM
2	I thought the overall running and quality of the viva was excellent. This is the only station which I thought was not appropriate, and the reason is the huge variation in difficulty of questions asked to candidates. In this station it seems that some candidates were asked to give very detailed statistical data on 3 trials involving trabeculectomies, whilst others were asked very basic questions about very a well known trial such as ocular hypertension treatment study. I would not be surprised if the candidates who were asked about trabeculectomy trials score much lower. I do think that questions should be changed, but I what I am raising the great variation in depth of knowledge expected.	4/26/2016 7:34 PM
3	I thought that knowing the NICE guidelines on thromboembolism were a bit obscure.	4/26/2016 1:34 PM

### Q15 Were the questions of an appropriate standard for an exit examination?

Answered: 18 Skipped: 5

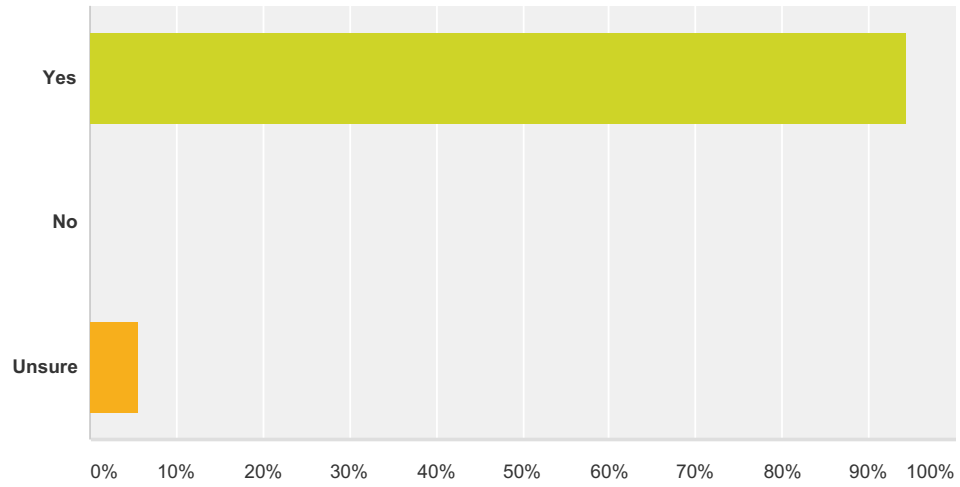


Answer Choices	Responses
Yes	77.78% 14
No	5.56% 1
Unsure	16.67% 3
<b>Total</b>	<b>18</b>

#	Comments	Date
1	See above comments	4/29/2016 8:37 AM
2	I find the detailed questions about trabeculectomy trials too harsh	4/27/2016 12:35 AM

### Q16 Were you treated in a courteous manner by the examiners in this station?

Answered: 18 Skipped: 5

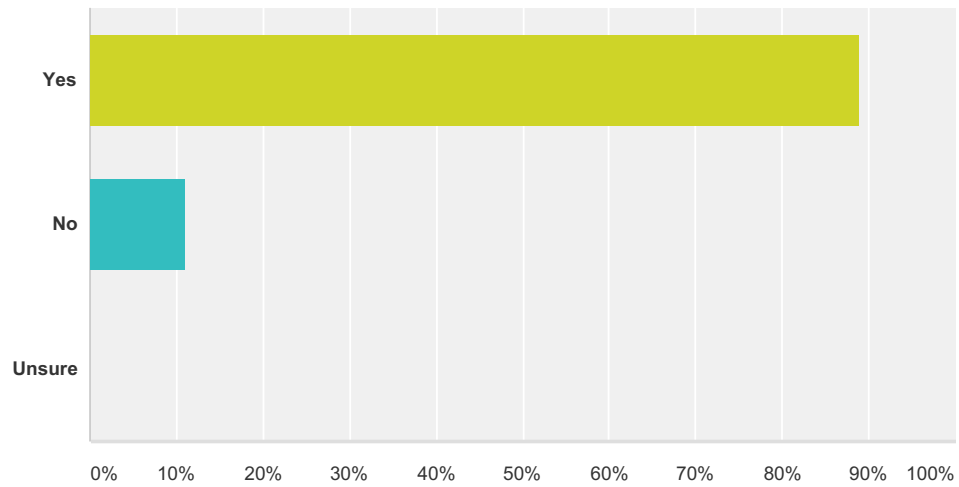


Answer Choices	Responses	
Yes	94.44%	17
No	0.00%	0
Unsure	5.56%	1
<b>Total</b>		<b>18</b>

#	Comments	Date
1	The actor in this station was very professional and together with the fact that the examiners were physically not in my eyeline, made the situation feel very much like a real life consultation.	4/26/2016 11:26 AM

### Q17 Was the clinical scenario explained clearly?

Answered: 18 Skipped: 5

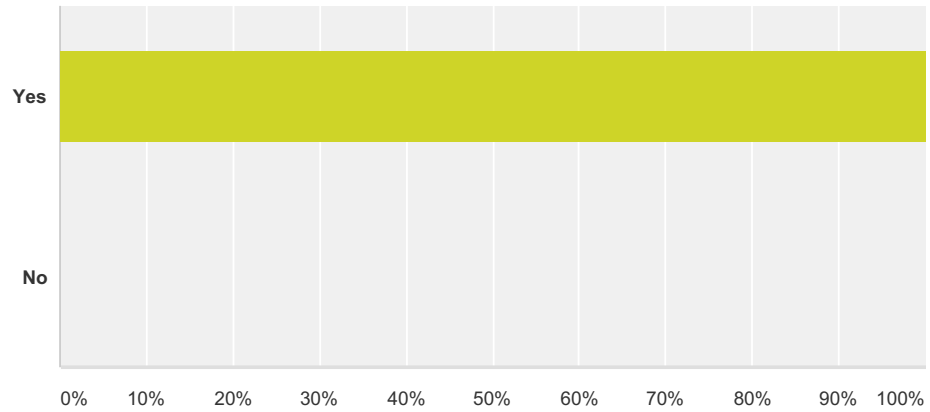


Answer Choices	Responses	Count
Yes	88.89%	16
No	11.11%	2
Unsure	0.00%	0
<b>Total</b>		<b>18</b>

#	Comments	Date
1	I was expecting to conduct a different consultation and felt I had to rush at the end to complete the task that was given to me.	4/26/2016 2:11 PM
2	Again, had to sit in a seperate room due to the noise of the Viva room.	4/26/2016 1:34 PM
3	The instructions of the clinical scenario were changed after entering the room. What was the purpose of this??? I found it very confusing..	4/26/2016 11:46 AM

### Q18 Was the clinical scenario appropriate for this examination?

Answered: 18 Skipped: 5



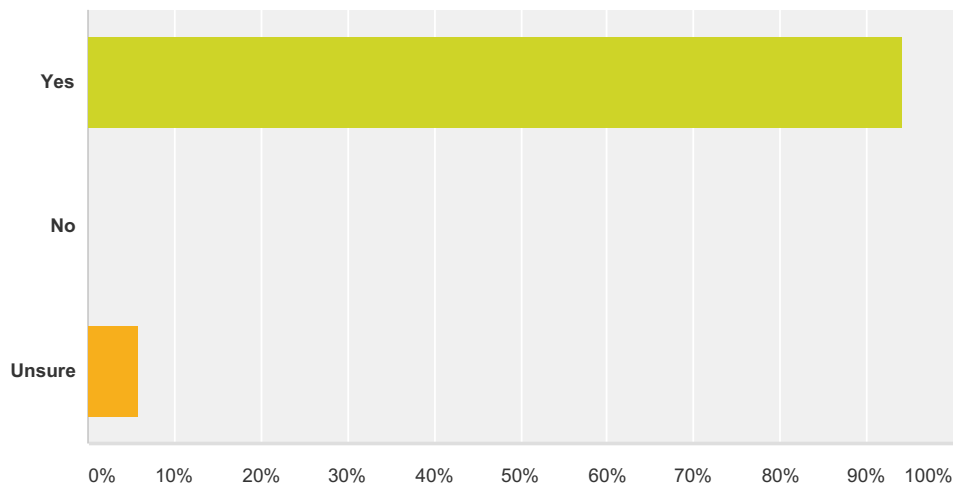
Answer Choices	Responses
Yes	100.00% 18
No	0.00% 0
<b>Total</b>	<b>18</b>

#	Comments	Date
1	Very polite examiners.	4/26/2016 12:09 PM



### Q19 Was the structured viva examination well organized?

Answered: 17 Skipped: 6

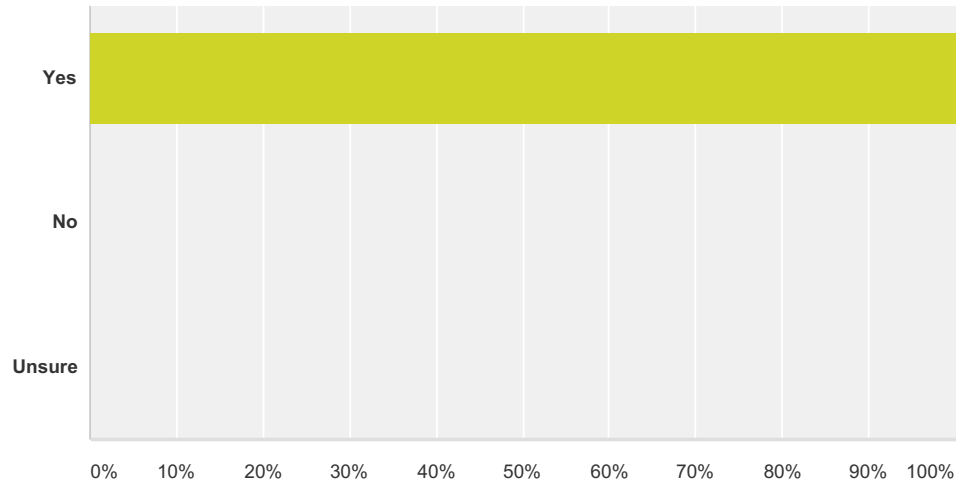


Answer Choices	Responses
Yes	94.12% 16
No	0.00% 0
Unsure	5.88% 1
<b>Total</b>	<b>17</b>

#	Comments	Date
1	Very calm and well organised and ran to time. Much better than in November.	5/12/2016 8:47 PM
2	It went well with a smooth flow. But the facilities- the cubicles were off putting. You could hear other candidates/ questions and answers. Could do with more privacy. Also the cubicles themselves were small, hardly enough room for 3 people (sometimes 4- as there was an observer). I stepped on the stretched feet of the poor examiners few times trying to get to the chair.	4/29/2016 8:27 AM
3	Very well organised Clearly a lot of hard work and effort has been invested into running this examination. Very courteous examiners Run on time and I thought was at a very appropriate level for exit examination.	4/26/2016 7:40 PM
4	The exam is extremely well organised but I felt the smaller Viva room was not appropriate for the exam unfotunately. You could hear the examiners after you left the station, to the point that I was having to stand with my fingers in my ears! Seperate rooms rather than particians would be preferable for a Viva exam I think.	4/26/2016 1:36 PM
5	Ran like clockwork. There was quite a bit of waiting around at the beginning - but I suppose this is necessary to ensure everyone arrives in good time.	4/26/2016 11:42 AM

### Q20 Were you given clear instructions about the structured viva examination?

Answered: 17 Skipped: 6

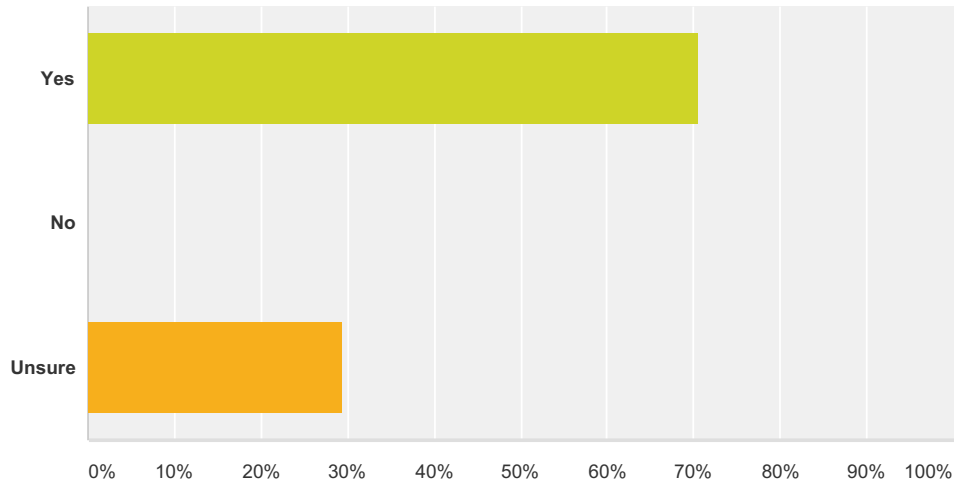


Answer Choices	Responses
Yes	100.00% 17
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
1	Yes Susannah Grant did a great job!	4/26/2016 7:40 PM
2	Verbal instructions (rather than a bell etc) was very useful in ensuring we were in the right place.	4/26/2016 11:42 AM

### Q21 Did you feel that the structured viva examination was a fair assessment of your knowledge?

Answered: 17 Skipped: 6

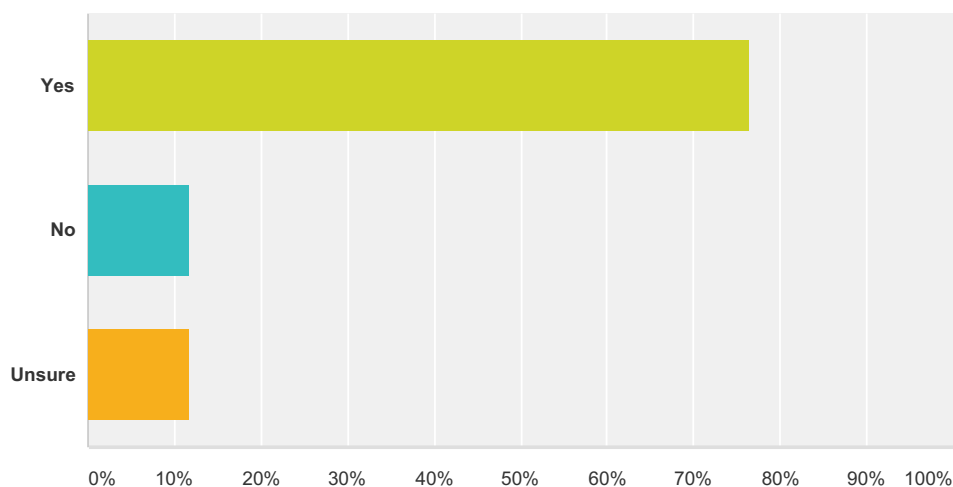


Answer Choices	Responses
Yes	70.59% 12
No	0.00% 0
Unsure	29.41% 5
<b>Total</b>	<b>17</b>

#	Comments	Date
1	For the massive amount of preparation that I put into it- some stations made me feel that however much you prepare you won't be able to do the station well. Also the exam doesn't assess knowledge that comes from experience.	4/29/2016 8:27 AM
2	It covered many topics like Ocular hypertension, optic neuritis, Child abuse, Diplopia and its management, AMD and orbital cellulitis. The questions were appropriate and reflected common clinical cases.	4/26/2016 8:41 PM
3	Very fair and relevant to real life.	4/26/2016 7:40 PM
4	Some questions were too specialised especially in the strabismus / patient investigation for vertical Diplopia. Too much depth for a general ophthalmologist. One retina case in the patient management was very hard and even the examiner didn't have a clear answer for it however he insisted on a diagnosis that should be autosomal dominant according to him however no family history was given and we had to decide that based on a picture only. But unfair. AMD case was fair and good.	4/26/2016 12:12 PM
5	felt very rushed	4/26/2016 11:47 AM
6	All questions seemed to be fair game.	4/26/2016 11:42 AM

### Q22 In your opinion should the structured viva examination be included in the exit examination?

Answered: 17 Skipped: 6



Answer Choices	Responses
Yes	76.47% 13
No	11.76% 2
Unsure	11.76% 2
<b>Total</b>	<b>17</b>

#	Comments	Date
1	Definitely. The viva examination, in my opinion, is as important as the OSCE. Because the candidate is questioned in more depth in general than the OSCE, it explored understanding at a greater level than the OSCE in some aspects.	4/26/2016 7:40 PM
2	In my opinion, an oral element to the exit exam is extremely useful in assessing thinking, process, attitudes and, to a degree, knowledge. This is especially true for communication skills, ethics and reactions to emergencies which are more difficult to assess on paper. However, it is not without its disadvantages (especially in ensuring conscious / unconscious bias is controlled) - in a small speciality such as ours it will be impossible not to know (at least in passing) some of your examiners. In addition it is impossible in such an exam to hide your appearance / accent etc. This said, it does appear that the college works very hard to control for this as much as possible. Therefore I think it is especially important that proper, independent analysis continues to be made of the oral exam for bias and that this is made public: no oral exam in person can be completely objective but the advantages of the medium can outweigh the risks of bias if these are overtly addressed in a transparent manner.	4/26/2016 11:42 AM

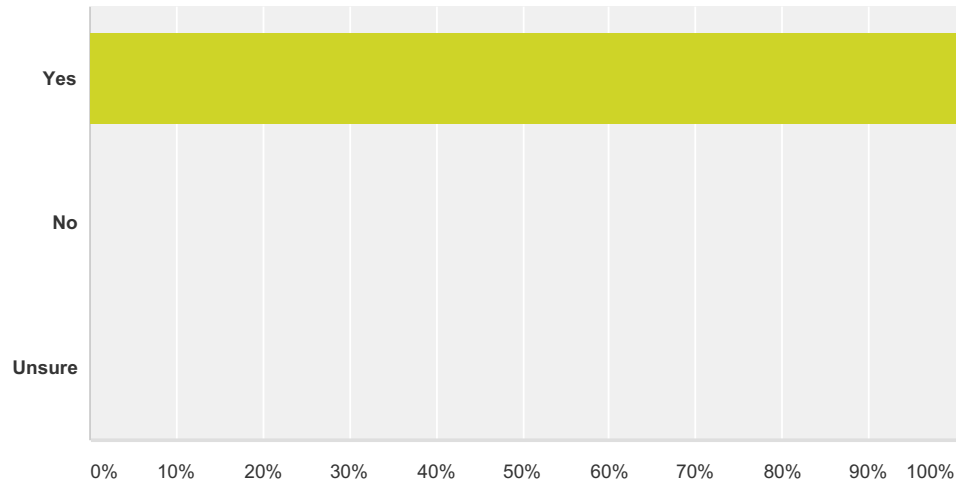
**Q23 Please write any other comments you  
have about the structured viva examination  
below**

Answered: 7 Skipped: 16

#	Responses	Date
1	It's a very objective way of testing knowledge, because every candidate is asked exactly the same questions, unlike the OSCE, where cases are different. OSCEs are fine for entrance level exams, but at exit level, one can better gauge whether a candidate will be a decent consultant by discussing scenarios such as in the viva.	5/12/2016 8:47 PM
2	My only comment is that after each station we were instructed to wait outside for five minutes - during this time it was possible to hear the examiners talking about you (although they did try and speak quietly in general). It might be better if we could wait further away out of earshot?	4/29/2016 8:40 AM
3	The station for Attitudes, Ethics, Responsibilities -It wasn't clear as to whether we are expected to answer - what you would do as a registrar or- as a consultant (if this is an exit exam). Basic steps are the same for both groups, but obvious difference are there.	4/29/2016 8:27 AM
4	Overall very well run and very important aspect of exit exam.	4/26/2016 7:40 PM
5	Very artificial situation. Is not something we do in practice. Perhaps we could have more communication stations. However, it is good to have a session about EBM.	4/26/2016 2:16 PM
6	Was rather cold!	4/26/2016 12:33 PM
7	All examiners friendly, fair questions in general.	4/26/2016 11:42 AM

### Q24 Were you treated in a courteous manner by the examiners in this examination?

Answered: 17 Skipped: 6

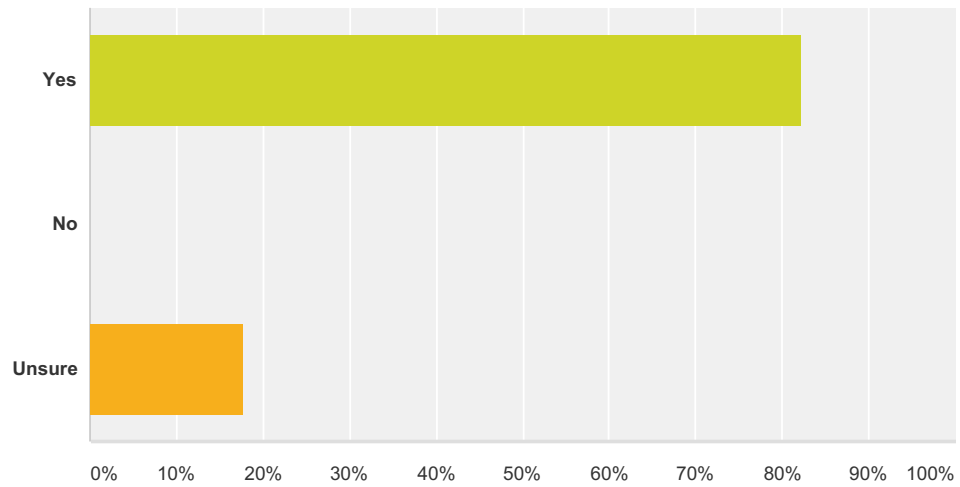


Answer Choices	Responses
Yes	100.00% 17
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
	There are no responses.	

### Q25 Were the patients you were asked to examine appropriate for the examination?

Answered: 17 Skipped: 6

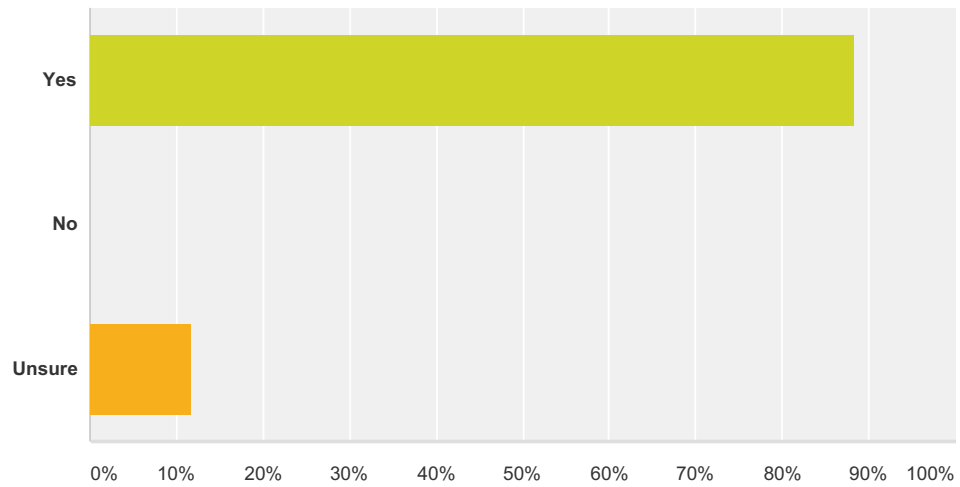


Answer Choices	Responses	Count
Yes	82.35%	14
No	0.00%	0
Unsure	17.65%	3
<b>Total</b>		<b>17</b>

#	Comments	Date
1	Had difficulty in adjusting the focus of slit lamp , as highly magnified , cases were good but magnified focusing ( and optics ) made it very difficult .	5/12/2016 11:03 PM
2	1 case was difficult- something you might never ever see.	4/29/2016 8:34 AM
3	Very rare to see Pt with TEN and interstitial keratitis	4/26/2016 2:19 PM

### Q26 Were the questions of an appropriate standard for an exit examination?

Answered: 17 Skipped: 6



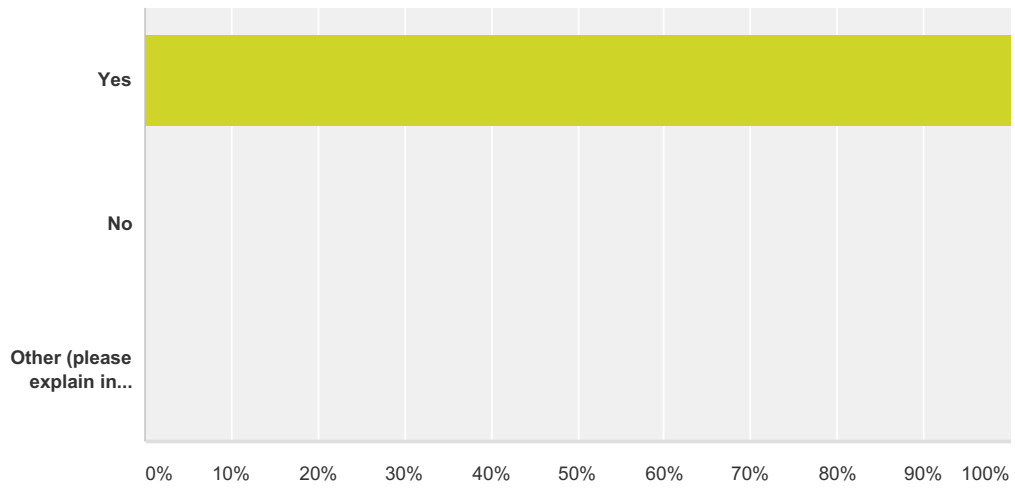
Answer Choices	Responses
Yes	88.24% 15
No	0.00% 0
Unsure	11.76% 2
<b>Total</b>	<b>17</b>

#	Comments	Date
1	The examiner was helpful and the questions were relevant.	4/26/2016 9:44 PM
2	Questions mainly about safety of the eye.	4/26/2016 2:19 PM
3	very rushed	4/26/2016 11:56 AM



### Q27 Were you treated in a courteous manner by the examiners in this station?

Answered: 17 Skipped: 6

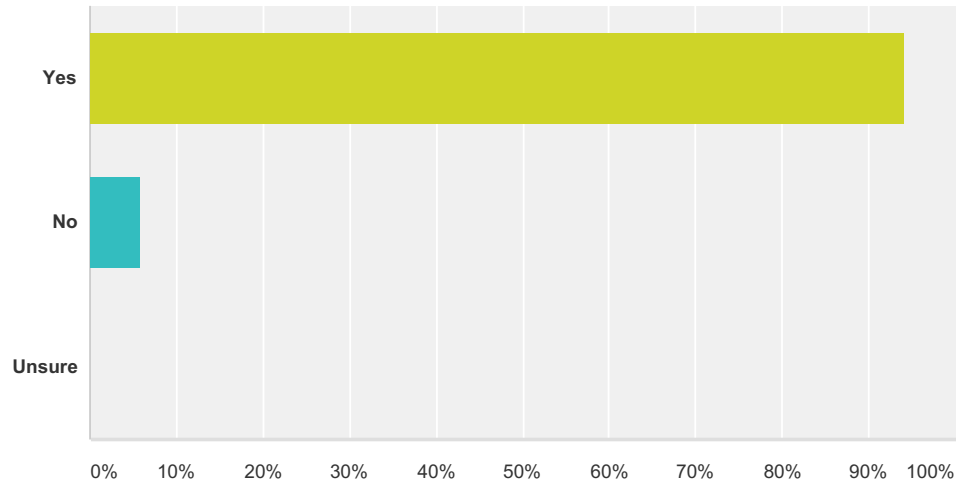


Answer Choices	Responses
Yes	100.00% 17
No	0.00% 0
Other (please explain in comments)	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
	There are no responses.	

### Q28 Were the patients you were asked to examine appropriate for the station?

Answered: 17 Skipped: 6

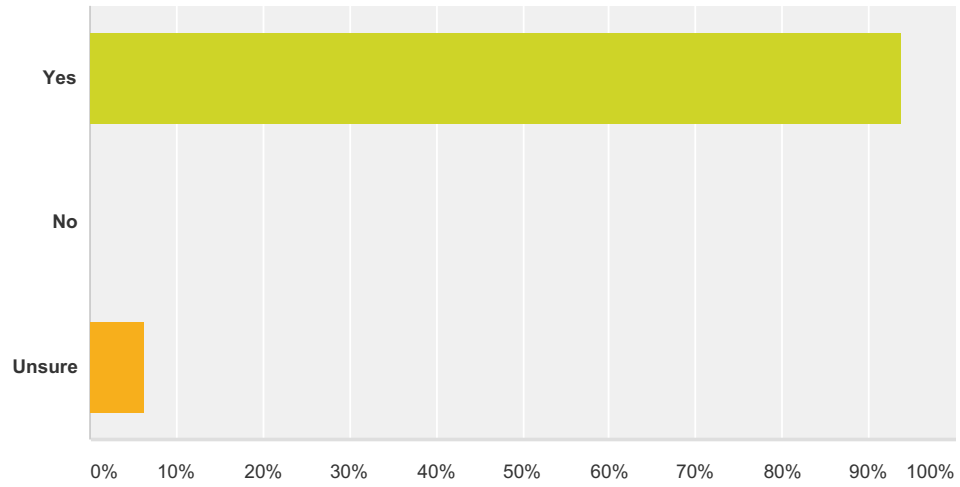


Answer Choices	Responses
Yes	94.12% 16
No	5.88% 1
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
	There are no responses.	

### Q29 Were the questions of an appropriate standard for an exit examination?

Answered: 16 Skipped: 7

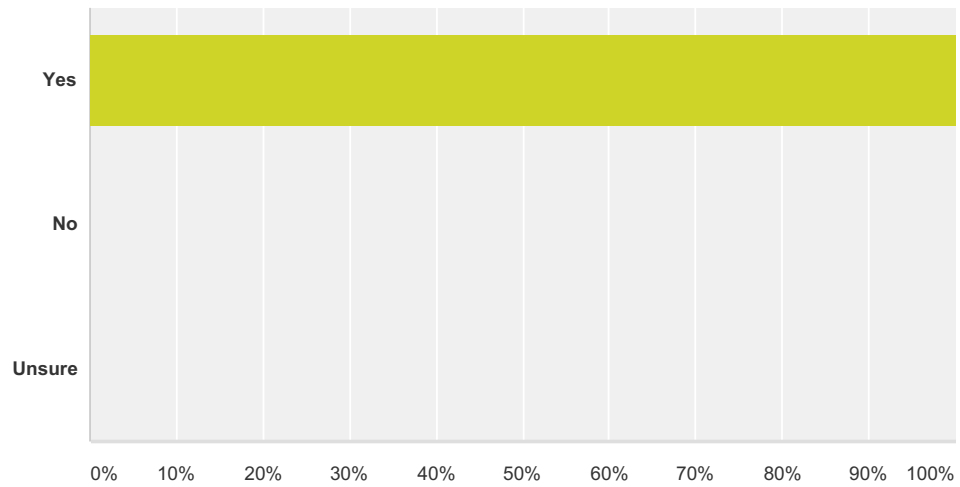


Answer Choices	Responses
Yes	93.75% 15
No	0.00% 0
Unsure	6.25% 1
<b>Total</b>	<b>16</b>

#	Comments	Date
1	Very nice examiners	4/26/2016 12:13 PM

### Q30 Were you treated in a courteous manner by the examiners in this station?

Answered: 17 Skipped: 6

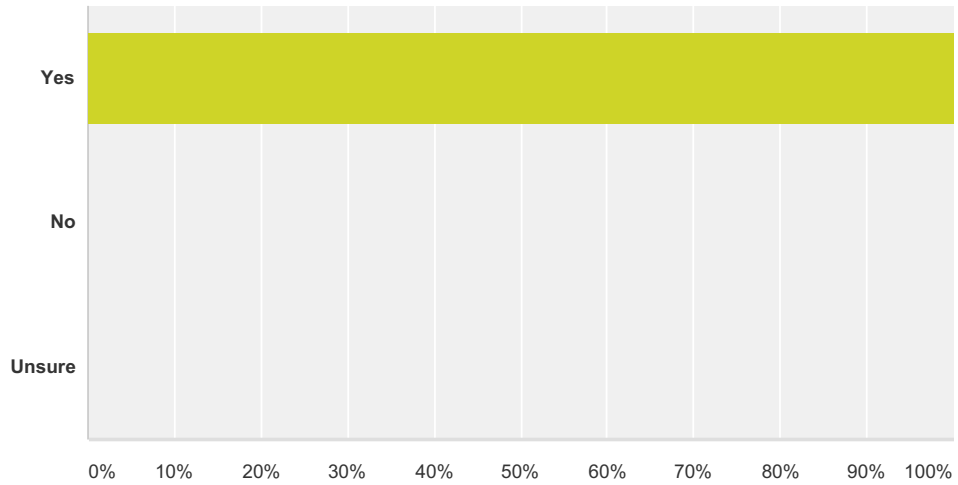


Answer Choices	Responses
Yes	100.00% 17
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
1	Very excellent examiners	5/12/2016 11:05 PM
2	Very courteous examiners	4/26/2016 7:52 PM

### Q31 Were the patients you were asked to examine appropriate for the station?

Answered: 17 Skipped: 6

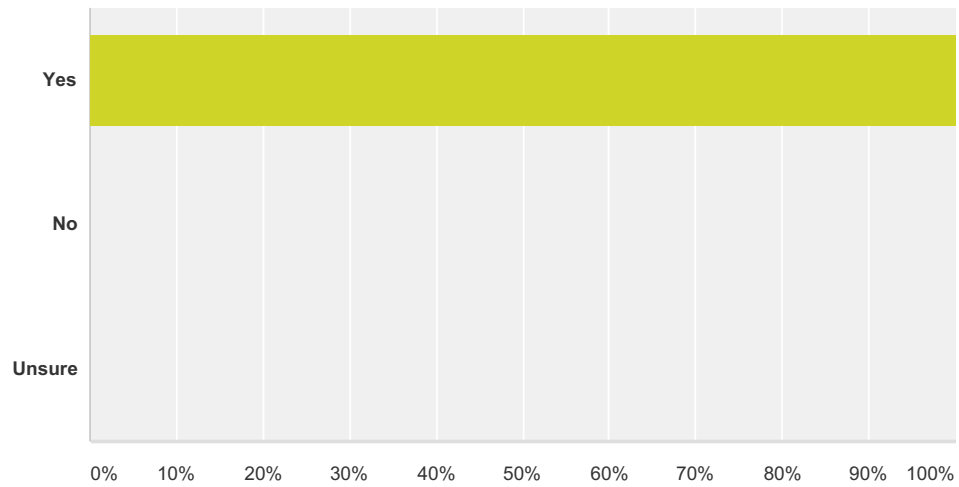


Answer Choices	Responses
Yes	100.00% 17
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
1	One very rare case.	4/26/2016 2:20 PM
2	patient for indirect exam was poorly dilated - and a macula problem, therefore more appropriate for slit lamp exam. the one seen on slit lamp was a well dilated myope with RD repair and therefore more appropriate for indirect exam!	4/26/2016 12:57 PM
3	The diagnoses of the patients were fair game, only point would be that the patient to be examined by indirect was not very well dilated (pupil still reactive). Although these was still enough of a view to make the diagnosis, this did add to the stress of the situation!	4/26/2016 11:45 AM

### Q32 Were the questions of an appropriate standard for an exit examination?

Answered: 17 Skipped: 6

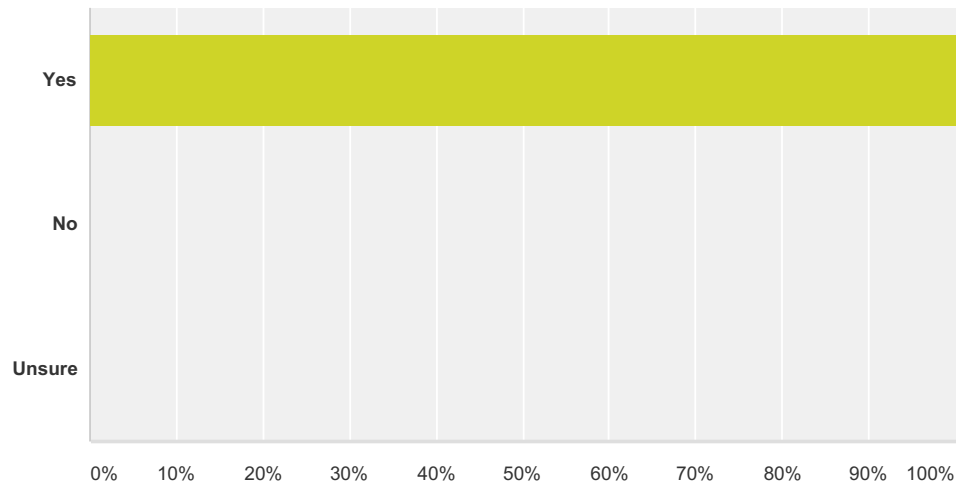


Answer Choices	Responses
Yes	100.00% 17
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
1	I found it very disconcerting as all 3 patients were in the room at the same time. Patient confidentiality wasn't being adhered to, I felt. So I felt inhibited answering questions about the infections especially.	4/29/2016 8:38 AM
2	The questions were straightforward and the examiner was helpful.	4/26/2016 9:46 PM
3	Excellent examiners. Very polite and fair	4/26/2016 12:14 PM
4	More than other stations - the viva here was much more natural - the questions seemed to follow logically from my differential and subsequent answers.	4/26/2016 11:45 AM

### Q33 Were you treated in a courteous manner by the examiners in this station?

Answered: 17 Skipped: 6

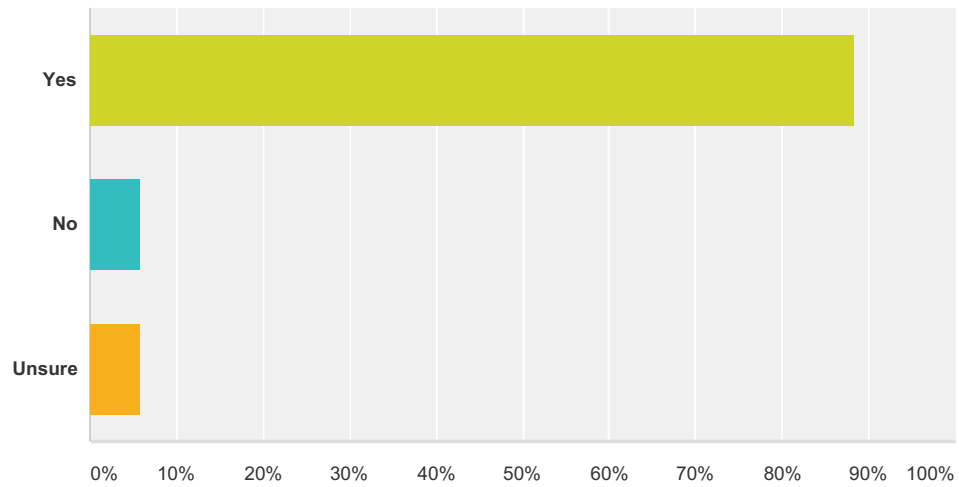


Answer Choices	Responses
Yes	100.00% 17
No	0.00% 0
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
1	Well treated , excellent examiners	5/12/2016 11:06 PM
2	the examiners at this one made an excellent job! leading the discussion and actually trying to explore depth of knowledge - not just throwing questions	4/26/2016 11:59 AM

### Q34 Were the patients you were asked to examine appropriate for the station

Answered: 17 Skipped: 6



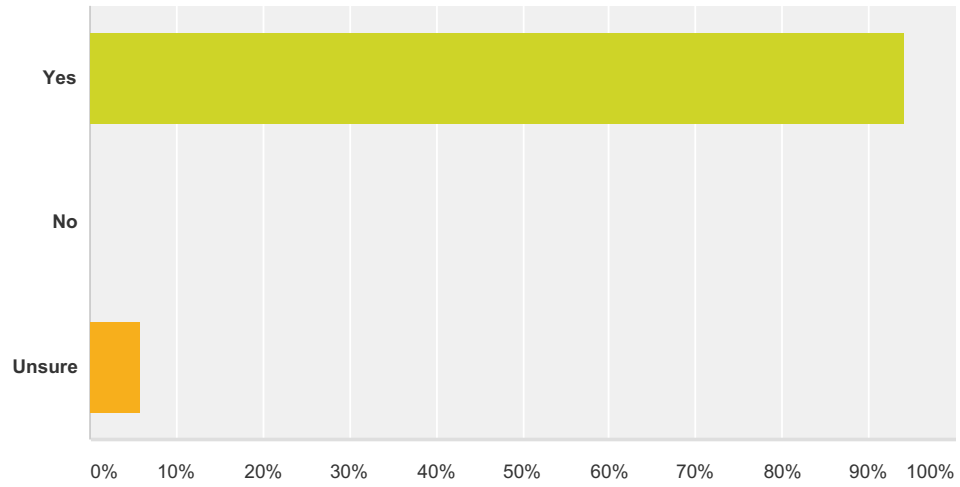
Answer Choices	Responses	
Yes	88.24%	15
No	5.88%	1
Unsure	5.88%	1
<b>Total</b>		<b>17</b>

#	Comments	Date
1	One case was really challenging. I think it was difficult to reach a diagnosis without few prompts. I felt the time in this station was tight. Without some clues it would have been extremely difficult	4/26/2016 9:50 PM
2	great cases, particularly kind and fair examiners.	4/26/2016 12:57 PM
3	I had to do an orbit exam for TED on a patient whom has clearly never had TED. His right pupil had been dilated (I was told to ignore this) and it looked like this patient had been pulled from another station to fill the deficit - very off putting for the candidate.	4/26/2016 12:38 PM



### Q35 Were the questions of an appropriate standard for an exit examination?

Answered: 17 Skipped: 6

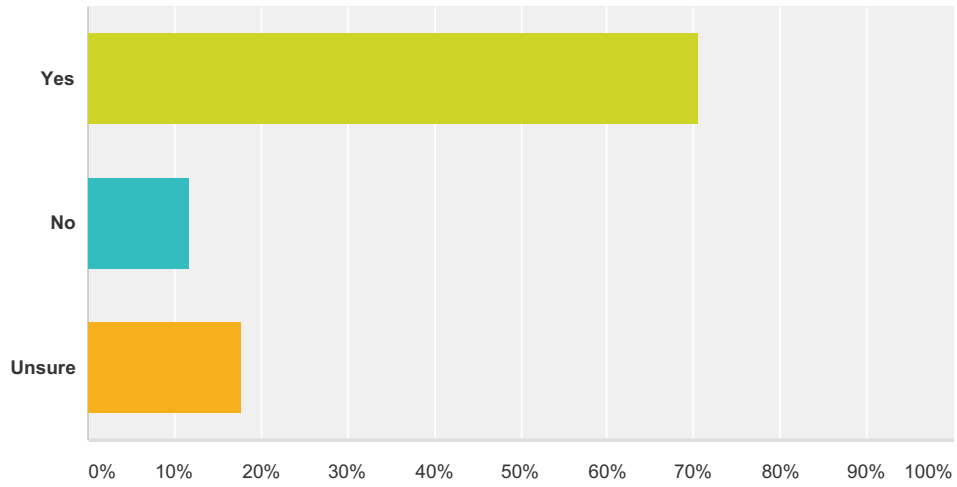


Answer Choices	Responses
Yes	94.12% 16
No	0.00% 0
Unsure	5.88% 1
<b>Total</b>	<b>17</b>

#	Comments	Date
1	The questions were relevant to the cases and focused on patient investigations and management.	4/26/2016 9:50 PM

### Q36 Were you treated in a courteous manner by the examiners in this examination?

Answered: 17 Skipped: 6

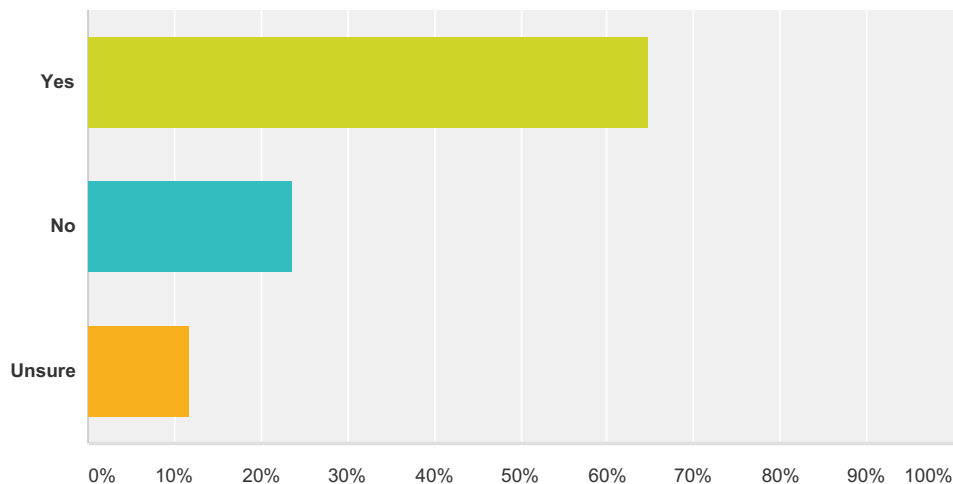


Answer Choices	Responses
Yes	70.59% 12
No	11.76% 2
Unsure	17.65% 3
<b>Total</b>	<b>17</b>

#	Comments	Date
1	One of the examiners was quite sarcastic which through me off guard a bit! I said "on inspection, the most obvious feature is that the patient is wearing an eye patch" to which he replied "yes, that is pretty obvious isn't it"	5/12/2016 8:54 PM
2	The main examiner for this station was not as friendly as in the other stations, and the questioning style more pressurised.	4/29/2016 8:46 AM
3	good cop bad cop	4/26/2016 12:58 PM
4	One examiner was very polite and courteous The young examiner was quite rude and a arrogant. Was always negative in his attitude. The former examiner was nice and polite	4/26/2016 12:15 PM
5	I felt that examiners were interrupting examination in a distracting way	4/26/2016 12:08 PM

### Q37 Were the patients you were asked to examine appropriate for the station

Answered: 17 Skipped: 6

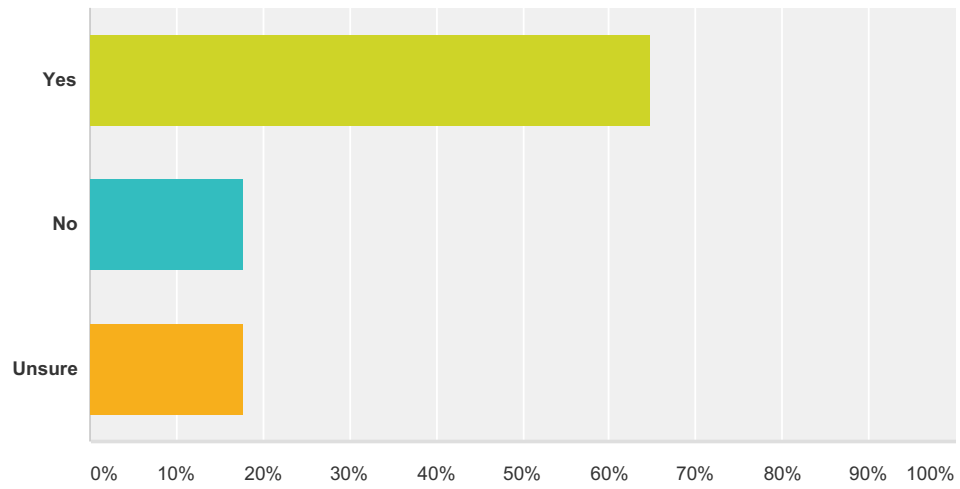


Answer Choices	Responses	
Yes	64.71%	11
No	23.53%	4
Unsure	11.76%	2
<b>Total</b>		<b>17</b>

#	Comments	Date
1	Not sure why a neurologist was one of the examiners in this station. His expectation of nystagmus examination and management is surely different to a general ophthalmologist examining and managing a neuro-ophthalmology case, which I was led to believe is the purpose of these OSCE cases - so that a consultant who doesn't have a special interest in a particular area is able to still manage these cases.	5/12/2016 8:54 PM
2	The cases in neuro-ophthalmology were challenging. I also felt the examiner attitude made the station even more challenging and difficult.	4/26/2016 9:57 PM
3	The direct Ophthalmoscope I was given was not working which wasted very precious time as another ophthalmoscope could not be found, so patient was asked to leave the room, another patient was brought it in. There should be immediate backup available in an exit exam in order not to waste time and effect overall performance.	4/26/2016 7:52 PM
4	More emphasis on rare cases.	4/26/2016 2:00 PM
5	One patient whom had clearly been asked to simulate a visual field defect....it was an HCA that was asked to step in. His field defect was not consistent and very variable which made this very confusing and difficult to detect the area of pathology. This was very off putting and unacceptable.	4/26/2016 12:44 PM
6	confrontation VF in a patient which clearly could not cooperate!! I had to repeat examination over and over again wasting time of the questions.	4/26/2016 12:08 PM
7	Fantastic signs.	4/26/2016 11:46 AM

### Q38 Were the questions of an appropriate standard for an exit examination?

Answered: 17 Skipped: 6

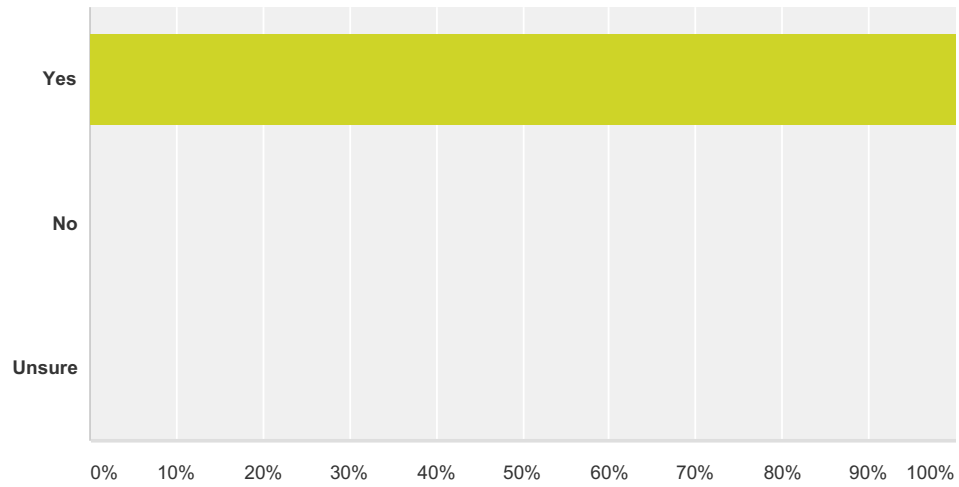


Answer Choices	Responses
Yes	64.71% 11
No	17.65% 3
Unsure	17.65% 3
<b>Total</b>	<b>17</b>

#	Comments	Date
	There are no responses.	

### Q39 Was the OSCE well organized?

Answered: 17 Skipped: 6

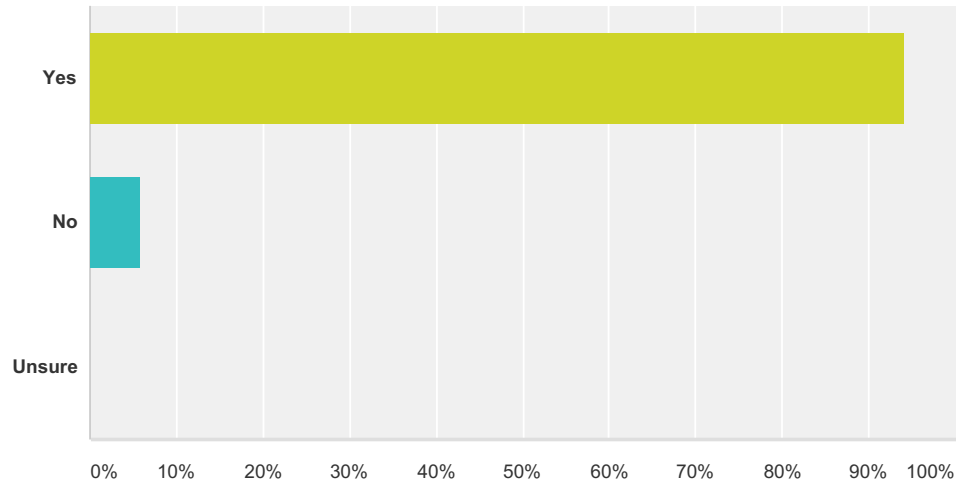


Answer Choices	Responses	
Yes	100.00%	17
No	0.00%	0
Unsure	0.00%	0
<b>Total</b>		<b>17</b>

#	Comments	Date
1	Very well organised, despite enormous number of patients/examiners/candidates. Ran to time, everyone knew where they were going next. Much more seamless than the last one. Full credit to the organisers.	5/12/2016 8:56 PM
2	Overall very well organised. It is clear that the examiners have worked extremely hard to organise this well structured exam and bring appropriate patients. The one criticism I have is that on one station direct ophthalmoscope was not working, and in another there was no torch because a candidate had walked off with it. There should really be spare equipment in all rooms in an exit exam. Otherwise, both OSCE and viva very well run.	4/26/2016 7:53 PM
3	The amount of organisation that must go into the OSCE is phenomenal. There were far more examiners and patients than candidates during each run so I am most grateful to the college team for the hard work that goes in.	4/26/2016 1:41 PM
4	Very well organised - made a stressful day a little less unpleasant!	4/26/2016 11:48 AM

### Q40 Were you given clear instructions about the OSCE?

Answered: 17 Skipped: 6

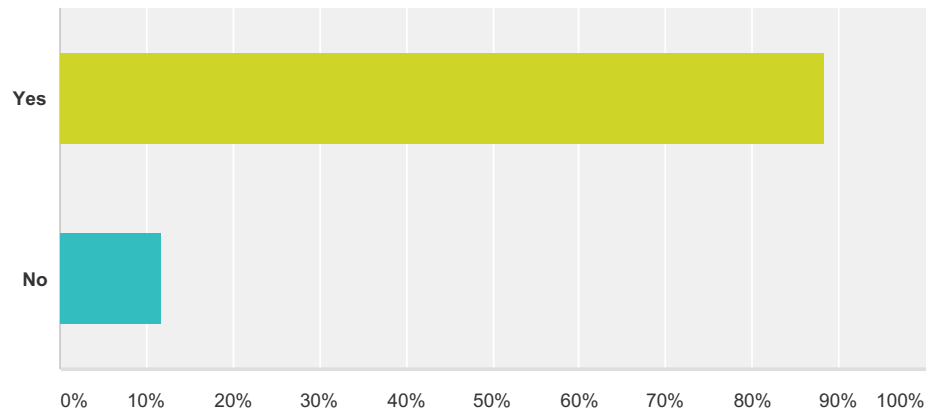


Answer Choices	Responses
Yes	94.12% 16
No	5.88% 1
Unsure	0.00% 0
<b>Total</b>	<b>17</b>

#	Comments	Date
	There are no responses.	

### Q41 Did you feel that the OSCE was a fair assessment of your knowledge?

Answered: 17 Skipped: 6

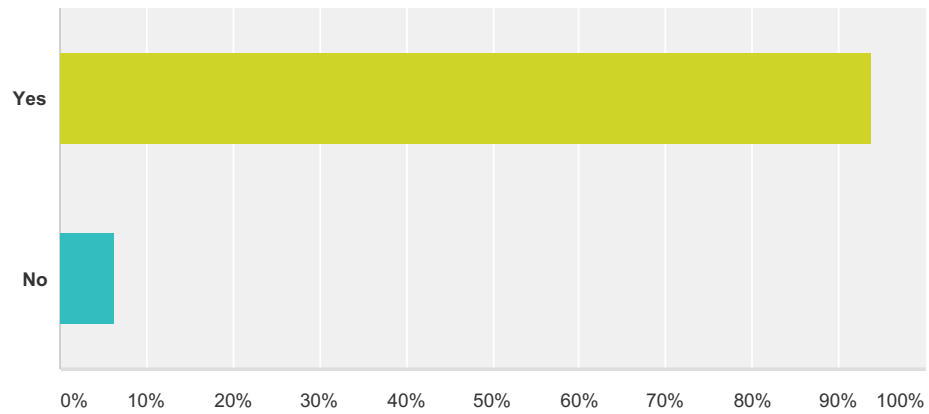


Answer Choices	Responses
Yes	88.24% 15
No	11.76% 2
<b>Total</b>	<b>17</b>

#	Comments	Date
1	not all stations	4/26/2016 12:17 PM

### Q42 In your opinion should the OSCE be included in the exit examination?

Answered: 16 Skipped: 7



Answer Choices	Responses
Yes	93.75% 15
No	6.25% 1
<b>Total</b>	<b>16</b>

#	Comments	Date
1	Not sure (see viva comments) - better at entrance than exit level in my opinion.	5/12/2016 8:56 PM
2	OSCE is extremely important. However, I think that the VIVA and OSCE test similar aspects but in a different manner. I think they should be weighted equally, because both as just as good in spotting red flags and ensuring safe and appropriate patient management.	4/26/2016 7:53 PM
3	Please see comments on viva voca - they all apply.	4/26/2016 11:48 AM



### Q43 Please write any other comments you have about the OSCE below.

Answered: 6 Skipped: 17

#	Responses	Date
1	This was a very well organised exam in general	4/29/2016 8:46 AM
2	Unfortunately I found the slit lamps in the anterior segment and glaucoma/lid station difficult to focus. I raised this with the examiners in the anterior segment examination and I believe that other candidates found this too. Would there be any way in future exams to know the make of the slit lamp or have time to familiarise yourself with the equipment for 5 minutes before the exam started - again this would take some of the stress out of an already very stressful situation!	4/26/2016 1:41 PM
3	I felt very grateful for the enthusiasm and willingness of all the patients who gave up their time to be subjected to repeated examinations by nervous candidates. They were good spirited and generous, without exception.	4/26/2016 1:00 PM
4	OSCE were very rushed. Examiners seemed to be looking for a specific answer. No time to demonstrate depth of understanding and knowledge.	4/26/2016 12:17 PM
5	The OSCE is a good way of assessing but it is random and depends on many variables I have no idea on what could replace that way of assessment for candidates	4/26/2016 12:17 PM
6	In regard to question 44 below - I do not believe it is appropriate for candidate names to be used in any aspect of examinations.	4/26/2016 11:48 AM