

# Examination Report



## Report on the April 2017 Part 2 FRCOphth Oral Examination

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## 1. Summary

This is the seventh 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).

105 candidates sat the examination, which is slightly less than the sitting in November 2016.

The pass mark for the SV was lower at 61% than the last sitting and the OSCE pass mark at 63% was also lower than the previous sitting.

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

The pass rate in OST overall (82%) remains at a high level. The pass rate for candidates who were not in OST was significantly lower at 46%, although higher than the previous sitting.

The largest cohort of ST trainees sitting this exam are ST5 and they have the highest pass rate at 90%. There is a dip for those in ST6 down to 71% and those highly motivated to pass at ST7 (edging to end of training) rise again to an 88% pass rate.

The ST3 and ST 4 cohorts are very small at 3.5% and 10.5% of total. Of these candidates sitting the exam early, they have a high pass rate 100% and 83 % respectively. It is highly likely that these are driven individuals. This high pass rate at the junior side of training (given that there are fewer in number) reflects more on the motivation and organisation of the individual candidates rather than the length of the training programme.

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**Education Adviser**

The oral parts of the 17<sup>th</sup> sitting of the Part 2 FRCOphth examination were held in London from Monday 24 April to Friday 28 April 2017.

## **2. Candidates**

105 candidates presented themselves for the examination.

## **3. The Structured Vivas**

There were five structured vivas, which were held on Monday 24 and Tuesday 25 April 2017. 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	Fourth Cranial Nerve
Tuesday AM	Sixth Cranial nerve
Tuesday PM	Epiphora
<b>Station 2:</b>	<b>Patient management 1</b>
Monday PM	PDR PRP
Tuesday AM	Paediatric watery eye
Tuesday PM	Vertical Diplopia
<b>Station 3:</b>	<b>Patient management 2</b>
Monday PM	HSV keratitis
Tuesday AM	Microbial keratitis
Tuesday PM	Myopic cataract
<b>Station 4:</b>	<b>Attitudes, Ethics and Responsibilities.</b>
Monday PM	Social Media
Tuesday AM	Needle stick injury
Tuesday PM	Neonatal Conjunctivitis
<b>Station 5a:</b>	<b>Audit, Research and EBM (5 minutes)</b>
Monday PM	Endophthalmitis
Tuesday AM	Avastin Lucentis
Tuesday PM	Patient data protection
<b>Station 5b:</b>	<b>Health Promotion and Disease Prevention (5 minutes)</b>
Monday PM	NICE guidance for embolic events
Tuesday AM	Screening DR
Tuesday PM	Audit loop
<b>Station 6:</b>	<b>Communication Skills (part of OSCE)</b>
Monday PM	Optic Neuritis
Tuesday AM	Mother insisting on surgery
Tuesday PM	Wrong site squint



**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
	0.06	0.48	0.34	0.24	0.05

**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
	0.71	0.76	0.8	0.89	0.86

**Table 6 Correlation between viva stations**

		Station 1	Station 2	Station 3	Station 4
		PI	PM	PM	AER
Station 2	PM	0.09			
Station 3	PM	0.43	0.28		
Station 4	AER	0.24	0.09	0.16	
Station 5	HPDP/EBM	0.34	0.15	0.26	0.31

**3b) Standard setting for the structured vivas****Table 7**

	1		2		3		4		5		Total
<i>Number of passed candidates</i>	60	49	77	79	79	81	72	75	59	62	
<i>Number of borderline candidates</i>	35	40	23	22	21	20	24	24	34	34	
<i>Number of failed candidates</i>	10	16	5	4	5	4	9	6	12	9	
<i>Median borderline candidate mark</i>	6	7	7	8	6	6	6	6.5	7	7	66.5

The pass mark for the structured viva was increased by 1 SEM from 67/120 (56%) to 73/120 (61%).

## 4. The OSCE

### The OSCE

There were six OSCE stations in all. The five clinical stations were held Wednesday 26 April – Friday 28 April 2017. 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.

#### 4a) Results

Candidates examine three patients in stations 1-5. 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)	114/198 (58%)
Mean score:	132/198 (67%)
Median score:	133/198 (67%)
Range:	68 – 181 (34% - 91%)
Reliability (Cronbach alpha):	0.8
SEM:	10
Final adjusted pass mark (+1 SEM)	124/198 (63%)
Pass rate before adjustment (pass mark 114/198)	81/105 (77%)
Pass rate after adjustment (pass mark 124/198)	74/105 (70%)

**Table 9** Distribution of scores

Score	Distribution	Total
61-70	/	1
71-80	///	3
81-90	////	4
91-100	///// /	6
101-110	///// ////	9
111-120	///// //	7
<b>121-130</b>	<b>//// / //// / //// /</b>	16
131-140	///// //// //	13
141-150	///// //// ////	14
151-160	///// //// //// //// //// /	26
161-170	//	2
171-180	///	3
181-190	/	1
Total		105

**Table 10 Station marks**

Station		Maximum possible	Mean	Median	Min	Max
1	Anterior segment	36	23.2	24	9	36
2	Glaucoma & lid	36	28.1	29	14	36
3	Posterior segment	36	23.1	24	4	36
4	Strabismus & orbit	36	22.5	24	1	36
5	Neuro-ophthalmology	36	22.8	23	8	36
6	Communication	18	12	14	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.
	0.87	0.84	0.89	0.91	0.89	0.9

**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.
	0.82	0.85	0.92	0.92	0.87	0.88

**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.
	0.27	0.1	0.15	0.25	0	0.01

**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	0.24				
Station 3	Posterior	0.27	0.27			
Station 4	Orbit/Strab	0.25	0.23	0.13		
Station 5	Neuro-oph	0.37	0.13	0.31	0.24	
Station 6	Comm	0.17	0.27	0.2	0.13	0.13

#### 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>	48	47	71	75	62	61	52	47	43	41	59	59
<i>No. of borderline candidates</i>	39	38	26	21	21	22	27	31	33	24	23	31
<i>No. of failed candidates</i>	18	20	8	9	22	22	26	27	29	40	23	15
<i>Median borderline candidate raw score</i>	11	11	11.5	11	10	9	10	11	10	11	4	4

The pass mark for the OSCE was increased by 1 SEM from 114/198 (58%) to 124/198 (63%).

## 5. Overall results for the oral examination

### 5a. Results

Pass mark	197/318	(62%)
Mean	216/318	(68%)
Median	221/318	(69%)
Range	121 - 290	(38% - 91%)

To pass the oral examination candidates must achieve 197/318 overall, 73/120 in the viva and 124/198 in the OSCE.

Eighty-two candidates achieved 196/318, but only sixty-nine met all three requirements in order to pass the examination overall.

Pass rate for the oral examination	69/105 (66%)
Pass rate overall for candidates in OST	47/57 (82%)
Pass rate overall for non-trainees	22/48 (46%)

Correlation between structured viva and OSCE = 0.50

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

Score	Distribution	Total
121-130	/	1
131-140	///	3
141-150	/	1
151-160	///	3
161-170	///	3
171-180	////	5
181-190	////	4
191-200	//// / / / / /	11
201-210	/// / / / / /	10
211-220	/// / / / / /	10
221-230	//// / / / / / / / / / /	16
231-240	//// / / / / / / /	13
241-250	//// / / / / /	10
251-260	//// / / /	8
261-270	///	3
271-280	///	3
281-290	/	1
291-300		0
300-310		0
<b>Total</b>		<b>105</b>

## 5b) Breakdown of Oral Examination

**Table 18 Breakdown of results by training**

	Failed	Passed (%)	Total
In OST	10	47 (82%)	57
Not in OST	26	22 (46%)	48
Total	36	69 (66%)	105

Candidates in OST performed better than those in non-training posts.

**Table 19 Breakdown of results by deanery**

	Failed	Passed	Total
East Midlands	0	2	2
East of England	3	2	5
East of Scotland	0	0	0
KSS	1	3	4
London	0	10	10
Mersey	0	3	3
North of Scotland	0	0	0
North Western	1	2	3
Northern	0	0	0
Northern Ireland	1	2	3
Oxford	0	3	3
Peninsula	0	0	0
Severn	1	3	4
South East of Scotland	0	2	2
Wales	0	1	1
Wessex	1	1	2
West Midlands	1	3	4
West of Scotland	1	3	4
Yorkshire	0	7	7
Total	10	47	57

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

	Failed	Passed	Total
ST3	0	2 (100%)	2
ST4	1	5 (83%)	6
ST5	2	18 (90%)	20
ST6	6	15 (71%)	21
ST7	1	7 (88%)	8
Total	10	47	57

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

Attempts	Failed	Passed (%)	Total
1 (First)	22	51 (70%)	73
2	9	12 (57%)	21
3	4	5 (56%)	9
4*	1	1 (50%)	2
5*	N/A	N/A	N/A
Any resit	14	18	32

\*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 13	Nov 13	April 14	Nov 14	April 15	Nov 15	April 16	Nov 16	Apr 17
Candidates	109	103	104	79	77	72	61	107	105
MCQ pass mark	61%	59%	58%	NA*	NA*	NA*	NA*	NA*	NA*
Reliability	0.8	0.8	0.8	NA	NA	NA	NA	NA	NA
Viva pass mark	60%	58%	57%	63%	60%	61%	63%	60%	61%
Reliability	0.8	0.9	0.8	0.8	0.9	0.8	0.8	0.8	0.8
OSCE pass mark	63%	61%	61%	62%	60%	62%	63%	63%	63%
Reliability	0.8	0.8	0.8	0.7	0.9	0.8	0.9	0.8	0.8
Written pass rate	85%	93%	90%	NA*	NA*	NA*	NA*	NA*	NA*
Oral pass rate	57%	58%	58%	63%	62%	69%	56%	71%	66%
Overall pass rate	48%	53%	51%	NA	NA	NA	NA	NA	NA
Oral pass rate in OST	56%	64%	65%	70%	80%	86%	69%	84%	82%

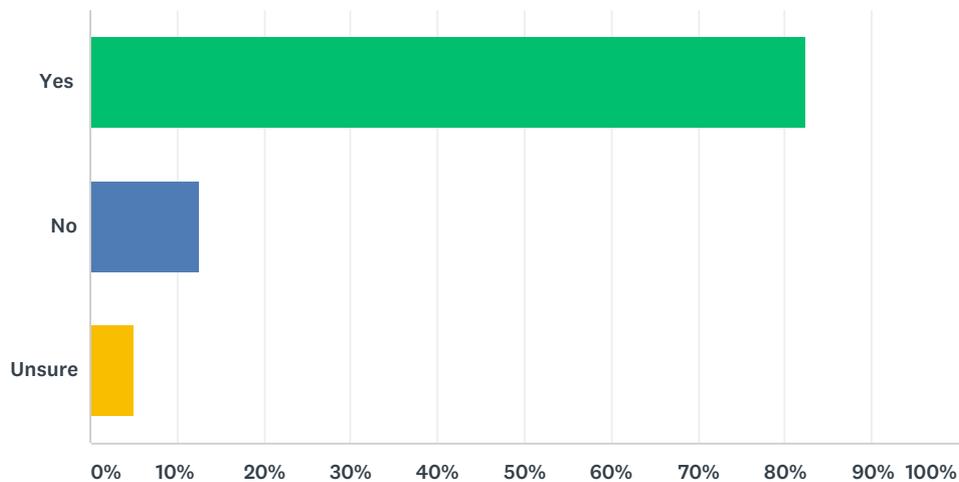
\* The MCQ examination is now de-coupled from the oral examination

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

Deanery	Number of passes	Number of candidates	Pass rate %
East of Scotland	7	8	88
Oxford	28	32	88
Severn	20	26	77
Northern	24	32	75
Northern Ireland	12	16	75
London KSS	137	187	73
East Midlands	25	35	71
South East of Scotland	12	17	71
Mersey	27	39	69
North of Scotland	7	11	64
Wales	21	36	58
West Midlands	35	60	58
Yorkshire	41	73	56
Peninsula	12	22	55
West of Scotland	15	28	54
North Western	28	54	52
East of England	20	42	48
Wessex	9	21	43
<b>TOTAL</b>	<b>480</b>	<b>739</b>	<b>65</b>

## Q1 Were you treated in a courteous manner by the examiners in this station? (Patient Investigations & Data Interpretation)

Answered: 40 Skipped: 0

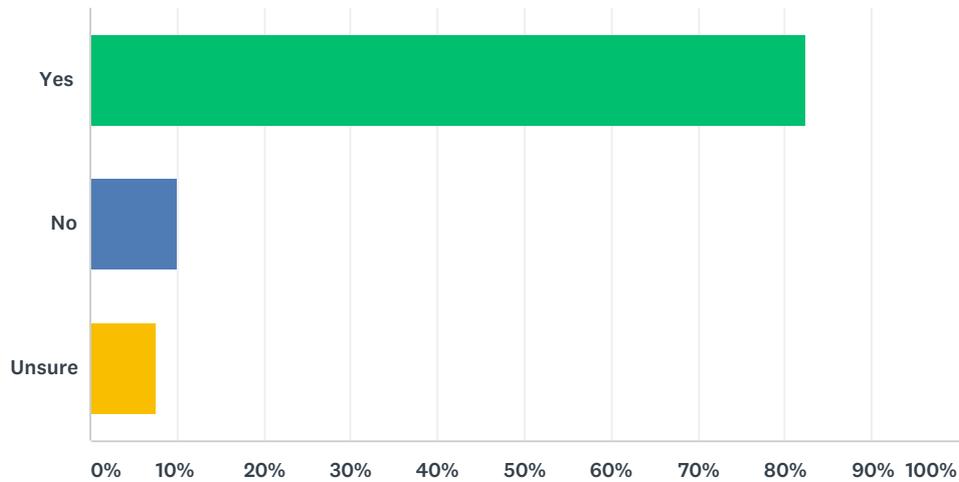


ANSWER CHOICES	RESPONSES	
Yes	82.50%	33
No	12.50%	5
Unsure	5.00%	2
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	I need to highlight that one of the examiners in the investigations station of my viva part was not professional and very confusing. I felt like as if he was making fun of my answers, I was confused with the randomness of his approach to the questions and the reaction I got with a sort of sarcasm. It not only affected me in this station, really that feeling carried on to the next station which was very frustrating.	5/18/2017 11:45 PM
2	Orbit and strabismus station examiners were not up to the mark they were not courteous it seemed they were not interested and had poor body language	5/18/2017 5:37 PM
3	The majority were very polite, if a little stoney. One, however, was intrusive and completely disrupted my answer. I could tell the other examiner was frustrated with him also.	5/17/2017 1:52 PM
4	One of the examiners appeared a little agitated and rushed. He appeared to want answers quickly and made me feel time pressured.	5/16/2017 12:17 PM
5	I felt that in this station the first examiner did not have the correct affect, or correct method of questioning, he stated the double vision was on left gaze. I felt that I had answered most things I would ask from the history, and did not state that I needed to ask whether it was monocular/ binocular as he stated the diplopia was in a certain direction, the examiner seemed to get angry. I went on to answer all the subsequent questions and tried not to be put off by his affect which I thought was inappropriate and made me more uncomfortable to answer his subsequent questions.	5/14/2017 9:00 PM
6	Both the examiners were very kind & courteous.	5/4/2017 12:33 PM
7	Difficult to see scan details as small screen and no option to change	5/3/2017 5:37 PM
8	Very friendly examiners	5/3/2017 4:39 PM
9	However, one of the examiners appeared to be hurry.	5/3/2017 3:50 PM
10	I was not able to understand the question and when I requested examiner to elaborate the question again for me, his behaviour was quite aggressive	5/3/2017 3:02 PM

## Q2 Were the questions appropriate for this station?

Answered: 40 Skipped: 0

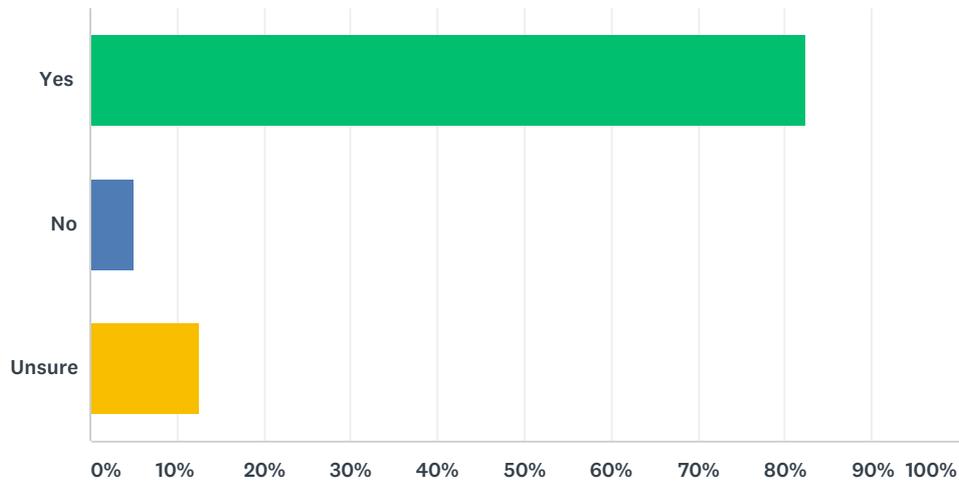


ANSWER CHOICES	RESPONSES	
Yes	82.50%	33
No	10.00%	4
Unsure	7.50%	3
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	I thought the scenario was well designed, looking at initial investigation interpretation, choice of tests and then assessing if these choices changed when the patient's condition became progressive. I have managed this type of case and it felt realistic.	5/19/2017 9:10 PM
2	As mentioned above the first examiner started the station. Then this was followed by a set of random questions which I did not know the aim of them as some of the questions were addressed in previous questions. There was no coherence in the flow of questions. It was an investigation station and I was only shown the Hess chart in the last two minutes.	5/18/2017 11:45 PM
3	Too much expected in short time	5/18/2017 5:37 PM
4	I thought seeing that this was a investigation station too much emphasis was put on examination in the begininning which was off putting in this environment as there was no patient. The subsequent investigations and data interpretation were appropriate. The examiners should bear in mind to put most of the emphasis on what the stations say as we will be examined on patients in the OSCE.	5/14/2017 9:00 PM
5	The station began with a dacryoscintogram which is not an investigation that is commonly used in clinical practice any longer. It was a difficult start to the station which was off putting for the rest of the station.	5/7/2017 5:45 PM
6	Some were and some were unclear	5/4/2017 4:59 PM
7	Absolutely, very well related & covered the scenario.	5/4/2017 12:33 PM

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

Answered: 40 Skipped: 0

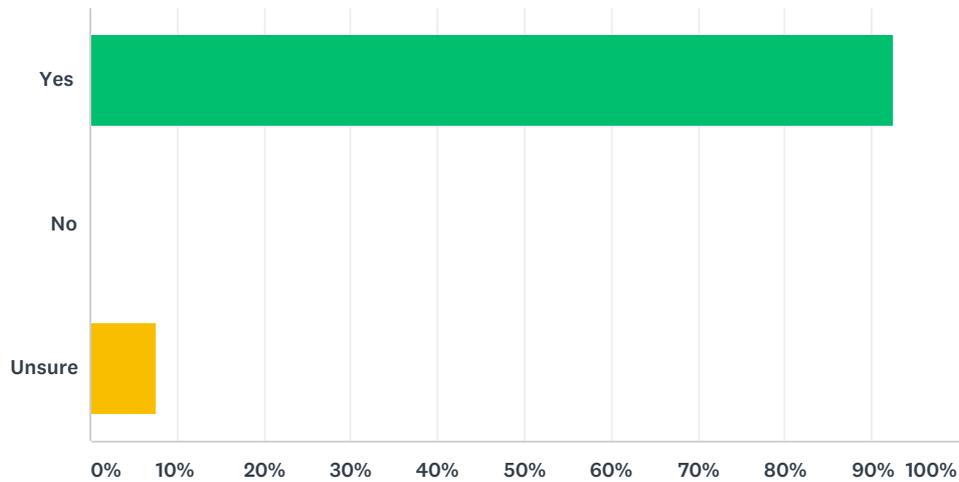


ANSWER CHOICES	RESPONSES	
Yes	82.50%	33
No	5.00%	2
Unsure	12.50%	5
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	The questions assessed whether you can reconsider the differential diagnosis upon learning new information regarding the patient. I think it is important to be able to re-evaluate diagnosis; to not be fixated on one pathway/diagnosis, especially if the patient's condition changes.	5/19/2017 9:10 PM
2	Viva was like military barrack . If you really wanted to judge a candidate have 30 minutes viva station at least 3 . Like FRCS Glasgow and Edinburgh. Or have long cases 45 mins each . This exam is far from reality	5/18/2017 5:37 PM
3	Yes the questions on the HESS chart were appropriate. I think anyone doing the exit examination should know the fundamentals and the examiners should ask the appropriate questions on the investigation and not dwell on something the candidate may have forgot to mention under the stress of being questioned.	5/14/2017 9:00 PM
4	Uncommonly performed test usually seen only in tertiary centres. I asked our radiologist about it and there were none performed in 2016/2017 in our health board.	5/8/2017 1:58 PM
5	I agree as the case was discussed well in detail.	5/4/2017 12:33 PM

### Q4 Were you treated in a courteous manner by the examiners in this station? (Patient Management 1)

Answered: 40 Skipped: 0

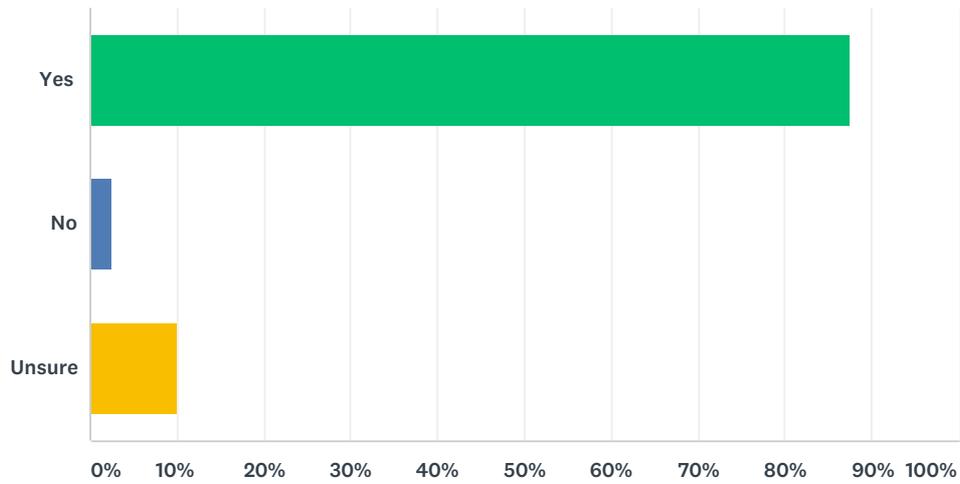


ANSWER CHOICES	RESPONSES	
Yes	92.50%	37
No	0.00%	0
Unsure	7.50%	3
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	I was confused in this station following my last station and I am not sure how I was treated	5/18/2017 11:48 PM
2	Yes the examiners seemed courteous and polite of all the stations.	5/14/2017 9:01 PM
3	I think there was a little frustration from the examiner when we weren't on the same wavelength which was fine but distracting.	5/4/2017 5:33 PM
4	One of the examiners was a bit 'blunt' in expression; didn't seem reassuring	5/4/2017 12:15 PM
5	They were very nice	5/3/2017 3:50 PM
6	The examiners were very nice	5/3/2017 3:14 PM

## Q5 Were the questions appropriate for this station?

Answered: 40 Skipped: 0

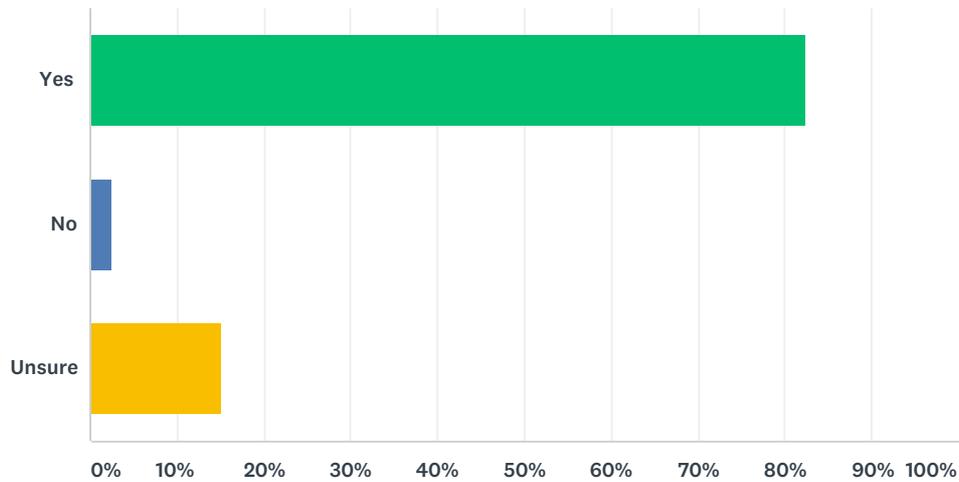


ANSWER CHOICES	RESPONSES	
Yes	87.50%	35
No	2.50%	1
Unsure	10.00%	4
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Short Viva time	5/18/2017 5:38 PM
2	The photo was blurred.	5/17/2017 1:53 PM
3	Management of congenital nasolacimal duct obstruction was a difficult question.	5/14/2017 9:01 PM
4	Difficult to gather what direction they wanted you to go in until it was too late.	5/3/2017 9:01 PM

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

Answered: 40 Skipped: 0

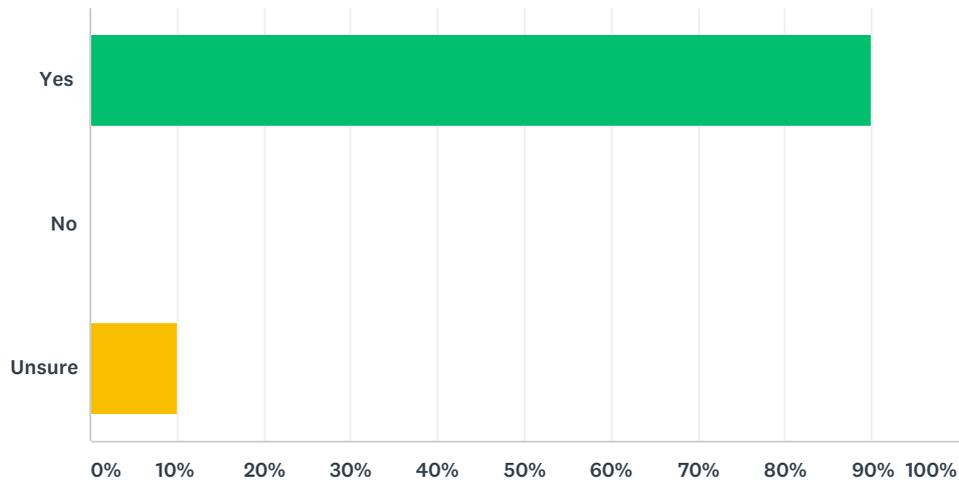


ANSWER CHOICES	RESPONSES	
Yes	82.50%	33
No	2.50%	1
Unsure	15.00%	6
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	I think it is relevant for general ophthalmologists to know when to refer infants if suspected infection/malignancy, as well as common paediatric ophth conditions such as CNLDO. However not sure if they need to know the details of surgical management of secondary NLDO obstruction especially as practice can vary widely.	5/19/2017 9:10 PM
2	Very hurried	5/18/2017 5:38 PM
3	Management of congenital nasolacrimal duct obstruction was a difficult question.	5/14/2017 9:01 PM

## Q7 Were you treated in a courteous manner by the examiners in this station? (Patient Management 2)

Answered: 40 Skipped: 0

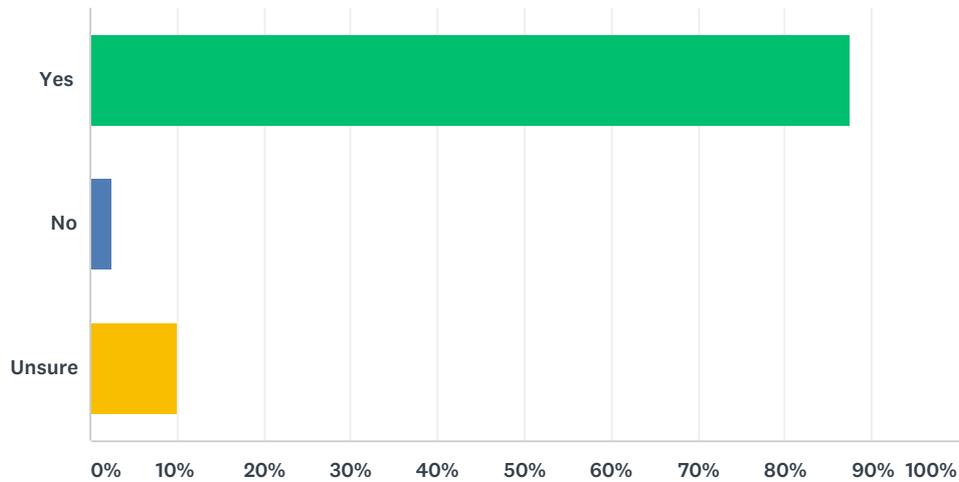


ANSWER CHOICES	RESPONSES	
Yes	90.00%	36
No	0.00%	0
Unsure	10.00%	4
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Reasonable questions and logical flow	5/18/2017 11:49 PM
2	Examiners seemed dis interested in the corneal ulcer station especially towards the end.	5/14/2017 9:05 PM
3	Both examiners were polite. One examiner seemed to interrupt the other with questions which was a little confusing but overall, I had clear instructions.	5/12/2017 2:39 PM
4	One examiner was courteous, the other one intentionally tried to confuse me by twisting what I was saying. A lot of time was wasted as I tried to represent my management of the patient. I was unable to complete the station.	5/4/2017 10:56 AM

## Q8 Were the questions appropriate for this station?

Answered: 40 Skipped: 0

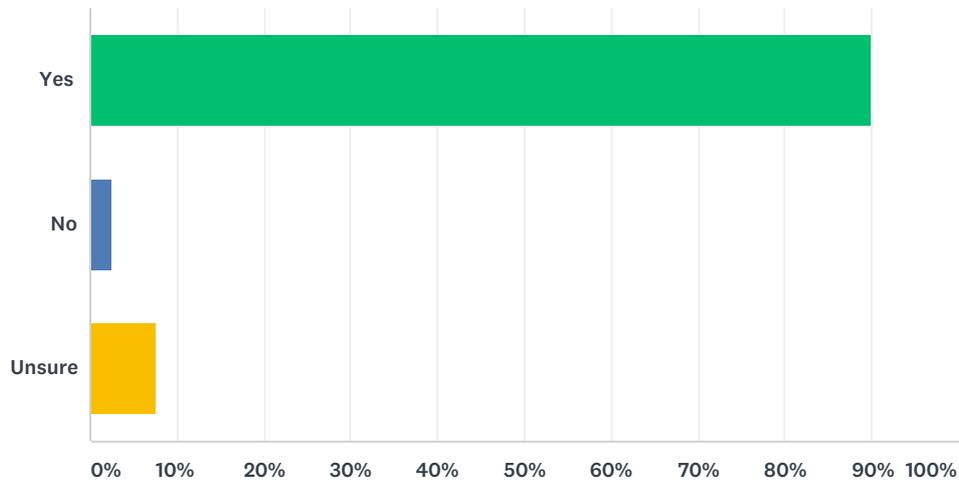


ANSWER CHOICES	RESPONSES	
Yes	87.50%	35
No	2.50%	1
Unsure	10.00%	4
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Short Viva time	5/18/2017 5:38 PM
2	Yes the management seemed appropriate. The photograph of corneal ulcer in my opinion didnt look typical of pseudomonas or acanthamoeba which left room for error. The basic questions were very vague I felt, leaving too much room for error.	5/14/2017 9:05 PM
3	The questions themselves were appropriate however there was a lot to cover during the station with many questions asked. This meant that the station was very rushed.	5/7/2017 5:47 PM
4	With regards to the subject matter asked; I believe the examiners spent too long on that area. I would like to have covered other areas	5/4/2017 12:18 PM
5	But one question was inappropriately phrased. The examiner asked me if I would do a cataract operation on a patient who had had a previous vitrectomy and was listed for a senior consultant to do. I said I would having explained the risks to the patient and would give the option to the patient of proceeding or waiting for a senior consultant. I was then told, lam a trainee and is that wise? I thought responses in this exam were expected as if you were a consultant. It is an exit exam.	5/4/2017 10:56 AM
6	Difficult to ascertain which direction they wanted you to go in.	5/3/2017 9:01 PM

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

Answered: 40 Skipped: 0

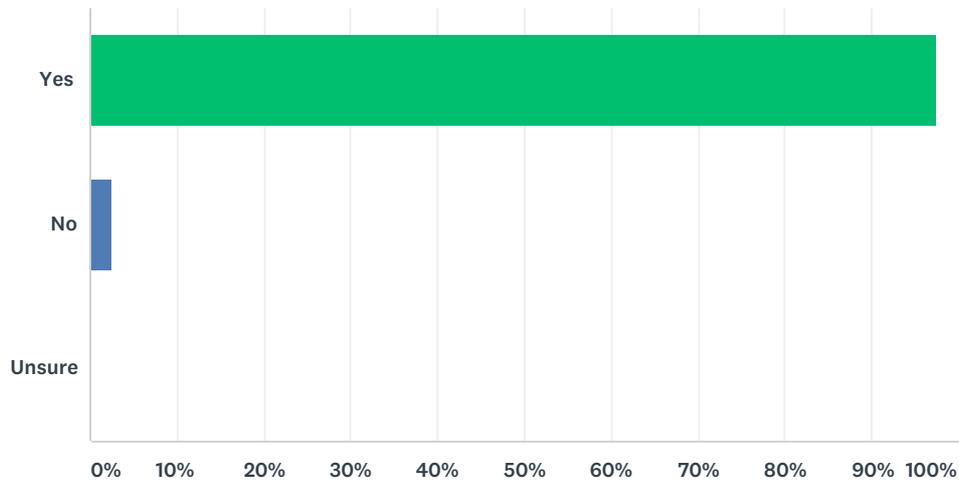


ANSWER CHOICES	RESPONSES	
Yes	90.00%	36
No	2.50%	1
Unsure	7.50%	3
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	The condition is rare but can often be sight-threatening and is increasing in incidence. It can often present late so it is important to know the classic signs as well as how it can behave clinically. The picture used is of a standard corneal ulcer with infiltrate but with the inferior portion cut off so one can not see whether there is a hypopyon or not; I don't think this was significant as the candidate can just comment that they will look for it.	5/19/2017 9:10 PM
2	Very hurried	5/18/2017 5:38 PM
3	Basic questions were vague. The photograph of corneal ulcer in my opinion didnt look typical of pseudomonas or acanthamoeba which left room for error. Investigation and management questions were appropriate however lacked structure.	5/14/2017 9:05 PM
4	Unsure which was 1 and which was 2 as it was a week ago. The survey should come out sooner	5/4/2017 5:33 PM
5	The second question was unfair as ambiguity existed	5/4/2017 12:18 PM

### Q10 Were you treated in a courteous manner by the examiners in this station? (Attitudes, Ethics and Responsibilities)

Answered: 40 Skipped: 0

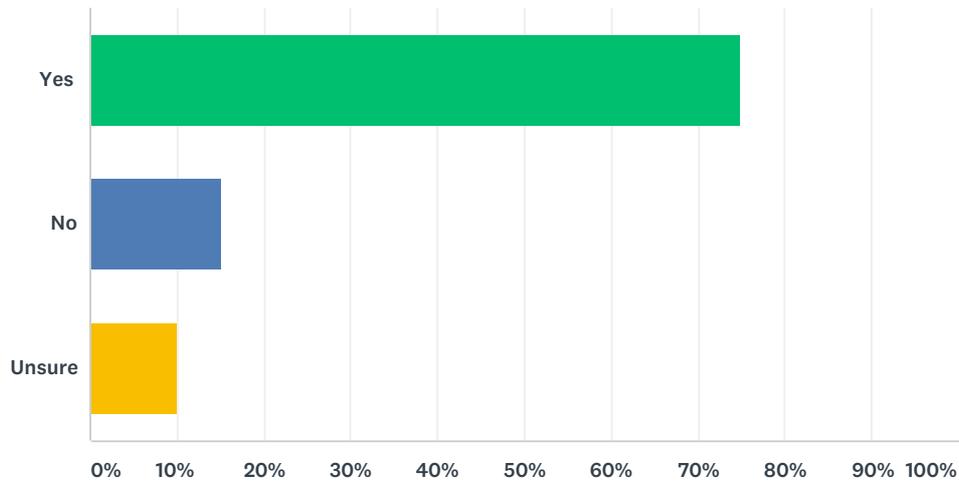


ANSWER CHOICES	RESPONSES	
Yes	97.50%	39
No	2.50%	1
Unsure	0.00%	0
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	I had trouble understanding one of the examiners, he had a thick accent.	5/3/2017 4:57 PM

## Q11 Were the questions appropriate for this station?

Answered: 40 Skipped: 0

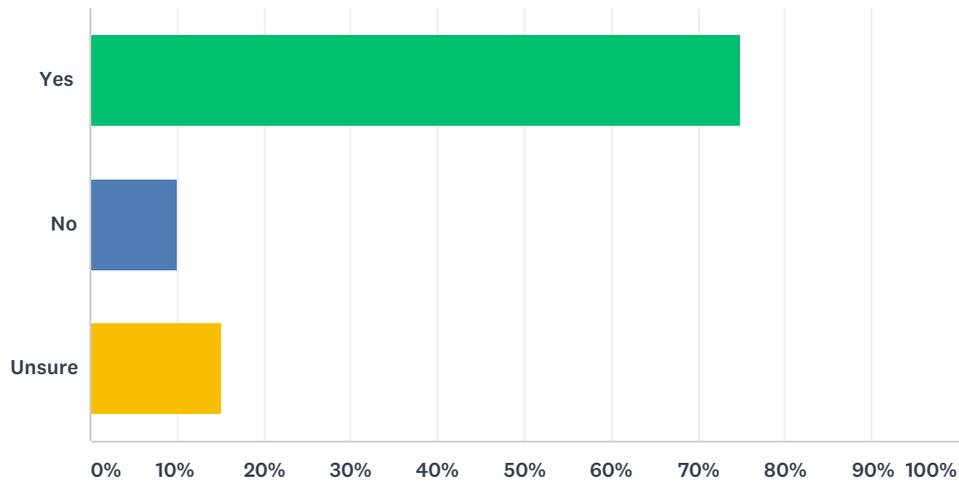


ANSWER CHOICES	RESPONSES	
Yes	75.00%	30
No	15.00%	6
Unsure	10.00%	4
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Short time	5/18/2017 5:39 PM
2	I though it was unfair to ask the exact figures of seroconversion of Hepatitis and HIV from a needlestick injury. Questions were vague and lacked structure: I forgot to mention to fill in a clinical incident form.	5/14/2017 9:05 PM
3	The second scenario was that of a 13 years old boy with family history of retinitis pigmentosa. Questions could have been more specific. It started with broad statement on going about managing the patient. Did mention about consent and other investigations but seemed i was missing on some facts. time ran out before i could finish all questions.	5/10/2017 3:02 PM
4	The majority of the questions were about GMC social media guidelines and Facebook? If you are not familiar with Facebook it was impossible to understand what they were getting at. The social media guidelines questions should have been maybe one at the end not the majority of the station. There are so many more relevant and important guidelines we should know.	5/3/2017 9:05 PM
5	For One of the questions, I did not know what the examiner was expecting as I answered all the questions with relevant answers. he appeared unsatisfied with me	5/3/2017 3:52 PM

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

Answered: 40 Skipped: 0

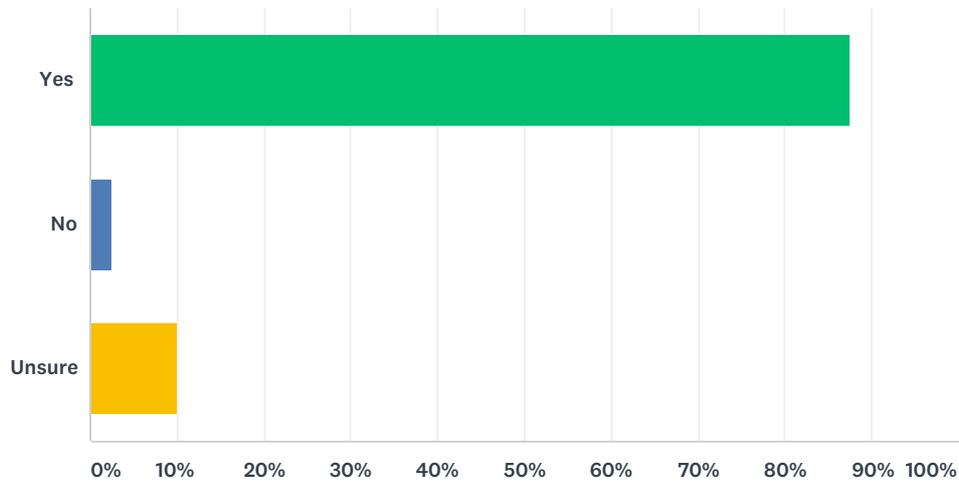


ANSWER CHOICES	RESPONSES	
Yes	75.00%	30
No	10.00%	4
Unsure	15.00%	6
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	This clinical scenario can occur in real life so relevant to be examined on.	5/19/2017 9:11 PM
2	Very hurried 10 mins is not enough to judge a candidate	5/18/2017 5:39 PM
3	I though it was unfair to ask the exact figures of seroconversion of Hepatitis and HIV from a needlestick injury. Questions were vague and lacked structure: I forgot to mention to fill in a clinical incident form.	5/14/2017 9:05 PM
4	Doubtful at ST level we would advertise on social media or have developed an opinion on this.	5/4/2017 5:46 PM
5	The social media guidelines questions should have been maybe one at the end, not the majority of the station. There are so many more relevant and important guidelines we should know as future consultants. It seemed the decision to focus on this was particularly unfair and unjust.	5/3/2017 9:05 PM

### Q13 Were you treated in a courteous manner by the examiners in this station? (Audit, research and evidence based medicine)

Answered: 40 Skipped: 0

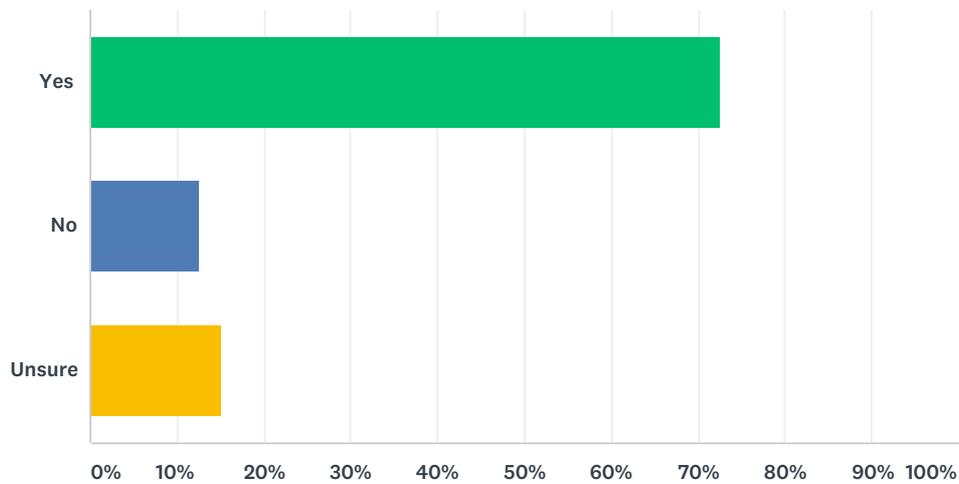


ANSWER CHOICES	RESPONSES	
Yes	87.50%	35
No	2.50%	1
Unsure	10.00%	4
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Very much so	5/18/2017 11:51 PM
2	It was off-putting to answer questions (whilst the examiner immediately writes answers in the poor feedback form).	5/7/2017 9:23 PM
3	Yes by one examiner, not so sure about the other.	5/4/2017 10:57 AM
4	The male examiner kept asking questions and when I began to answer he would say "actually that's fine leave it". I found this off putting but the female examiner was wonderful.	5/4/2017 9:46 AM
5	They were very pleasant and polite	5/3/2017 3:53 PM

## Q14 Were the questions appropriate for this station?

Answered: 40 Skipped: 0

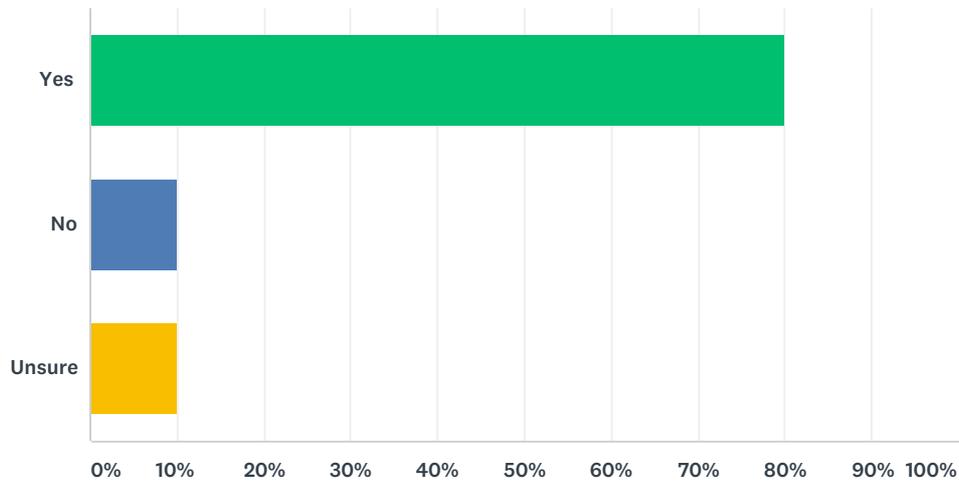


ANSWER CHOICES	RESPONSES	
Yes	72.50%	29
No	12.50%	5
Unsure	15.00%	6
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Reasonable questions examining broad base of knowledge	5/18/2017 11:51 PM
2	Very short time as previously stated it was like military barracks 18 Viva in a hall . Noisy and could hear what's happening around you	5/18/2017 5:41 PM
3	Questions asked on diabetic screening were vague. To be asked the non cardiac side effects of IVAN and CATT was an unfair questions and most medical retina speciliats would have struggled with that.	5/14/2017 9:05 PM
4	Whilst I understand that it is important to be aware of stroke management- I think it was unfair to be expected to know the stroke guidelines in details.	5/7/2017 9:23 PM
5	The scenario was confusing as further history was refused. Abcd2 is only useful for one episode (according to nice guidance) and two manifestations of neurological pathology were presented with no time frame. It was unclear if this was hyper acute i.e. act in quickly to thrombosis if CT clear or if two separate incidences. Would be better to have amourosis and then later develop plot with hemianopia if required	5/4/2017 5:48 PM
6	Did not expect to see a visual field and interpret this in this station. Leading down the stroke questions took longer due to examiner being slightly ambiguous.	5/3/2017 9:07 PM
7	Unusual to want to know the findings separately for CATT and IVAN, these are generally considered together rather than individually	5/3/2017 4:51 PM
8	The questions about eye retrieval were not appropriate to a station where guidelines and EBM would be . Eye retrieval is not something any of the trainees have done or ever had contact with and there is no much research done in that field. It is a pure technical thing and I think the station lacked any sort of studies or guidelines discussion. The audit was very appropriate for the station and he examiner along about it was very friendly and professional.	5/3/2017 4:45 PM
9	I'm not sure whether knowing the details of each clinical trial would make me a better doctor	5/3/2017 3:15 PM

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

Answered: 40 Skipped: 0

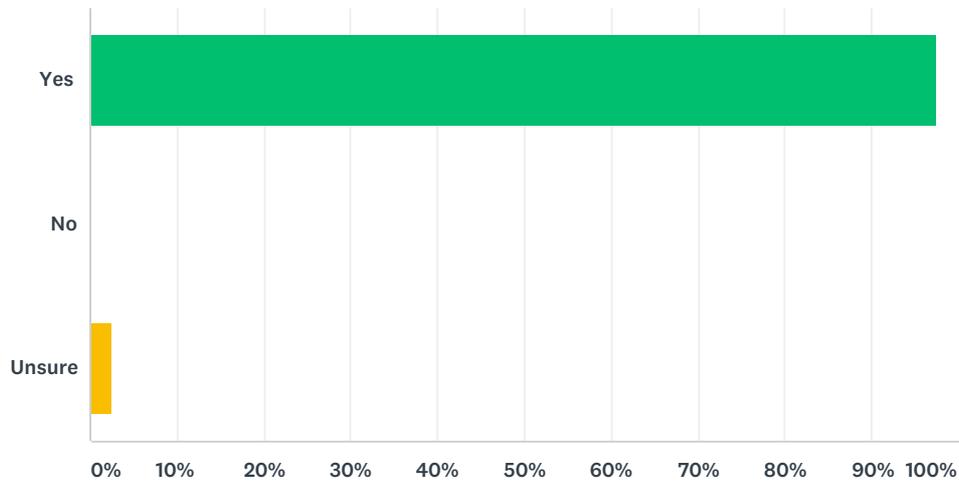


ANSWER CHOICES	RESPONSES	
Yes	80.00%	32
No	10.00%	4
Unsure	10.00%	4
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Very hurried	5/18/2017 5:41 PM
2	Overall tough questions were asked on clinical trials.	5/14/2017 9:05 PM
3	In general the level was fine but better scenario would have helped discussion.	5/4/2017 5:48 PM
4	The questions do NOT determine whether or not you can be a consultant ophthalmologist. I am sure that very few consultants themselves can answer the questions.	5/4/2017 5:01 PM
5	As above	5/3/2017 4:45 PM

## Q16 Were you treated in a courteous manner by the examiners in this station? (Communication Skills)

Answered: 40 Skipped: 0

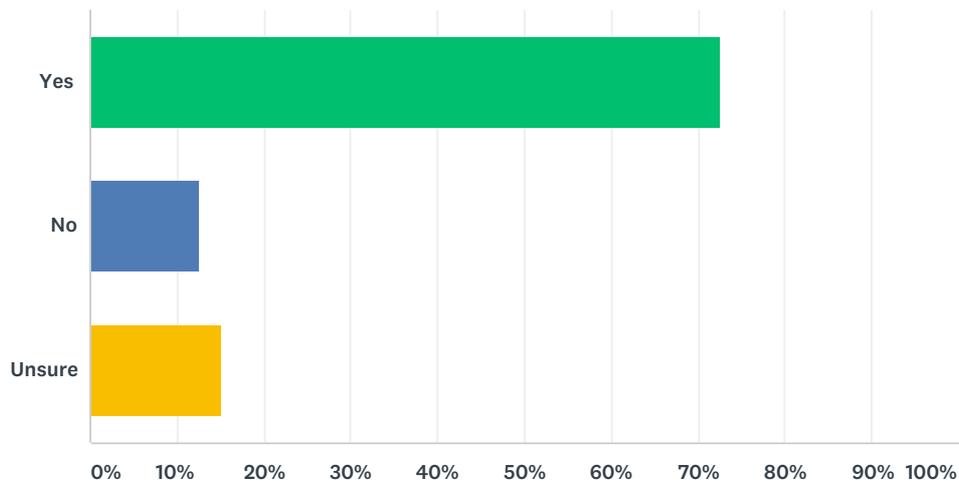


ANSWER CHOICES	RESPONSES	
Yes	97.50%	39
No	0.00%	0
Unsure	2.50%	1
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	No much communication from examiners	5/18/2017 11:53 PM
2	Did not receive any definite reassurance from examiners; they were quite quiet	5/4/2017 12:21 PM
3	Very difficult topic A bit unrealistic after all The pretteatre and theatre checks to operate a child on the wrong eye	5/3/2017 5:40 PM
4	Very few words from examiners.	5/3/2017 4:46 PM
5	Excellent examiners	5/3/2017 3:53 PM

## Q17 Was the clinical scenario explained clearly?

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	72.50%	29
No	12.50%	5
Unsure	15.00%	6
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	There was insufficient information about her previous treatment and diagnostics undertaken to assess for atypical optic neuritis.	5/16/2017 12:23 PM
2	We read through the scenario at the beginning. A lot of information was given at the beginning to read.	5/14/2017 9:06 PM
3	Very vague instructions. It was not clear whether I had performed the surgery or simply been in theatre. It was not clear if the wrong eye had actually been operated on, or simply that the mother thought it was the wrong eye based on the wording of the instructions. It was also not known if the squint had been straightened by operating on the other eye, or worsened by performing an entirely incorrect procedure. As such, it was not possible to counsel the mother fully about what had happened, what could be done about it, and what needed to be done to stop it happening again.	5/8/2017 2:04 PM
4	I was unsure whether a clinical history needed to be taken again. The scenario mentioned explaining the differential diagnosis and onwards management. Several other candidates mentioned that they took a detail history. It would be unfair to be marked down with regards taking a detailed history as the scenario did not request this...	5/7/2017 9:26 PM
5	The scenario was very brief and it was not clear with the wrong eye error was made apart from the list being overbooked and a new charge nurse. It was not clear if I was supposed to be counselling the patient as the operating surgeon or another doctor. It also made it difficult to answer the patient's questions as the scenario did not explain how/why the mistake was actually made.	5/7/2017 5:52 PM
6	Too unclear and too much to explain to the 'patient' in lay terms. Simple optic neuritis by itself is good enough a challenge. Also in a consulting setting there aren't two examiners staring at you. I understand communication skills are vital but is completely different in no-pressure situations.	5/4/2017 5:04 PM
7	Whilst this was a communications skills station, the brief at the beginning was too long and felt more directing towards the diagnostic uncertainty. Difficult to know what to focus on with the patient - her concerns or the diagnosis?	5/3/2017 10:41 PM
8	It was not clear that the candidate was the one who operated on the wrong eye. Also in reality you'd meet the parents pre-op and not just do the surgery on the day.	5/3/2017 5:40 PM

## Part 2 FRCOphth Oral 24-28 April&nbsp;2017 CANDIDATE FEEDBACK

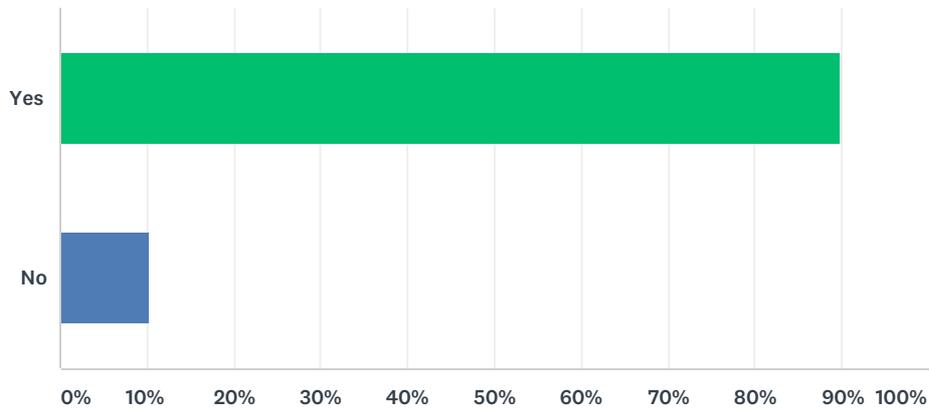
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9	The examiners were very helpful and clarified the scenario.	5/3/2017 5:16 PM
10	The phrasing of the scenario was ambiguous. This led to confusion in my communication. I real feel this should have been explained orally. I am dyslexic which did not help.	5/3/2017 5:00 PM
11	the actress was very nice but she didnt have many questions for me despite asking if she has further queries about her conditions...it was a scenario i believed on atypical optic neuritis and i gave a few differential diagnosis and plans for management and investigations with a summary and time for questions at the end but again, patient just said no questions.	5/3/2017 3:19 PM

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

Answered: 39 Skipped: 1

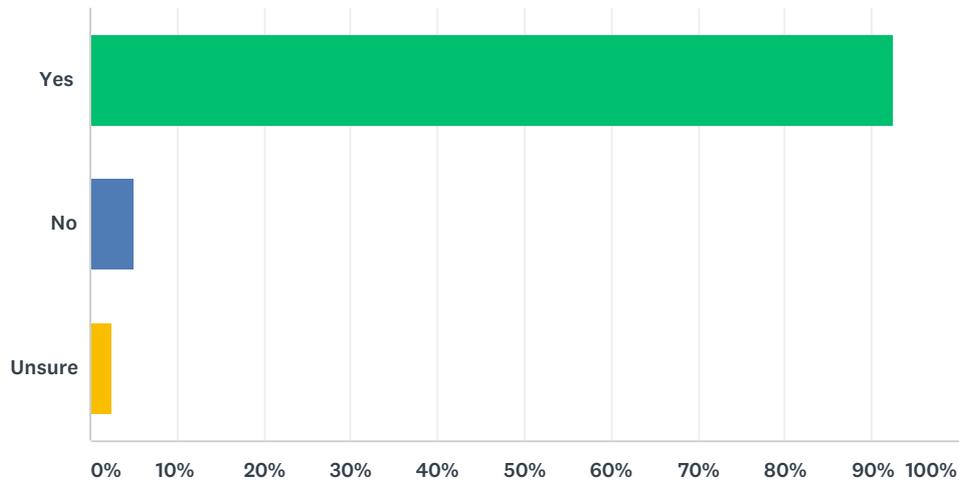


ANSWER CHOICES	RESPONSES	
Yes	89.74%	35
No	10.26%	4
<b>TOTAL</b>		<b>39</b>

#	COMMENTS	DATE
1	The scenario was realistic, the questions the patient actress asked sounded exactly like questions a real parent would ask and I think her responses were quite natural as well. Felt exactly like being in clinic- with lots of people watching included.	5/19/2017 9:11 PM
2	I don't think counselling a parent about squint surgery is appropriate to be tested in a 10 minute station. I real clinical setting, that is a complicated discussion and requires more time and some times multiple visits.	5/18/2017 11:53 PM
3	Too much clinical information was given which we had to decipher: the emphasis should be on communication.	5/14/2017 9:06 PM
4	With an appropriately worded candidate instruction, this would be an appropriate topic for this examination	5/8/2017 2:04 PM
5	I believe more information should have been given about further tests that were done; there was little to 'go on' when explaining the condition/ status to the patient	5/4/2017 12:21 PM
6	See above	5/3/2017 5:40 PM
7	Nb some other candidates had happened to meet the actress downstairs before the exam so had already established a rapport	5/3/2017 4:53 PM
8	The actor who was acting as patient should have been trained more to deal with unexpected questions by the candidate	5/3/2017 3:05 PM

## Q19 Was the structured viva examination well organized?

Answered: 40 Skipped: 0

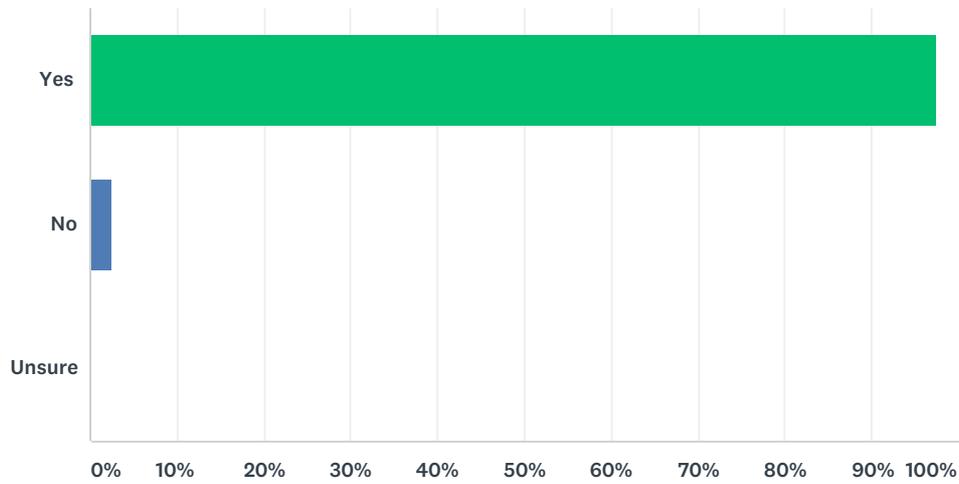


ANSWER CHOICES	RESPONSES	
Yes	92.50%	37
No	5.00%	2
Unsure	2.50%	1
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Time keeping was unfair No enough water for candidates	5/19/2017 2:06 AM
2	Poorest venue 18 Vivas in a single hall . Felt very insulting	5/18/2017 5:45 PM
3	Well organised and fair. The timing was very good and we had clear instructions of how to proceed.	5/12/2017 2:41 PM
4	Very well run.	5/8/2017 2:06 PM
5	Indeed. Amazed to see how very well it was conducted.Thanks to all the staff involved in it.	5/4/2017 1:47 PM
6	Very well organised. Wonderful venue and staff.	5/4/2017 9:48 AM
7	I felt the set up was well organised which contributed to making the candidates comfortable. Overall examiners behaved courteously and respectfully.	5/3/2017 10:41 PM
8	Nice venue Clear instructions	5/3/2017 5:40 PM
9	While we were waiting in the waiting area, I could hear the questions being asked by one of the examiners as he was asking them very loudly	5/3/2017 3:56 PM

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

Answered: 40 Skipped: 0

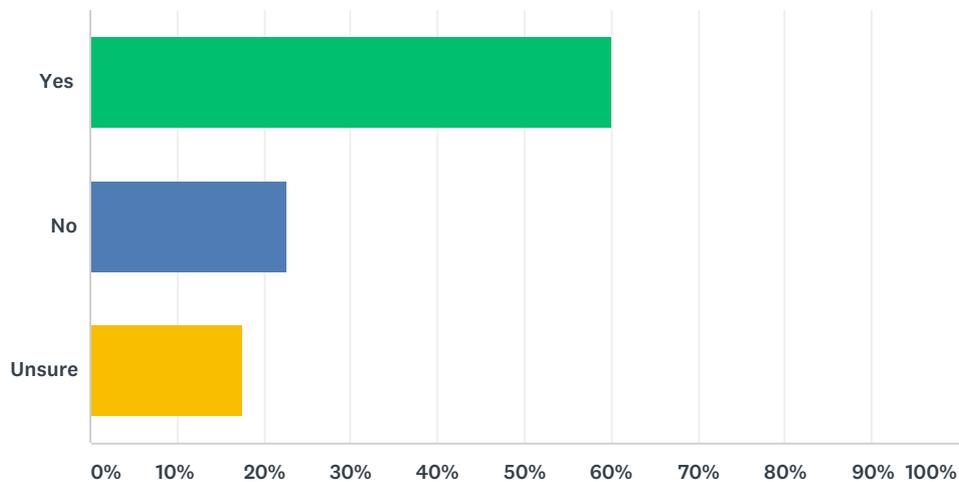


ANSWER CHOICES	RESPONSES	
Yes	97.50%	39
No	2.50%	1
Unsure	0.00%	0
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
	There are no responses.	

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

Answered: 40 Skipped: 0

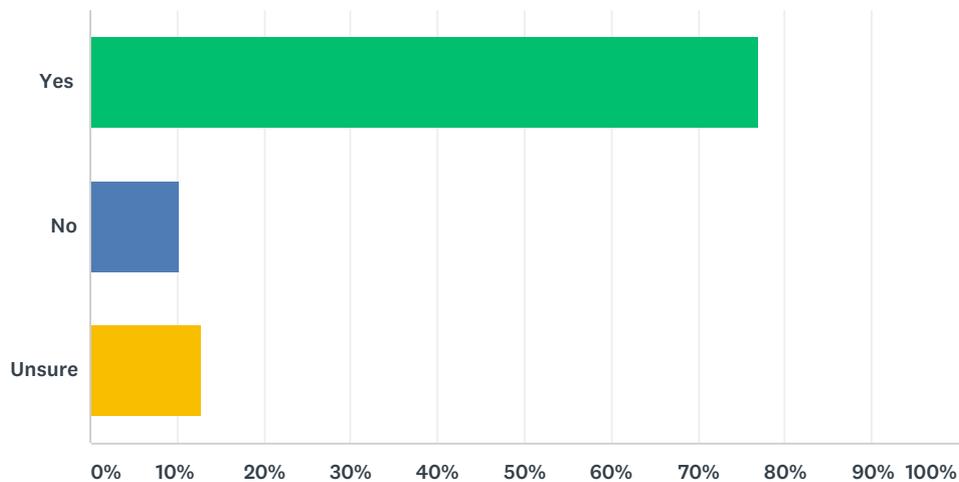


ANSWER CHOICES	RESPONSES	
Yes	60.00%	24
No	22.50%	9
Unsure	17.50%	7
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	I believe the structured viva can be a good tool to examine knowledge on ethics, EBM, communication, and to some extent the investigations interpretation if used efficiently. Certainly no patient management is required to be tested here as this can be part of osce	5/19/2017 12:03 AM
2	Very hurried far from reality . If you want to test our knowledge take VIVA for at least 30 mins per station .	5/18/2017 5:45 PM
3	Too much emphasis on the basic clinical questions which should be assessed in OSCE. Examiners should have clearer instructions to stay to the point; although some did.	5/14/2017 9:06 PM
4	I was not sure if to give references and studies for my answers they weren't specifically asked for. I think the college should identify core curricula as nice guidelines are now volumous and can involve Ophthalmology in many oblique ways. My revision did not concentrate on the core topics as mixed advice is given on how broad the reading required is.	5/4/2017 5:53 PM
5	Focusing on social media guideline out of ALL royal college, NICE and GMC guidelines was not appropriate and an unfair assessment of candidates ophthalmological/ guideline knowledge.	5/3/2017 10:41 PM
6	I felt I was unsure what they were asking for, One station was a vitrectomy induced cataract. Pt became more myopic; I said surgical induced cataract with myopic shift. They kept pushing me. I think they wanted to hear index cataract! This is a Pety difference.	5/3/2017 5:04 PM
7	Only the eye retrieval and the ophthalmia neonaturum I found inappropriate for the viva. Thousands of other better scenarios and subject could assess our knowledge more accurately	5/3/2017 4:48 PM
8	I felt the one of examiner was unhappy with my answers despite all answered relevantly, as I checked my answers after I returned home	5/3/2017 3:56 PM
9	Some things could have been asked in more detail. Only a small part of the entire curriculum examined. At times was not able to fully show depth of knowledge.	5/3/2017 3:55 PM
10	Stations of investigations and patient management discuss only one topic rather than several topics thus might not fairly assess the candidate's level of knowledge	5/3/2017 3:22 PM

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

Answered: 39 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	76.92%	30
No	10.26%	4
Unsure	12.82%	5
<b>TOTAL</b>		<b>39</b>

#	COMMENTS	DATE
1	I think for the viva to be a fair and comprehensive assessment of knowledge it will need to be a bit longer in duration for each station with more scenarios. Currently it can feel a bit hit and miss and feels more like a snap-shot.	5/19/2017 9:11 PM
2	I believe there is little value in setting the viva stations. Most skills can be tested as part of the osce stations and through the over all portfolio assessment over 7 years of training.	5/19/2017 12:03 AM
3	30 mins / station at least 3 stations and include general medicine . FRCS Glasgow was the most ideal exam	5/18/2017 5:45 PM
4	Not sure what is gained by structured viva especially if the style of questioning is vague which I found on this occasion.	5/14/2017 9:06 PM
5	I felt that the clinical questions in the viva could have been tested in MCQ or short answer questions format. The OSCE format is more appropriate for exit exam.	5/7/2017 9:30 PM
6	I feel the OSCE should be earlier and the viva an exit	5/4/2017 5:53 PM
7	I think it was good to have this on the exit exam, as knowledge was tested on various aspects. Communication skills station is equally important, where we could show how we deal with the patient in clinics. Though because of time strain, at one point I thought I was talking much as I wanted to cover every point before time finishes & wanted the lady to get satisfied with my information & explanation & simultaneously dealing with her concerns as well, which she did. So, pleased in the end.	5/4/2017 1:47 PM
8	But more free flowing, Or at least worked examples available on the college website.	5/3/2017 5:04 PM
9	.	5/3/2017 3:56 PM
10	Viva of 20 minutes on a single case may not reflect the depth of knowledge of candidate. The examiners should have at least 3 scenarios/ cases for discussion in 20 minutes	5/3/2017 3:07 PM

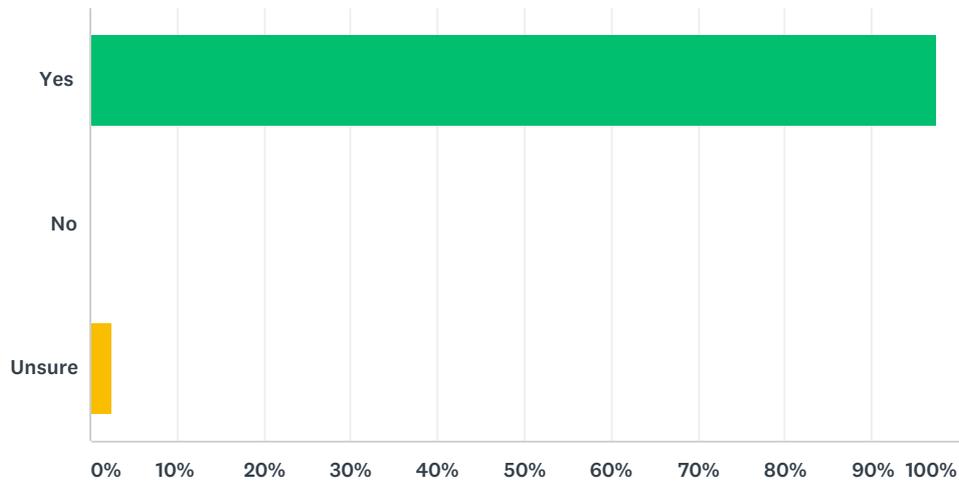
## Q23 Please write any other comments you have about the structured viva examination below

Answered: 19 Skipped: 21

#	RESPONSES	DATE
1	see above	5/19/2017 9:11 PM
2	I think if a station is focused around one senario the chances of ill performance in that station is very high. However if the skill and knowledge is tested across multiple scenarios and investigations then it is more likely to be a true representation of the doctors skills and knowledge.	5/19/2017 12:03 AM
3	Better venue please	5/18/2017 5:45 PM
4	I'd have preferred if the exam were longer to assess more fairly the breadth of knowledge.	5/17/2017 1:55 PM
5	The examiners should asked structured questions: not vague. They should have the correct affect and not show anger or agitation.	5/14/2017 9:06 PM
6	Overall, the viva was fair and well organised.	5/12/2017 2:41 PM
7	I thought having the chairs away from the assessment area between stations was advantageous, allowing time to mentally move on to each case. I thought the people managing the day did very well.	5/8/2017 2:06 PM
8	Having the 5 minutes between the stations away from the cubicles was a very good idea. It allowed time to collect thoughts and mentally prepare for the next station, instead of standing outside the stations hearing the examiners discussing the previous candidate.	5/7/2017 5:54 PM
9	knowledge examined in the viva could be examined in a better clinical oriented way in the osce exam. Instead of solid question in the viva specially in the ethics and evidence based stations, where questions were asked in a way that may not assess the candidate knowledge and will eventually affect his final score.	5/7/2017 4:19 AM
10	I thought the VIVA exam was well run. My only minor concern was that the 'rooms' were quite cramped, especially for the communication skills.	5/5/2017 9:30 PM
11	Shame a bespoke setting say at a medical school couldn't be used	5/4/2017 5:53 PM
12	Very well organised & conducted. Thanks to all the staff & examiners involved.	5/4/2017 1:47 PM
13	The exam was well organized; more details about the syllabus need to be included prior to exam. More time should be given to ask questions on clinical scenarios and less on the other areas	5/4/2017 12:24 PM
14	Overall a fair exam. Some questions a little ambiguous and it's difficult to judge what exactly the examiners are looking for but all the examiners were all very helpful at guiding me.	5/4/2017 9:48 AM
15	Very well conducted.	5/3/2017 5:44 PM
16	Two days of exam is a bit long, and success in one and failure in another part (OSCE and Viva) which leads the candidate to appear for both parts is a bit unfair	5/3/2017 3:56 PM
17	very well organised compared to the OSCE.	5/3/2017 3:20 PM
18	The venue and organisation of the VIVA was really nice	5/3/2017 3:16 PM
19	Very well organised	5/3/2017 3:10 PM

## Q24 Were you treated in a courteous manner by the examiners in this examination? (Cataract and Anterior Segment)

Answered: 40 Skipped: 0

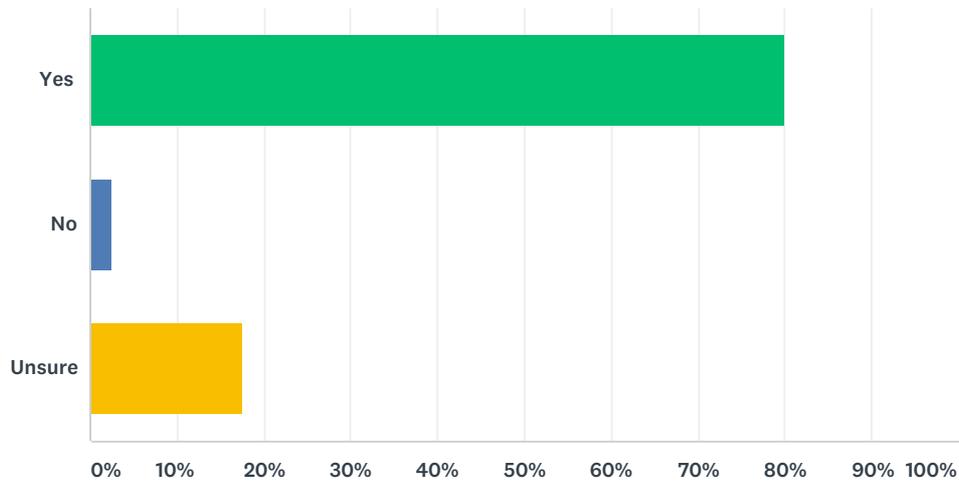


ANSWER CHOICES	RESPONSES	
Yes	97.50%	39
No	0.00%	0
Unsure	2.50%	1
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Both the patients and examiners had been waiting a while to start so that obviously affected the mood which was a bit subdued. Additionally it was my first station so was adjusting to the setup.	5/19/2017 9:11 PM
2	Poorest venue hot room hypoxia 8 people in a tiny room	5/18/2017 5:47 PM
3	Both examiners were pleasant. They told me to take my time and made me feel at ease.	5/12/2017 2:42 PM
4	Very courteous examiners.	5/7/2017 9:31 PM
5	The examiners were very courteous	5/4/2017 10:59 AM
6	Noisy environment, one of the examiners clearly could not hear me on several occasions He also came across a bit rude and abrupt on the end (south Asian examiner).	5/3/2017 5:46 PM
7	Very friendly examiners.	5/3/2017 5:45 PM
8	One Malaysian examiner was very dry and slightly aggressive The other examiner was amazing and friendly	5/3/2017 4:49 PM
9	Very polite and pleasant examiners	5/3/2017 4:00 PM
10	Examiners were courteous, but one was much more friendly than the other. One did not direct questions well. The other was very helpful.	5/3/2017 3:59 PM

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

Answered: 40 Skipped: 0

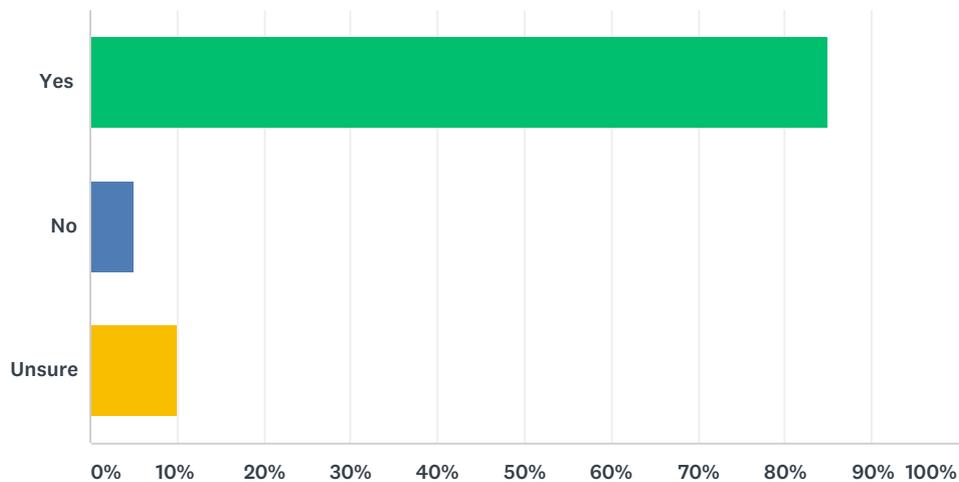


ANSWER CHOICES	RESPONSES	
Yes	80.00%	32
No	2.50%	1
Unsure	17.50%	7
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	One of the patients had systemic associated signs which when I was examined was not very obviously demonstrated. However for subsequent candidates this was more proactively shown i.e. patient putting hands on slit lamp table and tapping impatiently so you are forced to look and see the sign.	5/19/2017 9:11 PM
2	Although Meesmans dystrophy is rare.	5/14/2017 9:37 PM
3	I had a patient with aphakia secondary to Marfans, Meesman's dystrophy and Fuch's dystrophy which all seemed fair.	5/12/2017 2:42 PM
4	Asked some unusual questions mind	5/4/2017 5:54 PM
5	One patient was very photophobic and as a result I did a very brief examination. The other patients were appropriate.	5/4/2017 9:49 AM
6	Patient 1 - dense central well demarcated lipid deposition. Not typical of previous HSV keratitis at all. Very difficult to arise to that conclusion. Patient 2 - bilateral PK. One eye had tube. Again the examiner asked me what I would do but it wasn't clear he meant about post op graft suture management. I felt he meant about IOP problems, visual potential until i realised he meant specifically about graft sutures (until too late).	5/3/2017 10:41 PM
7	One patient was refractive having had anterior keratotomies (I only realised after, I've never seen one in clinic as as trainees we don't really get refractive experience as most surgery only done privately- even in big university hospitals)	5/3/2017 5:46 PM
8	I feel that other cases should have been examined, more typical for cornea - dystrophies/keratoconus/grafts.	5/3/2017 3:59 PM
9	i got a patient with radial keratotomy....and was quizzed on complications and IOP related questions, thought it may be more appropriate to have a LASIK/LASEK patients as RK is not very commonly seen nowadays and in fact i have probably only seen less than 3 including this patient in my entire training career.	5/3/2017 3:23 PM

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

Answered: 40 Skipped: 0

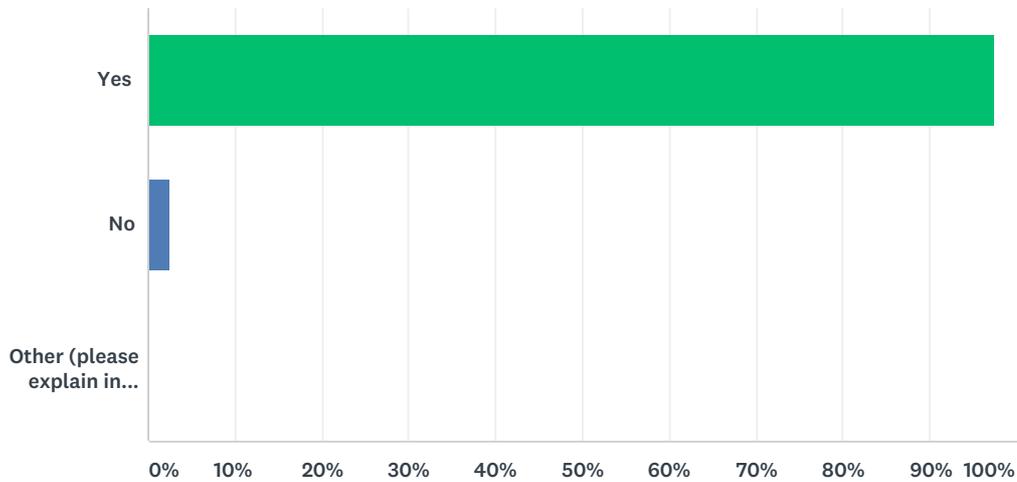


ANSWER CHOICES	RESPONSES	
Yes	85.00%	34
No	5.00%	2
Unsure	10.00%	4
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	One of the examiners did speak quite quietly/mumble, and he seemed bored. Understandable if he had been there all week doing the same station.	5/19/2017 9:11 PM
2	Extremelyhurried far from reality	5/18/2017 5:47 PM
3	Overall yes.	5/14/2017 9:37 PM
4	Again yes but it's too difficult to gather what specific answers examiners are looking for when there are many different aspects of each patient.	5/3/2017 10:41 PM
5	Doing a physical 'non ophthalmic examination' for Marfan in exam conditions is not what any of us would do in a clinic- these patients are rare and in my experience always come to us after someone else already made the diagnosis. Not standard practice plus diagnostic criteria for condition changed. I looked up after and learned a few things, but a slightly unfair request I discussed this with some of my consultant colleagues and they were very surprised and said they wouldn't know what it do apart from referring to a physician colleague	5/3/2017 5:46 PM
6	One comment which I would like to make for all the stations where slit lamps were needed. Slit lamps were of not good quality and the illumination was of not good standard, it was difficult to examine those patients who were not able to keep their chin/head stable during examination with poor slit lamp. Examination of patient with corneal pathology proved difficult due to poor slit lamp illumination and difficulty with eye pieces.	5/3/2017 4:00 PM
7	Insufficient questions on type of graft and reasons for the graft/no questions on Fuchs corneal dystrophy. In other stations I was asked questions in more depth. Was not able to show the level of knowledge in sufficient detail.	5/3/2017 3:59 PM
8	got a patient with trab and ECCE. asked to think of the association between the two. again, not sure how often we see ECCE nowadays as we don't even do ECCE anymore as trainees.	5/3/2017 3:23 PM
9	Questions were very vague especially for examinee from a different cultural background	5/3/2017 3:09 PM

## Q27 Were you treated in a courteous manner by the examiners in this station? (Glaucoma and Eyelid)

Answered: 40 Skipped: 0

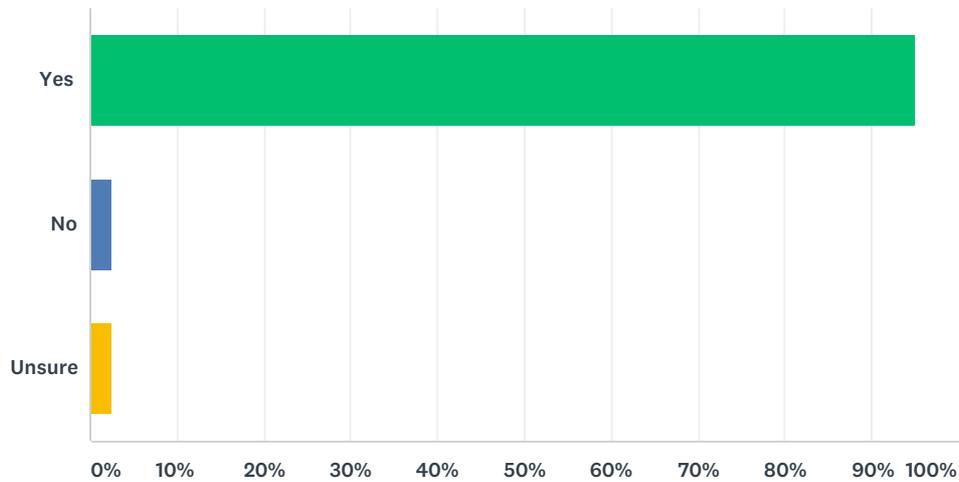


ANSWER CHOICES	RESPONSES	
Yes	97.50%	39
No	2.50%	1
Other (please explain in comments)	0.00%	0
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Poor venue hypoxic hot room 8 people in a room- Venue put me off	5/18/2017 5:49 PM
2	Very courteous examiners and friendly. I actually thoroughly enjoyed this OSCE station.	5/7/2017 9:33 PM
3	The examiners were very courteous.	5/4/2017 10:59 AM
4	Examiners were patient and courteous.	5/3/2017 10:41 PM
5	The examiner was bombarding me with the questions from his sheet without realising that it was difficult for me to listen to the question fully because of background noises	5/3/2017 3:11 PM

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

Answered: 40 Skipped: 0

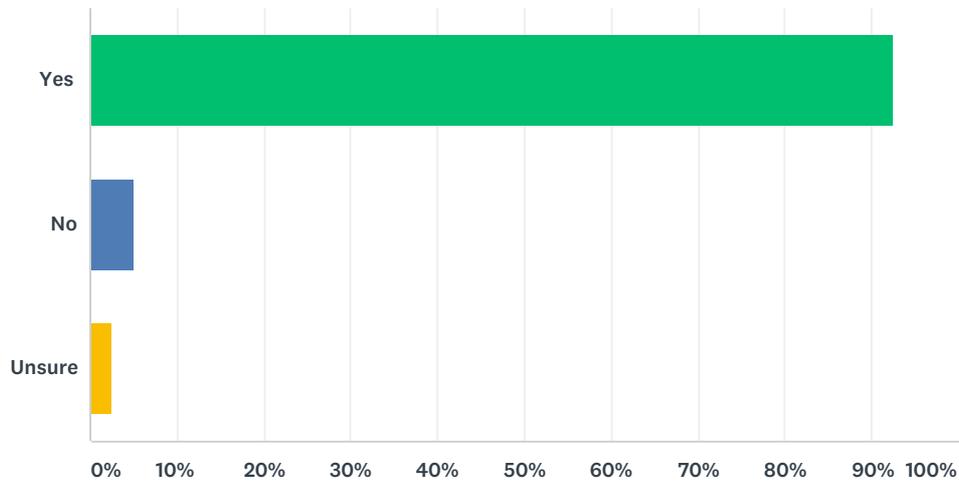


ANSWER CHOICES	RESPONSES	
Yes	95.00%	38
No	2.50%	1
Unsure	2.50%	1
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	The disposable lenses provided were of poor quality.	5/19/2017 12:04 AM
2	One of the patients had pseudoexfoliation with pale iridises and an undilated pupil, making the diagnosis very elusive. I believe if the pt were dilated, this would have been a more fair assessment.	5/16/2017 12:30 PM
3	There was good flow between the patients with little time wasted.	5/7/2017 5:56 PM
4	A patient with a bleb and a tube. The xen implant was the cause of the bleb, if you work somewhere where xen is not routinely done you would not be aware of the appearance. Very specific. Another patient had a dilated pupil but keratoprecipitates. I felt it might be Fuchs heterochromic iridocyclitis, the pupil was dilated therefore couldn't check for transillumination defects. Unsure what the diagnosis was.	5/3/2017 10:41 PM
5	had a patient with painful lid and was told many times not to touch her skin, that made examination very difficult and i believe the examiner wanted us to spot the ptosis with ophthalmoplegia but the number of times i got told not to touch the patient's skin when examining her lid was very distracting	5/3/2017 3:25 PM

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

Answered: 40 Skipped: 0

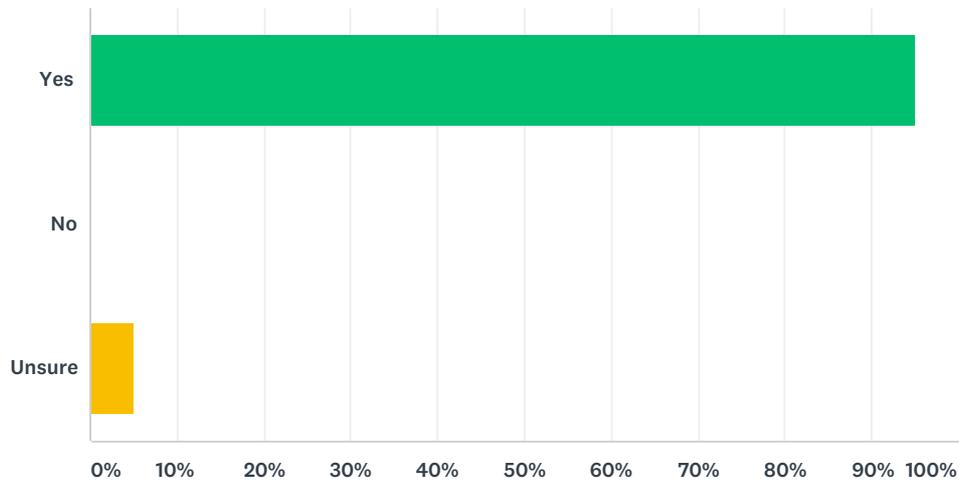


ANSWER CHOICES	RESPONSES	
Yes	92.50%	37
No	5.00%	2
Unsure	2.50%	1
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	2 patients with common conditions important to be able to recognise and manage appropriately acutely and long-term. 1 patient with rarer condition and multiple signs so appropriate in terms of forming sensible differential diagnoses.	5/19/2017 9:11 PM
2	Far from reality hardly any space todo proper eyelid exam	5/18/2017 5:49 PM
3	Excellent examiners; fair and supportive	5/4/2017 12:25 PM
4	Being asked to list acute glaucoma treatment 'in 10 seconds' a bit shocking - I wish the 10 seconds comment was not made	5/3/2017 5:47 PM
5	One comment which I would like to make for all the stations where slit lamps were needed. Slit lamps were of not good quality and the illumination was of not good standard, it was difficult to examine those patients who were not able to keep their chin/head stable during examination with poor slit lamp.	5/3/2017 4:00 PM
6	Asked good questions to a good level and able to show depth of knowledge.	5/3/2017 3:59 PM

### Q30 Were you treated in a courteous manner by the examiners in this station? (Posterior Segment)

Answered: 40 Skipped: 0

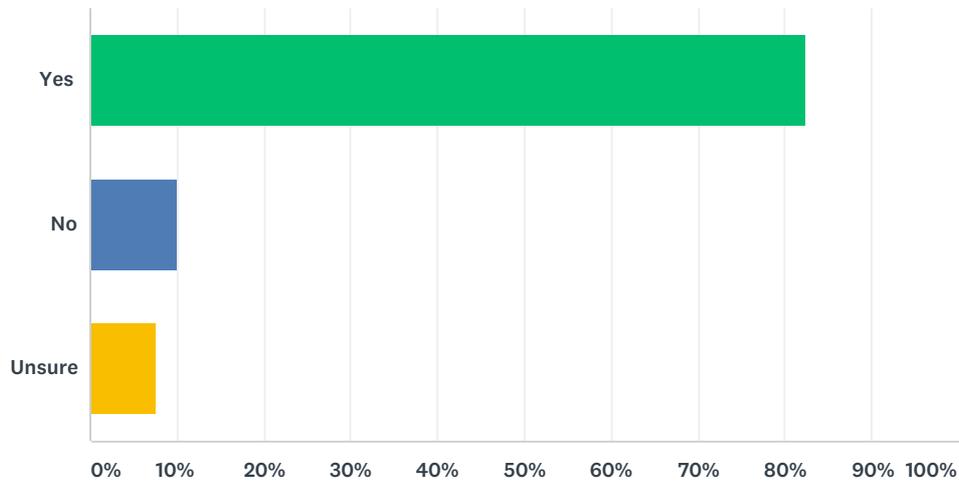


ANSWER CHOICES	RESPONSES	
Yes	95.00%	38
No	0.00%	0
Unsure	5.00%	2
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Bit unnerving to discuss diabetic disease with a well known expert in the field	5/4/2017 6:01 PM
2	The examiners didnt realise that the station had started. One examiner wanted me to talk through my clinical findings and the other examiner didn't. In one case I was asked to give my findings when I hadn't finished my examination but I guess this was so that they could keep to time.	5/4/2017 9:52 AM
3	Examiners were polite and courteous.	5/3/2017 10:41 PM

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

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	82.50%	33
No	10.00%	4
Unsure	7.50%	3
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Too hurried far from reality . You never just examine macula in real life it's history full exam which takes you towards diagnosis	5/18/2017 5:51 PM
2	Although an old choroidal detachment which looked like 360 indetation from a buckle was a difficult case. Uveal effusion syndrome is very rare and difficult to diagnose clinically if it isnt acute. I hope marked are awarded for sensible diffentials and investigations; unfortunately I ran out of time. Treated choroidal melanoma which clinically looks like a scar. It is difficult to say that it is a treated melonoma in front of patient as if it isnt it would cause patient alarm and caused hesitancy.	5/14/2017 9:44 PM
3	The first patient was complex with multiple signs and it was difficult to come to a diagnosis. Speaking to other candidates following the exam, everyone felt it was a difficult case with an unclear diagnosis.	5/7/2017 6:10 PM
4	The patients presented in this station had many vague signs with no specific entity to discuss and the examiners' questions were not well prepared for each case.	5/7/2017 4:24 AM
5	The patients had unusual presentations but were cooperative and therefore suitable.	5/4/2017 11:02 AM
6	All patients were well dilated with obvious clinical findings.	5/4/2017 9:52 AM
7	One patient was a form of maculopathy but it wasn't clear which one- did not appear typically diabetic but that's the line of questioning I was led down. Second patient had barely any signs.... could have been a normal patient, difficult to gauge. Third patient was RP.	5/3/2017 10:41 PM
8	Diabetic patient (black gentleman)*pupil well coming down by the time I saw time around 5 pm, nearly falling asleep on slitlamp, not following commands , was following the light rather than foxing where I asked him to hence I could see the same retinal area.	5/3/2017 5:51 PM
9	The disposable 20D was awful and very difficult to get a good view. I brought a 90 and a 78 but don't have a 20D never considered the provided 20D lens would be so poor. As such although I could glimpse the pathology I just could not get it in focus for a focussed differential	5/3/2017 4:56 PM

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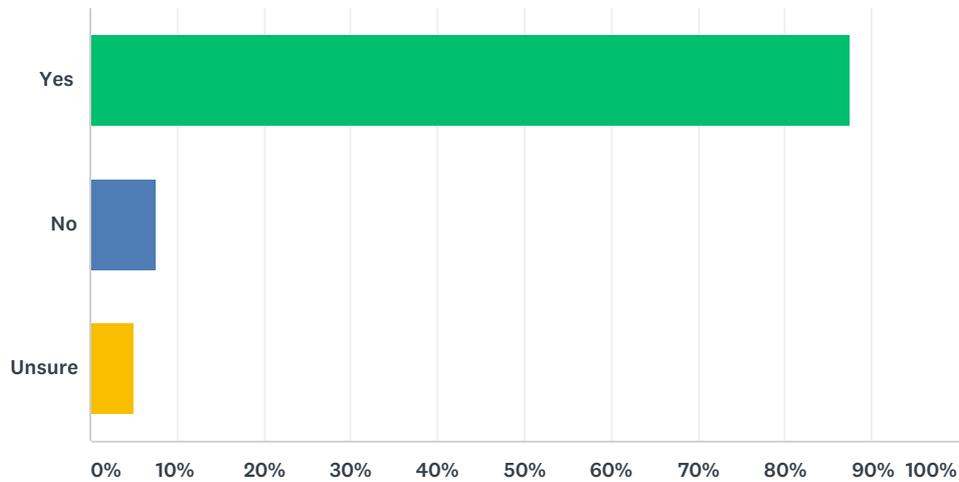
10 2 were - the ones used with slit lamp. 1 case - the one with indirect, I feel very disappointed by as there was not a proper 20D lens in the station to use. This was not one of the required lenses to bring to the exam with us. Even the examiners said "this lens is not very good". I could not visualise the fundus in sufficient detail as the lens was a plastic 28D with scratches on it. If the host unit will not provide proper 20D lenses then it should be asked that candidates bring these, as by default not everyone has their own 20D lens.

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5/3/2017 4:03 PM

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

Answered: 40 Skipped: 0

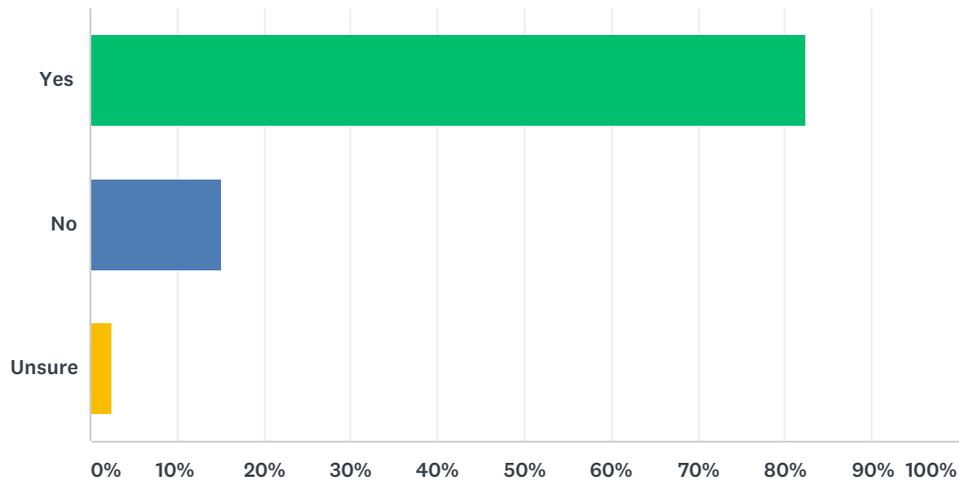


ANSWER CHOICES	RESPONSES	
Yes	87.50%	35
No	7.50%	3
Unsure	5.00%	2
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	All patients would realistically be managed in a general ophthalmologist's routine work. The indirect station was limited by the lack of space so you can not demonstrate properly as you would in clinic how to undertake the examination, however I don't think this affected ability of detecting the pathology.	5/19/2017 9:11 PM
2	Too hurried	5/18/2017 5:51 PM
3	Although an old choroidal detachment which looked like 360 indentation from a buckle was a difficult case. The questioning around it seemed fair.	5/14/2017 9:44 PM
4	Interesting clinical signs. First patient with multifocal choroiditis that I have come across during my Ophthalmology career!	5/7/2017 9:34 PM
5	One of the cases was difficult to make correct diagnosis based on lack information from the history; ie, features of old RVO versus diabetic retinopathy	5/4/2017 12:26 PM
6	It is unclear to me whether reaching a patient's diagnosis is the only purpose of an OSCE station as both examiners just kept pushing for differentials despite me giving quite a few. I hadn't reached the one they wanted so they kept going and a lot of time was wasted! They did not proceed to ask me management questions as I had been asked in the other stations. Is the sole purpose of seeing a patient in an OSCE to reach the exact diagnosis?	5/4/2017 11:02 AM
7	I was asked to examine posterior pole and then asked to grade retinopathy- surely I needed to examine the perferal retina for that not just posterior pole Examining PIC with a 20D lens made it hard to find macular details- lens extremely dirty too I wonder did they confused the patient as other patient had a treated retinal tear much more suitable to an indirect exam! I wish it was clear in instruction that I could use my 28 instead.	5/3/2017 5:51 PM
8	In this station, the patient with posterior segment pathology could not keep his head stable and poor slit lamp made the examination very difficult	5/3/2017 4:00 PM

### Q33 Were you treated in a courteous manner by the examiners in this station? (Strabismus and Orbit)

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	82.50%	33
No	15.00%	6
Unsure	2.50%	1
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Examiners were very anxious, tired and upset before any questions. Examiners were challenging my answers and unfair in time keeping.	5/19/2017 2:10 AM
2	Too complicated patients each patient for a full exam needs at least 25 mins	5/18/2017 5:52 PM
3	Nice examiners who made me feel at ease.	5/12/2017 2:56 PM
4	Courteous.	5/7/2017 9:37 PM
5	The exam bell rang to begin the station and the examiner had forgot to bring the patient into the room. So he went to collect the patient and then I started the station late. Towards the end of the station I was finishing my reply to his question when the bell went. He took part of my answer and said sorry last bit of the answer doesn't count as the bell went!!	5/4/2017 11:03 AM
6	Male examiner repeatedly interrupted the female examiner when she asked a question. He kept interrupting me when I was trying to answer too. Found the whole station very off putting because of the constant interruptions I felt I was not understanding or answering the question fully. The female examiner did her best to help but I was very put off. No distance target was provided for the 3 Park's test.	5/4/2017 9:57 AM

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7 From the minute I entered the station both examiners were rude. I was the last rotation of the day (start time 14:50) with the very last station of the day - perhaps that had some contributing factor. I was led to the first patient and the female examiner told me to ask some questions which I started to, the male examiner then (standing behind me) abruptly told me to start talking about what I was seeing. I was not given a chance to assess the complex nystagmus and work out a description (i.e. Fast phase). I was forced into speaking straight away and this was extremely stressful. Once I had muddled myself up I was put under more stress by the female examiner crossing her arms and rudely asking/telling me things. I was taken to the second patient, a proptosis, the male examiner was rude and went out of his way to make me mix up my words by confusing me when I said "axial proptosis". [REDACTED]. It was so disconcerting that I was unable to concentrate or think straight. It was also humiliating standing in the middle of a thin orthoptics bay with three patients staring at you and an examiner mocking you. The third patient was acutely in pain and I was told not to examine. I was asked to measure the dystopia which I was just starting to do and the female examiner came up next to my head and abruptly asked me to show her exactly what I was measuring, before I had even started. Of course the cumulative stress these two examiners caused me meant I crumbled, unable to articulate. I examined pupils and elicited a mild RAPD, I was under so much stress, I said they were normal.

5/3/2017 10:41 PM

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8 I do not think these two examiners were courteous, they were in a bit hurry and pushed me leading to confusion and did not provide the right environment for the stressed candidate like me.

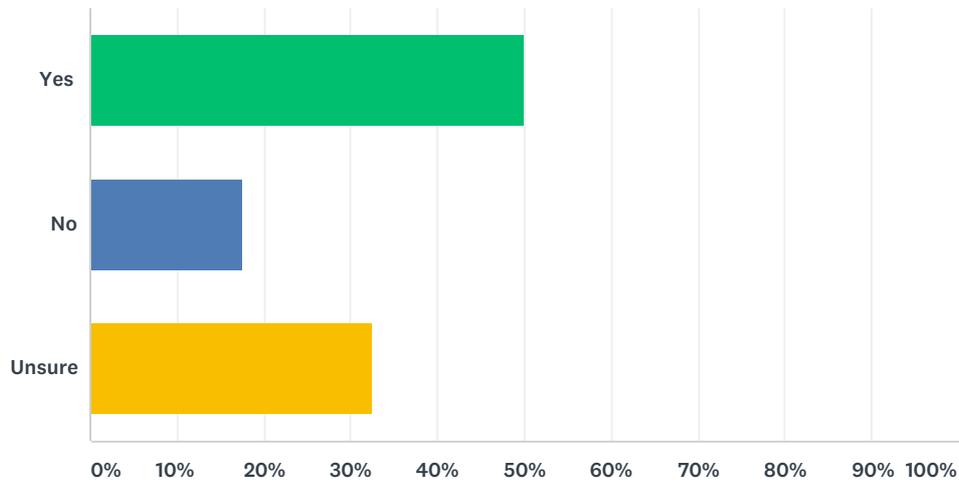
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5/3/2017 4:02 PM

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

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	50.00%	20
No	17.50%	7
Unsure	32.50%	13
<b>TOTAL</b>		<b>40</b>

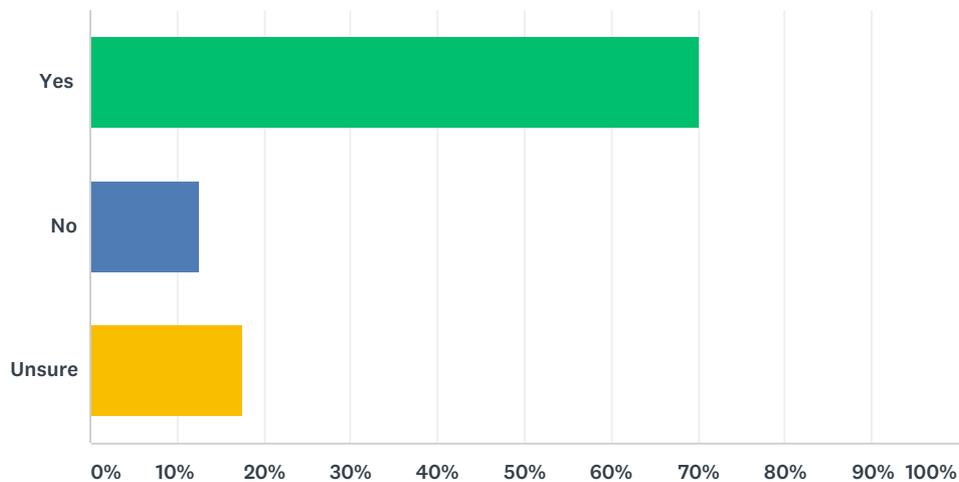
#	COMMENTS	DATE
1	The scheduled patients DNAed (just like they can do in real life).	5/19/2017 9:11 PM
2	The room was very small. It was not possible to do any strabismus assessment for distance and two of the patients had double vision at distance only. Also the third patient needed to have a three step test for which you need a distance target for the third step!	5/19/2017 12:07 AM
3	One of the patients, proceeded to have a conversation with the examiner whilst I was checking extraocular movements. The examiners took awhile before reminding the patient that this was an exam condition. Valuable time was lost in the process.	5/16/2017 12:33 PM
4	One of the patients had multiple surgeries and it was difficult to work out which muscles were operated on; patient seemed to have a consecutive esotropia. Opportunity was given to give differentials but it caused me confusion when asked which muscles were operated on. One of the patients was too uncomfortable to be examined which was off putting. She was also in a hurry to be examined as she had squint surgery in the afternoon. The traumatic IV nerve palsy was appropriate case. The examination was heavily delayed with 9 patients not attending, this meant that the the examiners were not prepared enough for the patients that were standing in. This seemed quite obvious in this station and did not allow me to demonstrate my knowledge adequately causing me to feel blank on a few occasions of questioning.	5/14/2017 10:02 PM
5	The strabismus station was poorly organised. My first patient was an orthoptist who had a microtropia. I thought this was unfair, particularly as it was a subtle sign. My second patient was also a last minute addition. I recognised that she was a staff member at the hospital. Overall, I felt that this station did not reflect the amount of work that candidates put into preparing for a strabismus and orbit examination. The examiners were working to the best of their ability and I have no concerns about them.	5/12/2017 2:56 PM
6	Two of the patients in this station had very similar signs, with what appeared to be similar diagnoses.	5/7/2017 6:12 PM

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7	The patients chosen for this station are patients you would normally take your time with and do a full proper history and examination to come up with a diagnosis. You were rushed in the station for all patients and expected to come up with a diagnosis. 3 to 4 mins per patients was not nearly enough. I could definitely figure out the diagnosis with time as i did after the fact but now its too late. Very poorly put together station and unfair to all candidates having the batch of patients with nystagmus, proptosis and dystopia. Very rushed and inappropriate for assessing clinical knowledge.	5/4/2017 5:10 PM
8	Patient had multiple pathologies	5/4/2017 12:27 PM
9	One orthoptist was used as a patient and she was wearing contact lenses and clinical findings were subtle.	5/4/2017 9:57 AM
10	There was no strabismus, apart from combined with a complex nystagmus which is a tricky case in its own right. I was asked to palpate a thyroid and measure a dystopia. This is not testing ability to be a general ophthalmologist. The mix of patients was utterly inappropriate and a poor method of gathering a doctor's strabismus skills.	5/3/2017 10:41 PM
11	Not sure about divergence insufficiency as décision very small I also got interrupted and couldn't do the vertical movements in TED and Duane so unable to comment about upshoots and vertical deviations.	5/3/2017 5:57 PM
12	2 orbit cases and 1 strabismus. I think strabismus should have outweighed orbit. Dermoid/varices more of a spot diagnosis, rather than a proper orbit examination.	5/3/2017 4:04 PM
13	In this station, I only had 3 strabismus cases and no orbit cases!	5/3/2017 3:18 PM

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

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	70.00%	28
No	12.50%	5
Unsure	17.50%	7
TOTAL		40

#	COMMENTS	DATE
1	Not sure if a general ophthalmologist will know the exact amount of muscle to recess/resect. Even the strabismologists will refer to well know tables which I did mention. If they have done enough squints they can audit their results and make their own tables. The room/cubicle was also quite bright and I think some of the patients were affected when you try and elicit the signs, even though you have a good idea of the diagnosis.	5/19/2017 9:11 PM
2	Very poor mannerisms of the examiners very minimal instructions	5/18/2017 5:52 PM
3	They were vague on some occasion.	5/14/2017 10:02 PM
4	Overall the questions were relevant. Occasionally, I was asked questions that did not reflect clinical practise (e.g. regarding surgical management) but that is to be expected.	5/12/2017 2:56 PM
5	Some of the questions seemed to be vague.	5/7/2017 9:37 PM
6	Does not reflect true clinical skill as it was too rushed. Many candidates who see this can be consultants just knowing you need more time	5/4/2017 5:10 PM
7	Male examiner repeatedly interrupted the female examiner when she asked a question. He kept interrupting me when I was trying to answer too. Found the whole station very off putting because of the constant interruptions I felt I was not understanding or answering the question fully. The female examiner did her best to help but I was very put off. No distance target was provided for the 3 Park's test.	5/4/2017 9:57 AM
8	See above please	5/3/2017 10:41 PM
9	Questions sometimes confusing 'patient has good vision, no Diplopia, troubled by her appearance - TED- what options are there- I reply orbital décompression- next question 'how about her diplopia?' I needed to clarify as they already told me one sentence before she didn't have diplopia! Questions could have been clearer Discussion about surgical options for esotropia - very specialist question about specific indications for bimedial medial recrus recession or one eye medial recrus recession/ latéral recrus résection - in my experience after having done over 100 squint surgeries in 2 rotations is very much surgeon preference	5/3/2017 5:57 PM

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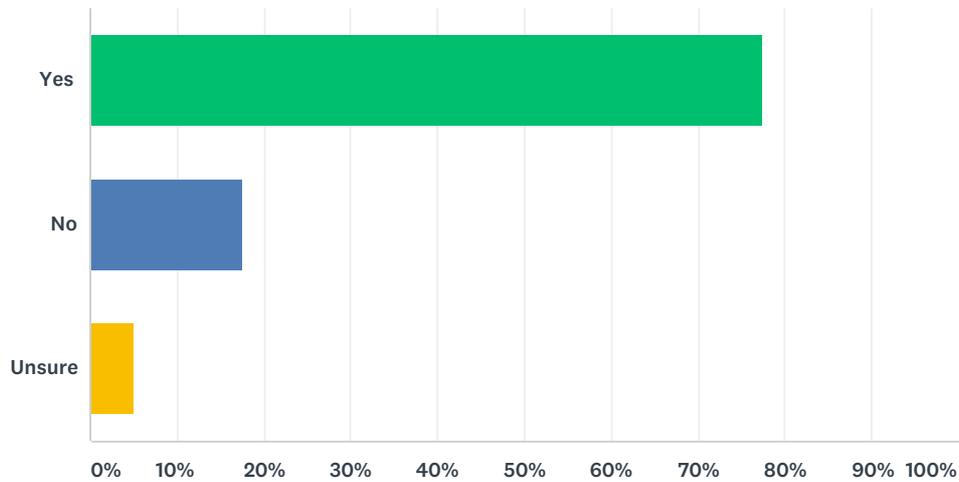
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10	Asked to perform tests that normally are done by orthoptists, which I felt did not reflect real life practice. Perhaps, interpretation of orthoptic report and discussion on management might be a more relevant aspect in this station.	5/3/2017 5:52 PM
11	the questions were not clear.	5/3/2017 4:02 PM

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## Q36 Were you treated in a courteous manner by the examiners in this examination? (Neuro-Ophthalmology)

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	77.50%	31
No	17.50%	7
Unsure	5.00%	2
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Examiners not given clear instructions	5/19/2017 2:10 AM
2	I found the tall examiner to be somewhat belligerent in manner. I think his name was [REDACTED]. I was somewhat taken aback that he took hold of my hand and squirted alcohol gel into it as I entered the station. As an example of his manner, I was instructed to examine visual fields, and found them to be constricted. I was then asked to examine fundi and found bilateral optic disc atrophy and peripheral retinopathy. He asked me for a single unifying diagnosis and I offered Bassen-Kornzweig, Refsum's, and Bardet-Biedl and he threw his hands up and shook his head in apparent frustration demanding a neurological condition because "this is a neuro-ophthalmological station." I offered spinocerebellar ataxia and he waved me away telling his colleague to bring in the next patient. I found it very difficult to collect myself for the rest of the station.	5/8/2017 2:19 PM
3	For the first patient in the station I was asked to perform visual fields. I started by offering the examiners my observation findings, to which I was asked to move on. I then asked the patient's visual acuity as poor vision would affect the visual field test. The examiner became impatient and repeated I should just move on to just examine the visual fields. On this occasion he shook my shoulders from behind to hurry me along. I felt this was unprofessional and being the first patient of my first station It made me incredibly anxious for the rest of the station and exam.	5/7/2017 6:32 PM
4	The examiners were a little bit tough and unclear in their questions. As one of them kept asking a question and i keep answering the same answer about causes of nystagmus and the station ended up by telling me ok go out.	5/7/2017 4:29 AM
5	In another station I was asked to examine the discs of a patient with a direct ophthalmoscope so I did and presented my findings. The examiner reprimanded me saying I asked you to examine the posterior segment!! I said, could I have another look and he said no!	5/4/2017 11:04 AM
6	Examiners were wonderful but the station wasn't conducted in a clinic room so I could here staff/ patients outside which was off putting. Examiners were very good at guiding the examination.	5/4/2017 9:59 AM
7	One examiner was friendly and courteous, the other was slightly rude with his tone, sitting down and had negative body language.	5/3/2017 10:41 PM

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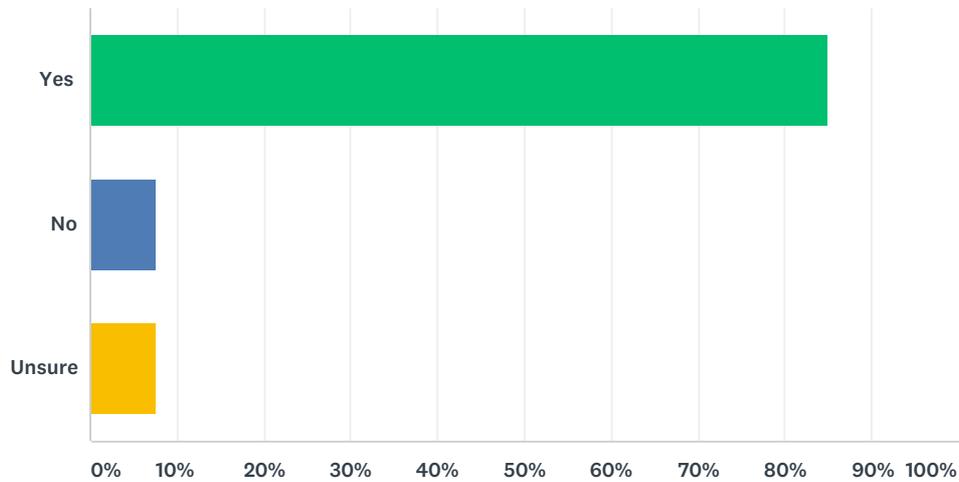
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8	Best examiners Very nice	5/3/2017 5:57 PM
9	I found the examiner to be intimidating in this station but I appreciate that is probably not unusual under the circumstances.	5/3/2017 5:12 PM
10	The Indian consultant didn't even greet me He was very aggressive and like criticising me for doing a step slightly later than I should however I managed to generate the same useful information from it towards my diagnosis and management And he wasn't friendly at all as we were fighting and I managed to keep my composure despite his unprofessional attitude. I reported that immediately to the assessor Mr Lamb	5/3/2017 4:53 PM
11	i felt one of my examiners was rather aggressive, i was stress and wanted to talk through my examination findings as i went along but he wouldnt allow me and kept interrupting me. I felt he was showing a rather anguish manner towards me when i couldnt give him the answer he wanted; i felt rather humiliated as he was doing this in front of our patient, that didnt help me as a nervous candidate; when i was examined by the other examiner, it was all nice and calm and i was able to present my findings at a much better pace and manner and came up with an appropriate answer in the end. I spoke to other candidates after the exam and we all had similar problems with the particular examiner. I guess it must have been frustrating for the examiner as he probably wanted us to be able to answer those questions but the way he did it was definitely not helpful in an exam situation.	5/3/2017 3:33 PM

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

Answered: 40 Skipped: 0

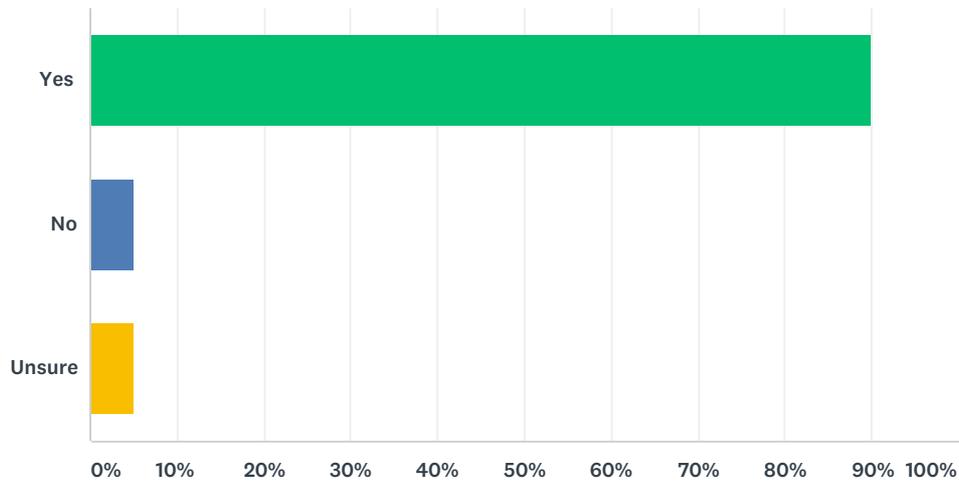


ANSWER CHOICES	RESPONSES	
Yes	85.00%	34
No	7.50%	3
Unsure	7.50%	3
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	The pupil examination lady had very dark eyes in a dark room. I don't think in real clinical senario you will be examining this lady in 2 minutes!	5/19/2017 12:08 AM
2	Small room hot and hypoxic 8 people and one needs a good room plenty of space and equipment to carry out good neuro ophthalmic examination	5/18/2017 5:54 PM
3	There was a patient with bilateral annular scotoma on visual field examination. We had to diagnose retinitis pigmentosa on this pt with undilated pupils and with direct ophthalmoscopy. Viewing the peripheries to diagnose RP, with an undilated pupil and with direct ophthalmoscopy is an arduous task.	5/16/2017 12:43 PM
4	I examined a patients visual field but felt hurried. I said the patient had a bitemporal defect. I was asked to comment on the disc and said that they were pale. The room was bright. I could not comment on the retina. Overall I felt that 2 of the patients did not allow one to demonstrate the level of knowledge in the field of neuro-ophthalmology.	5/14/2017 10:23 PM
5	For one patient I was asked to examine pupils. However, the patient had very dark irides and with the lights off (as required for pupil exam) it was very difficult to examine her. I understand that the exam needs to represent real life and includes all sorts of patients. However, with the time constraints and stress in the exam situation I feel it was inappropriate to include a patient in whom it was hard to elicit signs. In a normal clinic there is time to try different approaches to elicit signs, which is not available in an exam scenario.	5/7/2017 6:32 PM
6	One was a 4th nerve palsy however also had abduction deficits and injected eyes. The diagnosis was very ambiguous and could easily have been a thyroid eye disease. One patient had a complete ptosis and small fixed pupil, I had gone down the horners path only to be told later the lid was due to the patient having lacrimal gland surgery/pathology. Questions on how to Ix sarcoidosis and then asked about IG4 (which would have been more appropriate in orbit station).	5/3/2017 10:41 PM
7	Simulated very well in one case.	5/3/2017 3:26 PM
8	I am not too sure whether a retinitis pigmentosa would be an appropriate case for neuro-ophthalmology examination!	5/3/2017 3:19 PM

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

Answered: 40 Skipped: 0

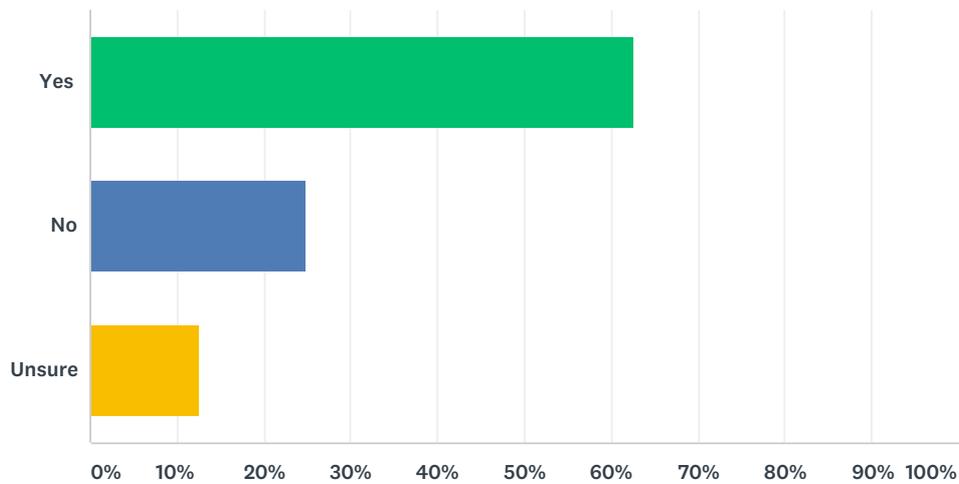


ANSWER CHOICES	RESPONSES	
Yes	90.00%	36
No	5.00%	2
Unsure	5.00%	2
<b>TOTAL</b>		<b>40</b>

#	COMMENTS	DATE
1	Good case mix. Visual fields testing are quite common when doing oncall especially out of hours so very relevant. 1 complex patient with multiple signs and discussion on which signs to focus on and their clinical relevance. Finally the ability to differentiate causes of anisocoria is also important for a generalists, if only to avoid excessive referrals to neuro-ophthalmology colleagues.	5/19/2017 9:11 PM
2	I could have demonstrated more of my knowledge, but unfortunately the opportunity wasnt given with the level of questioning, especially on visual field examination station.	5/14/2017 10:23 PM
3	Was enjoyable discussion on certain rare ophthalmic conditions. Both examiners were easy to discuss with and did not appear overly stressed as compared to certain others.	5/7/2017 9:40 PM
4	Questions were appropriate but patients were complex and the diagnosis was not easily derived from the red herrings.	5/3/2017 10:41 PM
5	Examiner has to realise that we were examining patients without any history and on the bases of clinical findings only. It is unfair to expect a diagnosis without previous history and we can only give differential diagnosis. They have to ask us straight questions	5/3/2017 3:15 PM

## Q39 Was the OSCE well organized?

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	62.50%	25
No	25.00%	10
Unsure	12.50%	5
<b>TOTAL</b>		<b>40</b>

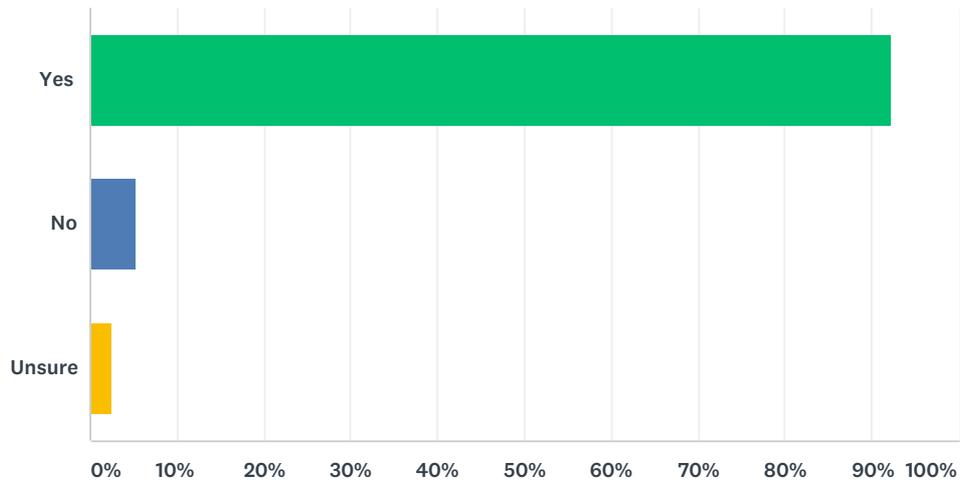
#	COMMENTS	DATE
1	It may have only affected my cycle but we started around 1 hour late due to unforeseen circumstances.	5/19/2017 9:11 PM
2	Time keeping was not very accurate between facilitator and examiners. The clinic was very hot and noisy. There no good air flow and no enough water for candidates. Stations was not completely separated and I can hear another candidates from other stations which is affecting concentration.	5/19/2017 2:15 AM
3	Some unforeseen delay in the start. Understandable as this can be a huge logistical challenge.	5/19/2017 12:10 AM
4	Poorest Venue medium sized room divided by a partition and each section had 8 people ( 2 examiners 1 trainee examiner one helper 3 patients 1 candidate) unimaginable situation hot hypoxic room in the basement - Such a poorly conducted exam .	5/18/2017 5:59 PM
5	Severe delay meant that it was an extremely stressful situation. A delay of over an hour is not acceptable for a clinical examination due to shortage of 9 patients in the neuro/strabismus station. I felt further delayed on entering the examination rooms which added to the stress of the situation. The organising staff however did their best to keep us informed which was appreciated.	5/14/2017 10:23 PM
6	I understand that the OSCE was running late because of a lack of strabismus patients. However, this delay increased the anxiety of some of the candidates in the waiting room. Overall, the stations ran smoothly but there seemed to be a sense of disorder amongst the examiners and staff (e.g. announcing that they didn't have enough patients). Apart from the strabismus station, the other stations had appropriate patients who were recruited ahead of time (rather than on the day). It was clear that the coordinators were working very hard to maintain the flow of the OSCE.	5/12/2017 3:05 PM
7	Cramped and hot but well run by college staff.	5/8/2017 2:20 PM
8	Clearly lots of effort has been put into the organisation.	5/7/2017 9:48 PM
9	Kept to time well during the OSCE although it started almost 1hr late.	5/7/2017 6:32 PM
10	Yes it was well organized except for the whole posterior segment station, that was unprepared and the questions were very broad to be answered collectively in a twenty minutes stations including three patients	5/7/2017 4:33 AM

## Part 2 FRCOphth Oral 24-28 April&nbsp;2017 CANDIDATE FEEDBACK

11	Unfortunately due to patients not turning up, the day appeared to be disorganised. I appreciate that this is not in the control of the exam committee but certainly does not help anxiety levels!	5/5/2017 9:44 PM
12	There was a shortage of patients which meant that the circuit started almost an hour late and as a result I missed my train. During the breaks patients were also complaining about the long wait and lack of refreshments.	5/4/2017 10:02 AM
13	We were initially asked to wait essentially in the patients check in area in the main entrance, extremely cold and we waited for a long time. There was no water available in between stations. Some stations were held in thin crowded orthoptic bays where it was so distracting to hear EVERYTHING from next door. To add to the stress, you had to consciously think about blocking next door out and listen to the examiners in your own station in an extremely fast paced exam.	5/3/2017 10:42 PM
14	The setting was in a very crowded area . And less privacy in examination booths. Coordinators did brilliant despite that	5/3/2017 6:27 PM
15	Crammed space, very noisy and no privacy for us or patients. That made concentrating difficult in already stressful situation and made communication with patient and examiners harder Mucky cheap lenses provided - I had my own by loose time taking them out. On retina station one patient had reactive pupils by the time I saw him around 5 pm and ask exam start time delayed greatly	5/3/2017 6:03 PM
16	Extremely well organised.	5/3/2017 5:53 PM
17	Moorfields hospital's consultation rooms were not suitable at all for a prestigious examination like FRCOphth. I am astonished to find the small size and poor quality consulting rooms of a world renowned tertiary hospital. Equipment were rubbish	5/3/2017 4:07 PM
18	OSCE i believe is always a bit chaotic. but i guess the team has done their best.	5/3/2017 3:34 PM
19	The clinic venue was extremely small and everybody including patients and candidates were crammed into an extremely small space!	5/3/2017 3:21 PM
20	Extremely crowded hall without much space and lot of chaos	5/3/2017 3:17 PM

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

Answered: 39 Skipped: 1

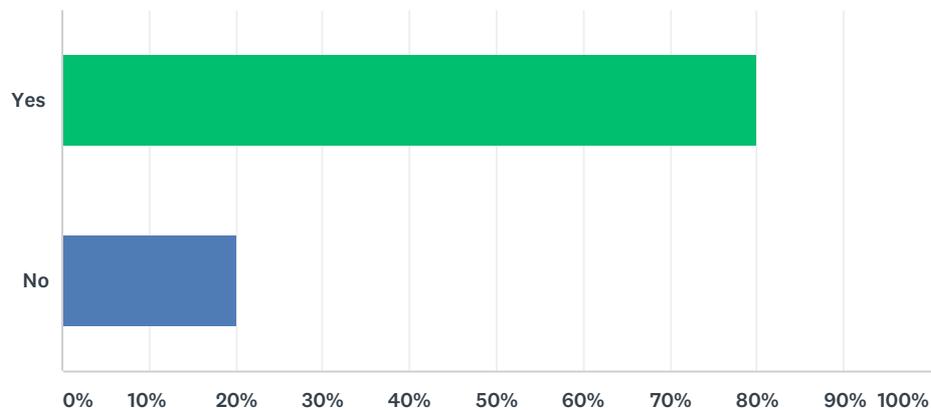


ANSWER CHOICES	RESPONSES	
Yes	92.31%	36
No	5.13%	2
Unsure	2.56%	1
<b>TOTAL</b>		<b>39</b>

#	COMMENTS	DATE
1	Although the examination was severely delayed and there was a fair amount of uncertainty in the beginning.	5/14/2017 10:23 PM
2	Extremely fragmented instructions.	5/3/2017 10:42 PM

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

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	80.00%	32
No	20.00%	8
TOTAL		40

#	COMMENTS	DATE
1	No time for good assessment .	5/19/2017 2:15 AM
2	There should be 5-6 long cases with an allotted time of 20 mins and detailed discussion of 20 mins each in other words long cases	5/18/2017 5:59 PM
3	This was an unfair representation of knowledge due to the stress of a delayed start and that planned patients did not attend.	5/14/2017 10:23 PM
4	It can be counter-intuitive to examine the patients without history/background- for e.g there was a patient with previous globe rupture repair- It took fair amount of prompting from examiner for me to come to this diagnosis	5/7/2017 9:48 PM
5	Except the posterior segment station	5/7/2017 4:33 AM
6	The stabismus orbit should be excluded from the marking scheme until they find a way to address the problem. Probably a ct scan part to it instead of rushing 3 patients back to back	5/4/2017 5:12 PM
7	The stations were very variable and candidates had different patients. I imagine standardisation is very unlikely as some examiners are more fair than others when assessing a candidate as well as in the way they choose to conduct the station.	5/4/2017 11:10 AM
8	The patients were complicated with multiple elements to their presentation. Not one bread and butter general ophthalmology case appeared in 15 patients. Additionally the disparity between different sessions is extremely disheartening. Colleagues taking the exam the following day appeared to have much more general cases (for example Thursday morning orbit and strab having two basic esotropias). The cumulative psychological impact on performance by having 3x complicated cases in every station should be at least be the same for every candidate. The mix of cases should be monitored throughout all OSCE days.	5/3/2017 10:42 PM
9	But sometimes too precise, when the general idea is more a show of understanding.	5/3/2017 5:06 PM
10	I find the OSCE artificial compared with the viva. The viva is a sensible discussion about how to manage patients / be a safe ophthalmologist. Whereas the OSCE seems to involve a lot of 'theatre of medicine', spot diagnosing without history or context is unrealistic. I would double the amount of time per patient for a brief history and then expect more from candidates as to how they would be managed. The current process I do not think is an accurate assessment of competence.	5/3/2017 5:01 PM

Part 2 FRCOphth Oral 24-28 April&nbsp;2017 CANDIDATE FEEDBACK

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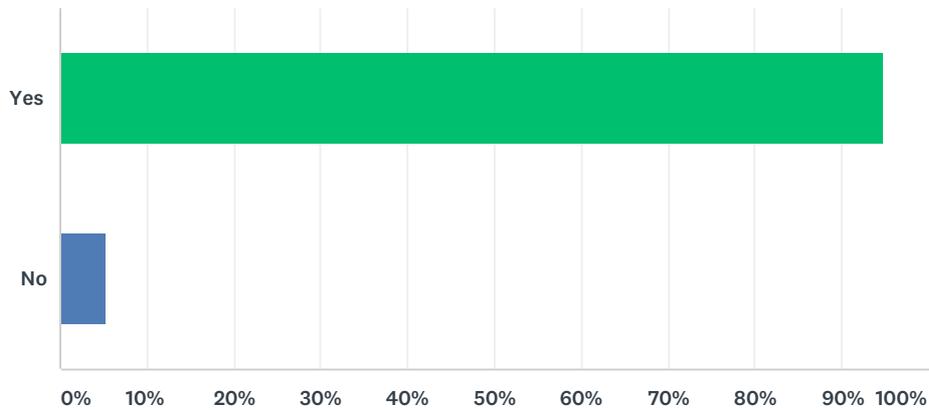
I feel I had prepared much more and had a greater depth of knowledge than the amount I was able to demonstrate to the examiners given the short closers questions. But overall I think the exam was fair.

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5/3/2017 4:07 PM

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

Answered: 39 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	94.87%	37
No	5.13%	2
<b>TOTAL</b>		<b>39</b>

#	COMMENTS	DATE
1	There are other exams elsewhere which do not have a practical component. As the clinical job is in part practical, having the OSCE does make sense.	5/19/2017 9:11 PM
2	Absolutely. I fact I think the whole examination can be extended and done in one sitting as an osce	5/19/2017 12:10 AM
3	Detailed ones short OSCEs don't test your knowledge	5/18/2017 5:59 PM
4	This was an unfair representation of knowledge due to the stress of a delayed start and that planned patients did not attend.	5/14/2017 10:23 PM
5	This should be at middle levels say st4	5/4/2017 6:04 PM
6	With effort to include a good case mix and standardise this for all candidates on all days.	5/3/2017 10:42 PM
7	But needs amendment.	5/3/2017 5:01 PM
8	I am not sure how else things could be examined, I think it is highly case dependent and so performance variable depending on the case you get.	5/3/2017 4:07 PM

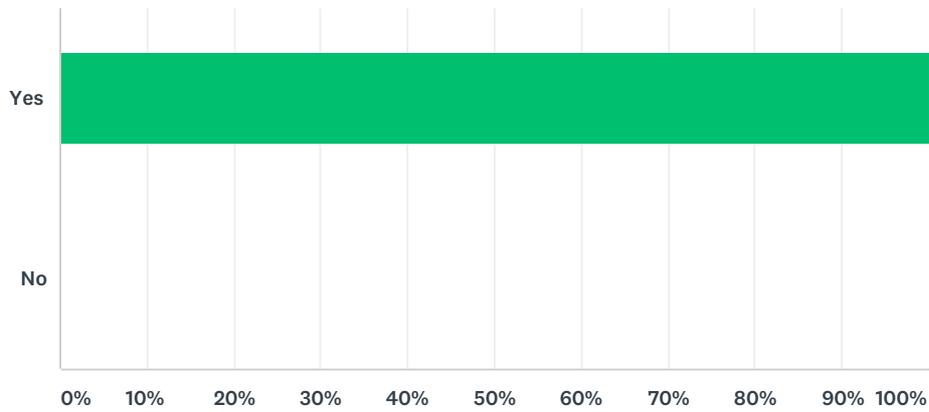
## Q43 Please write any other comments you have about the OSCE below.

Answered: 12 Skipped: 28

#	RESPONSES	DATE
1	The rooms were cramped. Keeping all three patients in the rooms at the same time seemed contrary to patient confidentiality. The patients had not had lunch and were clearly exhausted. I felt very sorry for them.	5/17/2017 1:59 PM
2	Unfair extremely stressful situation on the candidates caused by a severely delayed start. This should be taken into account when assessing the marks of the candidate.	5/14/2017 10:23 PM
3	Overall, the OSCE ran smoothly once we had commenced. The examiners were professional and courteous and gave clear instructions about what was required/not required. I think my particular session faced some patient recruitment problems compared to the other sessions. However, the quality of cases and questions seemed fair and appropriate.	5/12/2017 3:05 PM
4	The examination centre was very crowded - this made the examination area quite hot	5/5/2017 9:44 PM
5	The rooms were very hot and crowded. Why not use more space?	5/4/2017 6:04 PM
6	Very well organised exam. 3 groups running simultaneously with 3 patients on each station without any issues is really a great achievement. Thanks to all the involved staff & examiners. Also, would like to equally thank all the patients for giving their time & being patient & tolerant to be checked by candidates again & again.	5/4/2017 1:47 PM
7	The OSCE was more manageable and fair compared to the viva exam	5/4/2017 12:28 PM
8	I think many examiners were proactive and helpful in conducting a station that can fairly assess a candidates knowledge. Other examiners were clearly unfair in their questioning technique. The OSCE is not a standardised method of assessing a candidates knowledge.	5/4/2017 11:10 AM
9	Overall a fair mix of patients but as the OSCE we running late it was a little disorganised and in some stations examiners weren't aware that the station had started.	5/4/2017 10:02 AM
10	Stations need to be better organised, with space and confidentiality ensured I am sure all patients sat around the corner could hear us as only some panels usually used to separate patients in large wards when they need to use commode used. Divergence insufficiency and refractive cases difficult due to this being a primarily orthoptic managed condition, private practice type of case which we don't encounter in clinics during the training.	5/3/2017 6:03 PM
11	I feel two days of examination is a bit too long. It should be held on a single day and clubbing OSCE and structured viva. AER and Evidence based medicine can be tested combinedly in a single station. Patient management can be two stations or one station with 15 minutes. Patient investigations station can be clubbed with communication skills. In summary, Structured viva can be conducted in 3 stations rather than 6 (including communication skills assessment)	5/3/2017 4:07 PM
12	Excellent work by college staff members, despite insufficient recruitment of patients by the hosting Trust	5/3/2017 3:27 PM

### Q44 Are you happy for these comments to be included in the Examination Report?

Answered: 40 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	40
No	0.00%	0
TOTAL		40