



Please read the information below before you come to the examination as it will help you understand the format.

## What is an OSCE?

### Format

The OSCE consists of 16 short tasks, known as stations. Two of these stations are pilot stations that we are trialing for use in future examinations and will not be taken into account when calculating your results. Every station lasts for five minutes and you will do each one in turn. There is also a five minute rest station in the exam so you have a chance to catch your breath.

During the OSCE you may be tested on any of the 75 GOC elements of competence covered at Stage 1. The examiners are looking for evidence that you understand the theory behind each element of competence and can apply it in a practical clinical setting.

The OSCE is very different in format from the Stage 1 and Stage 2 assessments but it covers the same elements of competence. All OSCE station content is drawn from and linked to the elements of competence from the work-based assessment so you may find it useful to work through these systematically to ensure they are competent across the entire assessment framework. This can help identify weaknesses in any elements which should help focus your revision. It may be a good idea to try and imagine different OSCE stations for each element of competence and think how you would approach each one.

Some candidates find the change in assessment style tricky. To prepare for the format of the exam we recommend that you practise performing tasks linked to the elements of competence in five minute windows.

### Content

The OSCE is designed to assess a range of skills, drawn from the GOC's 75 elements of competence. A station may test one or a combination of different elements of competence. Stations are organised into four categories designed to assess the following skills.

- a) Clinical examination & practical skills
- b) Communication
- c) Data interpretation
- d) History taking, possibly including diagnosis

Patient conditions are drawn from the patient episodes and are categorised by body system:

With thanks to Topcon, Nidek, Mainline and Grafton Optical, all of whom have very generously supported the College and the Scheme for Registration by providing equipment for use in the Objective Structured Clinical Examination.



- a. Neurological/Developmental
- b. Neurological/Acquired
- c. Refractive
- d. Pathological Anterior Segment
- e. Pathological Posterior Segment
- f. Psychological

Details of the types of scenarios you might come across are below. We know that these tasks may take longer than five minutes in real life but the stations have been designed so that you can demonstrate your competence in the clinical scenario in five minutes. The list below includes examples to guide you on the types of scenarios you might encounter. You should remember, however, that you could be assessed on any area from the GOC units of competence and the list is not exhaustive

### Clinical examination and practical skills

You will be required to demonstrate your ability to undertake a clinical examination or perform a practical procedure. This may be conducted on an anatomical model if the procedure is invasive or could harm a patient if undertaken repeatedly. If this is the case you should still treat the model as you would a patient (within reason – you don't need to talk to a model!).

Every exam will include a station which requires you to demonstrate your ability to perform indirect ophthalmoscopy. For this station you will be asked to identify a set of symbols on the back of a model eye.

Other stations may include:

- a. Direct ophthalmoscopy
- b. Cover test
- c. Focimetry
- d. Keratometry
- e. Visual acuity
- f. Recording a prescription

The OSCE will assess your ability in a range of clinical decision-making and management situations. The patients are from across the age range and have a variety of conditions. No children will be present – you will interact with the actor playing the child's parent or guardian. This generally includes stations concerning patient's aged 15 or younger

### Communication

You will be observed interacting with the patient, a patient's relative or a fellow health professional (who will always be played by an actor). Examples of what you may be required to do include:

- a. Explain how a condition will be treated
- b. Explain a diagnosis
- c. Explain a prescription
- d. Request a referral
- e. Decide on appropriate management with a patient
- f. Give advice on the most appropriate optical appliances
- g. Break bad news

Although communication skills are the main skill being tested in some stations, you will be marked on your communication skills in all stations involving a patient. The types of issues the examiners will be assessing are:

**1. Relating to the Patient**

- Introduces self to patient
- Is polite, considerate and respectful
- Acknowledges the patient's concerns and is empathetic, if applicable

**2. Explaining and Advising**

- Gives correct information in a way the patient can understand.
- Makes the patient aware of the appropriate options available, if applicable
- Involves the patient fully in decisions about care, if applicable
- Summarises and checks the patient has understood
- Reassures appropriately

**3. Listening and Questioning**

- Uses appropriate questioning techniques (open/closed/probing)
- Listens to and explores the patient's response(s)
- Checks they have understood the patient's symptoms and concerns

**4. Fluency of Performance**

- Logical
- Confident
- Professional

These stations are designed to test both what you say and **how** you say it. Therefore, communicating incorrect information well or communicating correct information poorly will both be penalised.

### Data interpretation

You will be required to interpret a variety of clinical data. These may include visual field plots, charts, results of clinical examinations and clinical signs (through photographs or videos). You may have to discuss your conclusions and diagnoses with a fellow health professional or with the patient or patient's parent (played by an actor). You may also be given a set of data and asked to answer a series of questions on that data to an examiner. If this is the case you will be given the questions before you enter the station on the candidate instructions. Finally you could be asked to interpret the data and then complete a referral/notification form.

### History taking, including diagnosis

You should take an accurate and relevant history from the patient or patient's relative, who will be played by an actor. You may be required to give a diagnosis, either to the patient or examiner, and explain your reasoning or suggest further tests that you would undertake. Presentations may include:

- a. Blurred vision
- b. Reduced vision
- c. Sudden visual loss
- d. Diplopia
- e. Red eye(s)
- f. Headache
- g. Systemic disease with ocular manifestations

Make sure you perform a thorough history and symptoms, even if you have an idea early on of what the diagnosis may be. Make sure you are not just reeling off a memorised list of questions but tailor your questions appropriately to the responses offered by the patient. Using a one size fits all approach may disadvantage you and you should make the history and symptoms thorough but bespoke to each patient based on their responses. Sometimes, it is not simply enough to just get the answer; you need to make sure you have explored the patient responses to get the full story behind the diagnosis to effectively exclude other differentials.

Because the criteria for referrals are different in different parts of the country we will be using the following definitions for the purposes of the examination. These definitions will be placed in each station. You should use these terms during the exam as the examiner may not be familiar with referral criteria in your area.

Emergency	=	Same or next day
Urgent	=	Within one week
Routine	=	In due course

For further guidance on referrals, please see the College's Guidance for Professional Practice (knowledge, skills and performance section) which covers examining, managing and recording these patient interactions.

<http://guidance.college-optometrists.org/home/>

### The OSCE Station

Each station has four components (or three if there is no patient present):

- a. Examiner instructions
- b. Candidate instructions
- c. Actor instructions
- d. Equipment list

You will only see the candidate instructions. A sample OSCE station, with all components including a completed mark sheet, is at Annex A.

If you have never taken an OSCE, you might find it useful to look at the briefing video on the Final Assessment pages of the College website.

### Marking Scheme

Each station has a construct which is the assessment objective of the station. This construct is broken down into a series of objectives, which you will not see, but which are the areas you would be expected to cover given the task you have been set. Each objective carries a weighting (the percentage the objective is worth), which is unknown to the examiner to avoid bias. The weightings add up to 100%. You will be graded from excellent to very poor/not attempted for your performance against each objective. Your performance in each objective is combined with the objective's weighting to calculate your score.

The College uses the Borderline Regression method of standard setting for the OSCE. For more detail on the way exams are marked please refer to the Frequently Asked Questions below.

## How to prepare

The Final Assessment assesses a structured sample of the clinical knowledge and skills you have developed during the pre-registration period. You will have already demonstrated in the workplace that you can apply your clinical knowledge and perform the skills underpinning the GOC units of competency. In the Final Assessment, you must show the examiners that you can perform a sample of tasks competently.

If you have maintained your competence throughout the pre-registration period, preparing for the Final Assessment should be relatively easy.

In order to prepare for the OSCE, you may want to think about:

- Visiting the [Final assessment section](#) of the College website – this includes useful information and videos on how to approach each station type.
- Work through each of the elements of competence systematically and target revision on those with which you feel least confident; remember that the OSCE can test any aspect of these elements.
- Explore the [College's guidance documents](#) – The Clinical Management Guidelines, Guidance for Professional Practice and Ethical Scenarios may be useful resources for your revision.
- Practise your practical skills whilst being observed by a colleague or your supervisor.
- Simulate and practice clinical tasks in five minute windows so you get used to how much time you will have for each scenario.

## On the Day

### What to bring with you

Please bring the following items to the OSCE:

- Retinoscope
- Ophthalmoscope
- Passport / driving licence that corresponds with the information submitted on your online application

There is no guarantee that you will need to use your retinoscope or ophthalmoscope but you should have them with you just in case. Please do not bring any other equipment with you as you will not be permitted to use it. We will provide any equipment necessary to complete the station.

We will provide pencils and paper in every station. You will not be permitted to use your own stationery.

### On arrival

Once you have been through the building's security procedures, report to the registration desk to sign in. You will leave all your belongings, including your mobile phone and watch, in the room directed. Switch your mobile phone off. The room will be locked so your belongings will be safe.

In some cases, we will ask you to arrive at a particular time but your exam may not be for a few hours after this time. This is for reasons of exam confidentiality. If we

require you to do this, it will be indicated on your timetable. In this case, you will be allowed to take your notes, books or any other reading material into the waiting room with you. You will not be allowed your mobile phones, personal computers or any other electronic equipment. We will also provide you with lunch and drinks. It is important that you arrive on time if you have a waiting period. If you do not, you will not be permitted to take the OSCE and will be asked to leave the exam centre.

As we usually have three candidate groups on each exam day, we operate the following timetable in regards to candidate revision time:

*1st circuit*

08:30 arrival time (no notes allowed)

09:15 exam start time

*2nd circuit*

10:00 arrival time (no notes allowed)

At 10:30 candidates are asked to use the toilet & are then locked in the candidate room as the 1st circuit finishes at approximately 11:00.

11:25 exam start time

*3rd circuit*

10:30 arrival time (no notes allowed in waiting room as in same briefing room as group 2)

11:25 candidates can collect notes once the 2nd circuit starts

12:50 20 minutes before 2nd circuit ends, candidates are asked to put away notes and use toilets

14:00 exam start time

You will be given a briefing before going into the examination.

If you think you are going to be late, please contact the College.

Friends and relatives will not be allowed into the exam centre.

## Equipment

Equipment for the exams is kindly supplied by Topcon, Birmingham Optical, Mainline Ltd and Grafton Optical. Most exams will feature one or more of the following:

- a. Topcon manual slit lamp (SL-D4 series)
- b. Topcon digital slit lamp (SL-D701 series) with a digital camera and video screen
- c. Topcon manual focimeter (LM-8 or LM-8C series)
- d. Bausch & Lomb manual keratometer
- e. Javal Schiotz manual keratometer
- f. CSO two position keratometer

This list is not exhaustive. If the listed equipment is not available, the College reserves the right to use a different make or model. In these circumstances we will attempt to find a replacement that is similar to the original equipment.

## The OSCE

When you arrive at the exam centre your ID will be checked and you will be provided with a lanyard with your name, candidate number and station starting number on it. You must wear the lanyard at all times so that examiners can see it clearly.

Before the exam you will be given a briefing which will go over the fire and emergency evacuation procedure of the centre and remind you of the structure of the exam and the skills you will be tested on.

You will then be shown from the briefing room to the exam circuit and to your starting station. You will be asked to stand with your back to the instructions until all candidates are in place so the exam can commence. An announcement will tell you when you can begin to read the instructions. After one minute, you will be told to enter the station. There will be another set of the instructions inside the station in case you need to refer to them.

There will be alcohol gel outside each of the stations. You should use this on your hands before you enter the room.

You should then perform the task given to you in the instructions. Although the clinical scenario is simulated, you should act as you would in the same situation in real life.

You may take notes during the exam if you wish. These notes should be left in the stations. They will not be marked and will be destroyed immediately after the exam.

The actors who portray the patients are highly trained and experienced at playing the patient in a standardised way while at the same time responding to the words and actions of the candidate. You should ensure that you watch and listen to the patient and respond appropriately.

30 seconds before the end of the station you will be warned that it is almost time to move on. If you finish before the end, remain in the station until you are told it is time to move on to the next one. Conversely, if you have not finished when the five minutes is up, move on promptly or you will not have time to read the instructions for the next station.

If you think you have done badly in a station, pause and put it to the back of your mind. It is important that you move to the next station with confidence in your ability. Do not let a poor performance in one station affect you in the next station. Remember that you do not need to pass every station in order to pass the exam. The cycle will continue until you have completed all sixteen stations and the rest station.

A camera system will allow observers to watch the examination remotely. Please do not be put off by this. It will allow us to see how the examination is progressing without disrupting it, as it will reduce the need to sit in on stations. The camera does not record the examination so cannot be viewed retrospectively. Chief examiners may sit in your station as part of our quality assurance process. Please ignore them if this is the case as they are there to observe the examiner and not you.

### **After the Exam**

After the exam, please do not share any details about the exam or the stations with other trainees. This includes, but is not limited to, posting details of the exam to social media sites, web forums or email lists. Trainees caught sharing exam information will be considered to have cheated and may face disciplinary action.

Results are made available online two weeks following the last day of examinations. You must have registered to use the College website in order to view your results online. We will also send you a copy of your results by post.

Your postal results will include your score for each station and each station's passing mark. As there is only one minute between candidates for examiners to complete their marksheets, further more detailed feedback on your performance in each station is not available.



**College of Optometrists Scheme for Registration Final Assessment**

**Station Title:** Sudden onset of flashing lights

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**Examiner Instructions**

**A. Construct**

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The candidate demonstrates the ability to interpret the record card, reaches a reasoned provisional diagnosis of a posterior vitreous detachment (PVD), and explains the diagnosis and management to the patient.

**B. Station specific instructions**

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N/A

**C. Objectives**

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**Content**

**1. Explanation of clinical findings**

- No evidence of retinal tear or vitreous floaters
- All other results normal i.e. equal Vas, equal IOPs, full visual fields

**2. Condition**

- Gives reasoned provisional diagnosis of a PVD

**3. Management**

- No referral necessary
- Explains all possible symptoms of retinal detachment or tear, and the need for immediate action should any reoccur

**Communication**

**4. Relating to the Patient**

- Introduces self to patient
- Is polite, considerate and respectful
- Acknowledges the patient's concerns and is empathetic, if applicable

**5. Explaining and Advising**

- Gives correct information in a way the patient can understand
- Makes the patient aware of the appropriate options available, if applicable
- Involves the patient fully in decisions about care, if applicable
- Summarises and checks the patient has understood
- Reassures appropriately

**6. Fluency of Performance**

- Logical
- Confident
- Professional

**College of Optometrists Scheme for Registration Final Assessment**

**Station Title:** Sudden onset of flashing lights

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**Candidate instructions**

Joseph Rawlins, a 53-year-old man, is a regular patient at your practice. He is here today because three days ago he experienced a sudden onset of flashing lights in the right eye. They had ceased by the following day.

He hasn't experienced anything like this before and has no other symptoms.

His history is unremarkable. His general health is good. He does not suffer from headaches and has not suffered any trauma. There is no family history of eye problems.

You have conducted a full ocular examination. Read the record card showing your results.

Explain to the patient what you have found, what might be wrong with him and what you recommend.

**You have five minutes for this station**

**College of Optometrists Scheme for Registration Final Assessment**

**Station Title:** Sudden onset of flashing lights

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**Simulated patient instructions**

**Background**

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You are Joseph Rawlins, a 53-year-old sales director for a large company. You visit your optometrist regularly to have your eyes examined and your contact lenses checked. You have daily progressive soft lenses and have never had any problems with them or your sight.

**Presentation**

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Whilst driving to work three days ago you noticed flashing lights from your right eye. These continued on and off for most of the day and stopped by the following day. You have never had these types of symptoms before. You decided to make an appointment with your optometrist and have come in today. You have not had any recent accidents or any injuries. You don't have any other symptoms such as veiling or blurred vision. You cannot recall seeing any black spots or cobweb type features floating in front of either eye.

**Past History**

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You have had no problems with your eyes. You have never seen a doctor about your eyes, or been to an eye hospital/eye unit.

**General Health**

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You have never been seriously ill and are not on any medication. You do not suffer from migraine type headaches.

**Family History**

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You are not aware that any member of your family has had eye problems apart from your 82-year-old mother who is developing a small cataract.

**How to Play the Role**

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You feel anxious in case it this serious. You are fretting because you have a busy week at work.

**Questions to ask if given the opportunity**

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- What are the long-term effects – will I go blind?
- What happens next?
- Can I do anything to avoid this happening again?

**College of Optometrists Scheme for Registration Final Assessment**

**Station Title:** Sudden onset of flashing lights

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**Record Card**

**Name:** Joseph Rawlins

**Age:** 53

	<b>R</b>	<b>L</b>
<b>VA</b>	6/6 N5	6/6 N5
<b>Refraction</b>	-2.00DS Add +2.00 R & L	-2.00DS
<b>Pupils</b>	No RAPD	No RAPD
<b>IOP Perkins at 2pm</b>	15mmHg	15mmHg
<b>Visual Fields Humphrey C81</b>	Full	Full
<b>Anterior Vitreous</b>	Clear No tobacco dust	Clear No tobacco dust
<b>Optic disc</b>	CD 0.2 Healthy neural rim, disc margins distinct	CD 0.2 Healthy neural rim, disc margins distinct
<b>Dilated fundus examination</b>	Retina flat, no visible breaks/ tears	Retina flat, no visible breaks/ tears

## Equipment

### Station specific

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- Record card

### Standard


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- Four chairs
- Three clipboards
- Three pencils
- One eraser
- One pencil sharpener
- Plain paper

### Notes

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## Annex B – Sample marksheet

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Please note, we do not give out details of the objectives as stations will be re-used for future exams.

## Section 1 - Getting results

### **I haven't received my results letter yet. What do I do?**

Results letters are sent out on the day results are published on the College website. They are sent to your registered address. You should receive your hard copy of the results letter in the next couple of days. If you would like to see your results before then, you can check them by logging onto the [College website](#).

### **How do I get my results?**

Results are initially published in the [Results section](#) of the College website. Just log in using your username and password. A paper-based results letter is also sent out on results day by first class post.

### **How can I create an account on the College website to see my results?**

Click [here](#) to register for a new account or receive a reminder of your username and/or password.

### **What is my membership number?**

Your membership number is your unique reference number with the College. This is the same number as your candidate number which you used for your OSCE examinations. This should be on any examination correspondence sent to you by the College. You can also see it when you log in onto the [College website](#).

### **Can I get results over the phone/email?**

For privacy reasons, it is College policy not to share results over the phone/by email. Please either log in to the secure College site or wait to receive your results letter in the post.

## Section 2 - Common pass questions

### **Can I practise now I have passed?**

Until you have received your GOC number, you remain a pre-registered optometrist. This means that you cannot do anything additional to what you were allowed to do as a trainee. You must practise under the supervision of your College supervisor.

### **When can I join the GOC?**

In your pass pack, sent out on results day, there is a GOC application form. If you would like to join immediately, you can download a copy of the form from the [GOC website](#). Just fill that in and post it to the College with payment for your GOC application fee. We will then forward your application and payment to the GOC. If you want to pay by card, you can telephone the GOC directly or there is an option for them to call you back. You do not need to contact the GOC directly.

### **How long does it take to get my GOC number?**

This can vary but is usually within a couple of weeks. We recommend you check the [GOC website](#) for guidance.

### **Where do I send my GOC application form?**

Please send your completed form to the College. Do not send it directly to the GOC as they will simply send it to us for verification.

### **How do I get a GOC form?**

A GOC form will be sent in your Pass Pack which you should receive in the next couple of days. Otherwise, you can download one directly from the [GOC website](#)

### **Where do I send my GOC form and money?**

You can send your payment by cheque to the College with your completed GOC application form. We will forward this on by Special Delivery to the GOC. If you want to pay by card, you can telephone the GOC directly or there is an option for them to call you back.

### **Do I send my membership and GOC forms together?**

Yes. These will then be processed by the College.

### **Can I join the College today?**

We will send you an application form in your Pass Pack. You should receive this a couple of days after results day. Please send this back to College at your earliest convenience. Please be aware that you receive a discounted membership rate of only £29.37 for your first year if you set up payment by Direct Debit. Page 4 of 9

### **What do I do about indemnity insurance?**

We have included a sheet on Professional Indemnity Insurance in your Pass Pack.

### **Do I still have to practise under supervision?**

If you have **not** received your GOC number, you must still practise under the supervision of your College supervisor.

If you **have** received your GOC number, you no longer need to practise under supervision.

### **Now I've passed, can I still see NHS patients?**

If you have **not** received your GOC number, you may still see NHS patients under the supervision of your College supervisor.

If you **have** received your GOC number, you may only see NHS patients if you are on the National Performers List.

### **How do I get on the National Performers List?**

You need to visit the [National Performers List website](#) and download the application form and guidance notes. This will then tell you exactly what you need to do to fill in the form and complete the documentation and the checks that are required. You will need to provide details of two colleagues who can provide a clinical reference – one of them can be your supervisor. CRB checks can be arranged through a third party provider and details can be found on the AOP's website.

The NHS England Performers website allows you to apply on the basis of where you are living or where you will be working – you just put in the relevant post code and contact the area team that covers that postcode. However, the address should be one where you can receive postal communications, so an out of date work address might not be ideal. You will probably have to present yourself in person with your application and therefore cannot post it in. You may need to arrange an appointment with the NHS area team to do this. Let the NHS area team know your

GOC number as soon as you receive it after successfully completing the Scheme for Registration.



## Section 3 - Common fail questions

### **I've failed and want to know my breakdown**

A detailed breakdown of your marks for each station and overall mark for the day is sent to you with your results letter if you have failed. This should be with you in a couple of days. It is not possible to email you the breakdown on results day.

### **Am I automatically entered for the next resit?**

No. An [application form](#) is available on the College website if you have failed. Re-sits cost £600. You can pay for your resit [online](#) using a debit or credit card. You must pay for the exams when you apply. We will not send you your timetable until the fee has been paid.

### **When is the next resit?**

All examination date, application deadlines and fees are posted on the [College website](#).

### **How many resits have I got left?**

The number of resits you have remaining will be stated on the results letter sent out on results day.

### **I want to see my marksheets for the stations**

Candidates may request copies of their mark sheets. There is a £10 administration fee for this service. Please look at the sample mark sheet on our website before requesting copies of your mark sheets. The mark sheets do not contain any feedback or details of the objectives for the station. You can view the sample sheet in the [Final Assessment section](#) of the website. If you would like to request your marksheets, contact Adam Shonk either by email [adam.shonk@college-optometrists.org](mailto:adam.shonk@college-optometrists.org) or by phone 020 7766 4361.

### **Why doesn't the feedback or the mark sheets show the objectives for each station?**

The objectives are the steps you should take to perform the task. If we release the objectives we will be telling you the answers. We re-use OSCE stations several times during the year. It is possible that candidates may be examined on the same station in their re-sit exam. If we released details of the station objectives this would give re-sit candidates an unfair advantage over first time candidates.

### **Can I have written feedback for my OSCE?**

Examiners are not asked to provide written feedback on individual candidates. They have 60 seconds between candidates to complete the mark sheets and this time is only used to give a considered mark. For this reason we cannot give detailed feedback on exam performance.

### **Can I get a remark?**

The only record we have of a candidate's performance in an OSCE is the mark sheet completed by the examiner. For this reason we cannot re-mark the exam. Each sheet is scanned by a computer and carefully checked by eye to make sure our records are correct.

### **But I only failed by one mark, can anything be done?**

Although disappointing for candidates, we do not change exam marks.

### **Can I discuss how to prepare for my resit with anyone?**

You may make an appointment with the Head of Examinations to discuss how to prepare for a resit, particularly if you have failed the examination more than once. Please note that they will only be able to give you general guidance and help you reflect on your previous results. They will not be able to provide you with specific feedback nor give you guidance on the content of the examinations. If you would like to arrange to speak to the Head of Examinations, please email [joseph.oakley@college-optometrists.org](mailto:joseph.oakley@college-optometrists.org) to arrange a telephone conversation. Meetings in person are unfortunately not possible.

### **How can I appeal my result?**

The appeals process is detailed in the back of the Trainee Handbook and on the [College website](#). College regulations state that you can only appeal against the **process** of the exam; i.e. if something went wrong with the administration or running of the exam. You cannot appeal because you disagree with the examiners' judgement. You have 28 days from results day to lodge your appeal using the Appeals Form in the College website.

## **Section 4 - Calculating results**

### **How are the results calculated?**

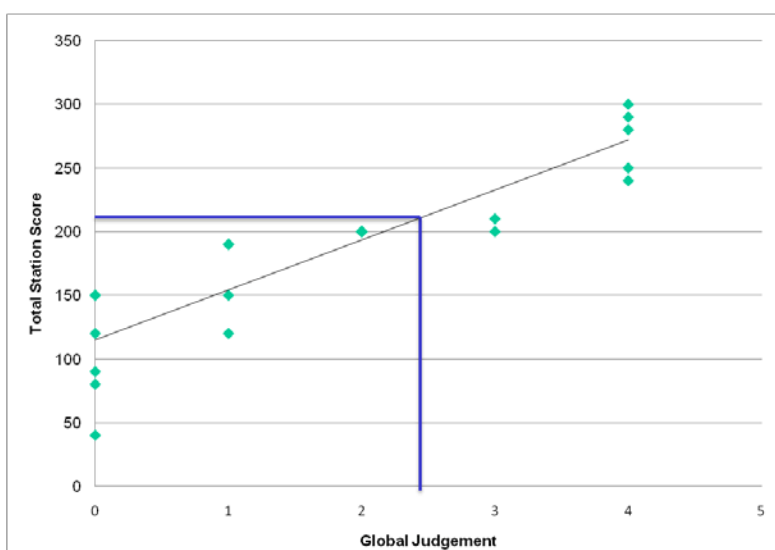
We use the borderline regression method of calculating results. Each station has between three and six objectives which candidates are marked against. The examiner will give each candidate a mark between 0 and 4 for each objective. In addition to this the examiner will give a mark between 0 and 5 for the candidate's overall performance.

The total possible mark for a station is 400. Objectives do not contribute equally to this score: some are more important than others. Each objective is given a percentage weighting depending on how important it is to the task the candidate is trying to complete. For example, a communication station might have four objectives: making a diagnosis, explaining the diagnosis to the patient, choosing an appropriate management plan for that patient and communicating the plan in a professional manner. Because the station focuses on communication the explaining and communicating objectives both contribute 40% of the mark, while the diagnosis and management objectives only contribute 10% each.

The examiner does not know the weightings for the objectives. This compensates for any conscious or unconscious bias the examiner may have.

When the results are processed we multiply the score the examiner gave by the weighting for that objective. So in the example above, if the candidate scored 3 on every objective, the weighted score would be 120 for each of the communication objectives and 30 for the other objectives. This gives a total score of 300 out of 400.

To calculate the pass mark for the station we look at the scores for every candidate who has ever taken that station. We compare the mean station score with the mid-point of the overall grade (0-5) given by the examiners. Plotted on a graph it would look like this:



The point where the two lines meet is the pass mark for the station. This means that the pass mark is set using the average ability of entry-level optometrists as well as examiner judgment.

Borderline regression is a method of standard setting that is used by medical professionals all over the world. It is considered to be the most objective way of setting the standard for practical exams such as OSCEs and is recognised internationally.

### **Why does the number of stations required to pass the examination on a given day sometimes change?**

Although rare, the assessment panel for the OSCE can revise the requisite number of stations to pass the OSCE on a given day to bring the passing standard for that day in line with the others. Each day is reviewed in detail by a Panel of experts to ensure consistency and fairness for candidates across all days in terms of the passing standard.