

Section Four – Final Assessment

The Final assessment takes the form of an objective structured clinical examination (OSCE) as described below.

How to apply

When the Stage 2 assessor has informed us that the trainee is ready to sit the Final Assessment, the College will send the trainee an email notifying them that they have successfully completed Stage 2 of the work-based assessment with a link to the online application form. The closing date for applications is normally six weeks before the Final Assessment. Trainees will not be permitted to sit the Final Assessment if they have not submitted the appropriate application and/or they have not settled any outstanding enrolment or resit fees on their account.

Approximately two weeks after the closing date, trainees will receive an email with their Final Assessment timetable and instructions.

Photographic ID policy

Trainees will be required to provide a valid driving licence or passport number when completing the OSCE application form. They must also bring the **same** passport or driving licence, to the examination. No other photographic ID will be accepted and candidates without acceptable ID will not be able to sit the examination.

National Performers List or Health Board

Trainees are advised to apply to be included in the appropriate National Performers List or Health Board while applying for the OSCE. This will save them time once they have qualified as they must also apply for an enhanced report from the Disclosure and Barring Service (DBS), which can take eight to 12 weeks. For further information refer to the DBS guidelines on **gov.uk**. Applicants will also be required to complete on-line Level 2 Adult and Child Safeguarding Training, available free of charge on **college-optometrists.org/safeguarding**. On qualification, trainees should ensure they have downloaded their certificate before their access is withdrawn.

We advise trainees to apply in advance for registration to the National Performers List or Health Board of the country where they will be working after qualification. The lists in Northern Ireland, Scotland and Wales are operated locally, so trainees should apply to your local Health Board. This can be done up to three months ahead of qualifying, following the guidance above for Scotland and Wales. However, in Northern Ireland, the trainee needs to apply once qualified. If the trainee already knows where they will be working on qualification they can apply to a new area. Trainees in England should apply at **performer.england.nhs.uk**. The trainee will need to provide details of two colleagues who can provide a clinical reference – one of them can be the supervisor. DBS checks will also need to be arranged.

cancelling an OSCE place

If a trainee wishes to cancel their place, they should contact the Examinations Coordinator on education.help@college-optometrists.org. We will endeavour to transfer their entry to the next sitting of the Final Assessment.

If a trainee wishes to defer their OSCE sitting, and there are no mitigating circumstances, such as medical reasons, they must cancel their OSCE place at least three working days before the examination, or they will have to pay a resit fee for their next attempt. Trainees with mitigating circumstances, will not have to pay a resit fee as long as evidence is provided.

If a trainee is unable to sit the Final Assessment so that the time allowed for completion of the Scheme for Registration is exceeded, they may, at the discretion of the College, be permitted to sit the Final Assessment at the next sitting with available places.

Fees

The trainee's first attempt at the Final Assessment is included in their enrolment fee. Fees for subsequent resit attempts are set out on college-optometrists.org/qualifying-fees.

Key information from this section:

- **trainees must apply for the Final Assessment by completing the application form – on college-optometrists.org/sfr**
- **trainees should think about applying as early as possible to be on the National Performers List**
- **if a trainee has a disability we may be able to make reasonable adjustments to the Final Assessment**
- **go to college-optometrists.org/qualifying-fees for current resit fees and to make a payment.**

Objective structured clinical examination (OSCE)

Purpose

The purpose of the Final Assessment is to check a sample of the knowledge and skills the trainee will need to be registered to practise independently.

Instructions for candidates

The OSCE takes place four times a year in January, March, July and September. The trainee should read the information below before they come to the examination as it will help them understand the format.

Format

The OSCE consists of 16 short tasks, known as stations. Two of these stations are pilot stations that we are trialling for use in future examinations and will not be taken into account when calculating results. Trainees and examiners are not made aware which two stations are pilot stations. Every station lasts for five minutes and done in turn. Trainees will also have one minute outside each station to read the instructions. There is a five minute rest station in the exam so candidates have a chance to catch your breath.

During the OSCE trainees may be tested on any of the 75 GOC elements of competence covered at Stage 1. The examiners are looking for evidence that trainees 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 it may be 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 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. The examiner's role is to observe and they will not intervene except in very limited circumstances. To prepare for the format of the examination, we recommend that trainees 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 elements of competence. In the examination the trainee will be tested several times on the following skills:

- history taking, including diagnosis
- communication
- data interpretation
- clinical examination and practical skills.

Patient conditions will be drawn from the experience requirements outlined in the GOC elements of competence and have been categorised as follows:

- neurological/developmental
- neurological/acquired
- refractive
- pathological anterior segment

- pathological posterior segment
- psychological.

Details of the types of scenarios the trainee 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 the trainee can demonstrate their competence in the clinical scenario in five minutes. The list below includes examples to guide the trainee on the types of scenarios they might encounter. Trainees should remember, however, that they could be assessed on any area from the GOC units of competence – the list is not exhaustive.

Clinical examination and practical skills

Trainees will be required to demonstrate the 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.

Every exam will include a station which requires the trainee to demonstrate their ability to perform indirect ophthalmoscopy. For this station, trainees will be asked to identify a set of symbols on the back of a model eye. Other stations may include, but are not limited to:

- direct ophthalmoscopy
- cover test
- focimetry
- keratometry
- visual acuity.

The OSCE will assess the trainee's 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 young children will be present – trainees will interact with the actor playing the child's parent or guardian.

Communication

Trainees will be observed interacting with the patient or a patient's relative (who will be played by an actor) or a fellow health professional. They may be required to:

- explain how a condition will be treated
- explain a diagnosis
- explain a prescription
- request a referral
- decide on appropriate management with a patient
- give advice on the most appropriate optical appliances
- break bad news.

Although communication skills are the main skill being tested in some stations, trainees will be marked on their 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.

Communication stations are designed to test both what trainees say and **how** they say it. Therefore, communicating incorrect information well or communicating correct information poorly will both be penalised. On the next pages are performance indicators relating specifically to communication objectives to give trainees an idea of what examiners are looking for in these stations:

Communication performance indicators:

	Communication indicators demonstrating competence	Communication indicators <u>not</u> demonstrating competence
Relating to the patient/ Fluency	The trainee acknowledges any patient concerns and is empathetic and but not patronising.	The trainee shows little or no empathy towards the patient and/or is patronising.
	The trainee reassures the patient where appropriate.	The trainee does not reassure the patient or is overly reassuring when this is not appropriate.
	The trainee is confident, fluent and logical.	The trainee is unconfident and/or very hesitant and/or illogical to the point where the patient loses confidence in the practitioner.
	The trainee displays positive body language and maintains good eye contact.	The trainee displays negative body language.
	The trainee is professional.	The trainee is unprofessional/overly casual.
	The trainee is polite.	The trainee interrupts the patient.
	The trainee introduces themselves.	The trainee frightens and/or confuses the patient unnecessarily.
Explaining and advising	The trainee makes the patient aware of all options available to them, if necessary.	The trainee does not involve the patient in making decisions about their care.
	The trainee speaks clearly.	The trainee is unclear.
	The trainee uses language the patient can understand.	The trainee uses jargon so the patient cannot understand the information.
	The trainee communicates correct information.	The trainee communicates incorrect/unsafe information.
	The trainee checks the patient has understood the information provided and clarifies the next steps the patient should take. The trainee summarises information for the patient to help them understand.	The trainee leaves the patient confused and unsure of the next steps.
	The trainee is able to change their language and communication style to meet the needs of the patient.	The trainee uses inappropriate language and communication style for the patient.
Listening and questioning	The trainee asks relevant questions.	The trainee asks lots of irrelevant questions.
	The trainee questions the patient thoroughly using a range of different question types to discount other possible diagnoses.	The trainee asks too narrow a range of questions to effectively discount other diagnoses.
	The trainee is adaptable in their history taking and listens to the patient's responses.	The trainee does not listen to the patient or adapt their subsequent questions based on the previous answers of the patient.

Data interpretation

Trainees 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). They may have to discuss their conclusions and diagnoses with a fellow health professional or with the patient or patient’s parent, played by an actor. Trainees may also be given a set of data and asked to answer a series of questions on the data to an examiner. If this is the case, they will be given the questions before they enter the station on the candidate instructions.

History taking including diagnosis

Trainees should take an accurate and relevant history from the patient or patient’s relative, who will be played by an actor. They may be required to give a diagnosis, either to the patient or examiner, and explain their reasoning or suggest further tests that they would undertake. Presentations may include, but are not limited to:

- blurred vision
- reduced vision
- sudden visual loss
- diplopia
- red eye
- headache
- systemic disease with ocular manifestations.

Trainees should make sure they perform a thorough history and symptoms, even if they have an idea early on of what the diagnosis may be. Trainees are advised not to just reel off a memorised list of questions but tailor the questions appropriately to the responses offered by the patient. Using a one size fits all approach may disadvantage trainees and they should make the history and symptoms are thorough but bespoke to each patient based on their responses. Sometimes, it is not simply enough to just get the answer; trainees need to make sure they 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, the following definitions are used for the purposes of the examination. These definitions will be placed in each station. Trainees should use these terms during the exam as the examiner may not be familiar with the 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.

If asked to write a written referral in an OSCE station, trainees will be provided with a template to complete. A copy of this template is below:

Referral/notification form

Patient name:

Address:

Age:

GP:

Significant findings

Provisional diagnosis

Refer/notification to: (choose GP and/or ophthalmology and specify the degree of urgency for each referral)

<input type="checkbox"/> GP Urgency: <input type="checkbox"/> Emergency (same or next day) <input type="checkbox"/> Urgent (within one week) <input type="checkbox"/> Routine (in due course)	<input type="checkbox"/> Ophthalmology Urgency: <input type="checkbox"/> Emergency (same or next day) <input type="checkbox"/> Urgent (within one week) <input type="checkbox"/> Routine (in due course)
--	---

Requested course of action (if appropriate)

The OSCE stations

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

- examiner instructions
- candidate instructions
- actor instructions
- equipment list.

Trainees will only see the candidate instructions.

A sample OSCE station, with all components including a completed mark sheet, can be found after this section. (Please note that we do not print details of the objectives on the mark sheet.) There is a range of support available on the website, including a video of what to expect on the day, on college-optometrists.org/sfr.

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 trainees will not see, but which are the areas that each trainee would be expected to cover given the task 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%. Trainees will be graded from 'Excellent' to 'Very poor/Not attempted' for their performance against each objective. A trainee's performance in each objective is combined with the objective's weighting to calculate their final station score. Examiners also give a global score of the trainee's performance with respect to the construct. This is used for calculating the pass mark.

The passing score for each station and for the examination is set using the Borderline Regression Method - an internationally recognised method of standard setting that ensures that exams are of a consistent standard over time. Trainees must also pass a set number of stations to ensure that they are competent in a broad range of tasks.

How to prepare

The Final Assessment assesses a sample of the clinical knowledge and skills the trainee has developed during the pre-registration period. They will have already demonstrated in the workplace that they can apply their clinical knowledge and perform the skills underpinning the GOC elements of competence. In the Final assessment, they must show the examiners that they can perform a sample of tasks competently which cover a range of the elements of competence assessed in the workplace. The Final Assessment is designed to check the trainee has maintained competence across the assessment framework.

The trainee will be expected to undertake any procedures confidently and competently, so they should ensure they have practised so that their technique is correct and they can detect and know how to act upon significant signs.

Key information from this section:

- the OSCE consists of 16 clinical tasks known as 'stations'. Each task will last five minutes and the trainee will do them one after the other. Two of the stations will be pilot stations. This means we are trying them out to see if we can use them in future examinations. Trainees will not know which stations are the pilot stations and they will not be marked on them. There will also be one rest station
- the trainee will be tested on skills and presentations from across the GOC's (Stage 2) elements of competence to ensure they have maintained competence across the assessment framework.

Sample OSCE station

Examiner instructions

A. Construct

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

N/A

C. Objectives

Content

Explanation of clinical findings

- No evidence of retinal tear or vitreous floaters
- All other results normal, ie equal VAs, equal IOPs, full visual fields condition
- Gives reasoned provisional diagnosis of a PVD

Management

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

Communication

Relating to the patient

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

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

Fluency of performance

- Logical
- Confident
- Professional

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.

Simulated patient instructions

Background

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

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

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

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

Family history

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

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

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

Record card**Name:** Joseph Rawlins**Age:** 53

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

Equipment

Station specific

- Record card

Standard

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

Notes

THE COLLEGE OF OPTOMETRISTS



Sheet:
 Station:
 Candidate Number:
 Candidate Name:
 Date:
 Session: Circuit:

●	○	○	○
①	②	③	④
⑤	⑥	⑦	⑧
⑨	⑩	⑪	⑫
⑬	⑭	⑮	⑯
⑰	⑱	⑲	⑳
㉑	㉒	㉓	㉔
㉕	●	⑧	⑨
㉗	㉘	㉙	㉚

INSTRUCTIONS Mark one lozenge for each objective and one for the Overall Judgement
 4 = Excellent, 3 = Good, 2 = Borderline, 1 = Poor, 0 = Very Poor or Not Attempted
 Make heavy marks that fill the lozenge completely, like this:

④	③	②	①	①
Excellent	Good	Borderline	Poor	Very Poor or Not Attempted

Objective 1	④	●	②	①	①
Objective 2	④	③	②	●	①
Objective 3	④	③	●	①	①
Objective 4	④	③	②	●	①
Objective 5	④	●	③	①	①
	④	③	②	①	①
Overall judgement:	⑤	④	●	③	①

Designed by JPM Partnership LLP design number 042

The OSCE

We expect all examinations to start on time. Trainees must make their own arrangements for travel and accommodation and should allow plenty of time for their journey. If the trainee is late, they may not be able to take the examination.

Once the trainee has been through the building's security procedures, they will be required to sign in at the centre. Apart from the equipment set out above they will not be permitted to take anything with them on to the test circuit. They will not be permitted to take mobile phones or other communication devices in the waiting areas, including watches.

Trainees will be given a further briefing before going into the examination.

Trainees must wear their name badge at all times so that examiners can see it clearly. The station at which they start will be on their name badge.

Trainees will be shown from the briefing room to their starting station. They will be told when they can begin to read the instructions. They should read the instructions carefully. There will be another set inside the station in case they need to refer to them.

There will be alcohol gel outside some stations for trainees to use to cleanse their hands before they enter these stations.

After one minute, trainees will be told to enter the station. They should then perform the task given to them in the instructions. Although the clinical scenario is simulated, they should act as they would in the same situation in real life. The actors who portray the patients are highly trained and experienced in playing the patient in a standardised way and, at the same time, responding to the words and actions of the trainee. So it is important that trainees watch and listen to the patient and respond appropriately.

30 seconds before the end of the station, everyone will be warned that it is almost time to move on. If the trainee finishes before the end, they should remain in the station until they are told to move on to the next. If they have not finished when the five minutes is up, they should move on promptly anyway or they will not have time to read the instructions for the next station. The cycle will continue until the trainee has completed all stations.

There may be a camera system to allow observers to watch the examination remotely. Trainees should not be put off by this. The camera does not record the examination so cannot be viewed retrospectively.

In some stations, there may be two examiners present. Trainees should not be put off by this; examiner observation is part of our quality assurance processes and the observer is watching the examiner and not the trainee.

When the examination has finished, you will be taken to retrieve your belongings. You should then leave the building quickly and quietly.

Cheating and misconduct

Trainees will be provided with all the materials they need during the examination, other than those listed in the section entitled On the day, which they must bring. They must not use or refer to any other materials or try to communicate with other trainees during the examination. All books, papers, mobile phones and other electronic equipment must be stored away when the examination begins. Trainees must not take any examination materials out of the centre. They must not write down the details of the examinations to take out and must not obtain information about the examination from any source including other trainees. They must not behave unprofessionally in any way. If a trainee does any of the above, they will be reported to the College. If they are found to have given or received help, their examination attempt will be declared invalid and their name reported to the GOC. Please refer to the Scheme for Registration regulations on college-optometrists.org/sfr for further information.

Key information for trainees in the section:

- **arrive in good time**
- **trainees should bring their own ophthalmoscope and retinoscope, as well as the appropriate identification documentation**
- **remember that cheating and misconduct are taken extremely seriously.**

Results

Results will be published on a secure section of the members' only area of the College website. Trainees will be emailed with a link to results prior to results day. There will also be a link on **college-optometrists.org**. To access this area, trainees must know their College website login details.

Results will be posted to the trainee within two working days of appearing on the College website. This will comprise a letter confirming their results, a breakdown of their individual station marks and information on the steps they need to take next. Ensure your address is up-to-date on your record so results are sent to the correct address.

To ensure results remain confidential we will not give them out over the telephone, via email, or at the College reception.

Complaints

If a trainee wants to complain about the examination, they should submit a detailed written report to the Education Co-ordinator at the College or email: **education.help@college-optometrists.org** within 28 days of the date of the Final Assessment. They must include their name, address, telephone number, email address and candidate number. We will investigate and aim to respond within 10 working days.

A complaint is not the same as an appeal (see below) and cannot affect the examination result. If the service we have provided has been unacceptable, however, we would welcome the chance to investigate and put it right.

Appeals

Trainees can appeal against the result of their Final Assessment if they believe that there were irregularities in the administrative procedures and conduct of the examination. Please refer to **college-optometrists.org/sfr** for further details.

Next steps

Pass

If the trainee passes, they can apply for registration with the GOC, which is essential before they can begin work as a fully qualified practitioner, and obtain full membership of the College. Application forms for membership of the GOC and the College will be supplied with the letter informing them of their success. Until the trainee has received their new GOC number as a qualified optometrist, they can only perform the same supervised duties as they did while under pre-reg supervision.

Fail

If the trainee fails, they may book a place at the next set of examinations. Information on resit fees and the OSCE application form can be found at **college-optometrists.org/sfr**. Please remember that trainees are required to complete the Scheme for Registration within two years and three months of enrolling or have passed within their fourth attempt at the Final Assessment, whichever occurs first.

Exceptional circumstances

In exceptional circumstances, trainees may be permitted to extend their time on the Scheme or undertake it one further time. Please refer to college-optometrists.org/sfr for further details.

Key information in this section:

- results are published in the secure members' only area of the College website
- complaints about the Final Assessment should be made within 28 days
- trainees can appeal on procedural grounds
- trainees should complete the Scheme for Registration within two years and three months of enrolling or can have up to four attempts at the Final Assessment, whichever occurs first
- if a trainee is prevented from taking the assessment they may, at the discretion of the College, be permitted to sit the Final Assessment at the next sitting with available places
- in exceptional circumstances, a trainee might be able to extend their time, or repeat, the Scheme for Registration
- successful trainees should apply for registration with the GOC and membership of the College as soon as possible
- until they have received a GOC number as a qualified optometrist, trainees can only perform the same supervised duties as they did under pre-reg supervision.