



OSCER Examination FAQs

1. What are the key differences between the Viva examinations and the OSCER examinations?

The overarching difference is that the OSCER is the new capstone assessment to assess competence to practice autonomously as a Clinical Radiologist, incorporating clinical reasoning, clinical judgement, medical skills and knowledge, Anatomy, AIT and Pathology as well as broader intrinsic roles including communication and professionalism.

As an examination, it assesses a broader range of skills with standardised questions and marking matched to the domains in the curriculum.

This means that the OSCER is a more robust examination, which is more reliable, fairer to Candidates, and less prone to bias. There are common cases across Candidates and less luck of the draw. Examiner judgement is more explicit as there are marking rubrics applied.

2. Describe the format of the OSCER station and presentation of Cases?

Each station has between 8 and 10 cases

Each case will have no more than two imaging modalities with only relevant images/sequences should be shown.

Relevant history and laboratory results will be provided. Pertinent images/sequences will be

shown (very little scrolling required, if any).

Each case will have a series of structured questions (at least 3).

Each question within each case will have a defined number of marks (between 1 and 5).

Each question within each case will be blueprinted to domains, categories, and anticipated difficulty.

3. Do the Candidates need to focus on time during examination?

The examiners will guide Candidates through the cases in the allocated time.

4. Where does the content from the OSCER examinations come from?

The content is mapped and blueprinted to the Clinical Radiology Curriculum Learning Outcomes.

The OSCER Panel are lead examiners, who develop the questions to meet the above criteria.

5. Are there particular areas that Candidates should be considering when preparing for the examination?

The OSCER exam has been designed to be an assessment of every practice in clinical radiology. Every day in practice you are preparing for the examination.

The domains are Observation, Interpretation (including diagnosis), Management, Pathology, Anatomy, AIT/Patient Safety and Intrinsic Roles. These are part of our everyday work as a clinical radiologist. Not all domains will appear in a case and the emphasis of each domain within an entire station will vary.

6. On the day of examinations, will the same cases be presented in both the morning and afternoon sessions?

Yes, the cases selection and questions for each Station will be standardised for each day.

Candidates will be sequestered for each day.

7. Can examiners fail a Candidate if they are unsafe?

In cases where the examiner notes significant concerns about a Candidate, the examiners opinion is recorded and may impact the outcome of the case and the Station.

Please note that there is NO one determining question.

8. How should teaching for OSCERs change if you are a current viva mock examiner or supervisor?

Supervisors should adapt their teaching to include questions, so they cover the breadth of the domains covered in the OSCERs. In an OSCER the focus is on the question that may relate to an image and NOT providing a detailed description of what you see in the image.

The Sample Question and Answer document provide sample questions and cover some, but not all the domains, and could be used as a guide and is available on the College website.

9. How are the marks distributed for the OSCERs?

Each case will have a maximum of 10 marks. Each station will have a maximum of between 80 and

100 marks

The whole examination will have a maximum of between 560 and 700 marks (seven stations x 80 -

100 marks). Candidates will receive a total percentage score for the examination.

10. How was it determined that Candidates who failed 1 or 2 stations only repeat those stations, but if 3 or more stations are failed, they need to repeat the whole OSCER?

The OSCER should be considered as a whole examination blueprinted across the Curriculum Learning Outcomes.

It was determined that Candidates to have failed in one or two stations would have minimal areas of weakness or limited knowledge and should not be penalised. Therefore, it was reasonable for them to work on those key areas and come back and sit the one or two.

Candidates who have failed more than two stations, are considered to have several areas of weakness or limited knowledge and have not met the expected standard.

Statistically it is unlikely that Candidates who failed more than three stations would not pass overall.

11. How is a trainee borderline Candidate determined during marking?

Any trainee who is above the overall examination score but below the Standard in one or two Stations will have their work-based assessments and previous examination performance reviewed. If there is sufficient evidence to demonstrate competence in those areas, they may be awarded a conceded pass.

12. How is an IMG borderline Candidate determined during marking?

Any IMG who is above the overall examination score but below the Standard in one or two Stations will have their examination and previous examination performance reviewed. If there is sufficient evidence to demonstrate competence in those areas, they may be awarded a conceded pass.

13. OSCERS have 8- 10 cases, is it possible to pass the exams without reaching all cases?

Potentially, it will depend on the overall results from the cohort.

14. If a Candidate misses say the first question in a Case, could they still pass the Case?

Yes, each case will be marked out of 10, and there are a series of questions. If a question is not

answered correctly the Candidate will continue through the Case and could provide correct answers for the remaining questions. The overall result for the case will be analysed with the Borderline Regression standard setting methodology.

15. If a Candidate consistently misses the answers in a particular Domain across the Cases in a Station, could they fail the Station?

Yes, each case has a series of questions which relates to domains throughout the 10 Cases. If a Candidate consistently fails a Domain across the Station, then they may fail that Station.

16. What happens if a trainee has only one OSCER to pass and is on the last attempt?

It is dependent on whether the Candidate is transitioning into the new training program, as they may have additional attempts.

Candidates who commenced in 2022 have 6 opportunities to successfully pass the Phase 2 examinations, and a maximum of three attempts at the OSCER. Any Candidate who is not successful on their last attempt will be withdrawn from the training program or IMG Pathway, whichever is applicable to them.

17. What's the timeline of when a trainee can progress to phase 3 - is it from the date of the exam results?

The timing of progression will be dependent on the trainee's circumstances. Trainees need to have met all the accredited training time, work-based assessments, examinations and other requirements to be considered by the Network Portfolio Committees for review.

Providing the trainee has passed their OSCERs, all training requirements including accredited training time, they can apply to progress to Phase 3 via the ePortfolio. They will be approved to progress to Phase 3.

The Networks are required to review the application to determine whether the trainee has met the training requirements and is eligible to progress to the next Phase.

18. I understand that there has been a progression of changes to the exams over time, moving from hardcopy films to digital cases, to standardised cases. Why change?

We are always looking to assess better, more effectively and efficiently and always guided by the evidence in medical education. These changes have been based on specifically identified areas for improvement.

19. What training and resources is being provided?

Candidates and examiners will have access to several resources in preparation for the new OSCERs which includes:

- 2022 Phase 2 Sample Questions and Answers - provides examples of the types of questions being asked during the written and OSCER examinations. Currently available on the College website.
- Examination System (Practique) Question and Answer Demonstration – Sample Questions within the examination platform to demonstrate how the information is presented in the system.
- Examination System (Practique) System Demonstration - Demonstration on how the system functions from a Candidate and examiner perspective.
- Phase 2 Examination Policy – which will provide information about the examinations, marking guides and requirements.

20. Do Candidates have to sit and pass their written exams before sitting the OSCERS?

Yes. All trainees who commenced training from 2022 or had less than 24 months of training in February 2022, will sit the examinations under the new requirements.

All transition trainees can continue to sit piecemeal as they have been doing.

21. Has this format of examinations been piloted or tested?

The format has been designed with reference to best practice to medical education for clinical examinations exams such as the OSCE, which is a well-established assessment approach.

22. What are the eligibility requirements to sit?

Candidates are required to complete the Phase 2 examination application form, be in an accredited training position at the time of sitting, be within Phase 2 of training and a financial member of the College and have had a conversation with their DoT about preparedness to sit.

23. Are there any plans to return back to the Candidates and examiners being in the same room together?

This is a possibility going forward. Feedback from the Candidates and examiners is constantly being monitored in parallel with other contributing factors.

24. How can transitioning Candidates sit the Pathology Viva if they have yet to pass that viva?

Supplementary pathology vivas will be held in Series 1 and Series 2, 2023, and Series 1 2024 if required for eligible transitioning trainees.

25. If there are transitioning trainees – do they have to sit Pathology?

If they have not successfully passed the Pathology Viva they would need to sit the supplementary Pathology Viva.

26. Are the Pathology cases likely to be recycled?

No

27. Where can transitioning Candidates find more information about the examination transition arrangements?

Transition information for trainees and IMGs have been added as appendices within the Clinical Radiology Training Program Handbook, which is available on the College website.

Additional Detailed Questions Post-OSCER Webinar March 2023

28. When will we find out which day our exam is on?

Exam timetables are distributed via email closer to the examination date. We are aiming to have timetables out approximately 5 weeks prior to the exam. This timeline is based on the results for the Phase 2 written exam being released. Candidates will be notified whether their exam will be on sitting A (6 – 7 June) or B (8 – 9 June).

29. How long is the break between each OSCER station?

Breaks between each OSCER station will be approximately 3 minutes. Depending on the number of candidates sitting the OSCER a rest station may be a part of a circuit rotation.

30. What is the minimum and maximum number of questions per case?

Candidates will be asked a minimum of 3 questions per case, and a maximum of 5 questions per case.

31. Will transitioning resitters, who have already passed Pathology VIVAs expect Pathology questions in the OSCER?

Yes.

32. Will transitioning sitters have to pass all the OSCER exams at once?

Trainee's and IMGs who have completed => 24 months of training from February 2022 will sit the old Part 2 format. Irrespective of format, all Candidates will only re-sit stations which were previously failed.

33. How will the questions address 7 domains when the maximum number of questions per case is 5?

A whole station across 8 cases will address 7 domains. This means some questions will address certain domains and others will not.

34. What happens if a Candidate does not get through all the cases, given that it is the responsibility of the examiner?

Examiners will be sticking to very tight time frames for each case and have been trained to address this situation. In the unlikely event that it should happen, all stations will also be recorded for quality and control purposes.

35. Are there sudden death or immediate fail cases?

No.

36. If the Examiner must redirect a Candidate, will marks be lost?

No. If Candidates answer questions appropriately, they will receive the marks allocated for each question. If Candidates are redirected, it is still possible to answer a question correctly. Candidates will not be told how many questions are at the start of the case.

37. What happens to Candidates who get stuck or are generally slow on a case?

If a Candidate is stuck on a case and surpasses the 3-minute mark, Examiners will move the Candidate on. If earlier cases within the station are answered quickly, this may leave time for later cases. Examiners will be very mindful of not letting Candidates get stuck on a case as this will impact the remainder of the station. Candidates are not permitted to go back to previous questions and add further information.

38. What is the passing score for OSCER exams?

The passing score will be determined by the OSCER review panel which consists of experienced Examiners using formal standard setting processes.

39. Will Candidates lose marks if a case is missed or unanswered?

Marks for each case will be accrued; 80 to 100 marks per station, 10 marks per case. Candidates will not lose marks for unanswered cases and will not receive a mark averaged from cases completed. In the unlikely event that all candidates perhaps did not complete the same case from a particular station, marks will be a percentage for 7 cases as opposed to 8.

40. Will the OSCER stations be in a set order?

OSCER stations are set in an order, i.e., Abdo, Neuro, Chest, Breast, O&G, MSK, and Paeds. However, candidates may not be sitting enrolled stations in that order as the format is based on a circuit rotation. A candidate will start at any one of the 7 stations and then start their rotation.

41. What is the mosaic system?

A mosaic system is a montage of images. There are a maximum of 6 images in a montage. Only pertinent scrollable images will be shown in a montage format. Limited scrolling will be required. It is important to remember that in an OSCER the question is the key to the relevant image.

42. Are Candidates permitted headsets?

All Candidates and Examiners will use headsets which will be provided by the exam center within each exam room. Examiners will be communicating virtually via headsets. Candidates are allowed to ask Examiners to repeat themselves

43. If all 7 stations are sat across 4 hours, will there be a break?

There will be a break during the exam. Candidates are permitted to bring their own food and eat during this time.