



The Royal College of Emergency Medicine

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Temporary changes to FRCER Final OSCE

Due to COVID-19 and the resultant travel and social distancing restrictions that are in place, RCEM has had to make the temporary change of moving the FRCER Final OSCE online. This document is intended to provide early information on the substance changes of the OSCE and will be built upon as soon as further information on the IT system is publishable.

1. The revised OSCE format would still test the same breadth of skills and curriculum coverage as the traditional examination.
2. The expected standard is still that of a Day 1 Consultant in Emergency Medicine.
3. The total number of clinical stations is reduced from 14 to 12. All stations will be single length duration, 8 minutes. There will be 3 minutes between each station. (NB. Reduction of stations is pending GMC approval, the timing between stations will be dependent on software capabilities)
4. The most significant change of course will be no physical contact with patients/role players and no use of technical equipment to demonstrate ability. These stations will be adapted in the following ways:
 - a. Where the current station requires candidates to physically demonstrate a technique or procedure, the candidate would be expected to be able to describe that technique or procedure to the role player/examiner, e.g. nerve blocks, intercostal tube insertion, suturing.
 - b. Where a station would traditionally require candidates to carry out a physical examination, the candidate would be expected to be able to describe to the role player/examiner how to carry out the examination and describe expected findings.
5. Stations involving skills such as history taking, conflict resolution, missed diagnosis, teaching, mental health assessment, treatment planning, major incident or ambulance queue are largely unchanged as they require predominantly verbal communications skills to complete the tasks assigned.
6. As in the traditional OSCE, a station may involve the interaction of the candidate with a role player taking on the role of a simulated patient or carer, work colleague, medical student, etc. The candidate may also have to present to the examiner a management plan or patient summary after talking to the role player.

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7. The traditional resuscitation stations (adult & paediatric) involved leading 3-5 role players through a simulated scenario, lasting 17 minutes. The resuscitation stations have been changed to the same duration as all other stations, 8 minutes. The station will now consist of a discussion of a resuscitation case with a single role player, perhaps acting as a parent, doctor, nurse or paramedic. Candidates will be expected to be able to discuss any aspect of a resuscitation case with the role player, e.g. preparation, patient management, prognosis and post-resuscitation care, including speciality handover. This may be in a debrief style explaining why things have been done or should be done.

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