

# **DO-HNS subgroup of Intercollegiate Committee for Basic Surgical Examinations**

## **Guide to the Intercollegiate MRCS (ENT) examination**

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The DO-HNS subgroup of the Intercollegiate Committee for Basic Surgical Examinations (ICBSE) has produced this guide to the intercollegiate MRCS (ENT) examination. It contains the following sections:

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Note that this guide is a living document that will change over time.

Please check the intercollegiate MRCS website for updates:

<http://www.intercollegiatemrcsexams.org.uk>

## Section 1 – Introduction

The purpose of the MRCS (ENT) is to test the breadth of knowledge, the clinical and communication skills and the professional attributes considered appropriate by the Colleges for a doctor intending to undertake practice within an Otolaryngology Department in a non-consultant career grade or trainee position.

The complete syllabus for the MRCS (ENT) is contained within the General Medical Council (GMC)-approved curriculum for the "Early Years" of Otolaryngology Training in the United Kingdom, and can be found at: <https://www.iscp.ac.uk/iscp/curriculum/>.

This is a useful resource for candidates to understand the level of knowledge, clinical and technical skills required to be successful in the examination and candidates are advised to consult the Standards for Knowledge and Skills within the syllabus. The curriculum is competence based, requiring the trainee to demonstrate both applied and theoretical knowledge and practical skills, together with the professional behaviours described in the Good Medical Practice document of the General Medical Council of the United Kingdom (<http://www.gmc-uk.org/>). The provision of excellent care for the surgical patient, delivered safely, is at the heart of the curriculum.

Note:

- In order to be awarded the MRCS (ENT), a candidate is required to pass both the MRCS Part A examination (comprising two Multiple Choice Question papers) and the MRCS (ENT) OSCE. Candidates are advised to consult the regulations currently in force, which may be found at: <https://www.intercollegiatemrcsexams.org.uk/dohns/dohns-regulations-and-formal-documents/>, and also the *Guide to the intercollegiate MRCS examination* for further information about the MRCS Part A, which may be found at: <https://www.intercollegiatemrcsexams.org.uk/mrcs/candidate-guidance/>.

The Otolaryngology Specialist Advisory Committee has deemed that the possession of either the MRCS (ENT) or the MRCS plus the DOHNS is required to allow access to the National Selection Process for transition from CT/ST2 to ST3. Candidates are advised to consult the MDRS website for the latest regulations (<https://specialtytraining.hee.nhs.uk/>).

This guide has been produced in order to indicate to candidates and their supervisors the extent and level of knowledge that is required to pass the MRCS (ENT) examination. Each examination will contain a range of questions that cover a representative sample of the syllabus, but not every topic will be tested on each occasion.

## **Section 2 – Topics and skills that may be examined in the MRCS (ENT)**

Candidates are advised to consult the complete syllabus for the MRCS (ENT) examination, which is contained within the curriculum for the "Early Years" of Otolaryngology Training in the United Kingdom, and which can be found at: <https://www.iscp.ac.uk/iscp/curriculum/>.

**This is a summary of the knowledge required:**

### **1. Elective otology**

Detailed knowledge is expected of the anatomy and physiology of the ear and auditory pathways, the cranial nerves, the relationship of disease to the temporal bone, and general knowledge of embryology and genetics in relation to congenital ear problems. Candidates are expected to understand anatomy and physiology related to the maintenance of balance; to understand the aetiology, classification, presenting symptoms, signs and management of common acute and chronic conditions, including conductive and sensorineural deafness in adults, facial paralysis, tinnitus, trauma (including barotrauma), dizziness, and infective and non-infective conditions of the inner, middle and external ear; to understand the potential intra- and extra-cranial complications of ear disease; to understand the principles and practice of audiological assessment and the interpretation of audiological investigations; to understand the basics of auditory rehabilitation, including hearing aids and implantable devices; and to understand the role of imaging and be able to interpret radiological investigations at a basic level. Candidates should have general knowledge of the microbiology of organisms commonly associated with ear infections, and the pharmacology of medications used in ear disease. Candidates are expected to be able to perform a competent clinical examination of the ear, using appropriate instruments and to be able to explain a common condition or treatment to a patient.

## **2. Paediatric otolaryngology**

Candidates are expected to have general knowledge of applied embryology and the anatomy of the head and neck in children, and of the anatomical differences between the adult and paediatric airway. They are expected to understand the aetiology, presenting symptoms, signs and management of common conditions including neck masses both congenital and acquired, airway disorders at birth and later in childhood including obstructive sleep apnoea, congenital deformities affecting the head and neck including the ear and cleft lip and palate, the commoner congenital syndromes seen in an ENT clinic, deafness including otitis media and its complications, facial palsy, otitis media and its complications, balance disorders, nose and sinus infections and their complications, inflammatory nasal disease and investigations, nasal polyps, foreign bodies in the ear and airway, epistaxis with particular reference to children, trauma to the head and neck, disease of the tonsils and adenoids and their complications, oncology, speech and language development and the management of the drooling child. They are expected to have knowledge of the presentations of non-accidental injury in an ENT clinic, and to be aware of age-appropriate hearing tests and hearing aids. They are expected to be able to take a thorough history from a child or parent.

## **3. Disease of the head and neck**

Candidates are required to have detailed knowledge of the anatomy and physiology of the head and neck. They should understand the aetiology, pathology (including microbiology), presenting symptoms, signs and management of common conditions, including congenital abnormalities of the head and neck (e.g. branchial arch abnormalities, cleft lip and palate), oral pathology, airway obstruction, voice disorders, disorders of swallowing, sleep related breathing disorders, adenoid and tonsillar pathology, benign and neoplastic salivary gland disease, thyroid and parathyroid disease, malignancies in the upper aerodigestive tract (including the oral cavity to the

extent that an ENT surgeon will be involved in diagnosis and multi-disciplinary management), craniocervical trauma in adults, cervical sepsis, lymphadenopathy and other neck lumps. They should also understand the classification of head and neck malignancies, in particular that for squamous cell carcinoma, and understand the pattern of spread of malignancy in the head and neck. They should understand common postoperative complications and their management. They are expected to be able to take an appropriate history, carry out an appropriate examination of the neck and upper aerodigestive tract, and to be able to explain a common condition or treatment to a patient.

#### **4. Rhinology**

Candidates are expected to have detailed knowledge of the anatomy, embryology and physiology of the nose and sinuses, including olfaction and the lacrimal system. They should understand the aetiology, presenting signs, symptoms and management of common conditions, including congenital abnormalities, nose and sinus infections and inflammation (including allergy), nasal polyps, facial pain, epistaxis, nasal trauma and deformity, rhinological oncology, granulomatous conditions, septal and rhinoplasty surgery including some understanding of the role of cosmetic surgery and reconstruction. They should understand the aetiology, pathophysiology and microbiology of sinonasal infections, and the general concepts behind sinonasal surgery for infection. They are expected to have knowledge of disorders of olfaction; the aetiology and management of epiphora; knowledge of the basic types of skin grafts, local flaps, regional flaps and free flaps; and knowledge of the pharmacology of drugs commonly used to treat nasal conditions. Candidates are expected to be able to take an appropriate history, carry out an appropriate examination of the nose using instruments in common use in an ENT clinic, and to be able to explain a common condition or treatment to a patient.

## **5. Emergency otolaryngology**

Candidates should understand the aetiology, presenting signs, symptoms and management of common conditions, including epistaxis, otitis externa, otitis media (and its complications), auricular trauma, foreign bodies in the ear and airways, acute oropharyngeal infections, acute sinusitis (and its complications), and simple fractures of the facial skeleton. They should understand the principles of acute airway obstruction and its management, including tracheostomy, and be able to resuscitate a critically ill patient. They should be familiar with the Glasgow Coma Score.

## **6. General**

Candidates are expected to be familiar with taking a history from a patient with a common otolaryngological condition, to be competent at carrying out an appropriate clinical examination (including the use of instruments in common use in an ENT clinic) and to be able to discuss and explain a condition or treatment to a patient or relative. This includes the effective communication of prognosis, risk, benefit and alternative managements in an appropriate manner. They are expected to demonstrate communication skills and empathy. An understanding of the concept of consent is required. Commonly used measures to prevent cross-infection are to be observed. Knowledge of epidemiology, statistics, evidence-based medicine and audit is expected. Recognition of the importance of clear written and verbal communication is required. Candidates will also be required to have knowledge of topics common to all surgical specialties, including the use of blood and blood products, the use of antibiotics in the surgical patient, the role and complications of diathermy, pain relief, thrombo-embolic prevention and management, wound care and suture techniques and materials. Candidates will be expected to be able to interpret basic blood tests (including coagulation) and overnight pulse oximetry. They will also be required to have knowledge of the advantages, disadvantages and appropriateness of various



imaging techniques, and to be able to make basic interpretations and to draw conclusions from images presented to them in the examination.

Note: All parts of the examination will be conducted in English and will use terminology and procedures relevant to the NHS in the UK. Candidates should be familiar with UK guidance issued by NICE or SIGN, and with standards issued by the British Society of Audiology.

## **Section 3 – The intercollegiate MRCS (ENT) examination**

The MRCS (ENT) examination consists of two parts; the MRCS Part A (MCQ) and the MRCS (ENT) OSCE. Though it is divided into two parts, the MRCS (ENT) is a single examination, and passing the MRCS Part A alone does not carry any diploma status. Topics may be examined in either MRCS Part A or the MRCS (ENT) OSCE or both parts of the examination. The examinations are held three times a year.

The MRCS Part A is a five-hour MCQ examination consisting of a three-hour paper (Applied Basic Science) followed by a two-hour paper (Principles of Surgery in General), taken on the same day. The Applied Basic Science paper will consist of 180 questions and the Principles of Surgery in General will consist of 120 questions. There is a break between the two papers. Candidates may sit this examination in various centres both in the UK and abroad.

The MRCS (ENT) OSCE is an objective structured clinical examination (OSCE), lasting approximately three-and-a-half hours. This examination is held in one of the Royal Colleges of Surgeons. The examination is held at one College on each occasion, and this location rotates between the four Colleges, i.e. the examination is held in London, Edinburgh, Glasgow or Dublin.

### **Entry requirements**

To meet the entry requirements for the MRCS (ENT) examination, candidates must hold a recognised medical qualification, and are strongly recommended to have been engaged in acquiring professional knowledge and training in Otolaryngology for at least six months in a full-time or equivalent part-time position.

Candidates may attempt the MRCS Part A six times only, and the MRCS (ENT) OSCE four times only.

Further details of entry requirements for the examination are given in the Regulations (see <https://www.intercollegiatemrcsexams.org.uk/dohns/dohns-regulations-and-formal-documents/>) and candidates are advised to consult the website for up-to-date information.

## **Section 4 – MRCS Part A information**

Information about the MRCS Part A examination, including test structure and sample questions, can be found in section 5 of the MRCS Content Guide at <https://www.intercollegiatemrcsexams.org.uk/mrcs/candidate-guidance/>. Candidates are advised to familiarise themselves with this information before entering for the exam.

## **Section 5 – MRCS (ENT) OSCE information**

### **1. Structure of the MRCS (ENT) OSCE Examination**

The MRCS (ENT) OSCE consists of a “circuit” of up to 28 “Active Stations” and sometimes some “Preparation Stations” and “Rest Stations”. The 28 Active Stations are of two types:

- There are approximately five “clinical stations”. These are designed to assess clinical skills, clinical examination, clinical history-taking and communication skills. These stations are manned by both a patient (or an actor playing the part of a patient) and an examiner. Each candidate’s performance is observed and marked directly by the examiner.
- There are a further approximately 23 stations where candidates are presented with questions to be answered on a written question/answer sheet. These stations allow assessment of anatomy and physiology, pathology/histology, audiometry, otology, rhinology, laryngology, neck conditions, written communication skills, radiology, instruments and paediatric ENT surgery. Candidates are each provided with a cardboard folder to hold their completed question/answer sheets. The folder is labeled with the appropriate candidate number. Candidates keep their folder throughout the examination, carrying it on to the next station, and accumulating completed question/answer sheets as they progress around the circuit.

Some stations require the presence of a “Preparation Station” just before the active station. This Preparation Station provides instructions for the next station, so that the candidate is fully aware of the task which he/she will be asked to complete at the next station.

The examination is also likely to include a variable number of “Rest Stations”. During the rest stations, candidates may review their answer sheets from previous stations if they wish to do so.

## **2. Standard Setting**

The pass mark for the MRCS (ENT) OSCE examination is determined by the examiners attending the examination, and includes a modified Angoff process.

## **3. Duration**

The candidates have 7 minutes at each station to complete the task or the questions posed. After 7 minutes each candidate moves on to the next station. The examination will normally last approximately 3 hours 20 minutes.

## **4. Conduct of Examination**

### **4.1 Proof of Identity**

Candidates must bring proof of identity to the examination. Proof of identity must be an official document, such as a current passport or driving licence that includes the candidate’s name, signature and photograph. For the purposes of visual identification, any candidate sitting the examination will be required to remove any clothing and/or other item which covers all, or part of, the candidate's face. The Colleges will observe sensitivity and, in specific circumstances, privacy in the visual identification of candidates.

### **4.2 Dress Code**

In line with modern infection control practices, and in view of the variety of stations and the limited time available between them, it has been decided to adopt a standard dress code for all stations in order to ease the pressure upon candidates who would

otherwise be required to modify their dress between stations. The dress requirements for candidates are as follows:

- Arms to be bare below the elbow
- No jewellery on hands or wrists with the exception of wedding rings/bands
- No tie

An acceptable form of dress would be a conventional short-sleeved shirt/blouse, open at the neck or for a long-sleeved shirt/blouse with the sleeves rolled up throughout the examination. T-shirts and polo shirts are not acceptable dress.

Candidates with religious or cultural reasons for not observing this code for all stations will be expected to comply with the dress code for those stations involving the physical examination of patients/actors.

To facilitate the assessment of non-verbal communication skills and interaction with the examiner and patient (or actor in the role of the patient as the case may be), the Colleges will require candidates for the duration of the station in question to remove any clothing and/or other item which covers all, or part of the candidate's face.

### **4.3 Briefing**

All candidates will undergo a detailed briefing, normally by a member of the examination administrative staff, prior to the commencement of the MRCS (ENT) OSCE examination. It is very important that candidates listen carefully to the information that they are given at the briefing and also follow any instructions that they are given by the administrative staff during the circuit. The briefing will cover the checking and issuing of candidate numbers, layout of the stations, rest stations, the candidates' starting position, timing arrangements and arrangements for emergency evacuation of the centre. Candidates must make sure that they fully understand how

the examination circuit is to be run. At the end of the circuit there will be a debriefing session and candidates will be invited to complete a feedback form.

#### **4.4 Equipment**

All equipment required for the tasks set in each station will be supplied. Candidates are not required to bring any equipment for their own use.

There are a number of stations that use tablet computers to show a particular image. In the unlikely event of a malfunction candidates should immediately make an invigilator aware of the issue and another copy of the image will be supplied. Under these circumstances candidates will not be disadvantaged. Candidates are encouraged to use the zoom function if required but all other functions of the tablet are disabled. Any tampering with the internet function of the tablet will be deemed as misconduct.

#### **4.5 Electronic / Communication Devices**

Mobile phones or other electronic/communication devices must not be carried by any candidate during the examination circuit. These can be switched off and left with other property. Any candidate who is found to be in possession of an electronic/communication device after the start of the examination will be subject to disciplinary action.

### **5. Candidate Instructions**

Each station has specific candidate instructions. It is important to read each instruction carefully as this will describe precisely the task(s) that each candidate is required to undertake at each station. Should the candidate complete the task at one of the clinical stations within the 7-minute period, he or she may move outside the station and sit on a seat provided until the bell signals the beginning of the next station.



In stations involving the examination of patients or actors the examiner will usually watch candidates performing the required tasks. Candidates will not be prompted and will not be required to give a running commentary. If the examiner judges that a candidate is not performing the task requested, the candidate may be prompted to re-read the instructions for the station. Hand gel is provided for the use of candidates where contact with patients or other clinical material requires hand cleaning.

## **6. Examination Papers**

It is essential that candidates mark their candidate number in the top right hand corner of each question/answer sheet in the space provided. Papers with no candidate number will not be added into the examination results. Candidates should ensure that their writing is legible. Abbreviations for medical terms are best avoided. In common with current clinical practice, the words "Right" and "Left" should be written in full. If a question requires a candidate to state laterality, then marks will not be awarded for the use of "R" and "L". Where a question requires a candidate to list, for example, three items of information, but the candidate lists six items of information, then only the first three will be marked. At the end of the examination, the cardboard folders containing each candidate's completed question/answer sheets are collected by a member of the examination staff.

## **7. Results**

Details about the release date for the results will be given to candidates at or around the time of the examination.

## **8. Feedback**

Candidates will receive a breakdown of their marks for the content areas: otology, rhinology, laryngology/head and neck and clinical/communications skills, together with their overall result. No further feedback will be available.

## **9. Discipline**

This examination will be conducted according to the disciplinary procedures published by the Intercollegiate Committee for Basic Surgical Examinations. If a candidate is suspected of any misconduct the Supervising Examiner may make reasonable enquiries at the time and will notify the candidate of what the concerns are and how the matter will be resolved.