

INTERCOLLEGIATE MRCS APPLICATION FORM - PART B (OSCE)

The examination fee and all relevant information must be included with the application. Please write in capital letters.

Give details of any username or personal ID issued to you by the College to which you are applying to sit the examination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Acknowledgement sent:

\_\_\_\_\_

Fee paid:

\_\_\_\_\_

Comments on Application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Last name** in full: \_\_\_\_\_  
Write your name exactly as it appears on your primary medical degree certificate.

**Other names** in full: \_\_\_\_\_

**Gender:**  Female  Male

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For examination notices, results and correspondence)

**Postcode:** \_\_\_\_\_

**Telephone Numbers:**

Contact number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

ALL candidates must provide two photographs

**STAPLE  
TWO PASSPORT  
PHOTOGRAPHS HERE**

Print your name on the back of the photographs.

35mm x 45mm

**SECTION 1 - APPLICATION**

I wish to apply for MRCS Part B (OSCE)

to be held on:      /      /       
Day/ Month/ Year

**College to which you are applying:**

Edinburgh

England

Glasgow

**UK Centre** (as applicable): \_\_\_\_\_

**If you have applied to sit the MRCS examination at this College before, please indicate the date:**      /      /       
Day/ Month/Year

I enclose the required fee of \_\_\_\_\_ as shown in the current College examinations calendar.  
Note: The fee must be submitted in £ sterling. (See section 8 on page 6.)

**Specialty context stations**

Six of the 18 OSCE stations are examined in a specialty context (i.e. head and neck; trunk and thorax; limbs including spine; or neuroscience). You must select three of these four specialties in order of preference.

Your first specialty choice will be examined in three stations: anatomy and surgical pathology; history-taking; and physical examination. Your second specialty choice will be examined in two stations: history-taking; and physical examination. Your third specialty choice will be examined in a physical examination station only.

**Please indicate your choice of specialty context stations below**

specialty context	Indicate below your <b>first</b> choice of specialty context. <i>(Tick <b>one</b> box only from the list below.)</i>	Indicate below your <b>second</b> choice of specialty context. <i>(Tick <b>one</b> box only from the list below. You must choose a <b>different</b> specialty from that chosen in the column to the left.)</i>	Indicate below your <b>third</b> choice of specialty context. <i>(Tick <b>one</b> box only from the list below. You must choose a <b>different</b> specialty from the two chosen in the columns to the left.)</i>
head and neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trunk and thorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
limbs including spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
neuroscience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notes:**

1. You can enter the examination through any College but may enter with only one College at each sitting.
2. If you are out of time in the current Intercollegiate MRCS or the Collegiate MRCS, but in a surgical training post at the time of sitting the examination, please provide evidence from your ISCP Assigned Educational Supervisor.
3. If you attempt to enter the examination through more than one of the three Colleges at the same sitting you will forfeit the fees for each additional application.
4. If you are applying to sit the examination through a College to which you have applied previously you must submit another application form and photographs but you do NOT have to send your degree certificate or complete section 2 again.

**SECTION 2 - ACADEMIC RECORD**

**Primary medical qualification:** \_\_\_\_\_ **Date conferred:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Qualifying University**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 0001 Aberdeen                      | <input type="checkbox"/> 0012 Edinburgh                                  | <input type="checkbox"/> 0023 Manchester               |
| <input type="checkbox"/> 0002 Belfast - Queen's University  | <input type="checkbox"/> 0013 Hull, York                                 | <input type="checkbox"/> 0024 Newcastle upon Tyne      |
| <input type="checkbox"/> 0003 Birmingham                    | <input type="checkbox"/> 0014 Keele                                      | <input type="checkbox"/> 0025 Norwich – UEA            |
| <input type="checkbox"/> 0004 Brighton and Sussex           | <input type="checkbox"/> 0015 Leeds                                      | <input type="checkbox"/> 0026 Nottingham               |
| <input type="checkbox"/> 0005 Bristol                       | <input type="checkbox"/> 0016 Leicester                                  | <input type="checkbox"/> 0027 Oxford                   |
| <input type="checkbox"/> 0006 Cambridge                     | <input type="checkbox"/> 0017 Liverpool                                  | <input type="checkbox"/> 0028 Peninsula Medical School |
| <input type="checkbox"/> 0007 Cardiff - University of Wales | <input type="checkbox"/> 0018 London - Barts and The London              | <input type="checkbox"/> 0029 Sheffield                |
| <input type="checkbox"/> 0008 Derby                         | <input type="checkbox"/> 0019 London – GKT                               | <input type="checkbox"/> 0030 Southampton              |
| <input type="checkbox"/> 0009 Dundee                        | <input type="checkbox"/> 0020 London - Imperial College                  | <input type="checkbox"/> 0031 St Andrews               |
| <input type="checkbox"/> 0010 Durham – Stockton             | <input type="checkbox"/> 0021 London - Royal Free and University College | <input type="checkbox"/> 0032 Swansea                  |
| <input type="checkbox"/> 0011 Glasgow                       | <input type="checkbox"/> 0022 London - St George's                       | <input type="checkbox"/> 0033 Warwick                  |

**University at which degree obtained** (if not from UK): \_\_\_\_\_

**Country:** \_\_\_\_\_ **GMC/IMC Number** (if held): \_\_\_\_\_

If your name does not appear in the Medical Register of the General Medical Council of the UK or the Medical Register of Ireland, your qualification must be acceptable to one of the Councils of the Colleges; in this case, you **MUST** submit your original degree certificate or a certified copy for scrutiny.

**SECTION 3 – ELIGIBILITY**

In order to apply for Part B (OSCE), you must provide evidence of having passed either Part A or Parts 1 and 2 of the Intercollegiate MRCS examination. A certified copy of your pass letter for Part A or Part 1 and Part 2 should be included with this application unless you are applying for Part B (OSCE) at the same College at which you passed Part A or Part 1 and Part 2.

**If you have passed Part A:**

- Edinburgh
- England
- Glasgow
- Ireland

Date of passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**If you have passed Part 1 and Part 2 of the Intercollegiate MRCS examination:**

**Part 1**

At which College did you pass Part 1? (Tick as appropriate)

- Edinburgh
- England
- Glasgow
- Ireland

Date of passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Part 2**

At which College did you pass Part 2? (Tick as appropriate)

- Edinburgh
- England
- Glasgow
- Ireland

Date of passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Date of first attempt at Part 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Please list the College(s) and date(s) of any previous attempts at the MRCS Part B (OSCE) examination.**

Date of sitting: \_\_\_\_/\_\_\_\_/\_\_\_\_ College: \_\_\_\_\_  
Day Month Year

Date of sitting: \_\_\_\_/\_\_\_\_/\_\_\_\_ College: \_\_\_\_\_  
Day Month Year

Date of sitting: \_\_\_\_/\_\_\_\_/\_\_\_\_ College: \_\_\_\_\_  
Day Month Year

**SECTION 4 – LEVEL OF TRAINING AND DEANERY AT THE TIME OF APPLICATION**

(The Colleges are required to collect the following information by the General Medical Council Please note: The completion of this section is mandatory. Incomplete applications will be returned to candidates.

**4.1 Please indicate the level of your training by ticking the appropriate box:**

FY1       FY2       CT1/ST1       CT2/ST2       CT3       FTST       Other:.....

**4.2 Please indicate the Deanery to which you are appointed by ticking the appropriate box:**

- |  |   |
|--|---|
| <input type="checkbox"/> 0021 Not applicable                                     | <input type="checkbox"/> 0011 South West Peninsula Deanery                              |
| <input type="checkbox"/> 0001 Northern Deanery                                   | <input type="checkbox"/> 0012 West Scotland Deanery                                     |
| <input type="checkbox"/> 0002 North Western Deanery                              | <input type="checkbox"/> 0013 East of England Deanery                                   |
| <input type="checkbox"/> 0003 London Deanery                                     | <input type="checkbox"/> 0014 Oxford Deanery  |
| <input type="checkbox"/> 0004 West Midlands Multi-Professional Workforce Deanery | <input type="checkbox"/> 0015 Kent Surrey and Sussex Deanery                            |
| <input type="checkbox"/> 0005 Wessex Deanery                                     | <input type="checkbox"/> 0016 East Scotland Deanery                                     |
| <input type="checkbox"/> 0006 South East Scotland Deanery                        | <input type="checkbox"/> 0017 North Scotland Deanery                                    |
| <input type="checkbox"/> 0007 Yorkshire and the Humber Postgraduate Deanery      | <input type="checkbox"/> 0018 Defence Postgraduate Medical Deanery                      |
| <input type="checkbox"/> 0008 Mersey Deanery                                     | <input type="checkbox"/> 0019 Wales School of Postgraduate Medical and Dental Education |
| <input type="checkbox"/> 0009 Severn Deanery                                     | <input type="checkbox"/> 0020 Northern Ireland Medical and Dental Training Agency       |
| <input type="checkbox"/> 0010 East Midlands Healthcare Workforce Deanery         |   |

**SECTION 5 - CHECKLIST**

**Is your application form complete? Have you included the following?**

	<b>yes</b>	<b>no</b>
➤ Complete and up-to-date contact information	<input type="checkbox"/>	<input type="checkbox"/>
➤ Two recent passport photographs with your name printed on the back	<input type="checkbox"/>	<input type="checkbox"/>
➤ Examination fee	<input type="checkbox"/>	<input type="checkbox"/>
➤ Complete details of your primary medical qualification, including university and date of completion	<input type="checkbox"/>	<input type="checkbox"/>
➤ A certified copy of your primary medical degree certificate (if your name does not appear on the GMC or IMC Register)		
➤ If the College at which you passed Part A or Part 1 and 2 is not the same as the College to which you are applying for Part B, documentary evidence of your pass(es)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Date of examination	<input type="checkbox"/>	<input type="checkbox"/>
➤ Examination centre	<input type="checkbox"/>	<input type="checkbox"/>
➤ Signed and dated declaration confirming that you have read and understood the <i>Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain</i> currently in force	<input type="checkbox"/>	<input type="checkbox"/>

Copies of original documentation, verified by a public notary or solicitor/lawyer, should have an official stamp accompanying the signature. Official English translations will be required for stamps or certificates sent that are not in English.

**SECTION 6 - DECLARATION** (to be signed by the candidate)

I have read and understood *the Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain* currently in force. I declare that to the best of my knowledge all the information given on this form is a true statement. Any false statement will invalidate my entry. I understand that if I have become out of time in the Collegiate or Intercollegiate MRCS I am not permitted to apply for the MRCS, unless I am in a training post in accordance with 4.4 of the Regulations currently in force.

**Signature of Candidate:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

All personal information held by the Surgical Royal Colleges of Great Britain will be held in accordance with the *Data Protection Act of 1998 and the Freedom of Information Act 1998*. Any data collected may be exchanged between the Surgical Royal Colleges of Great Britain but will not be released elsewhere without your permission.

In the unlikely event that the Surgical Royal Colleges of Great Britain have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges of Great Britain shall incur no further liability.

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**REQUEST FOR SPECIAL ARRANGEMENTS**

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMINATIONS SECTION OR DEPARTMENT OF ANY SPECIAL REQUIREMENTS AT THE TIME OF APPLICATION TO THE EXAMINATION AND SUBMIT APPROPRIATE SUPPORTING EVIDENCE AS SPECIFIED IN THE REGULATIONS.

Applications for special arrangements on medical or compassionate grounds must be supported with medical certification at the time of application.

**SECTION 7 - RELEASE OF RESULTS** (this section is optional)

I authorise the examinations section or department of the examining College to release my results to an Assigned Educational Supervisor.

**Signature of candidate:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**SECTION 8 - PAYMENT**

- The **only** credit/debit cards accepted by The Royal College of Physicians and Surgeons of Glasgow are Visa, MasterCard and Switch.
- None of the Surgical Royal Colleges accept American Express.

**Name of candidate** (BLOCK CAPITALS): \_\_\_\_\_

**Payment must be made in full by:**  Bank draft  Cheque  Credit/debit card  
(Tick as appropriate)

Cheques should be made payable to the College at which you wish to take the examination. Print your name on the back of the cheque.

**Cheque number:** \_\_\_\_\_

**CREDIT CARD/DEBIT CARD**

**I wish to pay by:**  
(Tick as appropriate)

VISA  MASTERCARD  SWITCH  DELTA  SOLO  VISA DEBIT  MAESTRO

**Card Number:**

**Valid from date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiry date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Three-digit security number:** \_\_\_\_\_  
MM YYYY MM YYYY (found on the reverse of your card)

**Debit Card issue number** (if applicable): \_\_\_\_\_

**Amount authorised to be withdrawn:** \_\_\_\_\_  
For details of current examination fees, please refer to the examinations calendar.

**Name of cardholder:** \_\_\_\_\_

**Signature of cardholder:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

**The Royal College of Surgeons of Edinburgh**  
The Adamson Centre  
3 Hill Place  
Edinburgh EH8 9DS  
Tel no: 0131-527-1600  
Fax no: 0131-668-9231  
Charity No. SC028302  
E-mail address:  
[examinations@rcsed.ac.uk](mailto:examinations@rcsed.ac.uk)

**The Royal College of Surgeons of England**  
Examinations Department  
35-43 Lincoln's Inn Fields  
London WC2A 3PE  
Tel no: 020-7869-6281  
Fax no: 020 7869-6290  
Charity No. 212808  
E-mail address:  
[exams@rcseng.ac.uk](mailto:exams@rcseng.ac.uk)

**The Royal College of Physicians and Surgeons of Glasgow**  
232-242 St Vincent Street  
Glasgow G2 5RJ  
Tel no: 0141-221-6072  
Fax no: 0141-241 6222  
Charity No. SC000847  
E-mail address:  
[imrcsa@rcpsg.ac.uk](mailto:imrcsa@rcpsg.ac.uk)

## EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of Great Britain aim to ensure fair treatment in relation to admission and assessment of examination candidates. The Colleges aim to assess candidates on the basis of ability, regardless of gender, color, ethnic or national origin, race, disability, age, socio-economic background, religious or political beliefs, family circumstances, marital status, sexual orientation or other irrelevant distinction. Completing this form will allow us to monitor our statistics and ensure that we are not discriminating in any way.

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.

### Gender

- Female
- Male

Nationality.....

### Do you consider your first language to be English?

- Yes
- No

**Do you have a disability** under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day to day activities which are substantial, adverse and long term)?

- Yes
- No

### What is your sexual orientation?

- Bisexual
- Heterosexual
- Lesbian or Gay

### What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief

Indicate a more specific category here:

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### Ethnicity

Choose one selection from the list below to indicate your cultural background.

#### a) White

- British
- Irish
- Any other White background

#### b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

#### c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

#### d) Black or Black British

- Caribbean
- African
- Any other Black background

#### e) Chinese or other ethnic group

- Chinese
- Any other background

#### f) Middle Eastern/Arabic

- Arabic
- Any other Middle Eastern Background

Indicate a more specific category here:

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