

Access arrangements policy



The **ROYAL**
COLLEGE *of*
SURGEONS *of*
EDINBURGH

Access arrangements policy

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1. Introduction

At the Royal College of Surgeons of Edinburgh, we want all candidates to feel welcome. We are committed to providing support and fair opportunity to all. We want everyone who sits an examination with us to have the same opportunity to demonstrate their skills, knowledge and abilities. We recognise existing inequalities and if candidates have a temporary medical condition, are neurodivergent, have a Specific Learning Difficulty, a long-term condition and/or disability¹, we welcome requests for access arrangements for assessment activity.

We want the College to be a space where everyone feels respected and able to demonstrate their skills, knowledge and abilities without unnecessary barriers. We will fully consider all access arrangements requests submitted with appropriate evidence in a fair, transparent, consistent and justifiable manner.

1.1 Legal & regulatory context

We follow best practice and comply with both the letter and the spirit of the 2010 Equality Act.² Other relevant legislation, regulation and guidance includes:

- The 1998 Human Rights Act.
- General Dental Council and General Medical Council regulatory requirements around appropriate standards, policies, regulations and professional conduct in relation to all assessments.
- Academy of Medical Royal Colleges (AOMRC) guidance around access arrangements.³

¹ For definitions of these terms, please see Appendix 1.

² Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>.

³ 'Managing access arrangements for candidates requesting adjustments in high stakes assessments', 2018:

https://www.aomrc.org.uk/wp-content/uploads/2018/04/Managing-Access-Arrangements-for-Candidates-requesting-adjustments-in-High-Stakes-Assessments_MP_160518-PFCC-RJ.pdf.

2. Purpose

This policy outlines the processes to follow in applying for access arrangements. If there are any additional questions after reading the policy, please contact exams@rcsed.ac.uk.

Following AOMRC guidance, we use 'access arrangements' as an umbrella term for any additional support candidates may need because of temporary medical conditions, neurodiversity, Specific Learning Difficulties, long-term conditions and/or disability. The aim of an access arrangement is to enable candidates to overcome any barriers that prevent them from accessing assessments, without affecting the assessment's competence standard or providing an unfair advantage over candidates who did not request an access arrangement. The assessment format will have a bearing on whether a requested access arrangement is possible. A request may not be granted if it affects the assessment's security and/or integrity or involves unreasonable costs, timeframes or impacts on others involved.

Our approach to access arrangements is:

- Welcoming and enabling candidates to declare temporary medical conditions, neurodiversity, Specific Learning Difficulty, long-term conditions and/or disability.
- Looking at the adverse impact of temporary medical conditions, neurodiversity, Specific Learning Difficulty, long-term conditions and/or disability on the candidate.
- Looking at the type of assessment.
- Considering what evidence is required to decide.
- Considering the effectiveness of any access arrangements and any unintended consequences.
- Looking at the impact the requested access arrangements would have on the candidate and others involved in the assessment process (other candidates, examiners, actors and staff, for example).
- Considering what is reasonable with the resources available.

3. Access arrangements

There are two types of access arrangements: reasonable adjustments and discretionary adjustments.

3.1 Reasonable adjustments

These are actions that help reduce the adverse impact of neurodiversity, Specific Learning Difficulty, long-term conditions and/or disability that puts a candidate at substantial disadvantage in an assessment situation.⁴ The 2010 Equality Act refers to these as “impairments”; we recognise candidates might view them differently and more neutrally – the Act uses the medical rather than the social model of disability. However, if the neurodiversity, Specific Learning Difficulty, long-term condition and/or disability has an adverse impact on accessing assessments, candidates are encouraged to apply for reasonable adjustments.

Reasonable adjustments, as outlined in the 2010 Equality Act, are:

- *“a requirement, where a provision, criterion or practice... puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.”*
- *“a requirement, where a physical feature puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.”*
- *“a requirement, where a disabled person would, but for the provision of an auxiliary aid, be put at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to provide the auxiliary aid.”⁵*

⁴ For a definition of ‘substantial disadvantage’, please see Appendix 1.

⁵ Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

Equality Act 2010 (guidance): <https://www.gov.uk/guidance/equality-act-2010-guidance>.

3.2 Discretionary adjustments

These follow the same pattern as reasonable adjustments. They apply to candidates with temporary medical conditions that do not meet the definition of disability as laid out in the 2010 Equality Act but still affect their ability to take part in a planned examination. For example, this could include a lower limb injury or pregnancy. We recognise that candidates who are pregnant may not view this as a temporary medical condition, but this is the terminology the Act uses; if the pregnancy or pregnancy-related conditions have an adverse impact on accessing assessments, candidates are encouraged to apply for discretionary adjustments.

3.3 Examples of reasonable and discretionary adjustments

We look at each request on a case-by-case basis. We do not assume candidates with the same temporary medical conditions, neurodivergence, Specific Learning Difficulty, long-term condition and/or disability will find the same access arrangements helpful. For examples of potential reasonable and discretionary adjustments, please see below. **We cannot guarantee applying candidates will receive all or any of these – this will depend on the individual request and evidence submitted.** We are happy to answer queries if candidates are unsure if their circumstances are covered by access arrangements; please contact exams@rcsed.ac.uk.

Table 1: Written examinations

Category	Access arrangements		
	Separate room	Extra time	Other
Hearing impairment/ Deafness	No	No	<ul style="list-style-type: none">• Inform staff members/invigilators• Seat at/near the front of the examination hall• Written instructions issued at the start of an examination• Sign language interpreter
Specific Learning Difficulty	Possibly	Possibly (amount dependent on recommendations)	<ul style="list-style-type: none">• All written material in dyslexic-friendly fonts• Printed on prescribed coloured paper• Specific formatting• Supervised rest breaks
Temporary conditions due to illness/injury	Possibly	Possibly (amount dependent on recommendations)	<ul style="list-style-type: none">• Scribe• Disabled access• Other measures dependent upon the nature of the circumstances

Table 2: Objective structured clinical/practical examinations (OSCE/OSPE) and structured orals

Category	Access arrangements	
	Extra time	Other
Speech impairment	Possibly	<ul style="list-style-type: none"> • Inform examiners/staff
Specific Learning Difficulty	Possibly	<ul style="list-style-type: none"> • All written material in dyslexic friendly fonts • Printed on prescribed coloured paper • Specific formatting • Reader offered for use outside and/or inside station
Mobility problems which may affect access to, or progress round, all stations in circuit.	No	<ul style="list-style-type: none"> • Ensure access available to all stations • In clinical scenarios with patient – adjustable bed • Appropriate toilet facilities available
Temporary conditions due to illness/injury	No	<ul style="list-style-type: none"> • Scribe • Disabled access • Other measures dependent upon the nature of the circumstances

4. Application process

4.1 Reasonable adjustments

- The request should be submitted, with appropriate supporting evidence, when a candidate applies for a diet.
- All requests and supporting evidence must be submitted within **one working week of applying for a diet** to be guaranteed consideration. Applications submitted outside this timeframe are not guaranteed consideration; any application submitted **less than four weeks prior to a diet** will not be considered.
- We will confirm **no later than four working weeks before the diet** if/what reasonable adjustments have been granted.
- If granted, the candidate will be asked to acknowledge and agree to the reasonable adjustments by email within **one working week**. If they do not, the reasonable adjustments will not be put in place.
- If the request is not granted, we will let the candidate know why. The candidate can withdraw from the diet without financial penalty within **two weeks' notice of the decision**.
- Please note the earlier a request is made, the more likely it is it can be accommodated. If candidates ask for reasonable adjustments on the day, these cannot be provided as a full and fair review of the request cannot be made in these circumstances. The candidate would need to decide whether to sit without them or withdraw; there may be a financial penalty for withdrawal.
- If a candidate receives a new diagnosis of neurodivergence, Specific Learning Difficulty, long-term condition and/or disability between the reasonable adjustments request deadline and diet, we will make the best efforts to accommodate the request. If this is not possible, the candidate would need to decide whether to sit without them or withdraw; there would be no financial penalty for withdrawal in this case.

The request should detail:

- The diagnosed, evidenced neurodivergence, Specific Learning Difficulty, long-term condition and/or disability.
- How that adversely impacts examination performance.
- Any reasonable adjustments the candidate feels would overcome that disadvantage. It would be helpful if candidates could include examples of previously granted reasonable adjustments.

Appropriate supporting evidence for United Kingdom-based (UK) candidates includes:

- Physical conditions – a General Medical Practitioner (GMP) and/or specialist letter.
- Other disability – written evidence with suggested reasonable adjustments from a medical professional registered with the relevant regulator. All medical evidence must be provided by the candidate's registered medical professional, on headed paper and include details of the medical professional for verification.
- Specific Learning Difficulty – a full psychology/neurodiversity assessment report. The report must be from an approved assessor, undertaken and provided in English and carried out after the age of sixteen. It should detail recommended reasonable adjustments. Approved assessors include:
 - Specialist teachers who hold a practising certificate in assessing Specific Learning Difficulty from a relevant professional body. There is a website where this can be checked (<https://sasc.org.uk/find-an-assessor/>).
 - Practising chartered or educational psychologists registered with Healthcare Professionals Council. There is a website where this can be checked (<https://www.hcpc-uk.org/check-the-register/>).
- Attention Deficit Hyperactivity Disorder (ADHD) and autism – an assessment by a psychologist/psychiatrist confirming diagnosis or a letter from the candidate's GMP.

Candidates based outside the UK applying for reasonable adjustments need the same type of evidence from their country's relevant educational or medical professionals. Evidence must be provided in English.

We may contact the candidate to discuss the request, seek clarification of submitted evidence or ask for further evidence. The candidate is responsible for asking the evidence providers for clarification or further evidence. Evidence providers have a responsibility to provide true and accurate evidence; if not, they could be reported to the relevant regulator. Guidance is available for evidence providers (please see Appendix 2). We reserve the right to seek independent advice to ensure any reasonable adjustments are appropriate and in accordance with applicable legislation and guidance.

All four Royal Surgical Colleges operate a 'fit to sit' policy. If a candidate attends a diet, they are declaring themselves to be mentally and physically ready to sit the examination. A declined request for reasonable adjustments cannot be grounds to discount an examination attempt after the case. The 'fit to sit' policy requires candidates to take responsibility for assessing their own readiness to sit the examination.

If a candidate receives a new diagnosis of neurodivergence, Specific Learning Difficulty, long-term condition and/or disability after failing an examination where they have not had relevant, applicable reasonable adjustments, the previous attempts are discounted.

4.2 Discretionary adjustments

- The request should be submitted to the relevant examination application email as soon as possible on the commencement of the temporary medical condition.
- We will respond as soon as practicable to confirm if/what discretionary adjustments have been granted.
- If the request is not granted, we will let the candidate know why.
- Candidates who have applied for but not received discretionary adjustments for pregnancy/pregnancy-related conditions can withdraw without financial penalty; other candidates will receive an 80% refund.
- Please note the earlier a request is made, the more likely it is that it can be accommodated. If candidates ask for discretionary adjustments on the day, these cannot be provided as a full and fair review of the request cannot be made in these circumstances. The candidate would need to decide whether to sit without them or withdraw; there may be a financial penalty for withdrawal.

The request should detail:

- The temporary medical condition.
- How that adversely impacts examination performance.
- Any discretionary adjustments the candidate feels would overcome that disadvantage.

Appropriate supporting evidence for UK-based candidates includes:

- Physical or mental injuries/ill health – GMP, hospital and/or specialist letter.
- Pregnancy (pregnant or given birth 26 weeks before a diet) and/or pregnancy-related circumstances (breastfeeding/expressing milk) – a MatB1 form and/or a letter from a midwife, GMP or hospital.

Candidates based outside the UK applying for discretionary adjustments need the same type of evidence from their country's relevant medical professionals. Evidence must be provided in English.

We may contact the candidate to discuss the request, seek clarification of submitted evidence or ask for further evidence. The candidate is responsible for asking the evidence providers for clarification or further evidence. Evidence providers have a responsibility to provide true and accurate evidence; if not, they could be reported to the relevant regulator. Guidance is available for evidence providers (please see Appendix 2). We reserve the right to seek independent advice to ensure any discretionary adjustments are appropriate and in accordance with applicable legislation and guidance.

All four Royal Surgical Colleges operate a 'fit to sit' policy. If a candidate attends a diet, they are declaring themselves to be mentally and physically ready to sit the examination. A declined request for discretionary adjustments cannot be grounds to discount an examination attempt after the case. The 'fit to sit' policy requires candidates to take responsibility for assessing their own readiness to sit the examination.

5. Appeal process

We will consider appeals/complaints in relation to access arrangement requests with due regard to the fairness of an outcome. All parties involved in appeals/complaints will have an opportunity to state their case.

If a candidate wants to appeal or complain about a decision in relation to an access arrangement request, they should do so to the Dean of Examinations; the Dean's decision is final. The appeal/complaint should be submitted to exams@rcsed.ac.uk.

It should include the following:

- The candidate's name
- The examination & diet the access arrangement request was made for
- The access arrangements requested
- The evidence submitted
- What access arrangements (if any) were granted
- The College's stated reason for their decision
- Why the candidate thinks the decision was incorrect

Please note, an appeal/complaint cannot solely be on the basis the candidate disagrees with the decision. The candidate needs to demonstrate that due process was not followed and/or that identical requests for the same examination & diet, with the same evidence, were granted.

If the appeal/complaint is successful and in time, the request will be revisited for the diet originally applied for. If the appeal/complaint is successful but not in time and the candidate sat the examination, the attempt can be discounted in case of failure; if the candidate did not sit the examination, any financial penalty for withdrawal will be refunded and the request revisited for future diets.

We will endeavour to learn from complaints or appeals to improve our guidance, training, communication and processes when improvement opportunities are identified.

Appendix 1: Definition of key terms

- Neurodiversity – the cognitive differences between how people think, learn and behave, when a person’s brain processes information and stimuli differently from that considered ‘typical’. This can be differences in social preferences, ways of learning, communicating and/or experiencing the environment.
- Specific Learning Difficulty – an umbrella term for frequently occurring conditions which affect the way information is learnt and processed, including dyslexia, dyspraxia, dyscalculia and ADHD.
- Long-term conditions – according the 2010 Equality Act, those that have lasted at least twelve months or are likely to last the rest of the person’s life. It applies to conditions that may settle down but recur.
- Disability – according to the 2010 Equality Act, a physical or mental “impairment” which has a substantial and long-term adverse effect on someone’s ability to carry out normal day-to-day activities. Examples include: physical and sensory impairments; ‘hidden’ impairments (epilepsy, respiratory or heart conditions or diabetes, for example); ongoing/fluctuating medical conditions; mental ill-health.

The 2010 Equality Act defines substantial adverse effect and normal day-to-day activities:

- Substantial adverse effect – this is more than minor or trivial. The impairment may not directly prevent someone from carrying out one or more normal day-to-day activities but have a substantial adverse effect on how they carry them out. For example, where the impairment causes pain or fatigue in performing those activities, the person may have capacity to do something but suffer pain in doing so. The impairment might make the activity more than usually fatiguing so the person might not be able to repeat the task over a sustained period time.
- Normal day-to-day activities – these are activities carried out by most people on a regular or frequent basis. Most relevant here are: walking; lifting or carrying; typing; writing; talking, listening; reading.

Appendix 2: Guidance for evidence providers: supporting documentation for reasonable and discretionary adjustments

1. Introduction

This guidance is for professionals who are asked to provide evidence to support a candidate's application for reasonable or discretionary adjustments⁶ for Royal College of Surgeons of Edinburgh assessments/diets. Evidence is a crucial part of ensuring any adjustments granted are appropriate and targeted. This guidance outlines what information should be included in your documentation to support robust and fair decision-making.

2. The purpose of supporting evidence

The evidence provided should enable the decision-maker to:

- Understand the nature and impact of the candidate's temporary medical condition, neurodiversity, Specific Learning Disability, long-term condition and/or disability.
- Identify appropriate and proportionate adjustments.

3. Key information to include

Your documentation should be clear, professional, written in English and provided on headed paper. Please include the following elements:

A. Candidate details

- Full name and date of birth.
- Date of assessment/contact.
- Your professional relationship with the candidate (for example, GP, consultant or educational psychologist).

B. Diagnosis or description of temporary medical condition, neurodiversity, Specific Learning Disability, long-term condition and/or disability

- Name and nature of the temporary medical condition, neurodiversity, Specific Learning Disability, long-term condition and/or disability.
- Date of diagnosis or onset.

⁶ Reasonable adjustments are those that help reduce the impact of neurodiversity, Specific Learning Disability, long-term conditions and/or disability that put a candidate at substantial disadvantage in an assessment setting.

Discretionary adjustments follow the same pattern but apply to candidates with temporary medical conditions that affect their ability to take part in a planned diet (a lower limb injury or pregnancy, for example).

C. Functional impact

Explain how the temporary medical condition, neurodiversity, Specific Learning Disability, long-term condition and/or disability will adversely affect the candidate accessing an assessment/diet. Where possible, relate the impact to specific tasks or requirements (please see '5. Information on examination components').

Particular issues to consider are:

- Mobility
- Concentration or memory
- Visual or auditory processing
- Communication
- Social interaction

D. Recommendations for reasonable/discretionary adjustments

Provide recommendations for adjustments that may help mitigate any disadvantage caused by the temporary medical condition, neurodiversity, Specific Learning Disability, long-term condition and/or disability. This could include:

- Changes to the physical environment
- Assistive technology or software
- Examination materials available in requisite font/formatting
- Flexible scheduling
- Extra time in assessments
- Communication support

Please specify whether recommendations are:

- Essential
- Helpful but not essential

E. Professional credentials

- Your name, job title and professional registration number
- Organisation or practice name
- Contact details (for verification purposes)

4. Tips for good practice

- Be objective and factual; avoid overstatement or speculation.
- Avoid jargon or acronyms unless clearly explained.
- If diagnosis is pending or symptoms are self-reported, state this clearly.
- Respect confidentiality but provide sufficient detail to support the request.

5. Information on examination components

Our examinations are made up of four potential components: a Single Best Answer paper; a Multiple Short Answer paper; structured orals; OSCE/OSPE.

A. *Single Best Answer*

These are selected response, multiple choice questions. They have a stem, lead-in and four/five answer options; they may have colour and/or black & white images accompanying the text. As standard, papers are printed on white paper with black ink, in size 11 Calibri font, single-spaced and left/right justified.

Examples

1. A 28-year-old female presents with a loose (grade 2/3 mobility) deciduous tooth. She is aesthetically conscious, and she has a high smile line, level with the gingival margins of her central incisors. Her BPE score is zero in all sextants. There is a moderate concavity of the alveolar ridge beside ULB (ridge width is estimated as 6mm) and the mesio-distal distance between UL1 and UL3 is 6.5mm.

Following extraction, which of the following would be the most appropriate method of providing a long-term solution for the patient?

- A. 6 months of healing and a 3.5mm diameter implant using an envelope flap
- B. 3.5mm diameter immediate implant with no grafting a small three-sided flap
- C. 3.5mm diameter immediate implant with no grafting and flapless approach
- D. 3.5mm diameter immediate implant with bone grafting and a small three-sided flap
- E. Socket preservation surgery and a 3.5mm diameter implant after 3 months



2. You are called as an immediate care provider to a 67-year-old man who has fallen down a full flight of stairs. When you arrive, you find him seated on a chair at the bottom of the stairs. His next-door neighbour is there with him. The patient is complaining of pain in his neck and tingling in his right arm. He is alert and oriented in time, place and person. You are the only healthcare professional on scene; an emergency ambulance is on its way and will be another 5 minutes. The correct initial priority for management of this patient is:

- A. To give him high flow oxygen via a non-rebreather mask with oxygen reservoir at a flow rate of 15 litres per minute
- B. To obtain venous access
- C. To instruct the neighbour to hold his head still in the neutral position whilst you apply a correctly-sized cervical collar
- D. To contact ambulance control to confirm that an ambulance is en route to your location
- E. To ask the patient to lie down on the floor

B. Multiple Short Answer

These are constructed response, longer-form items. They have a stem and several sub-questions per item; they may have colour and/or black & white images accompanying the text. As standard, the papers are printed on white paper with black ink, in size 11 Calibri font, single-spaced and left/right justified.

Examples

1. A 42-year-old patient attends a practice with toothache in the upper left quadrant of three days duration. The pain is well localised to the UL6, throbbing in nature and has kept the patient awake at night. During history taking, the patient states that he is HIV positive. He discloses that the CD4 count is $400 \times 10^6/L$. On examination, the UL6 is very carious. Furthermore, plaque control is poor with widespread gingival inflammation and several teeth are already missing. The peri-apical radiography shows deep caries, near to the pulp, but no apical lesion.

- A. What is the CD4 and why is it relevant? (2 points)
- B. What other viral parameters should the patient be asked about? (3 points)
- C. Provide two possible diagnoses for UL6. (4 points)
- D. The patient wishes to keep UL6 if possible. How would you proceed to manage UL6? (4 points)
- E. If extraction is necessary, what precautions are appropriate in this case? (3 points)

2. A female patient, aged 40, attends with a symptomatic click in her right temporomandibular joint. The click disappears if she opens in a protrusive position. She describes the pain as 6 out of 10 when present.

- A. What is the most likely diagnosis? (1 mark)
- B. The patient asks why the jaw clicks. How would you explain this in layman's terms? (2 marks)
- C. You decide that treatment is indicated. What is the primary aim of treatment and what appliance are you most likely to prescribe? (2 marks)
- D. What records would you send to the laboratory? (2 marks)
- E. What instructions would you give to the patient? (4 marks)

C. Structured orals

These are constructed response oral examinations; candidates will go through a circuit of short stations. Candidates will have a prompt, either outside or inside the station to prepare them for what they will be asked about; these prompts may have colour and/or black & white images accompanying the text. Inside the station, an examiner will run through a standardised list of questions. As standard, the prompts are printed on white paper with black ink, in size 11 Calibri font, single-spaced and left/right justified. As standard, any images will be laminated.

Examples

1. A 28-year-old man sustained a blow to his lower jaw whilst playing sport two days ago. He now feels his teeth don't quite meet together; he initially thought this was just due to bruising and would settle but it has not.

Medical history: Asthma

Drugs: Seretide ii puffs BD, Ventolin ii puffs prn

Family history: Mother had a bad reaction with a general anaesthetic

Social history: Ex-smoker (gave up 7 years ago), alcohol – approximately 20 glasses of beer per week, occupation – solicitor

Extraoral examination: minor abrasions on chin, mild facial asymmetry, deviation on opening/closing

Intraoral examination: OH fair, mild overcrowding in upper arch, severe crowding lower right premolar area, no restorations, class I occlusion, posterior open bite on right side

A DPT radiograph was obtained.



2. You are working a Saturday afternoon shift in an Urgent Care Centre, as the senior clinician. The next patient to be seen on the triage screen is a 23-year-old woman who regularly attends the Urgent Care Centre with a mixture of physical symptoms for which there is no underlying medical diagnosis. She has attended the Urgent Care Centre on 11 occasions over the previous four weeks with various presentations of chest pain, visual symptoms, headaches, nausea, aching limbs, palpitations and breathlessness. Each time she is assessed and discharged without any medical treatment. This afternoon she is presenting complaining of abdominal pain.

The centre is currently very busy with a variety of adult and paediatric conditions, with a current waiting time of approximately 3 hours. You have two clinicians out on sickness, and one on annual leave and are working at approximately 50% of your usual staffing levels.

Candidate instructions:

Please consider how you would manage the immediate situation, the patient’s longer-term health needs and a service policy on how to manage such patients.

D. OSCE/OSPE

These are simulations to allow candidates to demonstrate clinical/practical knowledge, skills and abilities; candidates will go through a circuit of short stations. Candidates, observed by an examiner, will be asked to interact with a simulated patient or manikin, or enact a scenario with simulated colleagues. Candidates may be standing, kneeling, turning a patient or undertaking other physical manoeuvres. Candidates will have a prompt, either outside or inside the station, to prepare them for what they will be asked to do. These prompts may have colour and/or black & white images accompanying the text. As standard, the prompts are printed on white paper with black ink, in size 11 Calibri font, single-spaced and left/right justified. As standard, any images will be laminated.

Examples

1.

Candidate Instructions	
Setting	Teaching room
Circumstances	You are teaching on a pre-hospital emergency medicine training course. You are assigned to teach the intra-osseous teaching session at short notice.
Instructions	You are required to teach a new paramedic the skill of tibial intra-osseous access on a child using adult learning techniques. You are not expected to assess the paramedic’s ability to perform this procedure.
Additional information	You are provided with an EZ-IO driver, 3 sizes of EZ-IO needle and simulated tibia to enable tuition.

2.

Candidate Instructions	
Venue	Clinic
Circumstances	<p>You are about to request a diagnostic wax up to ascertain the most appropriate implant retained tooth replacement option.</p> <p>The patient is a middle-aged edentulous patient. They are unhappy with the complete denture they have been wearing for 15 years and would like to have something fixed in their mouth but does not want to change or compromise the facial appearance which they like.</p> <p>You have the preoperative photographs of the patient with and without the denture.</p>
Explicit instructions about the task	Describe the practical steps you would take for requesting the diagnostic wax up, including the request to the laboratory.
Any additional information required	You are not expected to go into details of the site of implant placement or the risks or benefits of the implant treatment.

