OSCE REVISIONS · BY MEDREVISIONS

The Complete Clinical OSCE Candidate Guide

How to use every feature of OSCE Revisions for UK medical-school and transferable clinical OSCEs — full library, customisable mocks, and the consultation skills every circuit rewards.

Tailored for Clinical OSCE · customisable mocks · UK consultation style

A practical walkthrough of the platform — from your first login to exam day.
Built around the way the platform actually works, page by page.
From the team behind MedRevisions — trusted by 30,000+ doctors since 2019.

MORE THAN CLINICAL OSCE

Dedicated tracks for PLAB 2 and MLA OSCE when you need exam-specific circuits — plus the MedRevisions family for theory prep.

- PLAB 2 — LIVE
- AMC Clinical — LIVE
- MRCS OSCE — COMING SOON
- OSCE Revisions blog — ARTICLES
- MLA OSCE (UKMLA CPSA) — LIVE
- NAC OSCE — COMING SOON
- MedRevisions — PARENT

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This guide takes you through every page on the platform on the Clinical OSCE track — a flexible UK OSCE track for candidates whose exam shape is set by their medical school rather than a fixed national circuit. It ends with a combined study strategy shaped around your school's format.

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GETTING ORIENTED

SECTION 01

The big picture

Before you click anything, understand one thing: **Clinical OSCE** is the platform's **flexible UK OSCE track** — built for candidates whose exam shape (station count, per-station timing, viva rules) is set by their **medical school** rather than a single fixed national circuit. You get the **full 1,800+ multi-exam library**, a **Core (~665) Start Here spine**, and **customisable mocks** so you can approximate whatever format your school runs.

What "Clinical OSCE mode" actually changes for you

- **Full library access.** You are not restricted to a curated PLAB set — you see the full 1,800+ station library across specialties, mapped against UK-style OSCE assessment.
- **Start Here Core (~665) as your spine.** Even with the full library visible, the Core keeps you from wandering: a finite, must-know set to complete first.
- **Timing you can shape.** Defaults land at **8 minutes with 90 seconds reading** (a common medical-school shape), but the point of this track is that you match mocks to *your* school's shape — 5-minute quickfire, 8-minute standard, 10-minute finals-style.
- **UK guidelines throughout.** Management should reflect **NICE, CKS, BNF, NHS** pathways — the UK consultation style every UK medical school rewards.
- **Mocks you can shape.** The Mock Exam lets you choose the station count (4–20), per-station timing (5–15 minutes) and reading time (0–5 minutes) to approximate your school's exact format. If your school includes viva questions, rehearse a compact spoken close in every run.
- **Same three-domain feedback** so you train Data Gathering, Clinical Management and Interpersonal Skills deliberately, whatever your school's local mark sheet looks like.

NEED A FIXED NATIONAL FORMAT?

Sitting **PLAB 2** (16 stations, 8 minutes, no viva)? Use the PLAB 2 hub and free PLAB 2 Candidate Guide (PDF). Sitting the **UKMLA CPSA** (finals-style 12×10 min with viva)? Use the MLA OSCE hub and MLA OSCE Candidate Guide (PDF). Sitting the **AMC Clinical** in Australia? Use the AMC Clinical hub and AMC Candidate Guide (PDF) — different guidelines, different marking. Clinical OSCE on this track is for candidates whose exam is not one of those fixed national circuits — end-of-year OSCEs, school-shaped finals, and transferable UK clinical practice.

WHO'S BEHIND THIS

OSCE Revisions is the clinical-exams sister platform of MedRevisions, which has helped **30,000+ doctors** prepare for their licensing exams **since 2019**. Everything here is written and reviewed by **practicing UK doctors** who know UK clinical OSCE assessment across schools and formats, and cites NICE / CKS / BNF / NHS by name — so what you study is what the exam actually rewards. We are not affiliated with or endorsed by any UK medical school or the GMC; no preparation provider is.

How marking works (so you study the right things)

Your medical school will use its own local mark sheet, but every UK clinical OSCE rewards the same three domains — the ones every feedback report on this platform breaks down for you. Study these from day one and your practice will translate to any school's rubric.

Data Gathering & Assessment

Clinical Management

Interpersonal Skills

The three domains carry roughly equal weight. Interpersonal Skills — empathy, ICE, signposting, patient-centred language — is the domain candidates most often underestimate.

DOMAIN	THE 10 COMPETENCIES YOUR FEEDBACK SCORES
Data Gathering, Technical & Assessment	Active Listening · Clinical Reasoning · Examination Skills · Interpretation of Findings
Clinical Management	Management Plan · Clear Communication · Time Management
Interpersonal Skills	Language & Fluency · Rapport & Empathy · Patient Concerns (ICE)

WHY THIS MATTERS

Whatever local mark sheet your school uses, they are almost certainly scoring versions of these behaviours. Every practice review on the platform is organised against these headings — so what you fix here transfers straight to your school's OSCE day.

GETTING ORIENTED

SECTION 02

The study loop

There are a lot of pages, but they fall into four jobs — the loop the platform is built around: Learn → Practise → Review → Simulate. Almost every candidate who struggles is doing only the first. The

ones who pass cycle through all four, again and again.

1 LEARN — get the material into your head

Reading the structured content: Start Here, Frameworks, Notes, Mind Maps, Videos, Comparisons, Exam Tips, Specialty Guides. This is where you understand what a good consultation contains and what the examiner is looking for. Most candidates over-invest here and never speak out loud.

2 PRACTISE — rehearse it out loud, under the clock

Talking through stations with the AI patient: Station Scenarios → the live Station, plus Build a Station. This is where knowledge becomes a performance. Your exam is not a written paper — you pass by doing, fluently, inside the clock. If you're not practising out loud, you're not preparing for the actual test.

3 REVIEW — find your gaps and close them

Reading feedback and tracking trends: Session Review, Revision Notes, History, Analytics, AI Professor. Every practice station produces a detailed report. The candidates who improve fastest treat each review as a to-do list, not a grade.

4 SIMULATE — rehearse the whole exam day

Full timed Mock Exams that string stations into the real circuit. Stamina, transitions and pacing are skills of their own — you only build them by sitting the whole thing.

> **THE LOOP THAT WORKS**
>
> Learn a topic → Practise it as a live station → Review the feedback → note the 2–3 things you missed → Practise again → Simulate under full mock conditions. One full loop on a topic beats three passive read-throughs. Aim to spend at least half your total study time in PRACTISE, REVIEW and SIMULATE — not just LEARN.

GETTING ORIENTED

SECTION 03

The platform map

Here's the entire sidebar, grouped the way the platform groups it, with a one-line "what it's for" so you always know where to go. The same sidebar shows on every track — only the content behind each panel is calibrated to your exam.

STUDY	WHAT IT'S FOR
Dashboard	Your home base — progress, scores, and "what to do next" suggestions.
Start Here	A guided, week-by-week roadmap through every must-know topic. Begin here.
Frameworks	Reusable consultation structures and mnemonics that fit your station clock.
Notes	The core revision library — one rich, multi-tab note per station/topic.
Videos	Curated video clips, pulled together from across all the guides.
Mind Maps	Visual, branch-out maps for seeing a topic's whole structure at once.
Exam Tips	Bite-size, high-yield pearls and traps — plus a flashcard trainer.
Comparisons	Side-by-side tables for telling similar conditions apart (differentials).

SPECIALTY GUIDES	WHAT IT'S FOR
Examinations	Step-by-step physical examination checklists.
Procedures	Step-by-step clinical procedure guides.
Prescribing	Drug details, dose calculations, prescription templates.
Data Interpretation	Systematic approaches to bloods, ECGs, ABGs, X-rays.

PRACTICE	WHAT IT'S FOR
Station Scenarios	Browse and launch practice stations with the AI patient.
Build a Station	Generate a full station for any topic or scenario you want to practise.
AI Professor	An AI tutor you can ask anything, any time — text-based, no voice attempt used.
Mock Exam	A full timed circuit shaped to your school's format — pick station count, timing and reading.

MY PROGRESS	WHAT IT'S FOR
Revision Notes	AI-written notes auto-generated from your own performance.
My Notes	Your own private notebook — clips, reflections, anything you save.
History	Every past session and mock, searchable and sortable.

MY PROGRESS	WHAT IT'S FOR
Analytics	Charts and weak-area detection across all your practice.

ONE THING ABOUT ACCESS

Every paid plan unlocks the whole platform — there is no higher tier that unlocks extra features. What plans differ by is your balance of **AI Attempts**: separate pools for **voice** and **text** practice with the AI patient. A free account starts with **3 voice + 3 text** attempts so you can try before subscribing, and the core frameworks are free too. See the Track-your-progress section for how to budget them.

STUDY — LEARN THE MATERIAL

SECTION 04

Dashboard · Start Here · Frameworks

Dashboard

Your personalised home on the Clinical OSCE track. It greets you, shows where you left off, and — most usefully — tells you what to do next.

- **Stat cards:** total sessions, average score and pass-rate, mocks taken, total practice time.
- **Progress charts** once you have graded sessions: a score trend line, a pass-rate gauge, and a strength-by-specialty radar.
- **Smart recommendation chips:** "Practise [your weakest specialty]", "Review [N] notes due", "Take a customisable mock", and a nudge back to Frameworks if your scores suggest structure is the problem.
- **No PLAB "Recently tested" rail on the Clinical OSCE track.** That rail is a PLAB-specific feature. On this flexible track, your Dashboard highlights Start Here Core progress and Analytics weak areas as your "what next" signal — matched to a mock format you configure yourself.

BEST FOR / HOW TO USE IT

Everyone, every session. Open it at the start of each study session and do whatever the recommendation chips suggest. Let it point you at your weak spots on the Core rather than re-practising what you're already good at.

Start Here — your Core spine

A week-by-week path through the **Clinical Core (~665)** — a curated must-know UK station set that keeps you from drowning in the full 1,800+ library. It's the antidote to "I don't know where to begin." The roadmap is broken into weekly steps, each containing clusters of related presentations. Every cluster has one anchor note (badge: "Anchor — read fully") and a few variants ("skim only for differences").

- **Read the anchor properly.** It teaches the whole pattern — NICE/CKS red flags, BNF prescribing where relevant, UK referral pathways.
- **Use "Continue."** The "Pick up where you left off" card drops you back exactly where you stopped.
- **Use the "Practice station" pill right from the roadmap** — read the anchor, then immediately rehearse it out loud on whatever clock matches your school. Read → speak, in one place.
- **Watch the progress %.** A cluster only counts as done when the anchor and all variants are ticked — an honest measure of Core coverage.

PRO TIP

Don't try to finish Start Here before you start practising. Read a week's anchors, then go and practise those stations on your school's timing. Reading the whole roadmap with zero out-loud practice is the classic trap.

Frameworks — one structure, any station length

The reusable skeletons that make every station manageable — whatever length your school uses. If Notes teach you what to say for each condition, Frameworks teach you how to run any UK consultation.

- **The Station Playbook:** a timed timeline of Opening → Presenting complaint → History → Background → Examination offer → Differential & explanation → Management → Safety-netting & close. Rehearse it at 5, 8 and 10 minutes so you can flex to any school-set clock — and leave breathing room at the end if your school includes viva questions.
- **The "Universal Five":** PMAFTOSA, ICE, SOCRATES, CARE, ABCDE. These carry you through the vast majority of stations. Non-negotiable.
- **UK-graduate polish:** naming NICE / CKS / BNF / NHS in management, using British safety-net language (when to see GP / call NHS 111 / go to ED), and calm signposting — the phrases every UK examiner rewards.

Each framework opens into structured sections (Consultation Flow, Key Questions, Differentials & Red Flags, Examination, Management, Safety Netting, Interpersonal Skills, Examiner Checklist, Quick Review). The Universal Five and the playbook starters are free for every account; a subscription unlocks the full framework library across consultation, communication, ethics, prescribing, teaching and emergency stations.

BEST FOR / FAST-TRACK NOTE

Absolutely every Clinical OSCE candidate, early and often. Know the Playbook cold at your school's usual station length before you do anything else — then rehearse a shorter version and a longer one so no format surprises you.

STUDY — LEARN THE MATERIAL

SECTION 05

Notes · Videos · Mind Maps

Notes — the core revision engine

This is the heart of the platform on the Clinical OSCE track. Each note is a complete UK-framed station guide written and reviewed by practicing doctors, cited to NICE / CKS / BNF / NHS where management is stated, built with multiple tabs so you can use the same note in different ways depending on how much time you have.

TAB	WHAT IT GIVES YOU	USE IT WHEN…
Full Guide	The complete teaching note: Overview, Candidate Brief, Consultation Flow, Key Questions, Differentials, Examination, Management, Written Prescription, Safety Netting and IPS points — with inline tips and a Key-Points summary card.	You're learning the topic for the first time.
Quick Review	The note distilled into cards: Key Differentials, Must-Ask Questions, Core Management, Safety Netting, IPS Tips, Examiner Pitfalls.	You already know it and want a fast refresh.
Examiner Checklist	An interactive, tickable mark sheet with a progress bar — literally the boxes an examiner ticks.	Self-testing from memory.
Exam Script	A worked, turn-by-turn model dialogue of the station.	You want to hear what a strong consultation sounds like.
Station Prep	Key points, branching tips, exam tips, and likely patient concerns in one panel.	The few minutes before you launch the live station.
Videos	Curated clips relevant to that specific station.	You learn better by watching.

Powerful note features candidates miss

- **"Practice Station" button** — jump straight from reading the note to rehearsing it live on your school's clock. Read → speak, in one click.
- **"Ask Professor" button** — open the AI tutor pre-loaded with that note's context, including the NICE/CKS references that back its management.
- **Spaced repetition** — rate a note Again / Hard / Good / Easy. The platform resurfaces it at the right time in a "Due for review" card and on your Dashboard. Essential given the breadth of the full library.
- **"Save to my notes"** — clip any section into your private notebook (Section 10).
- **Search & cluster view** — search by topic, system, or keyword, and switch to a "Clusters" view that groups related notes.

HOW TO ACTUALLY USE A NOTE

First pass: read the Full Guide. Second pass: close it and work through the Examiner Checklist from memory — whatever you can't recall is your revision list. Before practising: skim Station Prep. After practising: come back to Quick Review to lock it in, and rate it for spaced repetition.

Videos

Every curated clip from across the platform, in one searchable place, filtered by station type. The default filter opens on "Examinations" — tap "All" to see everything. Best for visual learners and for examination/procedure technique you need to see, not read.

Mind Maps

Interactive maps — expand branches, click nodes for detail. Great for seeing how a whole topic hangs together and for last-minute big-picture revision. An "Essentials" mode lets you filter by tier (T1 Must-Know → T3 Advanced) so you can focus on the highest-yield branches first, which is what you want in the final fortnight before any OSCE.

BEST FOR

Notes are for everyone and are where you'll spend most LEARN time. Videos suit visual learners and exam/procedure technique. Mind Maps suit big-picture thinkers and final-week consolidation.

STUDY — LEARN THE MATERIAL

SECTION 06

Exam Tips · Comparisons · Specialty Guides

Exam Tips

A searchable library of short, high-yield pearls and traps drawn from every note — each tagged High/Medium/Low yield and linked to its source, plus a daily "Tip of the day." Pearl collections group tips into rounds so you can grind through them in dead time — commutes, queues, the days before the exam.

Study mode is an Anki-style flashcard trainer: press Space to reveal, then rate Again / Got it. Filter by yield or system, shuffle, and drill. Perfect for spare-moment revision as the OSCE approaches.

Comparisons

Side-by-side tables showing how similar conditions differ across the features that matter — Site, Character, Red Flags, Key Investigation, Management. Built for the moment that wins or loses data-gathering marks: telling a dangerous differential apart from a benign one. Each cell can link straight to the full note, so a comparison doubles as a launchpad into deeper study.

BEST FOR

Tips suit everyone for spare-moment revision and for plugging the small gaps that separate a pass from a fail. Comparisons suit candidates who muddle similar presentations (chest pain, abdominal pain, headache) — i.e. most candidates.

Specialty Guides — the technical skill stations

Four focused libraries for the stations that test a specific technical skill rather than a conversation. Don't neglect these — they are highly scoreable because they reward a learnable, repeatable routine, which is exactly what a school-set OSCE rubric ticks off item by item.

GUIDE	WHAT IT COVERS	BEST FOR
Examinations	Step-by-step physical examination checklists for every exam station.	Nailing a slick, complete examination routine at any station length.
Procedures	Step-by-step guides for clinical procedures tested in OSCEs.	Procedure stations and safe technique.

GUIDE	WHAT IT COVERS	BEST FOR
Prescribing	Drug details, dose calculations, and BNF-cited prescription chart templates.	UK prescribing stations — a common, very scoreable format.
Data Interpretation	Systematic approaches to bloods, ECGs, ABGs and X-rays.	Any station that hands you a result to interpret.

PRO TIP

For exam and procedure stations, learn the routine until it's automatic, then practise it as a live station so you can narrate it smoothly under whatever time pressure your school uses. The marks here are for completeness and safety — a memorised checklist, said in your own words, is gold.

PRACTISE — REHEARSE OUT LOUD

SECTION 07

Station Scenarios · The live station · Build a Station

This is where preparation becomes performance. Reading notes is necessary but not sufficient — UK OSCEs are passed out loud, on the clock. Spend serious time here.

Station Scenarios — the practice browser

Browse the full library by specialty, station type (history, counselling, presenting complaint, acute/emergency, ethics, teaching, procedure, prescribing), or difficulty. Each card lets you launch the station, jump to its Notes, or "Ask Prof."

- **Difficulty stars** — start at 1–2 stars to build fluency, then push to 4–5 as the exam nears.
- **Specialty filter** — deliberately drill the specialties Analytics flags as weak; don't only re-practise what you enjoy.
- **No PLAB "Recently tested" filter on the Clinical OSCE track.** That's a PLAB-specific tool. On this flexible track your best filter combo is specialty + difficulty + your school's likely station types.

The live station — how a run works, at any length

This is the AI patient encounter. Treat every run like the real thing — on whichever clock matches your school's OSCE.

- **Reading phase:** you get the candidate brief and a countdown reading timer. Plan your opening, top three differentials, one red-flag screen, ICE cues, your management line, and the safety-net you'll close with. You can pause the reading timer for longer with the brief.
- **Encounter:** run the station on whichever clock your school uses. If your school includes a viva at the close, mentally rehearse a compact answer even when practising a patient-only run.
- **Voice or Text mode:** Voice mirrors the real exam — you actually rehearse speaking aloud — and uses one **voice** AI Attempt. Text mode uses one **text** AI Attempt and is the cheaper way to drill content and structure (text attempts go further; see Section 10). Save voice attempts for full spoken run-throughs.
- **"Show perfect script"** reveals a model consultation while the clock waits. Use it as a template to learn from, not a script to memorise word-for-word.

During the station

- A live timer runs; a warning bell fires with 2 minutes remaining — the moment your close should begin.
- Special stations surface the right tools automatically: an observations chart for acute stations, a prescription/drug chart you can actually fill in for prescribing stations, and dismissible clinical findings cards when results are handed to you.
- You can Mute or Pause if needed (pause freezes the clock and the patient can't hear you), then End the station when done.

DON'T DO THIS

Don't lean on "Show perfect script" every run. Read it once or twice to understand the shape of a great consultation, then practise without it. The exam has no script — your fluency has to be yours.

"BUT THE REAL EXAM HAS A HUMAN ACTOR…"

True — and everything the examiner marks is still produced by **you speaking**. Structure, fluency, signposting, empathy phrasing, time management: these are speaker-side skills, and they only improve with spoken repetition. The AI patient adapts to what you ask, pushes back, and gets emotional — exactly the muscle you need for a live role-player. Candidates who arrive having done dozens of full spoken run-throughs consistently report the real actor felt **easier** than practice: the hard part — thinking, structuring and speaking fluently under a clock — was already automatic.

Build a Station

Create any station you want to practise. Pick any topic, presentation, or scenario and the platform generates a complete station for it — brief, notes, model script, and marking scheme — saved to your library. Give it a title, optionally a specialty/type and a short brief, then choose the station length that matches your school: **5-minute quickfire (patient-only)**, **8-minute standard**, or **10-minute finals-style**. The 8- and 10-minute formats include a ~2-minute examiner viva close so you can rehearse the discussion your school may include; the 5-minute quickfire is patient-only. Once built, run it like any other station in voice or text.

PRACTISE — REHEARSE OUT LOUD

SECTION 08

AI Professor · Mock Exam

AI Professor — your on-demand tutor

A chat tutor ("Professor OSCE") you can ask anything: clinical questions, exam technique, "why did I lose marks here." It's text-based and does not use voice attempts — lean on it freely.

The trick most candidates miss is context. The Professor is far more useful when launched from something, because it loads that context automatically:

- From a note → "Revision Note" mode — ask follow-ups on NICE first lines, CKS red flags, or BNF-specific dosing.
- From a scenario → "Station Preparation" mode — e.g. "What are the most common examiner probe questions on this presentation?"
- From a session review → "Post-Session Debrief" mode — e.g. "Where exactly did I lose marks and how do I fix it?"

BEST FOR

Everyone, especially after a station. Launch it straight from your review with "Discuss with Professor" and turn vague feedback into a concrete, NICE-cited fix.

Mock Exam — the customisable circuit

This is the Clinical OSCE track's superpower. Rather than forcing a single national template, the Mock Exam here lets you shape a full timed circuit to your school's actual format: choose the **station count (4–20)**, the **per-station timing (5–15 minutes)** and the **reading time (0–5 minutes)**. Then you sit that mock end-to-end.

- **Stamina is a skill.** Performing back-to-back is completely different from one station at a time — you can only build it by doing it.

- **Match your school's shape.** If your finals are 8 × 8 minutes, run 8 × 8. If they are 12 × 10, run that. If they are quickfire 20 × 5, run that. The point is that your mock feels like your day. (If your school adds a structured viva discussion to every station, the dedicated MLA OSCE track's 10-minute + viva format is the closest rehearsal.)
- **It rehearses the transitions** — reading, the bell, moving on, resetting your head for a fresh patient. These cost marks if they're unfamiliar.
- **You get a full grading report** across the whole circuit afterwards, mapped to the three domains and 10 competencies station by station.

WHEN TO START MOCKS

Don't wait until you "feel ready" — you never will. Do your first full mock once you have covered the core frameworks and a decent slice of Start Here, even if you score badly. The report will redirect your study far better than guessing. Then do a full mock roughly weekly, ramping to 2–3 in the final fortnight — always in your school's shape.

PRACTISE — REHEARSE OUT LOUD

SECTION 09

Session Review — reading feedback properly

Moments after every station ends, you get a detailed review, graded against rubrics calibrated by doctors who know how UK clinical OSCEs are marked. This page is where the real improvement happens — if you read it actively. Here is what's on it and how to use each part.

SECTION	WHAT IT TELLS YOU & HOW TO USE IT
Overall score + Pass/Fail	Your headline percentage with a colour-coded ring. Note it, but don't dwell — the detail below is what changes your next run.
Sub-domain Scorecard	The **10 competencies** from Section 01, each marked met / not-met with a comment. This maps almost one-to-one onto any UK medical school's local OSCE rubric. Every "not met" is a specific, fixable behaviour.
Communication style	A read on Empathy, Clarity, Interruption risk, and Structure risk. Low clarity usually means "signpost more"; high structure risk means "slow down and follow your framework."
Domain breakdown	Each domain expanded with per-item scores, an "Issue:" line and an "Ideal:" line — the gap between what you did and what was wanted.

SECTION	WHAT IT TELLS YOU & HOW TO USE IT
Examiner Feedback	A written paragraph plus explicit Strengths and Areas for Improvement lists. Read the improvements as actions for next time.
Personalised Revision Note	An AI-written note generated from this performance — "what you missed," the correct content, and practice phrases. Save it.
Conversation Transcript	The full back-and-forth. Re-read your own words — you'll spot where you rambled, interrupted, or missed a cue.

The 5-minute review routine that compounds

1. Note your score and which domain was weakest.
2. Read the Sub-domain Scorecard and write down every "not met."
3. Skim the transcript for the moment each one happened.
4. Tap "Discuss with Professor" and ask how to fix the biggest one.
5. Save the takeaways (or the Personalised Revision Note) to My Notes, then "Retry station" within a day or two.

> **THE MISTAKE TO AVOID**
>
> Glancing at the percentage and moving on. The score is the least useful thing on the page. The "not met" items and the "Issue / Ideal" lines are where your next 10% comes from — and they translate directly into whatever local mark sheet your school uses.

TRACK — MEASURE AND ADJUST

SECTION 10

Track your progress

Revision Notes

AI-written notes auto-generated after each station, tailored to how you performed. They even scale in depth to your level — badged Foundation → Developing → Competent → Distinction. Filter by specialty or pass/fail. Your personal, performance-driven revision pile.

My Notes

Your private notebook. Clip sections from any note, jot reflections, organise into notebooks (folders), tag, pin, and colour-code. You can create a note pre-linked to a session, so post-station reflections live next to the feedback that prompted them.

History

Every past session and mock, with score, pass/fail, date, duration and specialty. Search and sort by date or score. Use it to find a station to retry, or to watch your scores climb over time.

Analytics

The bird's-eye view: average score, pass-rate, trend, best score, a rolling pass-rate line, performance by station type, and — most importantly — automatic "Weak Areas — Focus Here" detection. Let it tell you what to practise next.

HOW THESE WORK TOGETHER

Analytics tells you what's weak → you practise it via Station Scenarios → the Review generates a Revision Note → you clip the key fix (and its NICE/CKS backing) into My Notes → History shows the score improving. That's the full feedback loop.

Your plan & AI Attempts

Every plan unlocks the entire platform on the Clinical OSCE track. All notes, frameworks, mind maps, tips, comparisons, specialty guides, customisable Mock Exams, Build a Station, personalised Revision Notes and the complete 1,800+ station library are included with any subscription — there is no higher tier that unlocks extra features. Plans are a **one-time payment** (not a recurring charge that auto-renews) and differ only in how many AI Attempts they include.

AI Attempts come in two pools: **voice** and **text**. A live voice station uses one voice attempt; a text-mode station uses one text attempt. A free account starts with **3 voice + 3 text**. On paid plans your text allowance is typically larger than voice; longer plans come with more of both; you can top up either pool at any time with add-on packs. Current plans and attempt counts are always shown on the Subscription page.

BUDGET YOUR ATTEMPTS

Use your more-plentiful **text** attempts to learn content, rehearse structure and warm up. Save your **voice** attempts for full spoken run-throughs and for retrying stations you failed — the practice that most needs real, out-loud fluency. Free = 3 + 3; paid plans give more of both and can be topped up any time.

PUTTING IT TOGETHER

SECTION 11

The combined master strategy — shaped to your school

Here's how all of it fits into one coherent plan. Adapt the timeline to how long you have — and always shape practice and mocks around your school's actual OSCE format.

TIME TO EXAM	DAILY COMMITMENT	YOUR ROUTE
12+ weeks	~2–3 h/day	Full strategy at a comfortable pace. Full Start Here Core coverage; weekly customised mocks from week 4.
8 weeks	~3–4 h/day	Full strategy compressed — lean harder on anchors, skim variants faster; two mocks a week from week 4.
4–6 weeks	~4–6 h/day	Skip to Section 12: playbook + Analytics-flagged weak areas + frequent mocks in your school's shape. Retry every station you fail.
Under 4 weeks	Maximum you can sustain	Section 12 only — Frameworks, weak-area drilling, and a mock every 2–3 days. Be honest about postponing.

The Clinical Core (~665) is finite and completable — Start Here's anchor-and-variants pattern carries the curriculum, and the full 1,800+ library exists to give you volume as the exam nears.

0 Set-up (before day one)

Confirm your school's OSCE shape: station count, per-station timing, viva rules, whether stations are patient-only or mixed with data/procedure, and any specialty weighting. Match your Mock Exam settings to that shape so every practice mock feels like your exam.

1 Foundation (first week or so)

Master the Frameworks, especially the Playbook at your school's usual station length, and the Universal Five (PMAFTOSA, ICE, SOCRATES, CARE, ABCDE). Open Start Here and read the first week's anchor notes. Do one practice station right away — even a bad one — on your school's clock.

2 Build coverage (the main stretch)

Work through Start Here week by week. For each cluster: read the anchor (Full Guide) with NICE/CKS in mind, self-test on the Examiner Checklist, then practise it live at your school's timing. After each run, do the 5-minute review routine (Section 09). Rate notes for spaced repetition so they come back

at the right time. Use Comparisons and Specialty Guides to sharpen differentials and technical stations.

3 Pressure-test (from the midpoint onward)

Start doing full customised mocks — roughly weekly — always in your school's shape. Let Analytics point you to weak areas and drill them specifically (use Build a Station to create extras that mirror the specialty mix your school favours). Keep clipping fixes into My Notes.

4 Final fortnight (taper to performance)

Shift the balance hard toward practice and mocks (2–3 full customised mocks). Revise from Quick Review tabs, Mind Maps (Essentials/T1) and Tips Study mode in spare moments. Re-run any station you've ever failed. Sleep, and trust the reps.

THE BALANCE RULE

If you're spending more than half your time reading, you're preparing for the wrong exam. UK clinical OSCEs reward fluent performance under a clock. Read enough to know what a UK graduate would say and prescribe — then spend the rest of your time saying it out loud and fixing what the reviews flag.

PUTTING IT TOGETHER

SECTION 12

The shortest realistic path to your OSCE pass

Short on time? There's a lean route that gives you a strong chance of passing — provided you genuinely master each piece rather than skim it. It rests on three pillars, and none of them is "drill a PLAB Recent Themes rail" (that rail is PLAB-only and does not apply to Clinical OSCE). On this flexible track, the shortcut is *your school's format* practised to fluency.

Pillar 1 — Master the Playbook at your school's clock

Know the Playbook so well you could run it in your sleep — at whatever station length your school uses (5 / 8 / 10 min) — plus the Universal Five mnemonics and the interpersonal-skills behaviours. This alone makes every station navigable, which protects your Data-Gathering and Clinical-Management marks even on a topic you're shaky on. If your school includes viva questions, always rehearse a compact viva close.

Pillar 2 — Drill Analytics-flagged weak areas across the Core

Work systematically through the Start Here Core (~665), prioritising specialties Analytics flags as weak and any specialty mix your school is known to weight heavily. For each: read the note, practise it live at your school's timing, review, retry until fluent — with NICE/CKS/BNF/NHS in your management every time.

Pillar 3 — Practise a customised mock in your school's shape until it feels routine

Run the Mock Exam repeatedly — configured to your school's station count and timing. The goal isn't just content — it's navigating your format smoothly: the clock, the bell, the reset between patients, and (if your school includes one) a compact spoken viva close you rehearse in every run. If you can clear your school's pass line on two consecutive mocks with room to spare, you're on track.

THE LEAN WEEKLY RHYTHM

(1) Playbook at your school's clock until automatic. (2) Each day: 3–5 Core / Analytics-flagged stations — read, speak, review, retry. (3) Twice a week: a full customised mock in your school's shape, then act on the report. (4) Use the Professor and Quick-Review tabs to patch gaps. Repeat. This is deliberately narrow — its power comes from repetition and review, not coverage.

HONEST CAVEAT

"Shortest" means most efficient, not effortless. The path works because the three pillars are practised to mastery and every review is acted on. If you have time, the fuller strategy in Section 11 is safer — but if time is tight, these three pillars are where to put every hour.

RESITTING?

A failed OSCE attempt is almost never a general failure — it's domain- or station-type-specific. Your school's feedback usually tells you where. Its statements (history, examination, management, communication, time, professionalism…) map almost one-to-one onto the 10 competencies this platform scores. So don't restart from zero: run one full customised mock as a diagnostic, open Analytics, and drill the exact competencies and station types your feedback flagged.

Am I ready? The green lights

No checklist can guarantee a pass — but candidates who can tick all five of these walk in genuinely exam-ready.

1. **Two to three consecutive full customised mocks at or above your pass line**, in your school's exact shape, without pausing or retries.
2. **No lagging domain.** Analytics shows all three domains moving together; no competency is "not met" across your last several sessions.
3. **The Playbook is automatic at your school's clock.** You can run it from memory, out loud, and hit the safety-net cleanly every time.
4. **Anchors done, checklists passing.** Start Here anchors complete, and you can clear the Examiner Checklist from memory on the stations you once found hardest.
5. **The format feels boring.** Reading time, the bell, the reset between patients — none of it spikes your pulse any more. That is what "ready" feels like.

PUTTING IT TOGETHER

SECTION 13

One-page quick reference

"I want to..." → go here

IF YOU WANT TO…	GO TO
Know what to do next	Dashboard → recommendation chips
Start from scratch / follow a plan	Start Here (Clinical Core ~665)
Learn how to run any UK consultation on the clock	Frameworks → the Playbook (at your school's clock)
Learn a specific condition or station	Notes → Full Guide
Quickly refresh something you know	Notes → Quick Review
Test yourself from memory	Notes → Examiner Checklist
Hear what a great consultation sounds like	Notes → Exam Script (or "Show perfect script")
Tell similar conditions apart	Comparisons
Practise out loud, one station (your school's timing)	Station Scenarios → the live station
Match a mock to your school's format	Mock Exam → configure stations / timing / reading
Practise any scenario you want (incl. new ones)	Build a Station (5 / 8 / 10-minute formats)

IF YOU WANT TO…	GO TO
Ask a question / debrief a station	AI Professor
Understand where you lost marks	Session Review → Sub-domain Scorecard
Find your weak areas	Analytics → "Weak Areas — Focus Here"
Save a fix for later	My Notes / rate a note for spaced repetition

The numbers that matter for Clinical OSCE

- **Per station (default):** 8 minutes with 90 seconds reading — the Mock Exam lets you shape any other format your school uses.
- **Full exam (Mock Exam config):** 4–20 stations · 5–15 min each · 0–5 min reading — set it to your school's shape.
- **Marking:** 3 roughly-equal domains → 10 sub-domain competencies (mapping cleanly onto local school rubrics).
- **Library:** the **full 1,800+ multi-exam library**, with a curated **Core (~665)** in Start Here as your spine.
- **Guidelines:** UK — **NICE, CKS, BNF, NHS**.
- **Access:** every plan unlocks the whole platform; plans differ only by AI Attempts (voice + text). Free = 3 voice + 3 text.

The five habits of candidates who pass

1. They confirm their school's exact OSCE shape early — and configure mocks to match it.
2. They speak more than they read. Over half their time is live practice at that shape.
3. They act on every review. Each "not met" becomes a fix and a retry.
4. They use spaced repetition so nothing learned slips away.
5. They cite NICE / CKS / BNF / NHS in management — sounding like a UK graduate under pressure.

IN ONE BREATH

Confirm your school's format, let Start Here sequence the Core, master the Playbook at your school's clock, spend most of your time practising live and acting on reviews, and in the final stretch drill full customised mocks in your school's exact shape until the format feels effortless. Do that, and you walk in ready.

START HERE · LINKS WORTH KEEPING

Start free on OSCE Revisions (Clinical OSCE) `oscerevisions.com/signup?exam=clinical`

3 voice + 3 text AI Attempts — no card required.

Start Here feature `oscerevisions.com/features/start-here`

Guided Core roadmap.

Mock exams feature `oscerevisions.com/features/mock-exams`

Customisable circuits.

PLAB 2 hub `oscerevisions.com/plab-2`

Use if you are sitting PLAB 2.

Complete PLAB 2 Candidate Guide (PDF)

`oscerevisions.com/guides/osce-revisions-plab2-candidate-guide.pdf`

MLA OSCE (UKMLA CPSA) hub `oscerevisions.com/mla-osce`

Use if you are sitting the UKMLA CPSA.

Complete MLA OSCE Candidate Guide (PDF)

`oscerevisions.com/guides/osce-revisions-ukmla-candidate-guide.pdf`

AMC Clinical hub (Australia) `oscerevisions.com/amc-clinical`

Different exam, Australian guidelines.

Complete AMC Clinical Candidate Guide (PDF)

`oscerevisions.com/guides/osce-revisions-amc-candidate-guide.pdf`

MedRevisions (parent platform) `www.medrevisions.com`

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All OSCE Revisions articles `oscerevisions.com/blog`