The Royal College of Physician and Surgeons of Canada requires residents to pass a comprehensive examination at the end of their training, which includes a ten station OSCE. All seventeen pediatric training programs in Canada have implemented some form of practice OSCE, usually occurring biannually, which provides the learner with valuable formative feedback.

Successful implementation is, however, resource intensive - requiring question bank development and maintenance, extensive human resources, faculty development and physical resources. Many of our programs lack the infrastructure and manpower to run successfully a comprehensive and meaningful OSCE for their learners.

With the objectives of distributing resources and improving standardization, in 2009 three programs in Ontario began collaborating on OSCE administration. Station development responsibilities were spread across programs, reducing individual centre resource strain, and allowing for the administration of a more standardized exam at each centre. A national OSCE was the logical expansion, with the creation in 2012 of the Pediatric OSCE Collaboration of Canada (POCC).

All 17 residency programs now participate in this nationwide standardized process. Responsibilities for OSCE blueprint development, station development and review, language translation and data collection and distribution are spread nationwide. Collaboration is key to the success. Data for individual stations and resident peer group performance is distributed nationally, allowing each program to benchmark resident performance against a national cohort, and to identify strengths and weaknesses with regard to specific content.

**BACKGROUND**

The Pediatric OSCE Collaboration of Canada (POCC)

**SUMMARY OF WORK**

POCC has successfully implemented a national standardized formative OSCE and highlights an effective collaboration of the Canadian Pediatric Program Directors. Residents can now receive feedback compared with their peer group nationwide. Task distribution across programs has decreased individual program resource challenges, and organization and standardization have improved.