Royal Australasian College of Surgeons

Notes to Candidates
Urology Fellowship Examination 2023

Candidates are reminded of their agreement to the Covid-19 Disclaimer as at the date of examination registration. This Note sets out the relevant information concerning the Fellowship Examination as at the date of this Note and should be read in conjunction with the Covid-19 Disclaimer. Candidates are aware of RACS' requirement to comply with both Australian and New Zealand laws, policies and restriction and acknowledge that while RACS is committed to provide updates relating to examination changes as soon as practicable, it is ultimately the responsibility of the candidate to be aware of such changes and act accordingly.

The following information is provided to help candidates prepare for the final Fellowship Examination in Urology. It is hoped that after reading this, candidates will have a better understanding of the structure of the examination and the level of knowledge and expertise expected of them. If candidates come to the examination adequately prepared their likelihood of success will be maximised. **The COVID-19 pandemic has no doubt disrupted training and preparation and candidates should not present for the exam unless they feel ready and adequately prepared.**

The benchmark for the Fellowship Examination is to assess whether the candidate is ready to undertake Urology practice with a level of competency equivalent to that of a specialist in Urology, in his or her first year of independent practice. Implicit in this assessment is the expectation that a successful candidate will not only have sound knowledge of the range of conditions that Urology Surgeons commonly encounter, but also they will be able to appropriately assess, investigate and manage patients with these conditions.

1 SUMMARY OF CHANGES

Changes made to allow the examination to proceed in the setting of the pandemic do not affect content, standard setting or assessment of overall performance.

2 THE EXAM CONTENT

The Fellowship Examination in Urology is a criterion-based assessment. The criterion is that of a safe practicing clinical Urologist. The criterion for each section and the overall exam is set by the Court of Examiners. The exam is not designed to rank candidates in order of scores, but to assess whether the candidates meet the prescribed criterion. The questions, scenarios or cases in each segment may refer to each of the levels of cognitive function (i.e., knowledge/comprehension, application/analysis or synthesis/evaluation) or, where appropriate, may be a global assessment.

Fortunately, the structure and content of the Urology exam has not required any changes related to COVID-19.

More information about the Curriculum is available on the RACS website:

https://www.surgeons.org/Trainees/surgical-specialties/urology

Wherever possible, evaluation of the nine surgical competencies is taken into consideration throughout the assessment process. The relevant areas are the following:

MEDICAL EXPERTISE

- Relevant basic sciences outlined.
- Significance of symptoms/features identified and addressed.
- Potential pathologies identified.

JUDGEMENT – CLINICAL DECISION MAKING

History Taking and Examination:

- Exploration of the patient and condition.
- Description of physical examination.
- Demonstration of appropriate patient interaction.

Investigations:

- Identification of appropriate investigations.
- Justification for selection of investigations.
- Analysis of data from investigations.

Differential Diagnosis:

- Possible alternatives identified and considered.
- Justification of possible alternatives from evidence.
- Clinical implications of the alternatives considered.

Treatment and Management:

- Appropriate selection of treatment.
- Safe and appropriate management plan that takes into account patient's needs.
- Consideration of on-going management requirements.
- Consideration of other required professional support.

TECHNICAL EXPERTISE

Description of Procedure:

- Surgical procedure appropriate for the condition and diagnosis.
- Significant potential risk factors identified.
- Attention to safety of patient, self and others.

COMMUNICATION

- Clear, complete, and appropriate information for the patient.
- Appropriate communication of risks, advantages and alternatives of any management alternatives advocated.
- Prognosis reflecting the most likely outcomes.

LEADERSHIP & MANAGEMENT

- Reasons for selection of investigations and treatment indicating consideration of patient needs and system constraints.

PROFESSIONALISM & ETHICS

- Clear understanding of medico-legal and ethical issues in relation to the patient and their management.

COLLABORATION

- Understanding of other healthcare professionals' involvement and roles in patient management.
- Demonstrating ability to initiate involvement and assess input of other healthcare workers in the patient's management.

3 THE MARKING SYSTEM

Examiners are paired for the duration of each examination; candidates are assessed by a number of pairs of examiners. Each segment of the examination is marked separately without reference to other segments. The results in each segment are collated by the Senior Examiner and the progress or final result of each candidate remains unknown to individual examiners until the meeting of the Specialty Court at the conclusion of the examination.

A candidate's performance is assessed by two examiners in each segment. Within each segment there is a pre-determined number of marking points.

The exam is marked using the Expanded Close Marking System (ECMS). Each marking point is scored according to the ECMS grades:

4	=	Well above the required standard.
3	=	At or above the required standard.
2	=	Below the required standard.
1	=	Well below the required standard.

The grades achieved in these marking points are used by each examiner to conclude their individual final mark and also used by the examining pair to determine a final consensus grade for that segment (also using the ECMS). Although each exam segment contains different numbers of Marking Points, all segments have equal weighting in determining if a candidate's overall performance is satisfactory.

At the conclusion of all segments, the Specialty Court in Urology (comprising the Senior Examiner and all examiners participating in that exam) meets to discuss the candidates' results. Candidates who have been successful in all segments of the exam will pass the examination. Candidates who have not passed all 7 segments of the exam may still pass the examination if the Specialty Court considers that their overall performance throughout the exam was satisfactory. The overall performance is based on consideration of the distribution of all the marking point grades through all seven segments of the examination.

4 THE STRUCTURE OF THE EXAMINATION

There are seven components (segments) consisting of two written and five clinical/viva examinations.

The written segments are completed approximately a month prior to the clinical/viva segments (in April and August). Candidates nominate which venue they wish to attend; venues are available in Adelaide, Brisbane, Melbourne, Sydney, Perth, in Australia and in Auckland and Wellington in Aotearoa New Zealand.

The Clinical/viva segments are held in May and September and they occur from Friday to Sunday.

The viva examination consists of a structured oral examination (SOE), two anatomy and operative surgery vivas (OPSA 1 & 2), a pathology viva and a Clinical Investigation Management radiology segment (CIM).

The examination will cover the whole Urology curriculum. The written examinations tend to require factual information. The viva exams consist of a series of clinical scenarios requiring the interpretation of various forms of clinical information to solve clinical problems. This skill is best developed by experience in the actual management of patients.

The dates for the 2023 Fellowship Examinations can be found on the RACS website at the following address: https://www.surgeons.org/Examinations/fellowship-examination-fex/fellowship-examination-applicationinformation/dates-and-locations

5 WRITTEN EXAMINATION

This component consists of two separate segments. The first examination is **130 minutes** long and is sat in the morning followed by an afternoon examination of **130 minutes**. The main objective of the written examination is to test the breadth of the candidate's knowledge acquired during their training.

The first written examination has ten short questions.

The second written examination has ten questions in total, nine short questions and one generic question.

The generic question added to examination two explores the nontechnical competencies and will be based on a theme across all specialties. Each of the specialties will have their own question relevant to their curriculum. It will count as an equal part of the ten questions in written examination two.

The examiners expect short answers which are tightly focused on the questions. The questions are frequently asked in clinical scenarios and the candidate should pay attention to the clinical information that is provided to tailor the answers to suit that particular clinical situation rather than a generic response covering the disease process. The examiners are looking for mature judgment and considered opinions in addition to essential facts in marking the answers.

Each question will usually have three to four essential points, which must be raised to successfully pass the question with further three to four other relevant points, the majority of which would need to be raised to pass the question.

The Urology written examinations will be delivered electronically only with appropriate backup in the unlikely eventuality of technical problems.

Candidates are encouraged to view the Demonstration version of the electronic format available at (log-in required):

http://www.surgeons.org/becoming-a-surgeon/surgical-education-training/examinations/fellowshipexamination/preparing-for-the-written-examination/

Important Information
1. *Answers are typed in the text box provided for each question. The amount of space provided for questions is unlimited.*
2. *Answers are autosaved every 60 seconds and whenever the 'Next' button is clicked.*
3. *If a candidate runs out of time, all answers will be submitted automatically, and the examination will close.*

6 CLINIAL/VIVAS

At each viva examination segment, the candidate is examined by a pair of examiners. The examiners will introduce themselves and will also wear name badges. They will introduce any observer and their role, indicating that they are observing the examiners and not taking part in the examination (assessment) process.

The examiners will address the candidates by their candidate number and not by their name. This is to help maintain anonymity and impartiality.

CLINICAL INVESTIGATION MANAGEMENT (CIM) – 40 MINUTES

The Clinical Investigation Management (CIM) viva consists of 10 segments which use a series of imaging materials including x-rays, ultrasound, CT and nuclear medicine scans, MRI images and other diagnostic material. The candidate will be expected to interpret the image or investigation supplied, suggest further investigations, which may assist in the management plan and on occasions outline a management plan for the particular case shown.

STRUCTURED ORAL EXAMINATION (SOE) – 40 MINUTES

The Structured Oral Examination (SOE) involves an analysis of five clinical cases. The candidate will be given a brief history similar to a referring general practitioner's letter and be quizzed on relevant facts in the history and physical examination that are essential to form the initial management plan. This may include interpretation of diagnostic material such as x-rays and urodynamic tracings. Questions then proceed down a designated pathway involving various aspects of the patients' care. As the cases are real cases there is a pre-determined pathway, which the candidate may be re-directed to. In some situations, there may be two equally valid choices of treatment and the candidate will be directed along the treatment path that was actually given.

ANATOMY & OPERATIVE SURGERY 1 AND 2 (OPSA) – 25 MINUTES EACH

The Anatomy and Operative Surgery vivas consist of two separate segments of 25 minutes each. The candidate will be questioned on a particular operative procedure and will also be questioned on the anatomy relevant to the operative procedure. The candidate will usually be asked on segments of the operation and in particular will be asked to deal with common complications that occur intra-operatively in that particular procedure. In each viva there will be four 6 minute equally weighted segments which will focus on separate clinical cases with issues such as consent, peri-operative specifics, operative steps, anatomical considerations and complications.

SURGICAL PATHOLOGY – 32 MINUTES

The Surgical Pathology viva lasts for 32 minutes. It consists of 8 images with an accompanying clinical scenario. The candidates will be expected to understand the pathology related to the image and its relevance to developing clinical management plans in regard to the disease process.

7 COPING WITH THE EXAMINATION

It is acknowledged that the Fellowship Examination is a challenging experience for candidates, but a lifetime of surgical practice is also challenging. Members of the Court of Examiners have been carefully selected to have not only good knowledge of the training requirements and the curriculum for Urology but also strong interest in the well-being of Trainees and International Medical Graduates and a demonstrated capacity for balanced and fair assessment of candidates.

Preparation, both physically and mentally is the key to a successful exam. Practice in completing written papers is essential. Answering both the long and short question components is important, including getting the timing right. Practice in answering written questions is an excellent learning tool.

Undoubtedly a lot of time needs to be spent revising the theory that underpins our specialty in the lead up to the written papers and computer-based vivas. However, success in the clinical exams requires good interpersonal skills with patients, accurate examination skills and the ability to synthesise information provided to devise and discuss a reasonable treatment plan. It is important to maintain continuous contact and involvement with the clinical environment in the lead up to the exam. Treating every patient seen in the clinical setting in the lead up to the exam as a potential medium or short case will undoubtedly improve the performance in the clinical component of the exam.

Candidates who find they struggle to answer a component of a viva should ask for clarification. The examiners will give the clarification or may move forward to another area. If the examiner suggests a candidate reconsider an answer – they should be trusted, and the prompts followed. Examiners are trying to help candidates, not trick them. It is important that the examiners facilitate candidates progress through the full depth and breadth of each exam segment.

If a candidate is unsuccessful a composite written report will be provided by the Senior Examiner to the Board Chair, the current Supervisor and candidate through the Examinations Department. This report will be sent within two weeks of the Fellowship Examination. Candidates should liaise with the Board Chair and Supervisor to arrange an interview within four weeks. A regional examiner should not be approached directly.

I wish you well and look forward to meeting you during the exam.

For any queries prior to the examination, please contact the Examinations Department by email: examinations@surgeons.org.

DR JOHN STANLEY
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