Royal Australasian College of Surgeons

Notes to Candidates
Otolaryngology Head & Neck Surgery Fellowship Examination 2024

The following information is provided to help candidates prepare for the Fellowship Examination in Otolaryngology Head & Neck Surgery. 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.

It is important to stress that the goal of the Fellowship Examination is to assess whether a candidate is ready to practice Otolaryngology Head & Neck Surgery at a level of competency equivalent to that of a specialist in Otolaryngology Head & Neck Surgery, 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 Otolaryngology Head & Neck Surgeons commonly encounter, but also they will be able to appropriately assess, investigate and manage patients with these conditions.

1 THE SUMMARY OF EXAMINIATION CHANGES

- 2 extended response questions of 30 minutes each instead of 1 extended response question of 60 minutes

2 THE EXAM CONTENT

The content of the exams is defined by the Curriculum as developed by the Board in Otolaryngology Head & Neck Surgery. More information about the Board and the Curriculum is available on the RACS website:

https://www.surgeons.org/Trainees/surgical-specialties/otolaryngology-head-and-neck-surgery

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.

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

MEDICAL EXPERTISE

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

JUDGEMENT – CLINICAL DECISION MAKING

History Taking and Examination:

- Exploration of the patient's condition.
- Description and/or demonstration of examination techniques.
- 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:

- Development of a safe and appropriate management plan that takes into account patient's wishes and needs.
- Selection of appropriate treatment(s).
- Consideration of on-going management requirements.
- Consideration of involvement of other healthcare professionals.

TECHNICAL EXPERTISE

Description of Procedure:

- Selection of 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 provided to patient.
- Appropriate communication of risks, advantages and alternatives of management advocated.
- Prognosis discussed, reflecting the most likely outcomes.

MANAGEMENT AND LEADERSHIP

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

PROFESSIONALISM AND ETHICS

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

COLLABORATION

- Demonstration of understanding of other healthcare professionals involvement in, and roles in patient management.
- Demonstration of ability to initiate involvement and assess input of other healthcare professionals 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; the progress and 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 of Pass or Fail for that segment. 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 Otolaryngology Head & Neck Surgery (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 the marking point grades through the 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, Hobart, 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 dates for the 2024 Fellowship Examinations can be found on the RACS website at the following address:

https://www.surgeons.org/examinations/dates-locations-and-deadlines

5 WRITTEN EXAMINATION

This examination consists of two separate segments of **130 minutes** duration, which are sat approximately one month before the viva and clinical examinations. The questions cover many aspects of the syllabus/curriculum.

The Otolaryngology, Head & Neck Surgery written examination will be delivered electronically or by paper.

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

https://www.surgeons.org/examinations/fellowship-examination-fex/preparing-for-the-fellowship-examination/preparing-for-the-written-component

Important Information
1. *Answers are typed in the text box provided for each question. The amount of space provided for essay questions is unlimited.*
2. *Answers are auto-saved 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.*
4. *Diagram paper may be provided. This is for diagrams, algorithms and other drawn exam techniques that are unsupported by the electronic delivery platform.*

EXAMINATION ONE – 130 MINUTES

2 extended response questions (30 minutes each) with two equal parts.

4 short response questions (60 minutes).

EXAMINATION TWO – 130 MINUTES

2 extended responses question (30 minutes each) with two equal parts.

4 short response questions (60 minutes) including 1 generic question that explores the nontechnical competencies and which will be based on a theme across all specialties.

A satisfactory written response should include:

- Information relevant to the question;
- A good understanding of most of the important issues regarding the topic;
- A good understanding of the relationship of the condition to other disorders;
- A good discussion, supported by facts;
- Clarity with appropriate detail;
- Good organisation of the major concepts and principles;

It's important to note that the Fellowship Examination questions require candidates to demonstrate 'higher level thinking' not just ability to recall learnt material. The questions asked will require analysis of material, synthesis of knowledge and evaluation of the topic that is being examined.

The specialty court recommends that advanced surgical trainees begin practising their written technique early in their training. We recommend that trial answers to questions be prepared and discussed with your surgical supervisor throughout training, not just in the months leading up to the Fellowship exam.

6 CLINICAL/VIVAS

This component consists of five separate segments. The order in which the five clinical/viva components are examined may vary from the order listed below. You will receive a timetable from the Examinations Department closer to the examination date which will outline the order.

At each viva 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 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 SCENARIOS – 60 MINUTES

No patients are used in this exam.

This examination consists of 5 clinical protocols. Each protocol consists of a clinical scenario where the candidate obtains a history from the examiners, describes examination techniques, requests and interprets investigations, presents a differential diagnosis and discusses treatment options.

CLINICAL CASES – 40 MINUTES

Candidates are escorted by the examiners to a number of patients to exam specified regions, elicit clinical signs and interpret relevant investigations (including imaging, audiograms and other material).

Each candidate will see 8 patients, spending 5 minutes with each patient.

In the case of exams being distributed across multiple sites due to COVID-19 restrictions then patients may be replaced with clinical cases presented with the aid of computer images or videos. The timing of each case remains the same.

SURGICAL ANATOMY – 30 MINUTES

This examination may be conducted in an anatomy laboratory facility.

You will be examined using resources which may include wet specimens, dry bones and skulls, temporal bone dissections, computer images, CT-/MRI and other imaging modalities.

The anatomy examination assesses the clinical and surgical application of a candidate's knowledge of anatomy.

SURGICAL PATHOLOGY – 30 MINUTES

You will be shown computer images of pathology specimens, histological slides or clinical photographs and asked to answer related questions.

The surgical pathology examination assesses the clinical and surgical application of a candidate's knowledge of surgical pathology.

OPERATIVE SURGERY – 30 MINUTES

You will be examined on aspects of operative surgery including pre-operative decision making and workup, operative technique and strategies and management of operative / post-operative complications. Computer images and other aids may be used.

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 Otolaryngology Head & Neck Surgery 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. Practice in 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 involvement in 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 exam case should improve performance in the clinical component of the exam.

Vivas should be treated as an interaction with senior colleagues rather than interrogation by the examiners. Interactions with patients in the clinical vivas should mirror your interactions with patients in everyday clinical situations. It is important to remember that the patients have taken time out to help with the exam; they must be treated politely and professionally.

Candidates who 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.

During viva segments, the examiners will introduce themselves to the candidate and will be wearing name tags. The candidate will be addressed by number and not usually by name. This is to maintain formality and impartiality.

If candidates are unsuccessful, a composite written report will be provided by the Senior Examiner to the candidate, the Training Board Chair and the current Supervisor through the Examinations Department. This report will be sent within two weeks of the Fellowship Examination. Candidates should liaise with the Training Board Chair and Supervisor to arrange an interview within four weeks. No examiner should be approached directly by a candidate or supervisor.

I look forward to meeting you during the exam and at the announcement ceremony at the conclusion of the examination.

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

ASSOCIATE PROFESSOR DAVID VEIVERS
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