Royal Australasian
College of Surgeons

Notes to Candidates
Orthopaedic Surgery Fellowship Examination 2024

The following information is provided to help candidates prepare for the Fellowship Examination in Orthopaedic 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.

The benchmark for the examination is to assess whether the candidate is ready to undertake Orthopaedic Surgery with a level of competency equivalent to that of a specialist in Orthopaedic 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 Orthopaedic Surgeons commonly encounter, but also they will be able to appropriately assess, investigate and manage patients with these conditions.

1 SUMMARY OF CHANGES

- Clinical Cases 2 will use physical patients.

2 THE EXAM CONTENT

The content of the exams is defined by the Curriculum/Syllabus as developed by the Australian Orthopaedic Association Federal Training Committee and the New Zealand Board of Orthopaedic Surgery. More information about the Curriculum/Syllabus is available on the AOA and NZOA websites:

https://www.surgeons.org/Trainees/surgical-specialties/orthopaedic-surgery

https://www.aoa.org.au/orthopaedic-training/content-page

https://nzoa.org.nz/trainees

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 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.
- Demonstrates 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:

- Appropriately selected 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 indicate 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.
- Demonstrates 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 will be 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 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 Orthopaedic Surgery (comprising of the Senior Examiner of Australia, Senior Examiner of Aotearoa New Zealand and all examiners participating in that exam are involved in the discussion) 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. This assessment is based on consideration of the candidate's performance across all seven segments of the Examination. Particular consideration is given to areas of strength or deficiency balanced across the curriculum.

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 face-to-face vivas and clinicals take place in Australia and Aotearoa New Zealand for the April/May sitting, with the first examination held in Aotearoa New Zealand and the second, a week later, in Australia. In both countries, Operative Surgery 1 and 2 and CIM generally occur on the Friday and the Clinical segments on the Saturday. The exact timetable may vary, depending on the resources available in each examination venue.

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. The main objective of the written examination is to test the breadth of the candidate's knowledge acquired during their training. The questions cover many aspects of the syllabus/curriculum. The questions evaluate clinical management and decision-making; aspects of pathophysiology, pathology, surgical anatomy and operative surgery may be included.

The Orthopaedic Surgery written examination will be delivered electronically.

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

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

Important Information (for candidates sitting electronic version)
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.*

EXAMINATION ONE – 130 MINUTES

Examination One consists of 75 X-Type Multiple Choice Questions (MCQ).

There is no negative marking. **The pass mark is based upon and relative to the mean of any given MCQ examination cohort.**

Pes Cavus deformity:	***Answer:***
A. Usually presents early in childhood, typically by the age of 3 years	A = F
B. Secondary to type II hereditary sensorimotor neuropathy is usually Cavovarus	B = F
C. When unilateral suggests a definable anatomic lesion	C = T
D. Associated with impaired sensation is best treated with triple arthrodesis	D = F
E. Stabilized with triple arthrodesis does not need tendon transfer	E = F

EXAMINATION TWO – 150 MINUTES

Examination Two consists of two essay questions, two generic surgical competency short answer questions and 10 Illustrated Short Answer Written questions (ISAWEs).

The two essays, which take approximately 30 minutes each to complete, challenge the candidate to demonstrate a comprehensive knowledge level and sound reasoning in relation to an area of common orthopaedic practice.

The 10 ISAWEs will have a series of questions and an accompanying illustration to provide information regarding the topic. These may cover a wide range of common topics in Orthopaedic Surgery and require the candidate to show a broad sound knowledge, ability to undertake a safe and logical assessment and investigation, and ability to detail an appropriate management plan for each of the scenarios outlined (based on the specific questions asked). The suggested time to complete the ISAWEs is 60 minutes.

The generic surgical competency question (15min) will be posed across all surgical subspecialties in a format relevant to that specialty. Orthopaedic surgery will examine the topic by two short response type questions in Written paper 2 (15 minutes for the 2 questions). These questions will assess professional, ethical, safety and organisational competencies common to all surgical practice.

6 CLINICAL/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.

Examiners will coordinate the timing of the examination and ensure that all candidates are assessed on all cases. The examiners will take notes during the segment to facilitate clear documentation of the process.

CLINICAL CASES 1 AND CLINICAL CASES 2 – 35 MINUTES EACH

These segments consist of four (4) computer based clinical scenarios in CC1 and three (3) live patients in CC2. Candidates will be assessed on standardised computer-based scenarios. Two examiners will be with the candidate for the duration of the exam and each candidate will be afforded an opportunity to assess and discuss a total of four cases in CC1 and 3 cases in CC2.

CLINICAL INVESTIGATION AND MANAGEMENT VIVA – 30 MINUTES

This is a computer-based viva which poses clinical scenarios. The examiners will request that the candidate appropriately investigate, interpret such investigations and manage the scenario put forward. The candidate is presented with five of these scenarios in the 30-minute viva. The emphasis is on the logical progression of the case, clinical imaging and investigation and broad management principles.

OPERATIVE SURGERY 1 AND 2 VIVAS – 30 MINUTES

This is a computer-based viva in which clinical scenarios are outlined. Each case is specifically for management. The alternatives of non-operative or operative management, the preoperative planning, the operative procedure, postoperative management and rehabilitation can all be assessed in this viva. The candidates are presented with five such scenarios in the 30-minute viva.

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 Orthopaedic 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, answering both the long and short question components is important, including good use of the available time. 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, accurate observations and the ability to synthesise information provided, in order 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.

Vivas should be treated as an interaction with colleagues.

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 assist candidates, not trick them.

For unsuccessful candidates 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 emailed within two weeks of the Fellowship Examination. Candidates should liaise with the Board Chair and Supervisor to arrange an interview within four weeks of the Fellowship Examination. A regional examiner should not be approached directly.

We wish you well in the forthcoming examinations.

As the current Senior Examiners, we would be very happy to clarify any of these points prior to the examination process. We can be contacted through the College Examination Department: examinations@surgeons.org.

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