Royal Australasian College of Surgeons

Notes to Candidates
Vascular Surgery Fellowship Examination 2024

\

The following information is provided to help candidates prepare for the Fellowship Examination in Vascular 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 Fellowship Examination is to assess whether the candidate is ready to undertake Vascular Surgery with a level of competency equivalent to that of a specialist in Vascular 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 Vascular Surgeons commonly encounter, but also, they will be able to appropriately assess, investigate and manage patients with these conditions.

1 SUMMARY OF CHANGES

The 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.

The Anatomy and anatomical exposures in Vascular Surgery has been replaced with a second operative viva. As a result, there will be two operative vivas - Operative Surgery I and Operative Surgery II. For both of the operative segments, all aspects of vascular operative procedures can be assessed including open and endovascular procedures. Anatomical exposures for open and/or endovascular vascular procedures will be incorporated into both of these sections as part of the operative procedure.

The Short Clinical Case session will be run as a hybrid with live patients and computer-based scenarios simulating real life clinical cases. There will be a total of 6 cases with 3-4 of them being patients and the rest being computer-based scenarios.

2 THE EXAM CONTENT

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

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

- 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 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 professional's 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 will be assessed by several 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 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 variable 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 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 Vascular 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 seven 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 one written and six 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 clinical/viva segments are Short Clinical Cases and Long Clinical Cases, Clinical Imaging, Operative Surgery I, Operative Surgery II, and Clinical Decision Making. The timing of the clinical/viva segments will 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:

http://www.surgeons.org/becoming-a-surgeon/surgical-education-training/examinations/examination-dates-and-locations/

5 WRITTEN EXAMINATION

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 Vascular Surgery written examination will be delivered electronically only.

WRITTEN EXAMINATION FORMAT – ONE SEGMENT OF 130 MINUTES

Part A (50%) – 60 Minutes	One long essay question There will be several parts to this question and all parts must be answered.
Part B (50%) – 60 minutes	Five short answer type questions All questions are of equal marks (allow 12 minutes per question). All questions must be attempted.

A generic question added to the examination 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 five questions.

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
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 will be provided. This is for diagrams, algorithms and other drawn exam techniques that are unsupported by the electronic delivery platform.

6 CLINICAL/VIVAS

This component consists of six separate segments.

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 (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.

LONG CLINICAL CASES – 40 MINUTES

One case will be seen. Two examiners will be present whilst the candidate takes the history and performs the clinical examination (20 minutes) and then a further 20 minutes with the examiners to discuss the case. This will involve discussion of clinical findings, diagnosis and management.

SHORT CLINICAL CASES – 35 MINUTES (S*LIGHTLY MODIFIED SEGMENT*)

This section will be run as a hybrid with live patients and computer-based scenarios simulating real life clinical cases. There will be a total of 6 cases with 3-4 of them being patients and the rest being computer-based scenarios. Two examiners will be present, and the candidate will have 35 minutes in total for this segment.

VASCULAR IMAGING – 30 MINUTES

In this section the candidate will be shown a number of cases of vascular imaging (may include ultrasound, CT, MRA, angiography) relevant to vascular surgery. The imaging will be discussed, and discussion may include basic principles of the imaging modalities and clinical relevance.

This viva will be 30 minutes in length with two examiners.

OPERATIVE SURGERY I AND OPERATIVE II – 30 MINUTES EACH

Discussion and questions pertaining to Vascular Surgery (open and endovascular) operative situations that are encountered by Vascular Surgeons in practice. This will also involve discussion on anatomical exposures for vascular procedures. Each of these vivas will be 30 minutes in length with two examiners.

CLINICAL DECISION MAKING – 30 MINUTES

Discussion and questions pertaining to clinical decision making in vascular surgery. The candidate will be examined on three clinical case scenarios that are encountered by vascular surgeons in practice. The case scenarios may include relevant clinical details, discussion of pathology / pathophysiology, diagnosis, investigations (including haematology, biochemistry, imaging etc.), and discussion of any aspect of management. This viva will be 30 minutes in length with two examiners. The candidate will be examined for 10 minutes on each of the three clinical case scenarios. Each case scenario is of equal marks.

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 Vascular Surgery but also a 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.

Vivas should be treated as an interaction with colleagues rather than an interrogation by the examiners. Interaction with patients in the clinical vivas should be the same as the interaction with patients under care in everyday clinical situations. Is important to remember that the patients have taken time out to help with the exam; they need to be treated politely and professionally.

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.

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 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 ALLAN KRUGER
Senior Examiner – Vascular Surgery