Royal Australasian
College of Surgeons

Notes to Candidates

Plastic and Reconstructive Surgery Fellowship Examination 2024

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

1 SUMMARY OF POTENTIAL CHANGES

- The Written Paper 1 will be 150 minutes long with seven questions.

2 THE EXAM CONTENT

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

https://www.surgeons.org/Trainees/surgical-specialties/plastic-and-reconstructive-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.

MANAGEMENT AND LEADERSHIP

- Reasons for selection of investigations and treatment indicating 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

- 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 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 are 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. 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 Plastic and Reconstructive 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 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 Clinical segments generally occur on the Saturday, and the Anatomy component and vivas segments on the Sunday of the examination weekend. The exact timetable may vary, depending on the resources available in each examination venue.

The dates for the 2023 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 component consists of two separate examinations. The first examination is **150 minutes** long and is sat in the morning followed by an afternoon examination of **150 minutes**.

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 anatomy, pharmacology, pathology, embryology, surgical anatomy and operative surgery may be included. Examination two will include an additional question relating to non-technical competencies.

Plastic and Reconstructive Surgery Candidates are offered a choice of delivery mode for the written segment. Candidates can choose between electronic delivery or paper delivery for both Written Examination One and Written Examination Two.

WRITTEN EXAMINATION ONE – 150 MINUTES

There are seven written questions, each usually of 20 minutes in duration. Each question may be devoted to a single topic or consist of multiple segments. The recommended time to be spent on each question will be specified accordingly. The style of the question will range from a scenario with a written description or pictorial presentation, with resultant questions testing ‘advanced clinical reasoning’, through to essay questions testing ‘knowledge’.

WRITTEN EXAMINATION TWO – 150 MINUTES

Examination two will include a question relating to professional competencies. (Communication, Management and Leadership, Professionalism & Ethics and Collaboration). Total of seven questions.

Important Information (for candidates sitting the paper-based version)
1. *The papers are identified only by candidate examination number.* 2. *The written papers are scanned and sent to the examiners once the examination is completed. Candidates are asked to avoid using coloured highlighters, pens or pencils as colour distinction may be lost during the scanning process.* 3. ***Writing clearly and legibly, using either a black or blue pen is important.*** *Only the lined side of the paper should be used for writing.*
Important Information (for candidates sitting the computer-based 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.*

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

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

This will familiarise candidates with the moodle platform that runs the electronic version of the exam.

6 CLINICAL/VIVAS

This component consists of five separate segments. An observer, either in person or remotely, may be present for the examination and discussion of the candidate.

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 clinical and 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 CASES 1 & 2 (LONG CLINICAL CASE) – 70 MINUTES

This involves two examiners being present while the candidate takes the patient's history and performs the clinical examination and then is questioned on the findings, diagnosis, and management. Each clinical case examination takes 30 minutes with a ten minute 'marking' time between the first and second long cases and at the end.

CLINICAL SHORT CASES (CLINICAL SLIDES IF COVID RESTRICTIONS STILL APPLY) – 35 MINUTES

~~If the conditions during the exam are affected by Covid and no live patients can be used, this segment involves the candidate being shown a number of Clinical slides. This is a focused or directed examination, discussion, and questioning by the two examiners. Each candidate will see six Clinical cases (No live patients).~~

The candidate will be shown a number of short clinical cases focused or directed examination, discussion, and questioning by the two examiners. Each candidate will see six cases.

SURGICAL ANATOMY VIVA – 25 MINUTES

This segment involves the candidate being shown anatomical specimens and the skeleton, covering all areas of plastic and reconstructive surgery. Digital images and/or plastinated specimens may be used.

SURGICAL PATHOLOGY AND OPERATIVE SURGERY 1 VIVA – 25 MINUTES

This segment involves the two examiners discussing pathology (gross and microscopic) and operative surgery relevant to plastic and reconstructive surgery focusing on trauma and complication scenarios. The candidate will be examined on two different scenarios.

SURGICAL PATHOLOGY AND OPERATIVE SURGERY 2 VIVA – 30 MINUTES

This section involves a different pair of examiners discussing pathology (gross and microscopic) and operative surgery relevant to plastic and reconstructive surgery. The discussion is initiated by a 'slide' topic. The candidate will be examined on six cases.

7 MARKING GUIDELINES – CRITERIA AND CATEGORIES

CLINICAL CASES 1 & 2 (LONG CLINICAL CASE)

- Gather the relevant history, including demonstrating an appropriate attitude and ability to communicate with the patient.
- Undertake an appropriate clinical examination.
- Provide an adequate and comprehensive summary enunciating the problem and synthesising the findings.
- Demonstrate the required level of competence and maturity to practice by being able to:
  - Order relevant investigations and appropriately interpret the investigations.
  - Establish a correct diagnosis and / or differential diagnosis.
  - Provide an appropriate overview and demonstrate an adequate general knowledge of the subject including investigations and their interpretation.
  - Formulate an appropriate plan of management and treatment plan i.e. what would you do?
  - Demonstrate an adequate explanation of the relevant operative technique(s) and/or surgical procedure(s).
  - Demonstrate an adequate discussion of alternative management and methods.
  - Relate knowledge of the literature relevant to the clinical case and its management.

CLINICAL SHORT CASES (CLINICAL SLIDES)

The candidate will usually be expected to provide a spot diagnosis. The candidate will be expected to demonstrate the relevant examination findings and may be required to provide a differential diagnosis, classification, and discussion of a management plan and complications at the direction of the examiners.

8 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 Plastic and Reconstructive 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.

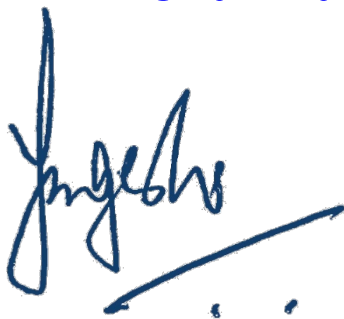
Vivas should be treated as an interaction with colleagues rather than an interrogation by the examiners. Interaction with patients in the clinical vivas should be the same as the interaction with patients under care in everyday clinical situations. Is important to remember that the patients have taken 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.

If candidates are 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.



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