NOTES TO CANDIDATES
Otolaryngology Head & Neck Surgery Fellowship Examination 2020

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 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. The COVID 19 pandemic has no doubt disrupted training and preparation and candidates should not present for the exam unless they feel ready and prepared.

It is important to stress that the bench mark for 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.

The dates for the 2020 Fellowship Examinations have been altered due to the COVID 19 pandemic. The written exam will take place on the 8 September and the Clinical and Viva exams will take place in Melbourne and Auckland from 16 - 18 October. Plans for backup venues are underway, in the event the COVID 19 situation means these venues cannot be used.

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.

Live patients will not be used in 2020 in the Clinical Cases segment. Instead video and power point presentations will be used.

The clinical and viva segments will be conducted simultaneously in Australia and New Zealand.

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: http://www.surgeons.org/surgical-specialties/otolaryngology-head-and-neck/

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 nine 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 & Leadership:
- 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:
- 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

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 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 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 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 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 the marking point grades through the seven segments of the examination.

**THE STRUCTURE OF THE EXAMINATION**

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

The exam timetable generally provides for Clinical Scenarios on Friday, Clinical Case and Surgical Anatomy segments on Saturday and Surgical Pathology and Operative Surgery on Sunday. The exact timetable may vary, depending on the resources available in each examination venue.

**WRITTEN EXAMINATION**

This component consists of two separate segments. The questions cover many aspects of the syllabus/curriculum. The first examination is 130 minutes long and is sat in the morning followed by an afternoon examination of 130 minutes.

The 2020 Otolaryngology, Head & Neck Surgery written papers will be delivered electronically.

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


**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.

**Examination One** – 130 minutes duration

- 1 extended response question (60 minutes) with two equal parts
- 4 short response questions (60 minutes)
Examination Two – 130 minutes duration

- 1 extended response question (60 minutes) 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.

**CLINICAL/VIVA EXAMINATION**

This component consists of five separate segments. An observer 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 Scenarios** - 60 minutes duration

This examination consists of five 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. Historically patients have not been used in this segment and there is no change in 2020.

**Clinical Cases** - 40 minutes duration

This clinical exam will be delivered electronically and will not involve patients in 2020. In this 40 minute exam candidates will be examined on eight clinical short cases delivered electronically. Recorded videos, photos, audiograms, results from investigations and referral letters may be used to stimulate discussion.

Each candidate will be taken through eight cases, spending 5 minutes on each case.

**Surgical Anatomy** - 30 minutes duration

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 duration.

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 duration

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.

**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 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. 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.

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.

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

For any queries prior to the examination or to request copies of past written papers, please contact the Examinations Department by email on examinations@surgeons.org.

Dr Catherine Ferguson
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