

## 1 Purpose and context

- 1.1 RACS recognises assessment is an essential part of the teaching and learning process. The Fellowship Examination (FEx) is the final formal assessment of competence and knowledge to ensure the candidate is safe and competent to practice independently as a specialist surgeon in the following specialties:
  - a) Cardiothoracic Surgery
  - b) General Surgery
  - c) Neurosurgery
  - d) Orthopaedic Surgery
  - e) Otolaryngology Head and Neck Surgery
  - f) Paediatric Surgery
  - g) Plastic and Reconstructive Surgery
  - h) Urology
  - i) Vascular Surgery
- 1.2 The FEx is open to accredited RACS trainees and Specialist International Medical Graduates (SIMG) with an assessment requiring completion of the FEx.
- 1.3 This regulation should be read in conjunction with the following regulations, policies and documents:
  - a) Training regulations for the relevant specialty
  - b) Exceptional Circumstances and Special Consideration policy
  - c) FEx Curriculum for the relevant specialty
  - d) Examination guidelines
  - e) Notes to Candidates
  - f) Observers of the Fellowship Examination
  - g) Fellowship examination eligibility and examination performance review
  - h) Any disclaimers that apply

## 2 Definitions

- 2.1 The following definitions apply for the purposes of this regulation:
  - a) **Candidate** shall mean a trainee or SIMG registered and approved to present for the FEx.
  - b) **Examiner** shall mean a RACS Fellow appointed to assess the candidate is safe and competent to practice as an independent surgeon.
  - c) **Patient** shall mean a member of the public who volunteers for the purposes of running the examination.
  - d) **Court of Examiners/Specialty Court** shall mean appointed examiners representing each specialty who are responsible for running the FEx, including question design/format, marking guidelines, standard setting and results.

- e) **Attempt** shall mean participation in any component of the examination, i.e., if a candidate sits the written component and does not progress to the clinical/viva component this will be regarded as an attempt.
- f) **One-time exemption** shall mean an exemption granted to a candidate from re-sitting the written component of the next scheduled FEx where the candidate has passed the written component of a FEx but failed overall. The one-time exemption only applies if the candidate presents for the next scheduled FEx.
- g) **SIMG** shall mean Specialist International Medical Graduate.
- h) **STC/B** shall mean the Specialty Training Committee or Board of the relevant specialty
- i) **RACS** shall mean the Royal Australasian College of Surgeons

### 3 Principle

- 3.1 RACS aims to satisfy the requirement that a candidate has the level of knowledge, understanding and application required for independent practice as a specialist surgeon.

### 4 Format

- 4.1 The FEx is usually held twice per year.
- 4.2 The FEx is made up of two components, one written component and one clinical/viva component.
- 4.3 A combination of seven separate but equally weighted segments make up the two components.
- 4.4 The written component:
  - a) is usually held 4-6 weeks before the clinical/viva component;
  - b) is delivered in multiple venues across Australia and Aotearoa New Zealand;
  - c) consists of up to two segments
- 4.5 The clinical/viva component:
  - a) is delivered in designated venues in Australia and Aotearoa New Zealand;
  - b) consists of five segments in specialties which have the two segments in the written component; and six segments where the written component comprises of one segment.
- 4.6 The structure for each specialty will vary. Segments contain unique and targeted approaches to assessing a candidate's knowledge and ability. Relevant details are provided in the "Notes to candidates" on the RACS Fellowship Examination webpage.

### 5 Changes

- 5.1 Significant changes in segment structure which may impact the candidate's preparation must be approved by the Chair of the Court of Examiners.
- 5.2 Modifications and adjustments may be necessary in response to exceptional circumstances or events beyond RACS' control. In such instances, candidates will be advised as soon as is practical and provided with options depending on the nature of the change.

### 6 Eligibility

- 6.1 To be eligible to register and present for the FEx:
  - a) Trainees and SIMGs must hold a valid Australian Health Practitioner Regulation Agency (AHPRA)/Medical Council of New Zealand (MCNZ) registration without conditions.

- b) Candidates who are not citizens of Australia or Aotearoa New Zealand must hold a valid visa or permit without any restrictions.
- 6.2 Each Specialty Training Committee/Board (STC/B) determines the requirements for approval to present for the FEx. Trainees must review the relevant training regulations when determining readiness before applying.
- 6.3 SIMGs on a pathway to fellowship with a greater than 12-month supervision requirement may apply upon confirmation of satisfactorily completing six months of supervision. If an SIMG has a requirement for 12 months or less they may apply at any time.
- 6.4 SIMGs on the Assessment pathway to Vocational Registration with MCNZ must:
  - a) have been recommended to sit the FEx by their Vocational Registration interview panel; and
  - b) submit a letter to the RACS Aotearoa New Zealand Regional Office from their RACS approved assessment supervisor stating they have demonstrated knowledge and practice that is (at minimum) equivalent to that of a final year trainee.

## **7 Examination Registration**

- 7.1 Candidates must register online to present for FEx, ensuring they:
  - a) have registered for both the written and clinical/viva components; unless
  - b) they have received a one-time exemption for the written component and are required to register for the clinical/viva component only;
  - c) have selected their preferred location for the written component; and
  - d) have paid the appropriate fee as published on the RACS website.
- 7.2 The examination dates and registration closing dates are published on the RACS website.
- 7.3 Applications for registration submitted outside the published timeframes will not be accepted.

## **8 Examination Progression**

- 8.1 Candidates who fail two written segments will not progress to the clinical/viva component in that sitting. Where the written component consists of only one segment, candidates who fail the written segment will progress to the clinical/viva component.
- 8.2 The Senior Examiner may request any candidate who fails both written segments to be placed into a discussion band, prior to a decision to progress or not to progress the candidate to the clinical/viva component.
- 8.3 Candidates will be notified via email regarding their progression to the clinical/viva component approximately two weeks prior to the scheduled start date of the first clinical/viva segment.
- 8.4 Candidates who fail any written segment and fail the overall exam must re-sit the written component at the next sitting.
- 8.5 Candidates who pass all written segments but fail the overall exam will bypass the written component of the next scheduled exam sitting as a one-time exemption and progress directly to the clinical/viva component.
- 8.6 Candidates who do not progress to the clinical/viva component will receive a partial refund of the examination fee after the conclusion of the clinical/viva examination in accordance with the information published on the RACS website.
- 8.7 Candidates who are only required to sit the clinical/viva component will pay a reduced examination fee in accordance with the information published on the RACS website.

- 8.8 Candidates who cannot attend the next sitting of the clinical/viva component on medical grounds must contact the exams department via email so that their circumstances and supporting documents can be evaluated on a case-by-case basis.

## 9 Presumption of fitness to sit

- 9.1 Candidates must ensure they are sufficiently fit and healthy when presenting for the FEx. Marks are based solely on performance and cannot be changed on the basis of personal circumstances.
- 9.2 Candidates must take reasonable care for their own health and safety and ensuring their acts and omissions do not adversely affect the health and safety of others. A candidate must not present for an examination if they have a communicable disease.
- 9.3 RACS will consider requests for special consideration when circumstances beyond the control of the candidate may have had an effect on performance or attendance. Candidates must read the Exceptional Circumstances and Special Consideration policy before making an application.
- 9.4 RACS will make reasonable adjustments to allow disadvantaged candidates equal opportunities for participation. Candidates must read the Exceptional Circumstances and Special Consideration policy before submitting a request.

## 10 Conflicts

- 10.1 Candidates may encounter examiners who are known to them or whom they have met on previous occasions. This does not normally constitute a conflict of interest. Conflicts of interest will be considered in circumstances where examiners:
- a) are family and/or personal friends;
  - b) have a shared practice; or
  - c) have some other exceptional relationship.
- 10.2 A list of examiners is published on the RACS website.
- 10.3 Examiners and candidates are required to notify RACS of any conflict, whether perceived or actual, as soon as they become aware of the conflict.
- 10.4 All conflicts are recorded and managed by the Executive of the Court of Examiners.

## 11 Privacy and confidentiality

- 11.1 Any person involved with the FEx shall treat as strictly confidential, any materials, images, content or conversations of any component or segment, whether viewed or discussed for the purposes of running the examination.
- 11.2 Candidates are not permitted to copy, remove or share examination papers which are the property of RACS.
- 11.3 Any person involved in the FEx shall respect the privacy and autonomy of patients who play a role in the clinical components of the examination.

## 12 Misconduct

- 12.1 The use of prohibited equipment and materials, cheating and/or disruptive behaviour will be considered misconduct and will be investigated. Candidates identified as engaging in such activities to gain competitive advantage:
- a) may be temporarily removed from the examination while the incident is addressed; or

- b) may be permanently removed and prevented from completing the examination; and
- c) may be reported for misconduct; and
- d) will not be refunded or reimbursed for any costs associated; and
- e) may be excluded from presenting for a FEx in the future.

12.2 All incidents must be reported to the examinations Manager and Chair of Court of Examiners.

## 13 Marking

13.1 The written segments are marked via two processes:

- a) Computer based multiple choice questions are auto marked.
- b) Short/long answers are marked by two trained examiners.

13.2 Clinical/viva segments rate the candidate's performance on how they assess and manage different clinical situations. Two examiners will independently assess the candidate during a clinical/viva segment and reach a consensus score.

13.3 Candidates who pass all seven segments will automatically pass.

13.4 Candidates who fail one segment or more will be deemed to have fail the exam.

13.5 Discussion band will include the following:

- a) Candidates who fail only one segment overall; or
- b) Any candidate who fails two segments overall and is recommended for further discussion by the Senior Examiner.

Following discussions, if the relevant specialty court finds that the deficiencies in the failed segments are compensated for in other segments of the examination, it may recommend to the Full Court that the candidate be elevated to a pass.

13.6 Special Consideration:

- a) Senior Examiners are provided copies of applications for special consideration in their respective specialty.
- b) Any candidate who has applied for special consideration and is in the discussion band as per clause 13.5a) will have their application appraised at their specialty court meeting.

## 14 Results

14.1 Results are recorded, ratified and communicated to the candidate as "Pass" or "Fail" only.

14.2 Results for the written components will be communicated to the candidates approximately three weeks after the written examination. Results for the overall examination will be communicated on the Monday after conclusion of the clinical/viva component.

14.3 Candidates who believe an incorrect decision may have been made in relation to their examination, may apply for reconsideration. For more information refer to the "Reconsideration, review and appeals" regulation. Candidates should note however, requests related to examination results may extend to an investigation to ensure all steps in the examination marking quality assurance process were executed correctly but will not extend to the remarking of an examination paper.

## 15 Feedback

- 15.1 Unsuccessful candidates will receive feedback on the examination. Supervisors and the relevant STC/B will receive a copy of the feedback.
- 15.2 The purpose of feedback is:
- a) to provide insight for the unsuccessful candidate which will aid in review and preparation for a subsequent attempt;
  - b) to highlight areas for improvement including poor performance and safety concerns; and
  - c) should be used to counsel and confirm appropriate requirements for approval of a subsequent attempt.
- 15.3 Following each unsuccessful attempt, the candidate must arrange a meeting with their supervisor.
- 15.4 If the relevant STB/C has concerns regarding patient safety and believes a candidate should be reported to AHPRA or the MCNZ, it will recommend this to the Chair of CSET and the Censor-in-Chief in accordance with the mandated guidelines.

## 16 Cancellations or withdrawals

- 16.1 RACS makes every effort to ensure the FEx runs smoothly and without incident. However, exceptional circumstances and unforeseen events beyond RACS' control may arise requiring the relocation, postponement or cancellation of one or more components of the examination. In such instances, candidates will be advised as soon as is practical.
- 16.2 Candidates who wish to withdraw from the examination must do so via the online withdrawal form on the RACS website. Candidates will receive a full refund if an examination is cancelled by RACS.
- 16.3 Candidates who withdraw from an examination prior to the registration closing date will be refunded 100% of the examination fee.
- 16.4 Candidates who withdraw after the examination registration closing date and up to ten (10) working days) before the first scheduled segment of the examination will be refunded 50% of the examination fee.
- 16.5 Candidates will not receive a refund if:
- a) withdrawing less than ten (10) working days before the first scheduled written segment of the examination; or
  - b) there is non-attendance of any segment of the examination; or
  - c) prevented from participating in the examination as a result of
    - i) taking prohibited equipment or materials into an examination room; or
    - ii) cheating or misconduct.
- 16.6 After the start of the examination, the Exceptional Circumstances and Special Consideration policy will apply.
- 16.7 RACS may grant a refund on medical or compassionate grounds. Candidates must submit a written request detailing the circumstances with supporting evidence if seeking a refund on medical or compassionate grounds.

## 17 Delegations

- 17.1 The Court of Examiners, including the Specialty Courts, has authority and accountability for preparation, delivery and quality of the FEx.
- 17.2 Acceptance, co-ordination and processing examination registrations: Examinations Management.
- 17.3 Approval to present: Candidate’s Supervisor and/or relevant STC/B Chair.
- 17.4 Results: Court of Examiners.

## 18 Information

Title	Fellowship Examination
Document number	REG-2011
Version	7
Changes	2, 4.4, 4.5b), 4.6, 4.7, 6.1, 6.4, section 7 (new), section 8 (new), 13.4, 13.5a), 13.5b), 14.2, 15.4, 16.2, 16.3, 16.4, 16.7
Date approved	11/11/24
Date effective	18/11/24
Approving authority	Education Committee
Portfolio	Pathways to Fellowship
Document owner	Examinations Manager
Enquiries	Via email: <a href="mailto:examinations@surgeons.org">examinations@surgeons.org</a>