

Fellowship Examination

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) Reasonable adjustments for an examination assessment
 - c) Special consideration for an examination assessment
 - d) FEX Curriculum for the relevant specialty
 - e) Examination guidelines
 - f) Notes to Candidates
 - g) Observers of the Fellowship Examination
 - h) Fellowship examination eligibility and examination performance review
 - i) 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.

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. Information and dates are published on the website.
- 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 Candidates must complete all seven segments.
- 4.5 The written component:
 - a) Is usually held approximately 4-6 weeks prior to the clinical/viva component.
 - b) Is usually delivered in multiple venues across Australia and Aotearoa New Zealand.
 - c) Up to two segments may be in the written component
- 4.6 The clinical/viva component:
 - a) Is delivered in venues across Australia and Aotearoa New Zealand;
 - b) Five segments will be delivered when the written component comprises of two segments; and six segments when the written component comprises of one segment
- 4.7 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".

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 reasonably practical and provided with options depending on the nature of the change.

6 Eligibility

- 6.1 Each Specialty Training Board/Committee (STB/C) determines the requirements for approval to present for the FEX. Trainees must review the relevant training regulations when determining readiness before applying.
- 6.2 SIMGs in Australia with an accepted pathway to Fellowship requiring a Level 3 or Level 4 supervision period:
 - a) of 12 months or less may apply; or
 - b) greater than 12 months may apply upon confirmation of the satisfactory completion of a minimum of nine months of assessment of clinical practice
- 6.3 SIMGs in Aotearoa New Zealand must
 - a) be on the Assessment pathway to Medical Council of Aotearoa New Zealand Vocational Registration; and
 - b) have been recommended to sit the FEX by their Vocational Registration interview panel; and
 - c) 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 of a final year trainee

7 Presumption of fitness to sit

- 7.1 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.
- 7.2 During the COVID19 pandemic, candidates must take reasonable care for their own health and safety and ensuring their acts and omissions don't adversely affect the health and safety of others. A candidate must not present for an examination if they are symptomatic or feel unwell.
- 7.3 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 "Special consideration for an examination assessment" policy before making an application.
- 7.4 RACS will make reasonable adjustments to allow disadvantaged candidates equal opportunities for participation. Candidates must read the "Reasonable adjustments for an examination assessment" policy before submitting a request.
- 7.5 Extra requirements maybe needed due to the COVID pandemic.

8 Conflicts

- 8.1 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
 - c) have some other exceptional relationship
 - d) all conflicts noted and managed
- 8.2 A list of examiners is published on the RACS website.
- 8.3 Examiners and candidates are required to notify RACS if there is any perceived or actual conflict of interest.

9 Privacy and confidentiality

- 9.1 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.
- 9.2 Candidates are not permitted to copy, remove or share examination papers which are the property of RACS.
- 9.3 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.

10 Misconduct

- 10.1 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
- 10.2 All incidents must be reported.

11 Marking

- 11.1 Written segments are marked via two processes:
- Computer based multiple choice questions are auto-marked
 - Short/long answers are marked by trained examiners.
- 11.2 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.
- 11.3 An expanded close marking system is applied in rating performance. Marking points are allocated for each segment:
- a mark of 4 is awarded for exceptional performance;
 - a mark of 3 represents a satisfactory standard achieved;
 - a mark of 2 represents a fail, where the candidate has failed to reach the standard;
 - a mark of 1 represents a fail, where the candidate falls well short of the standard.
- 11.4 The seven segments are equally weighted and the marking point scores within each segment are scaled accordingly.
- 11.5 Candidates must have a total combined score of 21 or above to achieve a "Pass".
- 11.6 A total combined score of 18 or below is confirmed as a "Fail".
- 11.7 A total combined score of 19 or 20 indicates a discussion band. The relevant specialty court will discuss the candidate's performance, detailing areas where the required competence was not achieved and make a recommendation to the Court.
- 11.8 All Senior Examiners are to be provided copies of applications for special consideration in their specialty, which can be discussed.

12 Results

- 12.1 Results are recorded, ratified and communicated to the candidate as "Pass" or "Fail".
- 12.2 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.

13 Feedback

- 13.1 Candidates who are unsuccessful will receive feedback on the examination. Supervisors and relevant STB/C will receive a copy of the feedback.
- 13.2 The purpose of feedback is:
- to provide insight for the unsuccessful candidate which will aid in review and preparation for a subsequent attempt;
 - highlight areas for improvement including poor performance and safety concerns; and
 - should be used to counsel and confirm appropriate requirements for approval of a subsequent attempt.
- 13.3 For each unsuccessful attempt, the candidate must arrange a meeting with their supervisor.

14 Cancellations or withdrawing

- 14.1 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 reasonably practical.
- 14.2 During the COVID19 pandemic
- If a candidate is unable to present for the written component, the candidate will be considered withdrawn.
 - If a written component has been completed but all candidates are prevented from sitting the clinical/viva component, the remaining clinical/viva component will be considered postponed. The results of the written component will be held until the rescheduled clinical//viva component can be completed.
 - If a written component has been completed but an individual candidate is prevented from sitting the clinical/viva component, the examination will be considered cancelled and the candidate withdrawn. The results of the written component will be disregarded.
- 14.3 During the COVID19 pandemic, a refund of the examination fee will apply if:
- the entire examination cannot be run and is cancelled; or
 - before the start of the examination, the candidate withdraws; or
 - before the start of the examination, the candidate fails health screening on entry to the examination and is asked to leave.
- 14.4 After the start of the examination and for non-COVID19 related matters, the "Special consideration for an examination assessment" policy will apply.

15 Delegations

- 15.1 The Court of Examiners, including the Specialty Courts, has authority and accountability for preparation, delivery and quality of the FEX.
- 15.2 Acceptance, co-ordination and processing examination registrations: Examinations Management.
- 15.3 Approval to present: Candidate's Supervisor and/or relevant STB/C Chair.
- 15.4 Results: Court of Examiners.

| | |
|---------------------|-----------------------------------------------------------------------------------------------------|
| Status | Published |
| Version | 3 |
| Changes | 7.5, 8.1d), 11.8 |
| Date approved | 29/09/2022 |
| Date effective | 11/10/2022 |
| Approving authority | Education Board |
| Portfolio | Education |
| Document owner | Examinations Manager |
| Enquiries | Examinations Via email: examinations@surgeons.org |