1. PURPOSE AND SCOPE

The policy provides the criteria for the conduct of the Clinical Examination (CE).

The CE is a summative assessment of a candidate’s knowledge, understanding and application of the basic science and clinical practice relevant to all forms of surgery.

From 2022 the CE will become a prerequisite for selection into the SET Programs for Paediatric Surgery, Plastic and Reconstructive Surgery (Australia and New Zealand) and Urology. The CE will remain a requirement for SET Cardiothoracic and Vascular Surgery Trainees.

Prevocational doctors who intend on applying to a SET program in Paediatric Surgery, Plastic and Reconstructive Surgery, Urology will be eligible to register for the examination.

Prevocational doctors intending to apply to a SET program in Cardiothoracic Surgery or Vascular Surgery will also be eligible to register for the examination.

2. KEYWORDS

Clinical Examination, Examinations, Surgical Education and Training, OSCE

3. BODY OF POLICY

3.1. Format of the Examination

The examination consists of 16 Objective Structured Clinical Examination (OSCE) stations made up of the following four (4) types of questions:

3.1.1. Examination
3.1.2. Non-technical Skills
3.1.3. History
3.1.4. Procedure

Stations will cover various areas of clinical practice.

3.2. Eligibility to Present for the Examination

3.2.1. Trainees registered in a SET program are eligible to apply and present for this examination.

3.2.2. Trainees who have either deferred commencement of training on the SET program or interrupted training are eligible to apply and present for this examination.

3.2.3. Trainees in the following categories are exempt and no longer required to present for the CE:


c. Australian Orthopaedic trainees who commenced their training from 2018.

d. New Zealand Orthopaedic trainees selected after 2018.

e. All Otolaryngology, Head and Neck Surgery trainees who commenced training from 2018.
3.2.4. Prevocational Doctors who have passed the Generic Surgical Sciences Examination (GSSE) and intend applying to SET training in Cardiothoracic, Paediatric, Plastic and Reconstructive Surgery, Urology and Vascular Surgery are eligible to apply and present for the CE.

3.3. Application

3.3.1. The examination dates and application closing dates are published on the RACS website.

3.3.2. A candidate must apply to present for the CE through the online registration system, via the RACS website. The full examination fee must be paid at the time of registration. Candidates must select their preferred session when registering for the examination.

3.3.3. An application outside the published timeframes will not be accepted.

3.4. Timeframe and Venue

3.4.1. The CE is generally conducted in February and June each year. An October examination may be scheduled for prevocational doctors if required.

3.4.2. The February examination is held in one centralised Australian venue.

3.4.3. The June examination is held in one centralised Australian venue and one centralised New Zealand venue.

3.4.4. Two sessions are generally held on the Saturday, one in the morning and one in the afternoon. One additional session may be scheduled on the Sunday morning if needed.

3.4.5. Each session requires a minimum capacity of 10 candidates. The maximum capacity for a session is 20 candidates.

3.4.6. Candidates will be allocated a session according to nominated preferences. Preferences cannot be guaranteed if minimum capacity is not achieved or preferences exceed the maximum capacity requirements.

3.4.7. Candidates should not confirm travel arrangements until receipt of the venue notice which includes confirmation of allocated session (approximately three weeks after registrations close). Allocations cannot be altered.

3.5. Time Limitations and Number of Attempts

3.5.1. All trainees with the exception of those exempted in clause 3.2.3 must pass the CE within two (2) years of commencement of the trainee’s first clinical rotation or period of accredited research.

3.5.2. Where a trainee has interrupted training, the two year time limit will be extended by that period of interruption, if

a. CE sittings are scheduled during that period of interruption;

b. the trainee has not attempted a CE sitting during that period of interruption; and
c. the interruption justifies an extension to the time limit that is supported by the Specialty Training Board.

3.5.3. The two year time limit will not be extended for a trainee who has interrupted training but attempts one or more sittings of the CE while on interruption.

3.5.4. A maximum of four (4) attempts at the CE are permitted for a Trainee.

3.5.5. All sittings of the examination attempted by the SET trainee, while in clinical training, accredited research, on interruption or deferred from training will count towards the four attempts.

3.5.6. Trainees who have not passed the examination after four (4) attempts or within the period specified in 3.5.1 (whichever is sooner) will be dismissed from the training program.

3.5.7. Former trainees who are successfully reselected to SET program must pass the CE within in first year and two (2) attempts, unless specified otherwise in their selection offer of appointment. Failure to complete the examination within the specified timeframe will result in dismissal.

3.5.8. There is no time limit or limit on the number of attempts for prevocational doctors.

3.6. Trainees who Transfer between Specialty Training Programs

3.6.1. If a trainee transfers between the Cardiothoracic, Paediatric, Plastic and Reconstructive, Urology and Vascular Surgery SET programs in the first two years of active training:
   a. A successful attempt at the CE will carry over.
   b. Unsuccessful attempts will be counted towards the total number of attempts permitted.
   c. Time already spent in the first training program will count towards the two year limitation.

3.7. Conduct of the Examination

3.7.1. The conduct of the examination is the responsibility of the Clinical Examination Subcommittee.

3.7.2. The following roles are required for the purposes of conducting the CE:
   a. Examiner
      An Examiner is responsible for examining candidates to assess application of basic science knowledge and understanding and clinical practice relevant to all forms of surgery.
   b. Observer
      An Observer of the CE will have no direct role in assessment and can be present for the following reasons: education, due process and training. Observers may only attend with the permission of the Chair of the Clinical Examination Subcommittee. A candidate may not nominate an Observer.
Any written notes made by an Observer, relate solely to their reasons for observing and do not form part of the candidate’s assessment.

c. Surrogate Patients/Assistants

Surrogate patients/assistants are volunteers and assist the CE Coordinator on the day of the CE. A trainee may not participate as a surrogate patient/assistant.

3.7.3. Disruptive behaviour by a candidate or surrogate patient/assistant in any segment of the examination will be investigated as misconduct. If a candidate is reported to be causing a disturbance during the examination, they will be removed from the examination room.

a. The candidate involved will not be given extra time at the end of the examination for any reason including time taken to address the incident.

b. An examiner or other person supervising an examination segment will complete an incident report for consideration by the SSE & CE Committee.

3.8. Prohibited Equipment or Materials

3.8.1. Equipment or materials which are not permitted to be taken into an examination room by a candidate (“prohibited equipment or materials”) includes but is not limited to:

a. all watches, timers, mobile phones, calculators, portable computers, tablets or other electronic audio-recording devices (e.g. audio-recording wrist bands, pens, spectacles, mp3 players, iPods, iPads, etc.).

b. notes, books, textbooks or other materials.

3.8.2. A candidate who takes prohibited equipment or materials into an examination room will be informed that he or she must leave the examination room immediately and will not be permitted to take further part in the examination.

3.8.3. The candidate’s result for the examination will not be approved and any examination fees paid will be forfeited as per terms stipulated in clause 3.16.

3.8.4. An examiner or other person supervising an examination segment will complete an incident report for consideration by the SSE & CE Committee.

3.9. Cheating

3.9.1. Cheating is defined as, but is not limited to:

a. gaining or attempting to gain access to any materials such as specimens or images, or patients involved in the examination, prior to an examination;

b. disseminating or making available questions or answers to another candidate or prospective candidate relating to the current examination;
c. procuring knowledge of the questions, and their answers, from anyone before the examination.

3.9.2. An examiner or other person supervising an examination segment will, upon identifying suspected cheating during the examination, complete an incident report for consideration by the SSE & CE Committee.

3.10. Report of prohibited equipment or materials or cheating

3.10.1. Upon receipt of an incident report of the taking of prohibited equipment or materials into an examination room or cheating, the Chair of the SSE & CE Committee will transmit the report to the relevant Specialty Training Board for consideration pursuant to the RACS Misconduct policy and the board’s training regulations.

3.10.2. If a report on the taking of prohibited equipment or materials into an examination room or cheating is received by the SSE & CE Committee, or if a Specialty Training Board receives the report directly:

a. prior to the examination taking place; the candidate’s application for presenting to an examination will be withheld until such time an investigation has concluded; if an allegation is upheld in addition to any penalty imposed by the Specialty Training Board, the candidate’s application will not be valid and the entire examination fee paid will be forfeited as per terms stipulated in clause 3.16 of this Policy.

b. during the examinations and prior to the examination results being made available to candidates - the examination result will be withheld until such time as an investigation has concluded; if the allegation is upheld, in addition to any penalty imposed by the Specialty Training Board, the examination result will not be approved and the candidate will be regarded as having an unsatisfactory performance.

3.10.3. After the examination results have been made available to candidates; if the allegation is upheld, in addition to any penalty imposed by the Specialty Training Board, the examination result will be withdrawn and the candidate will be regarded as having an unsatisfactory performance.

3.11. Privacy and Confidentiality

3.11.1. Any person involved with the CE as per clause 3.7 and any candidate presenting for the examination shall:

a. treat as strictly confidential any materials, images, content or discussions of any examination component viewed or discussed for the purposes of conducting the CE.

b. respect the privacy and autonomy of surrogate patients who play a role in this examination.

3.11.2. Any breach of confidentiality by any candidate may be treated as cheating and dealt with according to RACS policy.

3.12. Special Circumstances Relating to Examinations

Refer to policies EDA-EXA-034 Special Consideration for an Examination and EDA-EXA-035 Reasonable Adjustments for Disability.
3.13. Marking System

3.13.1. The overall pass mark is determined from the station pass marks and the standard error of measurement for this examination. A candidate will be scored at each station using a checklist and a six point global rating scale. The pass mark for each station is determined using the Borderline Regression Method.

3.13.2. In order to pass the examination, a candidate must fulfil both of the following requirements:
   a. Achieve equal to or greater than the minimum passing score for the whole examination. This is the sum of the 16 stations’ pass marks plus one standard error of measurement.
   b. Meet the component requirement: passing at least two stations of each type (Examination, Non-technical Skills, History and Procedure).

3.13.3. Minimum Standard Pass

A candidate, who falls within the following criteria in any two attempts at the CE, will be elevated to a pass on the second occasion:
   a. a score no less than one standard error of measurement below the pass mark, and
   b. fulfilled the component requirement

3.14. Results

3.14.1. Results are ratified by the SSE & CE Committee.

3.14.2. The candidate will be informed of their pass/fail result via their portfolio.

3.14.3. The candidate will receive feedback on their performance via email.

3.14.4. Results of SET Trainee candidates will be communicated to their relevant Specialty Training Board.

3.15. Feedback to Unsuccessful Candidates

3.15.1. Written feedback on a candidate’s performance in each station will be provided to
   a. the SET Trainee’s supervisor;
   b. a supervisor nominated by the Specialty Training Board for SET Trainees who have deferred or interrupted training;
   c. the mentor nominated by the prevocational doctor.

3.15.2. The unsuccessful candidate should seek counsel from their respective supervisor or nominated mentor.

3.15.3. The supervisor or nominated mentor should not give the feedback and examiner comments directly to the candidate, but should utilise the feedback provided to guide the candidate in formulating an examination preparation strategy for any future attempt.
3.16. Recognition
The highest scoring candidate for each examination receives the Clinical Committee Prize (certificate) with recognition on the RACS Website.

3.17. Withdrawals and Refunds

3.17.1. A candidate who wishes to withdraw from the examination must do so via the online withdrawal form on the RACS website.

3.17.2. A percentage of the examination fee will be refunded in accordance with the following timeline.

   a. A candidate will be refunded 95% of the examination fee if notification of withdrawal from the examination is received prior to the application closing date.

   b. A candidate will be refunded 50% of the examination fee if notification of withdrawal from the examination is received after the application closing date and more than 10 business days prior to the commencement of the first scheduled day of the examination.

3.17.3. A candidate will not receive a refund if notification of withdrawal from the examination is received fewer than 10 business days prior to the commencement of the first scheduled day of the examination.

3.17.4. A candidate will not receive a refund for non-attendance.

3.17.5. A candidate will not receive a refund if he/she is prevented from participating in the examination as a result of taking prohibited equipment or materials into an examination room or cheating or misconduct.

4. ASSOCIATED DOCUMENTS

Policies
EDA-EXA-034 Special Consideration for an Examination
EDA-EXA-035 Reasonable Adjustments for Disability
ETA-SET-007 Dismissal from Surgical Training
ETA-SET-010 Trainee Registration and Variation
ETA-SET-026 SET Misconduct

Other
Application for Special Consideration
Application for Reasonable Adjustments for Disability
Information for Candidates
Examination Incident Report

Approver Education Board
Authoriser Council