The following information is provided to help candidates prepare for the final Fellowship Examination in General 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 they come to the examination with adequate preparation based on this information, this will maximise their likelihood of success.

It is important to stress that this is an exit examination designed to assess whether the candidate is ready to undertake “independent” General Surgical practice. Implicit in this is the expectation that a successful candidate will not only have sound knowledge of the range of surgical conditions that General Surgeons commonly encounter, but be able to appropriately and safely assess, investigate and manage these conditions.

THE STRUCTURE OF THE EXAMINATION

Exams are held twice a year with the viva segments being held in May and September.

The first of the May exams is held in NZ and the second, a week later, in Australia. The NZ venues alternate between Wellington (odd years) and Auckland (even years). The Australian exam alternates between Melbourne (odd years) and Brisbane (even years). The September exams alternate between Adelaide (odd years) and Sydney (even years).

The two Written Exams occur 5-6 weeks before the viva segments of the exam.

The face-to-face vivas occur over a Friday, Saturday and Sunday, though in NZ, where the numbers of candidates are smaller, the exam timetable may be more contracted. The Operative Surgery and Pathophysiology Critical Care and Clinical Reasoning Vivas are usually on the Friday. The two Clinical Vivas are usually on the Saturday and the Clinical Imaging and Applied Anatomy Viva is usually on the Sunday morning.

Examiners are paired for each examination. A pair of examiners will mark each candidate in each segment of the exam. Each examiner will score the candidate individually but the pair of examiners will reach an overall consensus mark for each candidate in each segment of the exam. In General Surgery, where there are large numbers of candidates and examiners, it is more than likely that each segment of the exam will be marked by a different pair of examiners.

THE EXAM CONTENT

The content of the exams is defined by the Curriculum as developed by the Board in General Surgery. Both the Non-technical and Technical Modules of the Curriculum are available on the GSA website (http://www.generalsurgeons.com.au/education-and-training/curriculum).

THE MARKING SYSTEM

Over the last few years there has been an evolution of what was previously termed, the Close Marking System, to what is now called, an Expanded Close Marking System.
Each of the Exam Segments now has a number of defined Marking Points as detailed below in the description of each of the Segments. Each of those Marking Points is scored according to the Close Marking system 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).

Every candidate’s performance is assessed by 2 examiners in each exam segment. Both examiners score the Marking Points individually for each candidate but will reach an overall consensus grade of 4; 3; 2 or 1 for the candidate in each exam segment. Although each exam segment contains different numbers of Marking Points, the 7 exam segments are equally weighted when determining if overall performance has been satisfactory.

At the end of the Fellowship exam, the Specialty Court in General Surgery (comprising all examiners participating in that exam and the Senior Examiner) meets to discuss all the candidates’ results. Candidates who have been successful in all segments of the exam will pass the Examination. Candidates who have not passed all 7 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 7 segments of the Examination.

**WRITTEN PAPERS**

**Transition to Electronic Delivery**

The College is currently working towards delivering all Fellowship Examination written papers electronically.

The General Surgery written papers will remain paper based for September 2016, but prospective candidates are advised to check the website regularly for updates regarding 2017.

Due to this transition, all candidates regardless of examination delivery method will no longer have a specified “reading time” period at the start of the examination. The ten minutes reading time will be added on to the two hours examination time for candidates to use as they see fit, meaning a total examination time of 2 hours 10 minutes (130 minutes).

**Written Paper 1:**

“Spot” questions. This exam consists of 25 questions. Each question typically consists of an image or photo that acts as a prompt for usually 3 questions .There are approximately 5 minutes per question in this Written and time management is critical. An unanswered question can only be a fail!

Take care to read the questions properly and answer the questions posed. Legibility and clarity of the answer is important. Each question in this exam is allocated 1 Marking Point scored according to the Close Marking System grades (4; 3; 2 or 1).

**Written Paper 2:**

“Short” answer questions. This exam consists of 8 questions (i.e. 15 minutes each). These questions expect greater detail than the Spot questions and usually include one anatomy question.

As for Written Paper 1, take care to read the questions properly and answer the questions posed. Legibility and clarity are important. Again, each question in this exam is allocated 1 Marking Point scored according to the Close Marking System grades (4; 3; 2; or 1).

**CLINICAL/VIVAS**

**Operative Surgery Viva:**

This 30-minute viva consists of a 10-minute structured operative scenario prompted by a short PowerPoint presentation and usually 5 mini-scenarios prompted by a single PowerPoint image. This viva is designed to assess the candidates’ knowledge of common surgical procedures and manoeuvres and their ability to choose safe options when things “are not going to plan”. The operative scenario is allocated 3 defined Marking Points; 1 for knowledge, 1 for application of that knowledge and 1 for global synthesis and evaluation of the scenario. Each of the 5 mini-scenarios is allocated 1 Marking Point.
Pathophysiology, Critical Care & Clinical Reasoning Viva:

This 40-minute viva consists of two 10-minute scenarios and usually 4 mini-scenarios. The longer scenarios typically contain a trauma or acute care component requiring knowledge of resuscitation etc., and/or a complex clinical reasoning problem. The shorter scenarios are more likely to focus on the pathology or pathophysiology of a particular condition.

Each of the 10-minute scenarios is allocated 3 defined Marking Points; 1 for knowledge, 1 for application of that knowledge and 1 for global synthesis and evaluation of the scenario. Each of the 4 mini-scenarios is allocated 1 Marking Point.

Clinical 1 Viva:

In this 40-minute viva the candidate will see 2 medium long clinical cases. The candidate has about 10 minutes to take a history, perform a focused clinical examination and present their findings to the examiners. They will then be asked to propose investigations, review imaging and other results, discuss the patient’s problems and outline a management plan. It is this latter part of the encounter that tests the candidate’s higher levels of knowledge, so be efficient with your history and examination so you have time to show your expertise in management of the clinical problem!

It is hard to predict the range of the clinical problems that can be seen in this viva but typically it will be chronic problems with patients who need to be well enough to see through a 4-hour exam period during which they may be seen by up to 4 candidates. Each long case is allocated 4 Marking Points; 1 for patient interaction and examination skills, 1 for knowledge, 1 for application of that knowledge and 1 for global synthesis and evaluation of the clinical case.

Clinical 2 Viva:

In this 40-minute viva the candidate is expected to see 6 short clinical cases. Typically, these cases will have clinical signs and the candidate is expected to display appropriate examination skills and interpretation of the clinical findings. Where appropriate, there may be questions on principles of management.

The nature of the problems that present in this viva is more predictable – hernias, head & neck masses, breast lumps, cutaneous lesions, vascular problems, abdominal signs, liver disease etc. are examples. Each short case is allocated 2 Marking Points; 1 for patient interaction and examination skills and 1 for global synthesis and evaluation of the clinical case.

Clinical Imaging and Applied Anatomy Viva:

The duration of the viva will be 30 minutes and the format will consist of 8 images. These will be either anatomical or operative specimens, or multi-slice radiological images. These images will be used as a prompt to discuss applied anatomy. Each of the anatomy images is allocated 1 Marking Point.

COPING WITH THE EXAMINATION

It is well recognized that the Fellowship examination is a highly demanding and stressful experience for the candidate. Members of the Court of Examiners have been carefully selected as not only having good knowledge of the training requirements and curriculum for General Surgery but also as having a strong interest in the well-being of trainees and a demonstrated capacity for balanced and fair assessment of candidates. However, it is hard for the candidate to not be intimidated by the experience.

Try to prepare yourself both physically and mentally. Training in the Written Papers is critical – practice answering both Spot-style questions and Short essay questions. Get your timing right. Remember that an unanswered question cannot pass. Practising answering these questions is an excellent learning tool.

Try to treat the face-to-face vivas as an interaction with colleagues rather than an interrogation by the examiners. Treat your patient interactions in the Clinical Vivas as you would with patients you are caring for in clinical settings. Remember they have taken time out to help you with your exam. Treat them politely and professionally.

If you find yourself struggling at some component of the Viva interaction, ask for clarification. The chances are the examiner will give the required clarification or will move on to another area.
Don’t give up hope if something does seem to go badly. You may not have been assessed as badly as you feel and you generally have to perform poorly in more than one thing to fail an exam segment. Even if you don’t pass that exam segment, provided your performance elsewhere has been good enough, you may still pass overall.

Most of all, give it your best effort. You owe it to yourself and those who support you. Sitting the exam is an expensive process both financially and emotionally. The fewer times you have to go through it the better!

For any queries prior to the examination please contact the Examinations Department by email at examinations@surgeons.org.

Prof Wendy Brown
Senior Examiner in General Surgery