NOTES TO CANDIDATES
General Surgery Fellowship Examination 2017

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 candidates come to the examination adequately prepared their likelihood of success will be maximised.

It is important to stress that this is an exit examination designed to assess whether the candidate is ready to undertake General Surgery with a level of competency equivalent to that of a specialist in General 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 General Surgeons commonly encounter, but also they will be able to appropriately assess, investigate and manage patients with these conditions.

THE STRUCTURE OF THE EXAMINATION

Exams are held twice a year. The written segments are held in April and August, followed by the viva segments, which are held in May and September.

The first of the May exams is held in New Zealand and the second, a week later, in Australia.

The dates for the 2017 Fellowship Examinations can be found on the RACS website at the following address:


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

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 three computer based vivas - Operative Surgery, Pathophysiology Critical Care and Clinical Reasoning and Clinical Imaging and applied Anatomy are usually on the Friday. The two Clinical Vivas are usually on the Saturday.

Examiners are paired for each examination; candidates will be assessed by a number of pairs of examiners, who will mark the candidates in each segment of the exam. Each examiner scores the candidate individually, and then the pair of examiners reaches 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

The exam is marked using the Expanded Close Marking System (ECMS).

Each of the exam segments has a number of defined Marking Points. 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).

Every candidate’s performance is assessed by two examiners in each exam segment. Both examiners score the Marking Points individually for each candidate, and then 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 have equal weighting when determining if a candidate’s 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 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 2017, but prospective candidates are advised to check the website regularly for updates regarding 2018.

Due to the transition to electronic delivery, 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 onto 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. An answer that does not relate to the question posed will fail even if the content is correct. Legibility and clarity of the answer is important. Each question in this exam is marked as pass or fail. A clear pass for this component of the exam is 18/25 questions.

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. Diagrams can be acceptable as part of the answer. Each question in this exam is allocated one Marking Point scored according to the Close Marking System grades (4; 3; 2; or 1). A clear pass is 6/8 questions.
CLINICAL/VIVAS

Operative Surgery Viva:

This 30-minute viva consists of a 10-minute structured operative scenario prompted by a short PowerPoint presentation and 5 mini-scenarios prompted by a single clinical 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, transfusion, shock 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. Remember, even if you encounter a difficult or rare issue, the examiners are mainly interested in assessing your approach to the patient and their problems.

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 some examples. So practice your examination skills! Typically you will not be allowed to ask the patient questions during the examination. If the examiner wishes you to take a brief history, they will indicate this to you at the beginning of the examination.

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, clinical pictures or radiological images including multi-slice scans. These images will be used as a prompt to discuss applied anatomy. It is important that candidates are familiar with both operative anatomy as well as radiological anatomy for this exam.

Each of the anatomy images is allocated 1 Marking Point.
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 General Surgery but also strong interest in the well-being of trainees and a demonstrated capacity for balanced and fair assessment of candidates.

Prepare yourself physically and mentally. Practice in completing written papers is essential – practise answering both Spot-style questions and short question components; get your timing right. Remember that you cannot pass an unanswered question. Practice in answering written questions is an excellent learning tool.

Undoubtedly a lot of time needs to be spent in the lead up to the written and computer based vivas, revising the theory that underpins our specialty. However, success in the clinical exams requires good interpersonal skills with patients, accurate examination skills and ability to synthesise information provided to devise and discuss a reasonable treatment plan. It is important not to lock yourself out of the clinical environment in the lead up to the exam. Treating every patient you see in the clinical setting in the lead up to the exam as a potential medium or short case will undoubtedly improve your performance in the clinical component of the exam.

Treat the face-to-face vivas as an interaction with colleagues rather than an interrogation by the examiners. Interact with patients in the Clinical Vivas as you would interact with patients you are caring for in everyday clinical situations. Remember that the patients have taken time out to help you with your exam, treat them politely and professionally.

If you find yourself struggling to answer a component of a Viva, ask for clarification. The examiners will give the clarification or may move forward to another area. If the examiner asks you to reconsider an answer – follow their prompts and trust them. They are trying to help you, not trick you.

Don’t be too concerned if something seems to go poorly, you may have performed better than you feel you did. Generally you have to perform poorly in more than one segment to fail an exam. Even if you don’t pass an exam segment, provided your performance elsewhere has been strong, you may still pass overall.

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

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