NOTES TO CANDIDATES
Orthopaedic Surgery Fellowship Examination 2017

The following information is provided to help candidates prepare for the final Fellowship Examination in Orthopaedic 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 Orthopaedic Surgery with a level of competency equivalent to that of a specialist in Orthopaedic 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 Orthopaedic 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.

Operative Surgery 1 and 2 generally occur on the Friday and the Clinical segments on the Saturday. Clinical Investigation and Management takes place on the Sunday. The exact timetable may vary, depending on the resources available in each examination venue.

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.

THE EXAM CONTENT

The content of the exams is defined by the Curriculum/Syllabus as developed by the Board in Orthopaedic Surgery. More information about the Curriculum/Syllabus is available on the AOA and NZOA website:

https://www.aoa.org.au/orthopaedic-training/content-page
http://nzoa.org.nz/resources-0
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 Orthopaedic 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 EXAMINATION

Transition to Electronic Delivery

Written One (MCQ) is delivered electronically.

Written Two will remain paper-based for September 2017 but prospective candidates are advised to check the College website regularly for updates relating to 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 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).

Candidates are encouraged to view the Demonstration version of the electronic format available at (log-in required):


IMPORTANT INFORMATION (for candidates sitting the computer based version):

1. Answers are typed in the text box provided for each question. The amount of space provided for essay questions is unlimited.

2. Answers are auto-saved every 60 seconds and whenever the ‘Next’ button is clicked.

3. If a candidate runs out of time, all answers will be submitted automatically and the examination will close.

IMPORTANT INFORMATION (for candidates sitting paper based version):

1. The papers are identified only by your examination number.

2. The written papers are photocopied and sent to the examiners once you have completed your examination.

3. It is important to note that if you use highlighters or different colours in diagrams, or headings, that this does not photocopy well and the point of your colour change/diagram may be lost.

4. Write clearly and use either a black or blue pen. Write only on the lined side of the paper.
Written 1 - MCQs

- Written Paper 1 consists of 75 X-Type Multiple Choice Questions (MCQ).
- There is no negative marking and a score of 75 percent is normally regarded as a pass. Two hours are allotted to this component of the examination.

Example of an X-Type Multiple Choice question:

Pes cavus deformity:

| A. Usually presents early in childhood, typically by the age of 3 years | Answer: A = F |
| B. Secondary to type II hereditary sensorimotor neuropathy is usually cavovarus | B = F |
| C. When unilateral suggests a definable anatomic lesion | C = T |
| D. Associated with impaired sensation is best treated with triple arthrodesis | D = F |
| E. Stabilized with triple arthrodesis does not need tendon transfer | E = F |

Written 2

Written Paper 2 consists of 2 essay questions and 10 Illustrated Short Answer Written questions (ISAWEs). The 2 essays of 30 minutes each, challenge the candidate to demonstrate a comprehensive knowledge level and sound reasoning in relation to an area of common orthopaedic practice. The 10 ISAWEs are completed over 1 hour and will have a series of questions and an accompanying illustration to provide information regarding the topic. These may cover a wide range of common topics in orthopaedic surgery and require the candidate to show a broad sound knowledge, ability to undertake a safe and logical assessment and investigation, and ability to detail an appropriate management plan for each of the scenarios outlined (based on the specific questions asked).

CLINICAL/VIVAS

Clinical Cases 1 and Clinical Cases 2 - 35 minute

These segments consist of clinical vivas with patients. A patient is presented to the candidate for elucidation of an appropriate history, and/or for the evaluation and assessment of clinical signs and/or for a discussion regarding management, including issues of consent and complications of management. Two examiners will be with the candidate for the 35 minute duration of the viva and on average each candidate is usually exposed to 4 patients in each viva.

Clinical Investigation and Management Viva - 30 minute

This is a computer generated viva which introduces a clinical scenario which examiners will request that the candidate appropriately investigate, interpret such investigations and manage the scenario put forward. The candidate is usually shown 5 of these scenarios in the 30 minute viva.

Operative Surgery 1 - 30 minute

This is a computer generated viva in which clinical scenarios are outlined and a diagnosis is usually self-evident or given to the candidate. Each case is specifically for management. The alternatives of non-operative or operative management, the preoperative planning, the operative procedure, postoperative management and rehabilitation can all be assessed in this viva. The candidates are usually shown 5 such scenarios in the 30 minute viva.

Operative Surgical 2 - 30 minute

This is a computer generated viva, similar to Operative Surgery 1 and 30 minutes in length.

At each viva the candidate is examined by a pair of examiners. The examiners will introduce themselves and will also wear name badges and will introduce any observer from the College or the Examiner Assessor, indicating that they are observing and not taking part in the examination. The examiners will, however, address you by your candidate number and not by your name. This is to help maintain anonymity and impartiality.
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 Orthopaedic 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 the long 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.

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.

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.

As the Senior Examiners we would be very happy to clarify any of these points prior to the examination process. We can be contacted through the College Examination Department: examinations@surgeons.org.

We wish you well in the forthcoming examinations.

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