NOTES TO CANDIDATES
Vascular Surgery Fellowship Examination 2017

The following information is provided to help candidates prepare for the final Fellowship Examination in Vascular 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 Vascular Surgery with a level of competency equivalent to that of a specialist in Vascular 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 Vascular 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 dates for the 2017 Fellowship Examinations can be found on the RACS website at the following address:


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

The Anatomy, Clinical Imaging and Operative Surgery segments generally take place on the Friday and the Clinical segments on the Saturday. Clinical Decision Making will usually take place on the Sunday.

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 as developed by the Board in Vascular Surgery. More information about the Board and the Curriculum is available on the RACS website:


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 Vascular 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 PAPER

Transition to Electronic Delivery

The 2017 Vascular Surgery written papers will be delivered electronically and in a paper version. Method of delivery will be established via an individualised survey to candidates.

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):


Written Format

Part A (50%)
1 long essay question (1 hour duration).
There will be several parts to this question and all parts must be answered.

Part B (50%)
4 short answer type questions (1 hour duration)
All questions are of equal marks (allow 15 minutes per question). All questions must be attempted.

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.
**CLINICAL/VIVAS**

**Long Clinical Cases**

Two cases will be seen. Two examiners will be present whilst the candidate takes the history and performs the clinical examination (20 minutes) and then a further 20 minutes with the examiners to discuss the case. This will involve discussion of clinical findings, diagnosis and management. There is a 10 minute break and then a second case will be seen. The candidate will be given the same length of time with the second case.

**Short Clinical Cases**

This section involves the candidate being shown a number of shorter clinical cases to examine, discuss and comment on. Two examiners will be present and the candidate will have 35 minutes with the examiners and patients.

**Anatomy and Anatomical Exposures In Vascular Surgery**

Wet specimens will be used and the candidate will have 25 minutes with two examiners to discuss the relevance for operative approaches.

**Vascular Imaging**

In this section the candidate will be shown a number of cases of vascular imaging (may include ultrasound, CT, MRA, angiography) relevant to vascular surgery. The imaging will be discussed and discussion may include basic principles of the imaging modalities and clinical relevance. This viva will be 30 minutes in length with two examiners.

**Operative Surgery**

Discussion and questions pertaining to Vascular Surgery (open and endovascular) operative situations that are encountered by Vascular Surgeons in practice. This viva will be 35 minutes in length with two examiners.

**Clinical Decision Making**

Discussion and questions pertaining to clinical decision making in vascular surgery. The candidate will be examined on three (3) clinical case scenarios that are encountered by vascular surgeons in practice. The case scenarios may include relevant clinical details, discussion of pathology / pathophysiology, diagnosis, investigations (including haematology, biochemistry, imaging etc.), and discussion of any aspect of management. This viva will be 30 minutes in length with two examiners. The candidate will be examined for 10 minutes on each of the three (3) clinical case scenarios. Each case scenario is of equal marks.

**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 Vascular 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.

The Examiners will introduce themselves to you and will wear name tags, and will introduce any observer from the College or the Examiner Assessor, indicating that they are observing and not taking part in the examination, but you will be addressed by your number and not by name. Do not take offence; this is to maintain anonymity and impartiality.
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.

I look forward to meeting you during the exam and at the announcement ceremony.

I am happy to discuss points of clarification on process prior to the exam. For any queries prior to the examination, or to request copies of past written papers, please contact the Examinations Department by email at examinations@surgeons.org.

Mr Frank Quigley
Senior Examiner in Vascular Surgery