NOTES TO CANDIDATES
General Surgery Fellowship Examination 2019

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 the benchmark for the examination is to assess whether the candidate is performing at 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 EXAM CONTENT

The content of the exams is defined by the Curriculum as developed by the Board in General Surgery. The Non-technical and Technical Modules of the Curriculum are available on both the GSA website and the NZAGS website.

The questions, scenarios or cases in each segment may refer to each of the levels of cognitive function (i.e., knowledge/comprehension, application/analysis or synthesis/evaluation) or, where appropriate, may be a global assessment.

Wherever possible, evaluation of the nine surgical competencies is taken into consideration throughout the assessment process. The relevant areas are the following:

Medical Expertise:
- Relevant basic sciences outlined
- Significance of symptoms/features identified and addressed
- Potential pathologies identified

Judgement – Clinical Decision Making:
- Exploration of the patient and condition
- Description of physical examination
- Demonstration of appropriate patient interaction

Investigations:
- Identification of appropriate investigations
- Justification for selection of investigations
- Analysis of data from investigations

Differential diagnosis:
- Possible alternatives identified and considered
- Justification of possible alternatives from evidence
- Clinical implications of the alternatives considered

Treatment and Management:
- Appropriately selected treatment
- Safe and appropriate management plan that takes into account patient’s needs
- Consideration of on-going management requirements
- Consideration of other required professional support
Technical expertise:
Description of procedure:
• Surgical procedure appropriate for the condition and diagnosis
• Significant potential risk factors identified
• Attention to safety of patient, self and others

Communication:
• Clear, complete, and appropriate information for the patient
• Appropriate communication of risks, advantages and alternatives of any management alternatives advocated
• Prognosis reflecting the most likely outcomes

Management & Leadership:
• Reasons for selection of investigations and treatment indicating consideration of patient needs and system constraints

Professionalism & Ethics:
• Clear understanding of medico-legal and ethical issues in relation to the patient and their management

Collaboration:
• Understanding of other healthcare professionals involvement and roles in patient management
• Demonstrated ability to initiate involvement and assess input of other healthcare workers in the patient’s management

THE MARKING SYSTEM
Examiners are paired for the duration of each examination; candidates will be assessed by a number of pairs of examiners. Each segment of the examination is marked separately without reference to other segments already completed. The results in each segment are collated by the senior examiner and the progress or final result of each candidate remains unknown to individual examiners until the meeting of the Specialty Court at the conclusion of the examination.

A candidate’s performance is assessed by two examiners in each segment. Within each segment there is a pre-determined number of marking points.

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

The grades achieved in these marking points are used by each examiner to conclude their individual final mark and also used by the examining pair to determine a final consensus grade for that segment (also using the ECMS). Although each exam segment contains different numbers of Marking Points, all segments have equal weighting in determining if a candidate’s overall performance is satisfactory.

At the conclusion of all segments, the Specialty Court in General Surgery (comprising the Senior Examiner and all examiners participating in that exam) 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 seven segments of the Examination.
THE STRUCTURE OF THE EXAMINATION

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

The written segments are completed approximately a month prior to the clinical/viva segments. Candidates nominate which venue they wish to attend; venues are available in Adelaide, Brisbane, Melbourne, Sydney, Perth, in Australia and in Auckland and Wellington in New Zealand.

The face-to-face vivas occur from Friday to Sunday for examinations held in Australia however, due to smaller candidate numbers in New Zealand, the exam only runs on Friday and Saturday with the three computer based vivas usually on the Friday and the two clinical vivas usually on the Saturday.

WRITTEN EXAMINATION

This examination consists of two separate segments which are sat approximately one month before the vivas and clinical examinations. The main objective of the Examination One (Spots) is to test the breadth of the candidate's knowledge acquired during their training whereas Examination Two (Short Answer Questions) is designed to test the depth of knowledge. The questions cover many aspects of the syllabus/curriculum. The questions evaluate clinical management and decision-making; aspects of pathophysiology, pathology, surgical anatomy and operative surgery may be included.

RACS is working towards delivering all Fellowship Examination written papers electronically. However, while this process is being perfected, the General Surgery written papers will remain paper based for May 2019, but prospective candidates are advised to check the website regularly for updates regarding the September 2019 and 2020 examinations.

Both Examinations 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 130 minutes.

IMPORTANT INFORMATION

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

2. The written papers are scanned and sent to the examiners once the examination is completed. Candidates are asked to avoid using coloured highlighters, pens or pencils as colour distinction may be lost during the scanning process.

3. Writing clearly and legibly, using either a black or blue pen is important. Only on the lined side of the paper should be used for writing.

Examination One - 130 minutes

This exam consists of 25 “spot” 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 paper and time management is critical. An unanswered question can only be a fail.

Great care should be taken to reading the questions properly and answering 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.

Examination Two - 130 minutes

This exam consists of 8 “short answer” questions (i.e. approx. 15 minutes should be allocated to each). These questions expect greater detail than the spot questions and may include one anatomy question. Candidates should also be familiar with the college “Training Standards framework” as short answer questions may also pertain to the 9 core competencies.
Answers are expected to convey advanced clinical reasoning and demonstrate that the candidate has the required knowledge with an in-depth understanding of current ideas and controversies surrounding the topic.

As with Examination One, it is important 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 marked as a Pass or Fail. 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”. Operative knowledge and decision-making are assessed.

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. The 5 mini-scenarios are allocated 1 marking point each.

**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. The 4 mini-scenarios are allocated 1 marking point each.

**Clinical Imaging and Applied Anatomy Viva:**

The duration of the viva will be 30 minutes and the format will consist of 4 images and 4 image series. These will be of 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.

**Clinical 1 Viva (long cases):**

The clinical examinations are undertaken in a hospital setting using an outpatients’ clinic environment. The candidate and a pair of examiners spend 40 minutes discussing 2 long clinical cases. The candidate is expected to:

- Gather relevant information from history & clinical examination
- Succinctly define the problems and findings
- Propose investigations, review imaging and discuss the patient’s problem
- Formulate and justify an appropriate plan of management

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, 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 efficiency with history taking and examination is important to allow for time to show 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 at least 3 candidates. It is important to remember that even if a difficult or rare issue is encountered, the examiners are mainly interested in assessing the candidate’s approach to the patient and their problems.

The candidate needs to demonstrate a high level of knowledge of the clinical problem and show an ability to apply that knowledge in synthesizing an appropriate management plan. 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 (Short Cases):**

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. Practice of examination skills is critical. Typically candidates are not allowed to ask the patient questions during the examination. However, if the examiner wishes that the candidate takes a brief history, they will indicate this 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.

**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 International Medical Graduates and Trainees and a demonstrated capacity for balanced and fair assessment of candidates.

Preparation, both physically and mentally is the key to a successful exam. Practice in completing written papers is essential, answering both spot-style questions and short question components is important, including getting the timing right. Practice in answering written questions is an excellent learning tool.

Undoubtedly a lot of time needs to be spent revising the theory that underpins our specialty in the lead up to the written papers and computer based vivas. However, success in the clinical exams requires good interpersonal skills with patients, accurate examination skills and the ability to synthesise information provided to devise and discuss a reasonable treatment plan. It is important to maintain continuous contact and involvement with the clinical environment in the lead up to the exam. Treating every patient seen in the clinical setting in the lead up to the exam as a potential medium or short case will undoubtedly improve the performance in the clinical component of the exam.

Vivas should be treated as an interaction with colleagues rather than an interrogation by the examiners. Interaction with patients in the clinical vivas should be the same as the interaction with patients under care in everyday clinical situations. Is important to remember that the patients have taken time out to help with the exam; they must be treated politely and professionally.

Candidates who find they struggle to answer a component of a viva should ask for clarification. The examiners will give the clarification or may move forward to another area. If the examiner suggests a candidate reconsider an answer – they should be trusted and the prompts followed. Examiners are trying to help candidates, not trick them.

During viva and clinical segments the two examiners will introduce themselves to the candidate and will be wearing name tags. The candidate will be addressed by number and not usually by name. This is to maintain anonymity and impartiality.
For unsuccessful candidates a composite written report will be provided by the Senior Examiner to the Board Chair, the current Supervisor and candidate through the Examinations Department. This report will be emailed within two weeks of the Fellowship Examination. Candidates should liaise with the Board Chair and Supervisor to arrange an interview within four weeks of the Fellowship Examination. A regional Examiner should not be approached directly.

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

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