NOTES TO CANDIDATES
Orthopaedic Surgery Fellowship Examination 2019

The following information is provided to help candidates prepare for the 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 the benchmark for the examination is 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 EXAM CONTENT

The content of the exams is defined by the Curriculum/Syllabus as developed by the Australian Orthopaedic Association Federal Training Committee and the New Zealand Board of Orthopaedic Surgery. More information about the Curriculum/Syllabus is available on the AOA and NZOA websites. https://www.aoa.org.au/orthopaedic-training/content-page
http://nzoa.org.nz/resources-0

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:

History taking and examination:
- Exploration of the patient and condition
- Description of physical examination
- Demonstrates 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 indicate 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
- Demonstrates 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 Orthopaedic Surgery (comprising the Senior Examiner and all examiners participating in that exam) meet, 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 (in April and August). 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 in May and September with the first of the May exams held in New Zealand and the second, a week later, in Australia. In Australia 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. 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. The exact timetable may vary, depending on the resources available in each examination venue.

The dates for the 2019 Fellowship Examinations can be found on the RACS website at the following address (please scroll to the last page of the PDF document for the Fellowship Dates):


WRITTEN EXAMINATION

This examination consists of two separate segments. The main objective of the written examination is to test the breadth of the candidate's knowledge acquired during their training. 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.

Examination One (MCQ) is delivered electronically only.

Examination Two will be delivered electronically and in a paper version. Candidates’ preferred method of delivery will be established via an individualised survey to candidates.

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.

4. Diagram paper will be provided. This is for diagrams, algorithms and other drawn exam techniques that are unsupported by the electronic delivery platform.

IMPORTANT INFORMATION (for candidates sitting paper based version):

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 the lined side of the paper should be used for writing.
Examination One - 130 minutes

- Examination One consists of 75 X-Type Multiple Choice Questions (MCQ).
- There is no negative marking. The pass mark is based upon and relative to the mean of any given MCQ examination.

Example of an X-Type Multiple Choice question:

**Pes Cavus deformity:**

<table>
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<th>Answer:</th>
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<tbody>
<tr>
<td>A. Usually presents early in childhood, typically by the age of 3 years</td>
<td>A = F</td>
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<tr>
<td>B. Secondary to type II hereditary sensorimotor neuropathy is usually Cavovarus</td>
<td>B = F</td>
</tr>
<tr>
<td>C. When unilateral suggests a definable anatomic lesion</td>
<td>C = T</td>
</tr>
<tr>
<td>D. Associated with impaired sensation is best treated with triple arthrodesis</td>
<td>D = F</td>
</tr>
<tr>
<td>E. Stabilized with triple arthrodesis does not need tendon transfer</td>
<td>E = F</td>
</tr>
</tbody>
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Examination Two - 130 minutes

Examination Two 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 60 minutes 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 minutes each

These segments consist of clinical vivas with patients. Patients are 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 each candidate will be afforded an opportunity to assess and discuss 4 patients in CC1 and 3 patients in CC2.

Clinical Investigation and Management Viva - 30 minutes

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 are presented with 5 of these scenarios in the 30 minute viva.

Operative Surgery 1 Viva - 30 minutes

This is a computer generated viva in which clinical scenarios are outlined. 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 presented with 5 such scenarios in the 30 minute viva.

Operative Surgery 2 Viva - 30 minutes

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. They will introduce any observer and their role, indicating that they are observing the Examiners and not taking part in the examination process. The Examiners will address the candidates by their candidate number and not by their 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 International Medical Graduates 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 the long and short question components is important, including good use of the available time. 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. It is important to remember that the patients have taken time out to help with the exam; they should be treated politely and professionally.

Candidates who find they struggle to answer a component of a viva should ask for clarification. The examiners will provide 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 assist candidates, not trick them.

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.

As the current 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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