

REG-2011

Fellowship Examination

1 Purpose and context

1.1 RACS recognises assessment is an essential part of the teaching and learning process. The Fellowship Examination (FEX) is the final formal assessment of competence and knowledge to ensure the candidate is safe and competent to practice independently as a specialist surgeon in the following specialties:

- a) Cardiothoracic Surgery
- b) General Surgery
- c) Neurosurgery
- d) Orthopaedic Surgery
- e) Otolaryngology Head and Neck Surgery
- f) Paediatric Surgery
- g) Plastic and Reconstructive Surgery
- h) Urology
- i) Vascular Surgery

1.2 The FEX is open to accredited RACS trainees and Specialist International Medical Graduates (SIMG) with an assessment requiring completion of the FEX.

1.3 This regulation should be read in conjunction with the following regulations, policies and documents:

- a) Training regulations for the relevant specialty
- b) Exceptional Circumstances and Special Consideration policy
- c) FEX Curriculum for the relevant specialty
- d) Examination guidelines
- e) Notes to Candidates
- f) Observers of the Fellowship Examination
- g) Fellowship examination eligibility and examination performance review
- h) Any disclaimers that apply

2 Definitions

2.1 The following definitions apply for the purposes of this regulation:

- a) **Candidate** shall mean a trainee or SIMG registered and approved to present for the FEX.
- b) **Examiner** shall mean a RACS Fellow appointed to assess the candidate is safe and competent to practice as an independent surgeon.
- c) **Patient** shall mean a member of the public who volunteers for the purposes of running the examination.
- d) **Court of Examiners/Specialty Court** shall mean appointed examiners representing each specialty who are responsible for running the FEX, including question design/format, marking guidelines, standard setting and results.

3 Principle

- 3.1 RACS aims to satisfy the requirement that a candidate has the level of knowledge, understanding and application required for independent practice as a specialist surgeon.

4 Format

- 4.1 The FEX is usually held twice per year. Information and dates are published on the website.
- 4.2 The FEX is made up of two components, one written component and one clinical/viva component.
- 4.3 A combination of seven separate but equally weighted segments make up the two components.
- 4.4 Candidates must complete all seven segments.
- 4.5 The written component:
- a) Is usually held 4-6 weeks before the clinical/viva component.
 - b) Is delivered in multiple venues across Australia and Aotearoa New Zealand.
 - c) Up to two segments may be in the written component.
- 4.6 The clinical/viva component:
- a) Is delivered in designated venues in Australia and Aotearoa New Zealand;
 - b) Five segments will be delivered when the written component comprises of two segments; and six segments when the written component comprises of one segment.
- 4.7 The structure for each specialty will vary. Segments contain unique and targeted approaches to assessing a candidate's knowledge and ability. Relevant details are provided in the "Notes to candidates".

5 Changes

- 5.1 Significant changes in segment structure which may impact the candidate's preparation must be approved by the Chair of the Court of Examiners.
- 5.2 Modifications and adjustments may be necessary in response to exceptional circumstances or events beyond RACS' control. In such instances, candidates will be advised as soon as is practical and provided with options depending on the nature of the change.

6 Eligibility

- 6.1 Each Specialty Training Committee/Board (STC/B) determines the requirements for approval to present for the FEX. Trainees must review the relevant training regulations when determining readiness before applying.
- 6.2 SIMGs in Australia with an accepted pathway to Fellowship requiring a Level 3 or Level 4 supervision period:
- a) of 12 months or less may apply; or
 - b) greater than 12 months may apply upon confirmation of the satisfactory completion of a minimum of nine months of assessment of clinical practice
- 6.3 SIMGs in Aotearoa New Zealand must
- a) be on the Assessment pathway to Medical Council of New Zealand Vocational Registration; and
 - b) have been recommended to sit the FEX by their Vocational Registration interview panel; and
 - c) submit a letter to the RACS Aotearoa New Zealand Regional Office from their RACS approved assessment supervisor stating they have demonstrated knowledge and practice that is (at minimum) equivalent to of a final year trainee.

- 6.4 SIMGs in Australia and Aotearoa New Zealand, must hold and maintain medical registration to be eligible to present for the FEX.
- 6.5 Candidates who are not citizens must hold a valid visa to be eligible to present for the FEX in Australia and Aotearoa New Zealand.

7 Presumption of fitness to sit

- 7.1 Candidates must ensure they are sufficiently fit and healthy when presenting for the FEX. Marks are based solely on performance and cannot be changed on the basis of personal circumstances.
- 7.2 Candidates must take reasonable care for their own health and safety and ensuring their acts and omissions do not adversely affect the health and safety of others. A candidate must not present for an examination if they have a communicable disease.
 - a) RACS will consider requests for special consideration when circumstances beyond the control of the candidate may have had an effect on performance or attendance. Candidates must read the Exceptional Circumstances and Special Consideration policy before making an application.
- 7.3 RACS will make reasonable adjustments to allow disadvantaged candidates equal opportunities for participation. Candidates must read the Exceptional Circumstances and Special Consideration policy before submitting a request.

8 Conflicts

- 8.1 Candidates may encounter examiners who are known to them or whom they have met on previous occasions. This does not normally constitute a conflict of interest. Conflicts of interest will be considered in circumstances where examiners:
 - a) are family and/or personal friends
 - b) have a shared practice
 - c) have some other exceptional relationship
- 8.2 A list of examiners is published on the RACS website.
- 8.3 Examiners and candidates are required to notify RACS of any conflict, whether perceived or actual, as soon as they become aware of the conflict.
- 8.4 All conflicts are recorded and managed by the Executive of the Court of Examiners.

9 Privacy and confidentiality

- 9.1 Any person involved with the FEX shall treat as strictly confidential, any materials, images, content or conversations of any component or segment, whether viewed or discussed for the purposes of running the examination.
- 9.2 Candidates are not permitted to copy, remove or share examination papers which are the property of RACS.
- 9.3 Any person involved in the FEX shall respect the privacy and autonomy of patients who play a role in the clinical components of the examination.

10 Misconduct

- 10.1 The use of prohibited equipment and materials, cheating and/or disruptive behaviour will be considered misconduct and will be investigated. Candidates identified as engaging in such activities to gain competitive advantage:
 - a) may be temporarily removed from the examination while the incident is addressed; or

- b) may be permanently removed and prevented from completing the examination; and
- c) may be reported for misconduct; and
- d) will not be refunded or reimbursed for any costs associated; and
- e) may be excluded from presenting for a FEX in the future

10.2 All incidents must be reported.

11 Marking

11.1 The written segments are marked via two processes:

- a) Computer based multiple choice questions are auto marked.
- b) Short/long answers are marked by two trained examiners.

11.2 Clinical/viva segments rate the candidate's performance on how they assess and manage different clinical situations. Two examiners will independently assess the candidate during a clinical/viva segment and reach a consensus score.

11.3 Candidates who pass all seven segments will automatically pass..

11.4 Candidates who fail more than two segments will automatically fail.

11.5 Minimum standard

- a) Candidates who fail one or two segments will be considered in the discussion band.
- b) The relevant specialty court will review the candidate's performance and make a recommendation to the Full Court.

11.6 Special Consideration

- a) Senior Examiners are provided copies of applications for special consideration in their respective specialty.
- b) Candidates must meet the minimum standard for an application to be appraised.

12 Results

12.1 Results are recorded, ratified and communicated to the candidate as "Pass" or "Fail" only.

12.2 Candidates who believe an incorrect decision may have been made in relation to their examination, may apply for reconsideration. For more information refer to the "Reconsideration, review and appeals" regulation. Candidates should note however, requests related to examination results may extend to an investigation to ensure all steps in the examination marking quality assurance process were executed correctly but will not extend to the remarking of an examination paper.

13 Feedback

13.1 Unsuccessful candidates will receive feedback on the examination. Supervisors and the relevant STC/B will receive a copy of the feedback.

13.2 The purpose of feedback is:

- a) to provide insight for the unsuccessful candidate which will aid in review and preparation for a subsequent attempt;
- b) to highlight areas for improvement including poor performance and safety concerns; and
- c) should be used to counsel and confirm appropriate requirements for approval of a subsequent attempt.

13.3 For each unsuccessful attempt, the candidate must arrange a meeting with their supervisor.

14 Cancellations or withdrawing

- 14.1 RACS makes every effort to ensure the FEX runs smoothly and without incident. However, exceptional circumstances and unforeseen events beyond RACS' control may arise requiring the relocation, postponement or cancellation of one or more components of the examination. In such instances, candidates will be advised as soon as is practical.
- 14.2 A 100% refund of the examination fee will apply if the examination cannot be run and is cancelled.
- 14.3 Candidates who withdraw from an exam before the examination application closing date will be refunded 100% of the examination fee.
- 14.4 Candidates who withdraw after the examination application closing date and up to ten (10) working days) before the first scheduled written segment of the examination will be refunded 50% of the examination fee.
- 14.5 Candidates will not receive a refund if:
- a) withdrawing less than ten (10) working days before the first scheduled written segment of the examination; or
 - b) non-attendance of any segment of the examination; or
 - c) prevented from participating in the examination as a result of taking prohibited equipment or materials into an examination room; or as a result of cheating or misconduct.
- 14.6 After the start of the examination, the Exceptional Circumstances and Special Consideration policy will apply.
- 14.7 RACS may grant a refund on medical or compassionate grounds. Candidates must submit a written request detailing the circumstances with supporting evidence.

15 Delegations

- 15.1 The Court of Examiners, including the Specialty Courts, has authority and accountability for preparation, delivery and quality of the FEX.
- 15.2 Acceptance, co-ordination and processing examination registrations: Examinations Management.
- 15.3 Approval to present: Candidate's Supervisor and/or relevant STC/B Chair.
- 15.4 Results: Court of Examiners.

16 Information

Title	Fellowship Examination
Document number	REG-2011
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