



**JOHANNESBURG
ACADEMIC OFFICE**

CMSA

The Colleges of Medicine of South Africa NPC
Nonprofit Company (Reg. No. 1955/000003/08)
Nonprofit Organisation (Reg No 009-874 NPO)
27 Rhodes Ave, PARKTOWN WEST 2193
Private Bag X23, BRAAMFONTEIN 2017
Tel: +27 11 726-7037/8/9
Fax: +27 11 726-4036
General: admin@cmsa-jhb.co.za
Academic Registrar: alv@cmsa-jhb.co.za
Website: www.collegemedsa.ac.za

GUIDELINES FOR THE FCS(SA) FINAL EXAMINATION

These guidelines should be read in conjunction with the regulations for admission to the “Fellowship of the College of Surgeons of South Africa – FCS(SA)”.

Candidates should study these recommendations carefully. This document will provide an outline of what the College of Surgeons of the Colleges of Medicine of South Africa (CMSA) expects regarding the portfolio of learning (logbook) and the dissertation and it will also provide an overview of the FCS(SA) Final examinations.

1.0 PORTFOLIO

The portfolio must give a written summary of the training and clinical experience of the candidate. This must include all clinical activities, procedures and interventions, clinical rotations and projects undertaken by the candidate, as well as presentations given and attended. The Head of Department of the training institution must certify the training time. Portfolios must be submitted electronically prior to the closing dates stipulated on the CMSA website (www.collegemedsa.ac.za). The template for the logbook is also available on the CMSA website.

The current minimum requirements related to the portfolio are described in the regulations on the CMSA website.

It is the responsibility of the Head of the Department to confirm all the training time, training activities, academic activities, and all other procedures entered in the portfolio by the candidate.

Portfolios not fulfilling the required minimum criteria will be rejected and returned to the candidate via the CMSA offices. The CMSA will then let the candidate know what additional information is required. Candidates who do not supply the outstanding information or documentation to the CMSA and the College of Surgeons at least four weeks prior to the start of the oral component of the final FCS(SA) examination, will not be allowed to proceed with the examination process, even if they have already received an invitation to do so after the written examinations. Such candidates will also not get credit for the written part of the examination even if they have achieved the subminimum set for each of the written papers.

The portfolio will usually be valid after acceptance by the College of Surgeons provided that prior to attempting the Final examination no new requirements for clinical experience are necessary. Under such circumstances candidates will have to provide confirmation/proof that they have completed these additional requirements and the Academic Head of Department must certify that the additional requirements have been met.

2.0 RESEARCH REPORT

The primary objective of the research report is to determine whether a candidate can design a research project, make use of the written and electronic literature, reach a sound conclusion and present the data in an acceptable format.

The dissertation must conform to the standards of the University MMed dissertation. This must be in the form of original work, examples of which are listed in the regulations.

Currently, candidates are expected to have submitted the first draft of their research report to their training institution for evaluation. Certification, signed by the Academic Head of the training institution that this has occurred, will need to be included in the portfolio. From 1 January 2015 Health Professions Council of South Africa's regulations will require that such research reports have been passed by the training institutions prior to an individual being able to register as a specialist with the council.

3.0 WRITTEN PAPERS

The written papers aim to test knowledge at various levels

- knowledge
- insight
- application
- analysis and integration
- synthesis
- evaluation

The written papers will assess skills that relate specifically to factual recall, insight, integration of knowledge, utilisation of knowledge and experience in problem-solving. They will obviously also assess the skill to communicate the gained knowledge in writing. A further objective is that the written papers serve as a screening mechanism for invitation to the clinical part of the examination.

Two papers of 3 hours each will be written, one predominantly on general surgery and surgical pathology and one predominantly on surgical anatomy and operative surgery. A large range of topics will be reflected in the papers.

Each paper will consist of 4 questions and each will have a minimum of 5 components, although there could be more. The questions will each be awarded 100 marks. The marks will be divided between the components and it will be clearly indicated what the weighting of each component is.

Memoranda will be compiled by the examiners setting the paper. Memoranda are only guidelines and not absolute determinants of requirements for marking. Nevertheless, the memoranda do supply the basis for marking and reflect the factual content required in a question. The papers will be marked as objectively as possible but examiners will take into consideration style and how the candidate has dealt with the question. Questions will not just test knowledge, but also insight, analysis, and evaluation.

4.0 INVITATION TO THE CLINICAL/ORAL EXAMINATIONS

The pass mark for each of the papers is 50%. Any candidate who achieves <45% in either paper will not be invited to the clinical section of the examination. The sub-minimum for invitation to the clinical examination is 45% for one paper provided the candidate achieves >50% in the second paper and a mean of at least 50% for both papers.

The regulations and guidelines related to submission of the portfolio are outlined above.

5.0 THE OSCE

The OSCE is usually held on the first day of the examination but this may be changed according to the timetable and the time available. All examiners will participate actively during the OSCE in the live stations. The OSCE will test knowledge and skills at various levels.

The purpose of the OSCE is to present very specific clinical questions and test the interpretation of investigations. Structured oral examinations may be included in the OSCE.

With the current number of candidates per Final examination, it may be necessary to do the OSCE in two or even three groups. Allocation into the two groups is usually done alphabetically. The circuit will last at least 90 minutes but may be longer depending on the number of rest stations. Currently, there will be 18 stations, each lasting 5 minutes (excluding rest stations). The board of examiners is responsible for setting the examination.

The stations will consist of manned and written stations. The written questions will be OSCE type questions and not short written questions. For each station, an instruction and answer sheet will be provided, unless it is a live-station where all answers will be verbal. Each station will contribute equally towards the final OSCE mark.

The candidates will be informed of the proceedings of the OSCE prior to the examinations. If the number of candidates is such that there must be two or more groups in order to complete the examination, the second and additional group will be kept in "quarantine" until the first group has completed their examination. It is essential that there is no contact between the two groups when the circuit is to be used for a second time.

Examples of questions that may be included in the examination:

- Acute surgery
- Surgical scenarios
- Interpretation of investigations (pathology reports, etc)
- Ethical issues posed as clinical problems
- Assessment of articles from the literature
- Structured oral station

The candidate must pass the OSCE examination with a minimum of 50%. No station will serve as a "trap-door station" and failing certain stations will not result in failure ie there is not a minimum number of stations that the candidate must pass. Provided the average for the OSCE is 50%, the candidate will have passed the OSCE.

The OSCE is an important component of the clinical examination and counts one fifth of the total mark. Failing the OSCE usually results in failing the examination unless the mark is condoned by performance elsewhere in the examination circuit.

6.0 VIVA VOCE

Two oral examinations each of 20 minutes duration are used to explore aspects of general surgery, surgical pathology, operative surgery and surgical anatomy that have not been covered in other aspects of the examination. The orals are marked in quintiles and each makes up 10% of the overall mark. The mark of oral in each section is evaluated in conjunction with the mark of the written paper in that section. Candidates are expected to pass each section (where the paper counts for 60% and the oral 40% of the section) in order to pass the examination.

7.0 CLINICAL CASES

The College of Surgeons considers the clinical cases to be an important and integral component of the examination process. Each candidate will be expected to be examined on at least two patients who will have conditions that are typically seen in general surgical practice. Candidates will usually be given in the region of 30 minutes to evaluate the patient and will then have a 30 minute discussion with a set of examiners discussing all clinical aspects of that patient. This part of the examination evaluates a candidates ability to comprehensively evaluate a patients clinical profile, to consider a rational treatment plan and to demonstrate appropriate clinical decision making. During this evaluation candidates are expected to demonstrate their ability to function at a specialist level.

The clinical cases are marked in quintiles. It is important to note that the subminimum in the clinical cases is an average of 50%. Individuals who have a mark below this level will not pass the examination, no matter how well they have performed in any other part of the examination.

8.0 OVERALL MARK

A candidate will be considered to have passed if they have:

- **Passed each of the 4 sections:**
 - The clinical cases
 - The OSCE
 - The general surgical and surgical pathology theoretical component (paper plus viva voce)
 - The anatomy and operative surgery theoretical component (paper and viva voce)
- In order to pass a section the composite mark for that section must be $\geq 50\%$. The composite mark in the sections is calculated as follows:
- The clinical cases: The average mark obtained in all the clinical cases
 - The OSCE: The average mark obtained in all the stations of the OSCE
 - The general surgical and surgical pathology theoretical component: The paper accounts for 60% of this component while the viva voce accounts for 40%
 - The anatomy and operative surgery theoretical component: The paper accounts for 60% of this component while the viva voce accounts for 40%

A mark of $\geq 45\%$ but $< 50\%$ in one section – other than in the section comprising of the clinical cases – can be condoned if appropriately compensated in the other sections of the examination and provided that no other section has a composite mark of $\leq 50\%$.

NB! The composite mark for the clinical cases must always be $\geq 50\%$ in order for a candidate to pass.

- **Have achieved an overall mark $\geq 50\%$.**

9.0 FINALLY

- Medal candidates should achieve at least an average of over 65% with some marks over 70%.
- A list of the candidates who have successfully passed the examinations will be displayed at the examination venue after the final examination committee meeting.
- No explanations will be offered to unsuccessful candidates at the time of the examination.