



## R E G U L A T I O N S

### FOR ADMISSION TO THE FELLOWSHIP OF

### THE COLLEGE OF OTORHINOLARYNGOLOGISTS OF SOUTH AFRICA

### FCORL(SA)

#### 1.0 COMPONENTS

The examination comprises Part I/Primary, Intermediate, Part II/Final. Part II must be passed within six years of passing the Intermediate examination.

#### 2.0 PURPOSE OF ASSESSMENT

This qualification forms part of a process to accredit medical practitioners, as specialists in Otorhinolaryngology. The Health Professions Council of South Africa (HPCSA) stipulates training requirements, including a minimum period of experiential learning. It is usual for the examination to be taken and passed prior to the completion of the required period of supervised learning specified by the HPCSA. The aim of this qualification is to meet the needs for formal examination certification, as well as to set standards, nationally, for such a qualification.

#### 3.0 ADMISSION TO THE EXAMINATION

(Read in conjunction with the Instructions for Admission to CMSA Examinations)

##### **Part I/Primary**

- A candidate may be admitted to Part I/Primary of the examination having a qualification to practice medicine as a Medical or Dental Practitioner
- There are **two categories of candidates**:
  - Candidates without CMSA General Surgery primary exam
  - Candidates with General Surgery primary exam
    - Write only *Supplementary Primary Examination section*
    - Written by candidates who have
      - Passed FCS(SA) Primary in order for them to be accommodated in ENT specialisation stream
      - Written a primary examination elsewhere, to be accommodated on an *ad hoc* basis

##### **INTERMEDIATE**

A candidate may be admitted to the Intermediate examination having:

- passed the Primary
- must have completed not less than 12 months' approved surgical training time, of which at least three months but no more than six months should be ICU and a maximum of three months may be in ENT.

**NOTE:**

- The Primary and Intermediate examinations may be attempted concurrently with the proviso that if the Primary is failed and the Intermediate passed, no credit will be given for passing the Intermediate which will have to be retaken
- The CMSA Senate, through its Examinations and Credentials Committee, will review all applications for admission to the examination and may also review the professional and ethical standing of candidates.

The examination comprises:

- Two 3-hour papers consisting of MCQ questions on the principles of surgery in general and of surgical speciality disciplines respectively. The multiple-choice questions may include, choose the best option and extended matching questions.

**Marking Regulations for the Intermediate examination:**

- In order to pass the intermediate examination a candidate must achieve an average of 50% or more in the overall mark.

**Part II/Final**

A candidate may be admitted to the Final/Part II examination if he/she has fulfilled the following requirements:

- Intermediate examination or completed full Fellowship of one of Colleges with which there is reciprocity
- Elapsed time since Intermediate Examination:  $\leq$  6yrs
- Letter from HOD that
  - Candidate has completed not less than 3 years’ training in numbered and approved registrar post in Otorhinolaryngology
  - Logbook is accurate and illustrates adequate surgical experience
  - *Portfolio of Learning* complete and satisfactory

***Sample letter from HOD to CMSA to accompany application to write Final Examination (Cut and paste onto letterhead)***

Dr ..... wishes to be admitted to the Final Examination of the FCORL (SA) and fulfils the following requirements of the CMSA:

	Yes	No
Will have completed $\geq$ 36 months of registrar training time in a numbered post at the time of writing the examination		
Has successfully completed the ATLS course		
Logbook reflects adequate surgical experience		
Logbook is accurate		
Portfolio of Learning complete and satisfactory		

**Logbook (Cut and paste from Portfolio of Learning on CMSA website)**

- i) Format: MSWord/ Excel, Panoramic view
- ii) Cases sorted in terms of Gen / Oto / Rhin / HN
- iii) Candidates to provide a summary of the logbook that groups procedures and allows CMSA to check whether minimum logbook criteria are met

- iv) Electronic copy submitted directly to CMSA by HOD with letter of verification of accuracy of logbook
- v) Time of submission: 3 months prior to written examination
- vi) Evaluation of logbook:
  - HOD declares in letter to CMSA that surgical experience adequate
  - CMSA crosschecks electronic version
- vii) Absolute minimum requirements
  - Myringoplasty: 20 (primary surgeon)
  - Mastoid surgery: 15 (includes temporal bone dissections) (primary surgeon)
  - Ossiculoplasty/stapedotomy: 5 (assisted)
  - Septoplasty: 10 (primary surgeon)
  - Endoscopic ethmoidectomy: 10 (includes cadaver dissections) (primary surgeon)
  - Middle meatus antrostomy: 10 (includes cadaver dissections) (primary surgeon)
  - Sphenoidectomy: 2 (includes cadaver dissections) (primary surgeon)
  - Frontal sinus trephination: 5 (primary surgeon)
  - Upper oesophagoscopy: 10 (primary surgeon)
  - Tracheoscopy/bronchoscopy: 10 (primary surgeon)
  - Tracheostomy: 30 (primary surgeon)
  - Laryngectomy: 5 (assisted)
  - Neck Dissection: 5 (assisted)
  - Parotidectomy: 5 (assisted)

#### 4.0 FORMAT OF THE EXAMINATION

##### CONDUCT OF THE EXAMINATION FOR PART I / PRIMARY

- Candidates must write all of the subjects listed at one single sitting of the examinations of the CMSA
- **Format:** Online written single best answer papers only
- **Structure of Primary Examination**
  - **All Candidates (both with/without General Surgery Primary examination)**
    - 3 hour paper: Discipline Specific Anatomy and Applied Anatomy
    - 3 hour paper
      - Discipline Orientated Physiology and Applied Physiology
      - Basic principles of Audiology and Vestibular testing
  - **Only Candidates without General Surgery Primary examination**
    - 3 hour paper: General Physiology and Basic Pathology
- **Marking system**
  - Pass mark: 50%
  - Candidates must pass all 3 papers to pass the Primary Examination
  - Should a candidate fail one or more of the papers, he/she will be exempted at the next sitting of the examination from writing any papers in which he/she obtained at least 50%.

##### CONDUCT OF THE EXAMINATION FOR INTERMEDIATE

See regulations of College of Surgeons

###### The written examination

One 3-hour paper (FCS(SA) Intermediate Paper I consisting of single best answer questions (SBA) on the principles of surgery in general

candidate must achieve a minimum of 50% in the principles of neurosurgery paper and a minimum of 50% in the principles of surgery MCQ's.

###### The performance examination

The performance examination will consist of one paper case and an OSCE.

The Paper case will be centred around the Principles of Surgery in General There will be 20 OSCE questions. Ten questions will be based on Principles of Surgery in General.

###### The overall mark

A candidate's final mark will be calculated as follows per paper:

Paper 1:

MCQ paper 1	33.3% final mark
Paper case mark	33.3% final mark
OSCE mark	33.3% final mark

**CONDUCT OF THE EXAMINATION FOR THE FINAL**

This examination comprises Written and Oral/Clinical/Practical Examinations

**MMed Dissertation:** For specialist registration, the HPCSA will require completion of the MMed dissertation for candidates that commenced registrar training after January 2011. The MMed dissertation is the responsibility of the training university. The nature of MMed research component, standard and timing of submission may vary between universities.

**Written examination**

- Candidates must write all the subjects listed at one single sitting of the examinations of the CMSA
- **Format of Final Written Examination:** SBA questions
- **Structure of Final Written Examination**
  - 3 Online written papers
  - 3 hours each covering all aspects of otorhinolaryngology-head and neck surgery
  - Multiple sub-questions per paper
- **Marking system**
  - Each section of an examination is marked as a percentage, regardless of how marks are assigned to individual questions of a paper, or to subsections of another section:
    - Paper I Marked out of 200
    - Paper II Marked out of 200
    - Paper III Marked out of 200
  - Pass mark: 50%
  - Subminimum of 50% is required to proceed to Orals

**Oral examination**

- To assess candidate's knowledge, practical skills and approach across spectrum of ENT
- **Criteria for admission to oral exam**
  - Subminimum of 50% in written examination is required to proceed to Orals
- **Format**
  - Each candidate will be examined at least four stations with multiple patients/case scenarios at each station.
- **Marking system**
  - **Pass mark:** 50% for all examinations, and 50% for any sub-minimums required
 

Clinical cases	Marked out of 100
OSCE	Marked out of 100
<i>Viva voce</i>	Marked out of 100
  - OSCE and *viva voce* carry same weight as one clinical case
  - 50% of final mark
  - Criteria to fail final examination
    - (a) < 50% overall mark in clinical examination
    - (b) Fails >1 clinical case or OSCE section
- **Weighting of Final mark**
  - Written and Oral examination each count 50%
  - Candidate's performance in written examination is not made known to examiners prior to oral examination, and is only considered with borderline or medal candidates
- Candidates who achieve the required marks in the written component of the examination but who fail the oral and clinical examinations will be exempt from the written component of the next examination session. Such exemption applies to one sitting only and must be exercised in the following semester.
- **Medal of the South African Society of Otorhinolaryngology**
  - Awarded for exceptionally distinguished performance in the Fellowship examination of the College of Otorhinolaryngologists of South Africa
  - Must achieve at least 75% overall mark in examination to be considered
  - Decision to award the medal is at the discretion of the examiners

**5.0 ADMISSION AS A FELLOW**

5.1 Only candidates who have completed training in a CMSA recognised registrar post may be awarded a fellowship if successful in the examination.

5.2 **Candidates who have written the examination as a prerequisite from the HPCSA for inclusion on the specialist register are not eligible to be awarded a Fellowship but will be sent a letter confirming their success in the examinations**

All other candidates will be asked to sign a declaration as below:

I, the undersigned, .....do solemnly and sincerely declare

that while a member of the CMSA I will at all times do all within my power to promote the objectives of the CMSA and uphold the dignity of the CMSA and its members

that I will observe the provisions of the Memorandum and Articles of Association, By-laws, Regulations and Code of Ethics of the CMSA as in force from time to time

that I will obey every lawful summons issued by order of the Senate of the said CMSA, having no reasonable excuse to the contrary

and I make this solemn declaration faithfully promising to adhere to its terms

Signed at .....this .....day of.....20 .....

Signature .....

Witness .....  
(who must be a Founder, Associate Founder, Fellow, Member, Diplomate or Commissioner of Oaths)

5.3 A two-thirds majority of members of the CMSA Senate present at the relevant meeting shall be necessary for the award to any candidate of a Fellowship

5.4 A Fellow shall be entitled to the appropriate form of certificate under the seal of the CMSA

5.5 In the event of a candidate not being awarded the Fellowship (after having passed the examination) the examination fee shall be refunded in full excluding HPCSA candidates who are not entitled to a Fellowship.

5.6 The first annual subscription is due one year after registration (statements are rendered annually)

## APPENDIX A

## 1.0 SYLLABUS FOR THE PART I /PRIMARY EXAMINATION

(Sections for supplementary examination in italics)

## ANATOMY

- *Head, neck and upper thorax, including embryology, osteology, morbid anatomy and congenital abnormalities*
- *Neuro-anatomy with special reference to ORL*
- *Applied anatomy relevant to diseases and spread of infection in head and neck*
- *Relevant anatomy of thorax with emphasis on the superior mediastinum, bronchial tree and oesophagus*
- **Recommended reading**
  - Gray's Anatomy
  - Medical Embryology – Langman
  - Osteology – Drennan
  - Relevant Chapters in: Cummings Otolaryngology Head and Neck Surgery, Ballenger Otolaryngology, Essential Otolaryngology, Scott-Brown's Otorhinolaryngology

## PHYSIOLOGY

- **General principles of physiology:** Cell physiology including neural tissue and muscle, haematology including haemostasis, cardiovascular system, respiratory system, gastrointestinal system, the central nervous system and cerebellum in relation to movement and balance, immunology, renal function and the endocrine system
- ***Discipline orientated physiology:*** *Vestibular system, Auditory system, Olfaction, Taste, Salivary gland function, Deglutition, Voice*
- **Recommended reading for physiology**
  - Guyton AC – Human Physiology and Mechanisms of Disease
  - Otorhinolaryngology. Basic Science and Clinical Review. Thomas R van der Water. Heinrich Staeker. Thieme ISBN 086 577 401 -5
  - Relevant Chapters in: Cummings Otolaryngology Head and Neck Surgery, Ballenger Otolaryngology, Essential Otolaryngology, Scott-Brown's Otorhinolaryngology
- ***Basic principles of audiology and vestibular testing***
  - *Pure tone audiology, speech discrimination, recruitment and tone decay*
  - *Immittance audiometry*
  - *Oto-acoustic emissions*
  - *Electric evoked response audiometry*
  - *Vestibular testing: calorics, electronystagmography, videonystagmography and vestibular evoked myogenic potentials*
- **Recommended reading for audiology**
  - Audiology: The Fundamentals – Bess F and Humes LE
  - Relevant Chapters in: Cummings Otolaryngology Head and Neck Surgery, Ballenger Otolaryngology, Essential Otolaryngology, Scott-Brown's Otorhinolaryngology

## PATHOLOGY

- **General principles in pathology**
  - Normal and adapted cell
  - Cell injury and disease
  - Inflammation and repair
  - Fluid and hemodynamic derangements
  - Neoplasia
  - Clinical aspects of neoplasia
  - Diseases of immunity
  - Systemic diseases
  - Infectious diseases
  - Basic genetic principles and principles of genetically transmitted disease
- **Recommended reading**
  - Robbins Pathology

**A P P E N D I X B**

**1.0 SYLLABUS FOR THE INTERMEDIATE EXAMINATION**

See College of Surgeons syllabus

**APPENDIX C****1.0 SYLLABUS FOR THE PART II /FINAL EXAMINATION**

- i) Knowledge across the spectrum of otorhinolaryngology-head and neck surgery
- ii) Spectrum of congenital anomalies and acquired pathologies and their clinical management pertinent to modern otorhinolaryngological practice and head and neck surgical practice

**Recommended reading**

- Scott-Brown's Otorhinolaryngology and Head and Neck Surgery 8<sup>th</sup> edition
- Cumming's Otolaryngology 7<sup>th</sup> edition
- European Position Paper on Rhinosinusitis and Nasal Polyps 2020. Available from: [https://www.rhinologyjournal.com/Documents/Supplements/supplement\\_29.pdf](https://www.rhinologyjournal.com/Documents/Supplements/supplement_29.pdf)



**A P P E N D I X D**

**1.0 GUIDELINES FOR CANDIDATES**

(Refer to the Examinations section on the CMSA website: [www.cmsa.co.za](http://www.cmsa.co.za))

**A P P E N D I X E**

**1.0 PORTFOLIO OF LEARNING**

[www.cmsa.co.za](http://www.cmsa.co.za)

**A P P E N D I X F**

**1.0 CMSA EXAMINATIONS GUIDELINES**

[www.cmsa.co.za](http://www.cmsa.co.za)