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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

# THE COLLEGE OF PLASTIC SURGEONS OF SOUTH AFRICA

# FC Plast Surg(SA)

# BLUEPRINT

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# Purpose Statement

The **FC Plast Surg(SA) Final degree** is one of two essential requirements for registration as a specialist plastic and reconstructive surgeon with the **Health Professions Council of South Africa (HPCSA)**. The second requirement is the completion of an **MMed degree**, which includes a research component. Together, these qualifications certify the competence of a candidate in clinical practice and research, ensuring readiness for independent practice.

The **five-year training Program**, conducted at HPCSA-accredited centres across South Africa, is designed to recruit suitable candidates and develop their skills and knowledge in both clinical practice and basic research. Candidates may apply to write the FC Plast Surg(SA) Final examination after completing 36 months of training in a registrar post, provided they have achieved prescribed milestones assessed through **work-based assessments (WBA)** and have completed **Entrustable Professional Activities (EPAs)** as outlined in the Plastic and Reconstructive Surgery curriculum.

To pass the examination, candidates must demonstrate the competence required to independently practise as specialist plastic surgeons. They must also exhibit a foundational understanding of research, as evidenced by the completion of the **MMed degree** awarded by their affiliated university. The training Program relies on formative assessments, including WBAs and EPAs, to evaluate professional, clinical, and surgical competencies. Additionally, candidates are required to maintain a **clinical portfolio** and a **surgical logbook**, which document their progress and provide evidence of their development. The respective **Head of Department (HOD)** evaluates these records to determine whether a candidate is ready to sit for the final examination. Responsibility for guiding and monitoring the candidate's progress during the formative years lies with the universities hosting the training Program.

The final examination is a **summative assessment** designed to evaluate the candidate's readiness to practise independently. It includes a written component and a **Structured Oral Examination (SOE)**. The written component comprises **Very Short Answer Questions (VSAQs)** and **Short Answer Questions (SAQs)**, with pass marks determined using the **Modified Angoff Method**. The SOE, conducted on a case-based or topic-based virtual platform, evaluates clinical competence and judgment, with pass scores set using a structured marking rubric. Ultimately, the SOE serves as the decisive criterion for evaluating a candidate's overall performance.

Successful candidates in the final examination will graduate with the **FC Plast Surg (SA) Final** degree. The awarding of the **MMed degree** is the responsibility of the HOD and the candidate's affiliated university. With both qualifications achieved, the responsibility for registering as a specialist with the **HPCSA** rests with the candidate. The overall purpose of the Program and examination process is to ensure the qualification of "good enough" specialists who meet the high standards required for independent practice while safeguarding public safety. The structured assessment process ensures that only qualified candidates are credentialed as specialists in plastic and reconstructive surgery.

# Minimum Requirements for Joining the Registrar Program

## Academic Qualification

Candidates must have successfully completed the **FCS(SA) Primary and Intermediate examination** or an equivalent qualification as recognised by the Colleges of Medicine of South Africa (CMSA) to qualify for entry into a numbered training post.

## Supernumerary Appointments

- Supernumerary appointments are subject to the discretion of the Heads of Department (HODs) of the respective training institutions.
- These appointments are further governed by the policies and procedures of the Department of Health and the affiliated universities within the academic centres of training across South Africa.
- It is recommended that the universal entry criteria for supernumerary appointments align with the criteria for candidates employed by the Department of Health to ensure consistency and fairness in admission to the registrar Program.

# Guidelines for Registrar Training Program

## First Year

### Clinical

This year will serve as a bridging course in Plastic and Reconstructive Surgery. The objectives will be:

- Preparation and Assessment
  - To prepare candidates and assess their knowledge of the fundamentals of general plastic and reconstructive surgery based on a prescribed syllabus.
- Skill Development
  - To teach and evaluate basic surgical skills, including cutting, suturing, knot-tying, and skin grafting techniques for wound management.
- Professional Competence
  - To guide and assess candidates on key professional competencies, including but not limited to
    - Clinical assessment skills.
    - Communication and interpersonal skills.
    - Overall professional conduct.

### Assessment Process

- Assessments will be department-based and are recommended to take place **six months** after the commencement of training.
- Candidates who fail the initial assessment will be given an opportunity to repeat the assessment within the first year of training.
- Feedback and reflective discussions will be facilitated by mentors and the Head of Department (HOD) to support the candidate's progress and improvement.

### Exclusion from the Program

- The responsibility for recommending exclusion from the Program rests with the HOD, in collaboration with consultants at the respective university, and in accordance with the policies and procedures of the university and the Department of Health.
- Exclusion should follow unsuccessful remedial action decided upon after assessments.
- Ideally, exclusion decisions should be made by respective universities in the second year of study if they policy and procedure allow.
- Candidates must be made aware, prior to the commencement of the Program, of the possibility of exclusion in cases of poor performance or failure to meet the required standards.

### Recommended MMed Program Activities

- Research Methodology Course
  - Candidates are required to complete a formal research methodology course as part of the Program. This course aims to equip them with the foundational skills necessary for designing and conducting clinical research.
- Draft Research Proposal
  - Candidates must develop a draft research proposal, which will serve as the basis for their academic research.
  - The proposal should be prepared with the intent of submission to the Biomedical or Health Research Ethics Committee (HREC) for ethical approval and to secure necessary site-specific approval.

# Second Year

## Clinical

The second year of training focuses on syllabus-based learning and skill acquisition, with the following objectives

- Clinical Competence
    - Develop clinical skills necessary for accurate diagnosis and problem identification in plastic and reconstructive surgery.
- Surgical Skill Development
    - Acquire competence in managing soft tissue trauma and skin tumours across all regions of the body.
- Basic Surgical Procedures
    - Progress towards competence in the planning, execution, and aftercare of basic surgical procedures in plastic and reconstructive surgery, including but not limited to
    - Skin grafts and loco-regional skin flaps.
    - Basic breast surgery procedures or as per individual unit's training program
    - Basic hand surgery procedures or as per individual unit's training program

## Recommended MMed Program Activities

- Research Protocol Development
    - Finalise and refine the research protocol initiated in the first year.
- Ethics Approval
    - Submit the completed research proposal, along with all required supporting documents, to the Biomedical or Health Research Ethics Committee (HREC) for ethical approval.
- Literature Review and Data Management
    - Begin the literature review, ensuring that relevant studies are identified and summarised.
    - Create and maintain a structured database for research purposes.
- Data Collection
    - Following ethical and site-specific approvals, commence data collection in compliance with HREC guidelines.

# Third Year

## Clinical

The objectives for this stage of training are to acquire

- Core Theoretical Knowledge
  - Develop a solid understanding of the core theoretical principles through comprehensive study of all topics outlined in the syllabus.
- Clinical Problem-Solving Skills
  - Attain competence in clinical assessment and problem-solving in both outpatient and inpatient settings.
- Medical and Surgical Management
  - Gain the ability to medically and surgically manage cases under supervision, focusing on commonly encountered conditions within the candidate's hospital environment.
- Advanced Surgical Skills
  - Achieve a level of surgical skill and clinical competence in the planning, execution, and postoperative management of complex surgical procedures in plastic and reconstructive surgery, including but not limited to
    - Loco-regional skin flaps.
    - Breast surgery.
    - Hand surgery.
  - Be introduced to head and neck surgery and cleft lip and palate surgery.

## Recommended MMed Program Activities

- Data Analysis and Results
  - Complete the analysis of collected data and generate results in preparation for the dissertation or manuscript.
- Literature Review
  - Finalise the literature review to ensure comprehensive coverage of relevant studies.
- Writing and Submission
  - Ideally, commence the writing of the dissertation or manuscript and aim for submission for publication prior to the fourth year of training.
- Note: Individual universities may have specific rules and timelines regarding the completion and submission of the dissertation or manuscript.

# Fourth Year

## Clinical

The objectives for this stage of training are to:

- Synthesis of Core Knowledge
  - Demonstrate the ability to integrate and synthesise core theoretical knowledge from the syllabus into practical applications.
- Clinical Application
  - Exhibit appropriate understanding and application of theoretical knowledge in a variety of clinical scenarios, reflecting sound clinical judgment.
- Engagement with Current Trends
  - Stay informed about key trends and innovations in plastic and reconstructive surgery by engaging with high-impact publications in reputable plastic surgery journals.
- Advanced Surgical Competence
  - Attain the skill level required to independently manage the most commonly encountered

clinical problems in the candidate's hospital setting.
    - Perform microsurgical reconstructions under supervision, while building on the surgical skills acquired in previous years, particularly those outlined in Year 3.

### Recommended MMED Program Activities

- Dissertation or Publication Completion
    - Aim to finalise the dissertation or manuscript for publication by the end of the fourth year, ensuring all required academic and research components are addressed.
    - Note: Individual universities may have specific guidelines or timelines for dissertation completion.
- Submission for Examination
    - Submit the completed dissertation or publication for examination following institutional requirements.

## Fifth year

### Clinical

The objectives will be

- Core Knowledge Integration
    - Fully demonstrate the ability to synthesise theoretical core knowledge and apply it effectively in the clinical setting.
- Clinical Application
    - Exhibit a deep understanding of theoretical principles and their appropriate application in managing complex clinical cases.
- Engagement with Literature
    - Stay informed about important trending topics and controversies discussed in recent publications from high-impact plastic surgery journals.
- Comprehensive Clinical Assessment
    - Develop the ability to
        - Assess presenting problems accurately.
        - Perform appropriate investigations based on differential diagnoses.
        - Define problems clearly and develop executable management plans.
        - Make sound clinical judgments, troubleshoot complications, and demonstrate the maturity to seek assistance when necessary.
- Advanced Surgical Competence
    - Acquire the surgical skill and confidence to independently manage commonly encountered problems, both medically and surgically, in the candidate's hospital setting.
    - Demonstrate surgical competence (with or without supervision, depending on complexity) in the planning, execution, and postoperative care of procedures across the following areas:
        - Flap reconstruction, including free flaps.
        - Head and neck and oropharyngeal reconstructive surgery.
        - Hand and upper extremity plastic surgery, including congenital hand surgery.
        - Plastic surgery of the trunk and genitalia.
        - Plastic surgery of the lower extremity.
        - Burn reconstruction.
        - Basic microsurgery.

- Routine facial and non-facial aesthetic surgery.
- Plastic surgery of the breast.
- Cleft lip and palate surgery.
- Basic craniofacial surgery.
- Paediatric plastic surgery.
- Surgery for benign and malignant lesions of the skin and soft tissues.

# Clinical Portfolio

The Clinical Portfolio is to document:

- Formative Work-Based Assessments (WBA) (to be implemented)
  - Candidates will undergo regular formative work-based assessments throughout the registrar Program.
  - Successful completion of Entrustable Professional Activities (EPAs) as defined collectively by the Heads of Department (HODs) of the respective universities is mandatory.
- Competency Evaluation
  - Assessments will focus on identifying strengths and weaknesses in the candidate's competencies, including but not limited to:
    - Professional Responsibilities: Demonstration of accountability, reliability, and dedication to patient care and professional development.
    - Ethical Practices: Adherence to ethical standards in clinical practice and decision-making.
    - Interpersonal and Communication Skills: Effective communication with patients, families, and colleagues, fostering collaborative care.
    - Patient Care: Competence in providing safe, effective, and patient-centred care.
- Addressing Identified Weaknesses
  - Weaknesses identified during assessments must be addressed through appropriate remediation and support.
  - Rehabilitation efforts must demonstrate measurable improvement in the candidate's performance before progression within the Program.
- Surgical Logbook (addendum will follow regarding standardised format)
  - Candidates are required to maintain a comprehensive surgical logbook documenting all procedures they have:
    - Observed.
    - Assisted.
    - Performed.
    - Supervised.
  - The logbook serves as an essential tool for tracking progress and ensuring adequate exposure to the breadth of plastic and reconstructive surgical procedures.

## Evaluation of Clinical and Surgical Competence

The clinical exposure and procedures performed at various universities may vary. Consequently, the emphasis for Heads of Department (HODs) should be on determining whether a candidate applying to write the final examination possesses the following:

- Competence and Autonomy
  - A level of clinical and surgical skill that is deemed good enough to practise independently.
  - The capability to engage in self-directed learning without peer review, mentorship, or supervision.
  - The ability to acquire discretionary skills necessary for performing more specialised plastic and reconstructive surgical procedures.
- Adequacy of Training
  - The adequacy of the candidate's training is the responsibility of the HOD.
  - The decision to allow a candidate to sit for the examination must reflect a longitudinal assessment of the candidate's progress throughout their training.

    - Every effort should be made to ensure that the candidate is progressing toward meeting the minimum standards of competence expected of a “just good enough” candidate in the year leading up to the CMSA examination.
- Clinical Portfolio Sign-Off
    - By signing off the clinical portfolio, the HOD is formally declaring that the candidate:
        - Demonstrates competence in both clinical and surgical skills.
        - Is adequately prepared to sit for the CMSA examination.
    - The HOD will act as the first-line gatekeeper for clinical portfolio requirements, ensuring that all expectations and standards are met. The convener and the moderator has to agree with the assessment by the HOD before the candidate proceeds to the final examination.

## Training Milestones and Examination Readiness

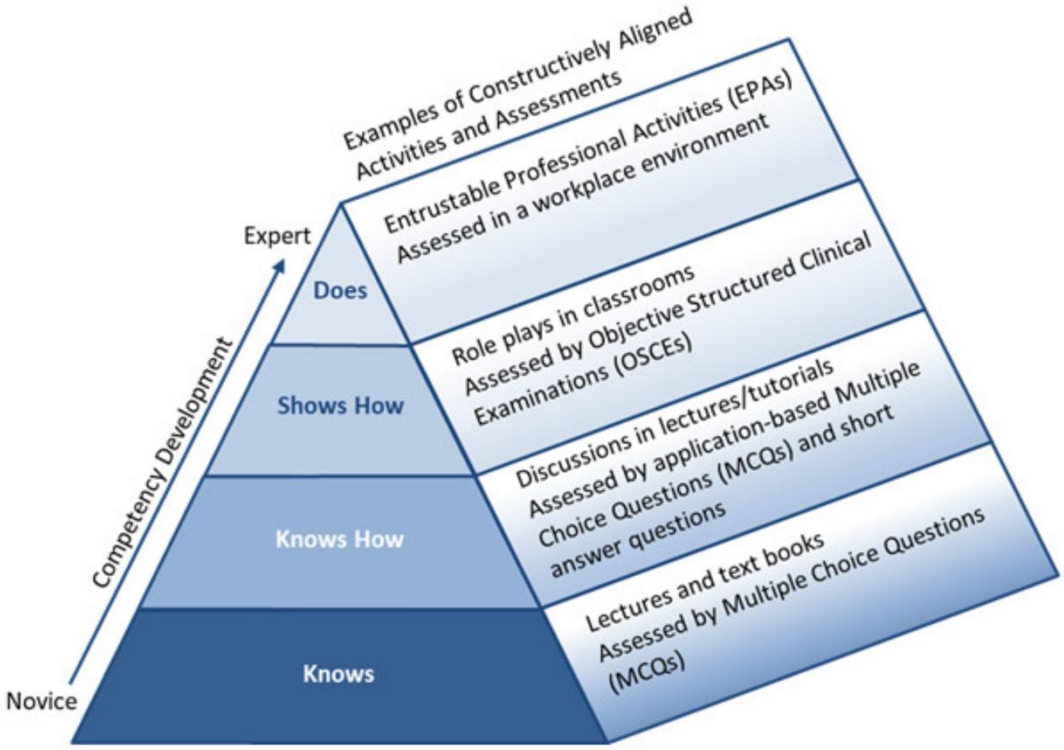
It is important to note that while the training Program is structured around milestones designated to specific years, accelerated progress is encouraged. The readiness of a candidate to qualify for the specialist examination will be determined by competence rather than the duration of training.

- Competence-Based Qualification
    - Progression through the Program is based on the demonstration of competence, allowing candidates to advance at an accelerated pace if they achieve the required milestones ahead of schedule.
- Addressing Lagging Progress
    - Candidates who fall behind in reaching the milestones designated for each respective year of training, or who are unable to pass within the five-year contractual period, must take proactive steps to address these deficiencies.
- Arrangements for Continuity
    - Such candidates should, in consultation with the Head of Department (HOD), make the necessary arrangements to
        - Remain employed by or affiliated with the department.
        - Maintain and further develop the knowledge and skills required to successfully complete the specialist examination.

# Examination Setting

## Millers Pyramid of Clinical Competence

This will be reflected in EPA's and work-based assessments where appropriate (to be implemented) and the summative examination process:




| ***Level*** | **Description** | **Assessment Methods** |
|---|---|---|
| ***Level 1: Knows*** | Factual knowledge. Understanding of fundamental facts and concepts. | - Multiple-choice questions (MCQ) - Single best answer questions (SBA) - Very short answer questions (VSAQ) - Short answer questions (SAQ) |
| ***Level 2: Knows how*** | Application of knowledge in a clinical context. | - Multiple-choice questions (MCQ) - Single best answer questions (SBA) - Very short answer questions (VSAQ) - Short answer questions (SAQ) |
| ***Level 3: Shows how*** | Demonstration of clinical performance in a controlled setting. | - Structured oral examinations (SOE) - Objective structured clinical examinations (OSCEs) |
| ***Level 4: Does*** | Consistent performance in real clinical practice. | - Work-based assessments (formative) - Entrustable professional activities (EPAs) - Clinical portfolio |

## Examination Structure and Guidelines

**Examination Focus**

- The written examination will assess the candidate's competence at Levels 1 and 2.
- The structured oral examination (SOE) will primarily evaluate Level 3 competence but may include Level 1 and 2 content when deemed appropriate for the questioning.

**Patient Safety and Work-Based Assessments**

- Ensuring patient safety in terms of clinical assessment and execution of surgical plans is primarily a function of work-based assessments (WBA) conducted during training.
- Identifying candidates with patient safety concerns is the responsibility of the Head of Department (HOD) and not the examination board.
- However, the examination board will act responsibly in the interest of public safety if a candidate's performance during the SOE raises significant safety concerns through a consistent pattern of deficiencies.

**Examination Frequency**

- The examination will be held biannually, consisting of
  - A two-part written component.
  - A clinical case-based structured oral examination conducted via a virtual platform.

**Examination Schedule**

- First Semester
  - Written Examination: Held in January/February.
  - Oral Examination: Conducted in April/May for candidates who pass the written component.
- Second Semester
  - Written Examination: Held in July.
  - Oral Examination: Conducted in September/October for candidates who pass the written component.

**Written Examination**

- The written examination will be conducted online, with candidates sitting for the examination at the closest CMSA regional office.

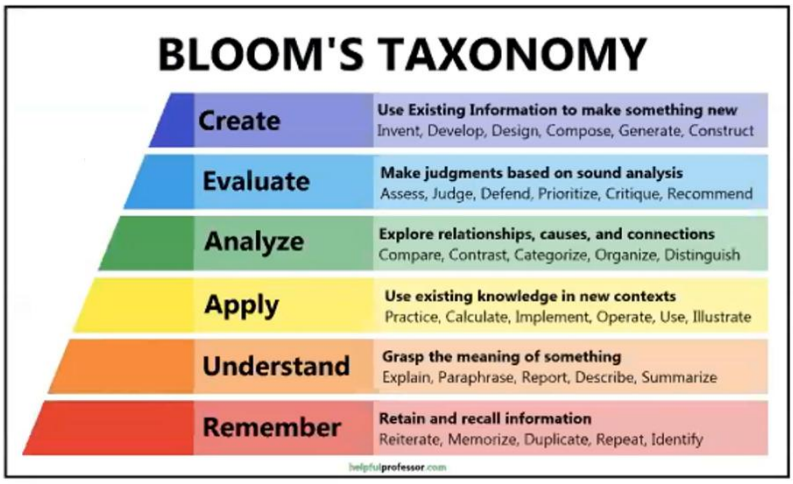
## Structured Oral Examination (SOE)

**Background**

- The Structured Oral Examination (SOE) constitutes the summative component of the College examination and, at present, is the sole assessment modality determining a candidate's overall pass or fail outcome.
- The SOE is designed to evaluate whether a candidate has attained the level of competence required for independent practice as a "just-qualified" or "good enough" specialist plastic surgeon.
- To ensure that assessment is aligned with this objective, the SOE will be structured using Bloom's Taxonomy as the conceptual framework for testing. Questioning will primarily assess higher-order cognitive domains, including application, analysis, synthesis, and evaluation, while integrating foundational knowledge where clinically appropriate.
- The primary purpose of the Structured Oral Examination is to assess higher-order cognitive

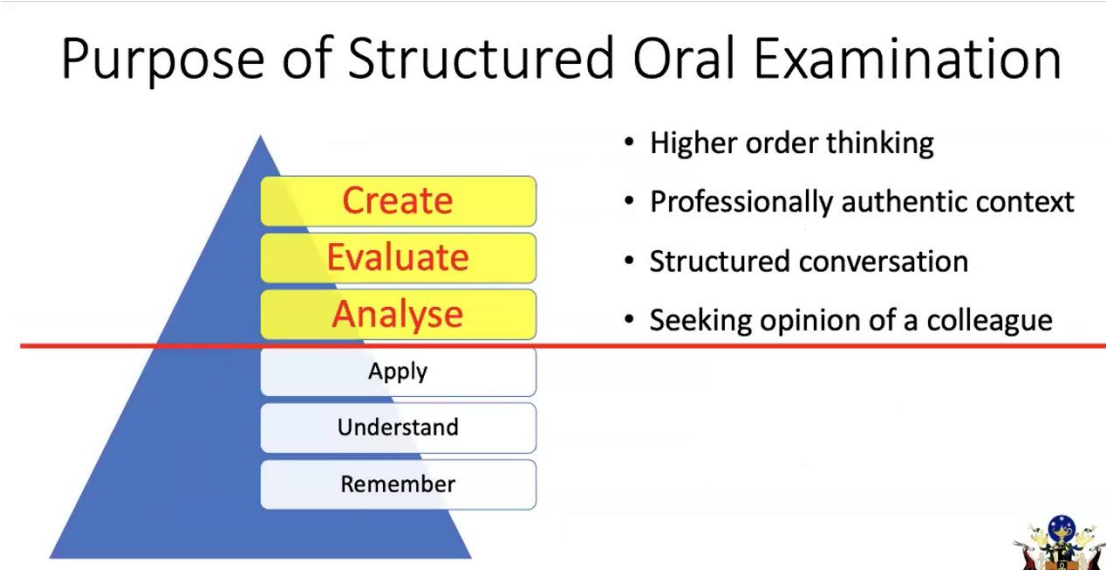
skills, particularly analysis, evaluation, and clinical problem-solving, as required for independent specialist practice.

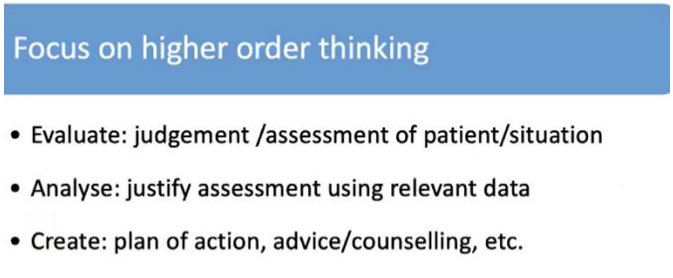
- Depending on the context of the clinical case, the examination may also assess lower-order cognitive domains, including knowledge recall, understanding, and application, where these are necessary to support sound clinical reasoning and decision-making.
- This approach ensures that the examination evaluates clinical reasoning, judgement, and decision-making rather than the mere recall of factual information, thereby supporting a valid and defensible determination of readiness for independent practice.




Revised Anderson and Krathwohl 2001

https://helpfulprofessor.com/levels-of-understanding/



**Platform and Logistics**

- The SOE will be convened virtually via the Zoom platform, with paired examiners assessing candidates remotely.

**Punctuality Requirements**

- Candidates must present themselves at the nearest CMSA centre well before the time specified on the Program.
- It is the candidate's responsibility to ensure they arrive well in advance of the designated close-out time for the examination.
- Candidates who arrive late will be disqualified from taking the oral examination, irrespective of the reason.

**Marking Rubric**

- In keeping with this approach to assessment, a structured marking rubric with an embedded answer memorandum will be used to score candidate performance during the Structured Oral Examination.
- An example rubric is displayed below.
- The functions of the scoring rubric are to:
    - Provide anchoring statements that standardise examiner scoring behaviour across cases and examiner pairs.
    - Define clear expectations for performance within each assessed domain.
    - Specify the knowledge, judgement, and clinical reasoning required, as well as the relative contribution of each domain to the overall score, thereby promoting harmonised and credible assessment decisions.
    - Assess candidate performance across both quantitative and qualitative dimensions of discussion, including
        - **Quantitative:** the amount and breadth of relevant information provided.
        - **Qualitative:** the organisation, prioritisation, coherence, and clinical relevance of the information presented.
- The scoring rubric will be used to determine a standardised pass mark of **40 out of 70 (57%)** for each case. No additional standard-setting methodology will be applied to the Structured Oral Examination.

| Domain | Not adequate Misses most key issues | | Borderline Misses some key issues | Adequate Just safe Key issues | More than adequate Relational/abstracted beyond basics Addresses extended case scenario | | | Weighted score |
|---|---|---|---|---|---|---|---|---|
| Total weighting /10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Key features | | | | | | | | |
| Assessment | | | | | | | | |
| Action plan | | | | | | | | |
| Prof. behaviour | | | | | | | | |

## Standard Setting for the Written Papers

The Colleges of Medicine of South Africa (CMSA) employs a standardised examination process as part of its credentialing system to ensure the quality and competence of newly qualified Fellows of the College of Plastic Surgeons.

**Purpose of Standardisation**

- Consistency and Fairness
    - A standardised examination ensures fairness by addressing unintentional variability in question difficulty between examination sessions.
- Borderline Candidate Evaluation
    - Determining a pass mark for a borderline candidate is essential to ensure that only candidates meeting the required level of competence are credentialed.
- Methodology
    - The Modified Angoff Method will be used for standard setting. This method allows expert judges to set an appropriate pass mark based on the content of the examination, rather than group performance.
    - This approach ensures the pass mark reflects the expected competence of a borderline candidate who is just good enough to pass.

**Implementation Process**

- Panel Composition
    - A group of at least 7 expert examiners will judge the expected performance of a borderline candidate for each question.
    - The average or median score of the panel's responses will determine the pass mark.
- Timing
    - The standard setting task is conducted after the written papers have been written by candidates and before they are sent for marking.
- Administration
    - The meeting will be conducted via a Zoom platform, administered by the CMSA.
    - CMSA will independently collect, collate, and analyse the data, and set the pass mark for each of the two written papers.
- Handling Issues with Questions
    - Questions and answers will not be discussed during the Modified Angoff scoring exercise.
    - Examiners will provide a score for each question, even if concerns exist.
    - The convener will review candidates' performance on individual questions against the Modified Angoff score.
    - Questions may be excluded from the examination if deemed of poor quality based on their content and associated answers.

**Relevant Issues**

- Pass Mark Determination
    - The pass mark reflects a standard of performance that determines a candidate's competence in the field of plastic surgery.
    - It is a judgment by informed experts and directly impacts decisions regarding an individual's readiness to practise independently.
- Consequences of Pass Mark Selection
    - An inappropriately low pass mark could credential non-competent candidates, potentially compromising public safety.

    - An unrealistically high pass mark could exclude competent candidates from qualification.
- Accuracy and Reliability
    - Examinations are inherently a sample of knowledge and skills in the field, and no examination can assess the entirety of the discipline.
    - Variability in candidate performance can occur due to factors such as anxiety or health. The reliability of the examination, therefore, influences the consistency of scores.

## The Modified Angoff Method

The Modified Angoff Method provides a structured and transparent process for determining the pass mark for written examinations. By focusing on the content and setting a realistic standard of competence, the CMSA aims to balance the need for public safety with the fair assessment of candidate readiness. The process incorporates both examiner expertise and data analysis to ensure the validity and reliability of the examination outcomes.

The methodology incorporates the following principles

- Scoring Criteria
    - For one-mark questions, each examiner provides a yes or no response, indicating whether a borderline candidate would answer correctly.
    - For questions worth two or more marks, examiners assign a mark that reflects what a borderline candidate is reasonably expected to achieve for that specific question.
- Prohibition of Half Marks
    - Half marks are not permitted during the scoring process.
    - Similarly, examiners are not allowed to allocate half marks when marking the candidates' papers.
- Setting Questions and Memorandum Requirements
    - To align with these rules, examiners must create questions and memoranda that ensure clear boundaries for assigning marks with full values only.
    - This approach eliminates ambiguity and promotes consistency in marking and score determination.

## Competence and the Borderline Candidate

The Modified Angoff Method is a standard-setting approach grounded in the concept of the borderline or minimally competent candidate. This candidate is defined as possessing the minimum level of knowledge, the ability to interpret that knowledge, and the capacity to apply it effectively. Such a candidate performs at a level that is "on the borderline" between acceptable and unacceptable performance.

To ensure the validity of this approach, each examiner must adopt a clear and consistent understanding of the minimally competent, or "just good enough," candidate for independent practice. While some variation in individual examiner thresholds is expected, the inclusion of a larger panel of experienced examiners, particularly those actively involved in clinical teaching and assessment, enhances the reliability and defensibility of the process.

By engaging multiple examiners, ideally approaching ten or more, individual judgements can be aggregated using average or median values to establish a robust and credible threshold for determining borderline pass performance.

To better conceptualise the borderline candidate, examiners are encouraged to reflect on the registrars they interact with daily. These registrars can generally be grouped as follows:

- High Performers: Those who consistently demonstrate exceptional knowledge and skills, often referred to as "superstars."
- Underperformers: Those who consistently perform poorly and may not yet be suitable for independent practice.
- Minimally Competent Candidates: Those who perform at the threshold of competence, demonstrating just enough knowledge, interpretation, and application skills to meet the standards required for registration or licensure.

The borderline passing candidate belongs to this latter group, representing the minimum acceptable standard for practice. This candidate demonstrates the basic level of competence necessary to ensure safe and effective practice without compromising public safety.

## Rating the Items and Determining a Pass Mark for the Paper

The Modified Angoff Method involves independent judgment by examiners to rate each question in an examination based on the performance of the minimally competent candidate. This process ensures that the pass mark reflects the level of competence required for safe and effective practice.

- Process of Rating Individual Questions
    - For one-mark questions
        - *"Will a minimally competent candidate get this question right or wrong?"*
        - The response will determine whether the candidate is likely to score one mark or zero marks.
    - For questions worth two or more marks
        - *"What score is a minimally competent candidate likely to achieve on this question?"*
        - Examiners assign a score from zero to the maximum available marks (e.g., for a four-mark question: 0, 1, 2, 3, or 4).
- Avoiding Common Errors
    - Examiners must focus on the borderline candidate, not the average or exceptional candidate.
    - Ratings must be based on the question's alignment with the concept of minimum competence, avoiding reliance on personal bias or perceptions of candidate variability.
    - Poorly constructed questions may lead examiners to rate them as unanswerable by a minimally competent candidate (e.g., zero marks).
- No Discussion Policy
    - During the scoring process, discussion about the questions or answers is not entertained to ensure individual, unbiased judgment.
- Calculating the Pass Mark
    - Aggregate Scoring
        - Once all examiners have scored every question, the average and median scores for the examination are calculated based on the ratings provided by the examiners.
        - The aggregated scores from each examiner are used to establish the pass mark for the paper.
    - Fair and Standardised Approach
        - By aggregating scores from a group of experienced judges, the Modified Angoff Method ensures the pass mark reflects the expected performance of a minimally

competent candidate, compensating for variability in question difficulty.

Type 1

| Question Number | Max Score | |
|---|---|---|
| **1** | 1 | |
| **2** | 1 | |
| **3** | 1 | |
| **4** | 1 | |
| **5** | 1 | |
| **6** | 1 | |
| **7** | 1 | |
| **8** | 1 | |
| **9** | 1 | |
| **10** | 1 | |
| **11** | 1 | |
| **12** | 1 | |
| **13** | 1 | |
| **14** | 1 | |
| **15** | 1 | |

Sample of one mark questions to be rated as 0 or 1

Type 2

| Question Number | Max Score | |
|---|---|---|
| **1** | 1 | |
| **2** | 1 | |
| **3** | 1 | |
| **4** | 1 | |
| **5** | 1 | |
| **6** | 1 | |
| **7** | 1 | |
| **8** | 1 | |
| **9** | 1 | |
| **10** | 1 | |
| **11** | 1 | |
| **12** | 4 | |
| **13** | 5 | |
| **14** | 1 | |
| **15** | 3 | |

Sample of one mark to five mark questions to be rated as 0 or 1 for the one mark question or for more than one mark question mark as full part mark of the maximum score of that question

## Factors for Successful Implementation

The successful implementation of the Modified Angoff Method depends on several critical factors, including effective preparation of the judges and careful handling of scoring data to ensure defensibility and validity.

- Effective Judge Training
    - A comprehensive training session is essential to orient judges to the concept of the minimally competent candidate.
    - The training should clarify how to interpret the borderline candidate's expected performance and guide judges on rating questions consistently and objectively.
- Managing Score Variability
    - When determining the pass mark, the spread between the average score and the median score for a paper can significantly impact the results.
    - Using the median score is generally preferred over the average score, as it minimises the influence of outliers and ensures a more robust and defensible pass mark.
    - This approach enhances the validity of the methodology, establishing a reliable cutoff score that reflects the expected performance of a minimally competent candidate.

By ensuring that judges are well-prepared and applying robust statistical practices, the Modified Angoff Method can be implemented effectively to establish fair and defensible pass marks for examinations.

## Summary

The Modified Angoff Method enables expert examiners to determine an appropriate pass mark for the written examination by drawing on their experience in teaching, supervising, and assessing candidates in the workplace. This experience allows examiners to conceptualise the level of performance expected of a minimally competent, or "just good enough," specialist at the point of independent practice.

A key advantage of the Modified Angoff Method is that the pass mark is derived from the content and difficulty of the examination items themselves, rather than from the performance of the candidate cohort. As such, the pass mark reflects the level of competence required of candidates and is independent of group performance, rendering the method both fair and valid.

While the Modified Angoff Method aims to minimise subjectivity, it does not eliminate it entirely, as examiner judgement and the nature of the examination technique inevitably influence the process. For this reason, careful scrutiny of individual questions and their corresponding memoranda during the marking phase is essential to uphold validity. This is particularly important in situations where a large proportion of candidates perform poorly on a question despite examiners assigning a high Modified Angoff score, as such discrepancies may indicate issues with question construction, alignment, or clarity and should be addressed to ensure the reliability and fairness of the assessment.

The pass mark for each written examination will therefore vary between examination sittings, reflecting differences in question content and difficulty. Universities may continue to assess student performance internally using a fixed mass mark of 50%. To facilitate consistent reporting to universities, a revised university-aligned score will be calculated and included on the results communicated to both the candidate and the affiliated university.

# Examination Processes

## Roles and Duties

The President of the College will appoint the Convener, with Co-conveners, for the upcoming examination. Together, the President and the Convener will nominate examiners for the examination. This nomination process will be completed at least six months in advance to ensure adequate preparation.

In the current framework, where the written examination is conducted electronically, and the structured oral examination is hosted on a virtual platform, the Convener does not need to be rotated in sequence among the various universities. Instead, the selection will prioritise individuals with the ability to organise and convene the examination, taking into account their past examination experience and capacity to manage the process effectively.

The Moderator will be appointed for a term of two years to ensure consistency and maintain standards across examinations. A list of nominated individuals for all examination roles will be submitted to the CMSA offices, which will issue official notifications to the Convener, Moderator, Examiners, Remarkers, and Observers, inviting them to accept their respective roles.

The Convener will also serve as an Examiner. Confidentiality is of paramount importance, and no information regarding the examiners' involvement should be disclosed to individuals outside the appointed board of examiners. Notifications of examiner involvement will be communicated timeously for each semester's examination cycle.

All participants involved in the examination-including the Convener, Moderator, Examiners, Remarkers, and Observers-will receive an information package outlining their responsibilities. They will also be required to sign agreement documents to formalise their roles and confirm their commitment to maintaining the integrity and confidentiality of the examination process.

## Convener and Moderator

In preparation for the written examination, the CMSA administration and/or the Convener will coordinate the process of question submission. All examiners will be requested to submit their questions along with detailed answer memos to the Convener. The CMSA administration will set clear deadlines for each stage of the paper-setting process to ensure timely completion.

Examiners will upload their questions and answer memos to a SharePoint link provided by the CMSA administration. This SharePoint folder will only be accessible to the Convener(s) and the Moderator, maintaining strict confidentiality throughout the process.

The Convener will review the submitted questions to ensure that the shortlisted items are not repeated verbatim from past examination papers within the recent few years. While the same subject may be tested, the purpose of new questions should be to evaluate different aspects of knowledge within the topic, ensuring a varied and comprehensive assessment of the candidates.

## Moderator

The Moderator must have at least 10 years of examination experience, ensuring they possess the expertise and knowledge necessary to oversee the examination process effectively. The Moderator plays a critical role in maintaining the integrity and quality of the examination, ensuring it adheres to established standards and remains consistent across examination cycles.

The responsibilities of the Moderator include overseeing the entire examination process and providing guidance to the Convener and Examiners when needed. This includes achieving an acceptable standard for each examination and ensuring comparable standards between examinations. The Moderator collaborates closely with the Convener and Examiners to ensure the examination process is conducted efficiently and effectively.

As part of their duties, the Moderator edits questions and answer memos to ensure they are clear, appropriate, and aligned with the objectives of the examination. They are also responsible for moderating the marking scheme to ensure fairness and validity. Additionally, the Moderator, in collaboration with the Convener and Examiners, may exclude questions from the paper if they are deemed to lack the required quality or relevance. By performing these duties, the Moderator ensures the examination is robust, reliable, and upholds the credibility of the qualification.

## Observer

The first step in becoming an examiner is serving as an Observer. To qualify as an Observer, an individual must have at least three years of experience as a specialist in Plastic and Reconstructive Surgery. The Observer must also actively participate in teaching and learning within a registrar training environment and, at a minimum, be affiliated with the academic department at a University.

The duties of the Observer include

- Attend online and virtual meetings related to the training and examination of candidates.
- Submit questions for the written examination.
- Participate as a judge in the Modified Angoff scoring session for the written papers.
- Submit cases and questions for the oral examination, complete with a marking rubric.
- Monitor interactions between examiners and candidates during the Zoom-based Structured Oral Examination (SOE).
- Attend pre- and post-examination meetings as part of the examination process.

## Remarker

The Remarker must be a senior examiner, appointed at the discretion of the President of the College. The primary duties of the Remarker include serving as a judge in the Modified Angoff scoring session for the written examination. The Remarker is also responsible for re-evaluating examination questions when an application for a remark is submitted by a candidate.

Remarking is conducted using the Speedwell system, and if the remark score differs from the original score, the new score will be awarded. This ensures fairness and accuracy in the assessment process, maintaining the credibility and transparency of the examination system.

# Written Examination

## Written Examination Format

The written examination consists of two papers.

**Paper 1: Very Short Answer Questions (VSAQs)**

- Content
  - Composed of 130 questions distributed across the syllabus.
  - Each question is worth 1 mark per fact. No partial marks will be awarded.
  - Questions requiring multiple facts must be split into separate, numbered questions.
  - Questions divided into parts (e.g., (a) and (b)) are not acceptable for numbering purposes.
- Marks and Duration
  - Total marks: 130 marks.
  - Duration: 4 hours, which includes time to navigate the online examination platform.

**Paper 2: Short Answer Questions (SAQs)**

- Content
  - Consists of 10 bundled questions, each covering a different topic.
  - Each bundle contributes 10 marks, with individual questions within the bundle ranging from 5 to 10 questions.
  - No single question will exceed 5 marks, and each fact equals 1 mark. No half marks will be awarded.
  - A higher number of questions per bundle is encouraged for comprehensive coverage.
- Marks and Duration
  - Total marks: 100 marks.
  - Duration: 4 hours.

**Future Format Changes**

In the future, the examination format will include Multiple Choice Questions (MCQs). The MCQs will follow a Single Best Answer (SBA) format, where candidates will select the correct answer from 4 options provided.

## Setting of the Written Examination

**Submission of Questions**

- The Convener will request
  - 35 very short answer questions (VSAQs), each worth 1 mark, from each examiner for Paper 1.
  - Four bundles of short answer questions (SAQs), each worth 10 marks, from each examiner for Paper 2.
  - Answer memoranda must accompany all submitted questions.
- Observers are also expected to contribute questions for both papers as part of their training. High-quality questions from observers may be used in the examination. The Convener will provide feedback to observers on their submissions to facilitate learning.

**Uploading and Deadlines**

- Questions and memoranda must be uploaded timeously to the designated SharePoint link, meeting the deadlines set by the CMSA administration.

**Question Selection and Review**

- The Convener will select questions from the submissions for both Paper 1 (VSAQs) and Paper 2 (SAQs).
- All questions will be scrutinised for clarity, ambiguity, grammar, and spelling errors.
- If corrections are required or if the question and memorandum are not congruent, the Convener will collaborate with the examiner to revise the question and/or memorandum.
- If necessary, the Convener may replace problematic questions with others from the pool of submitted questions.

**Moderator's Role**

- Once the Convener has set Papers 1 and 2, the Moderator will review the papers via SharePoint, making edits, comments, and suggestions as needed.
- The Moderator and Convener will correspond directly to resolve any issues, ensuring mutual agreement on the content and structure of the papers.

**Balancing the Papers**

- Questions for Papers 1 and 2 should cover a broad range of topics from the syllabus, ensuring a balanced and fair distribution.
- Emphasis should be placed on relevance, with the papers focusing on knowledge related to routine practices expected of a just-qualified, competent specialist plastic surgeon.

**Validation Timeline**

- The process of validating the questions and memoranda, including collaboration between the Moderator and Convener, should be completed within 3 weeks.

**Finalisation**

- Once the papers are finalised, they will be referred to the CMSA administration for the final stages of preparation and publication.

## Modified Angoff Scoring for the Written Examination

**Meeting Logistics**

- The Modified Angoff scoring meeting will be conducted via the Zoom platform under the control of CMSA administration.
- The meeting will take place a few days after the written examination is conducted and prior to the distribution of scripts for marking.

**Participants**

- The Moderator, Remarkers, Observers, and all appointed Judges will participate in the scoring process.
- Full attendance by all judges is mandatory. The minimum required quorum of judges is seven.

**Leadership and Rules of Engagement**

- The meeting will be led by the Convener and CMSA-delegated staff.

- The rules of engagement and scoring technique will be explained at the outset to ensure all participants are aligned on the process.

**Scoring Process**

- Judges will independently score each question based on the performance expected of a minimally competent candidate.
- The CMSA administration will collate and assess the scores to determine the passing score for each paper. These scores will be submitted to the Convener, who will share them with the Moderator.

**Application of Modified Angoff Scores**

- Following collation of the examination marks, the Convener will apply the Modified Angoff scores to the marksheet for each question.
- The total Modified Angoff score for the paper will then be calculated using the aggregated examiner judgments.
- Where both mean and median values are available, the lower of the two will be adopted as the pass mark, as this provides a more conservative and defensible threshold.

**Weighted Scoring**

- The combined Modified Angoff score for the two written examinations will be calculated using weighted scores based on their respective maximum marks
    - Paper 1 (VSAQ): 130 marks.
    - Paper 2 (SAQ): 100 marks.

**Passing Criteria**

- Only candidates scoring equal to or above the Modified Angoff score will be invited to the oral examination.
- A 2% rule may be applied in favour of candidates scoring slightly below the Modified Angoff score, allowing them to proceed to the oral examination.

## Marking of Written Papers

The CMSA will provide electronic access to examiners for marking papers using the Speedwell system. The passing scores will be determined using the Modified Angoff method of standard setting, which will identify candidates eligible to proceed to the oral examination. Only the Convener and Moderator will be informed of the Modified Angoff scores for each written paper (details covered later in the document).

**Marking the VSAQ Paper**

- The VSAQ paper will be marked using the associated memorandum.
- Examiners may accept alternative correct answers not included in the original memorandum and add them to the memo.
- Any additions must be verified by the Moderator and Convener, and all candidates' answers to the relevant question must be remarked to ensure consistency.
- The Convener and Moderator have the authority to recheck marked scripts and override any examiner's decision if necessary.
- Any override must be documented with reasons provided in the Speedwell system.

**Marking the SAQ Paper**

- A review of questions is highly recommended in cases of poor candidate performance, especially for questions that
    - Were not rated as difficult during the Angoff scoring.
    - Show a significant discordance between candidates' answers and the memorandum.
- If deemed necessary by the Moderator and Convener, the memorandum can be amended, scores reviewed, and remarking performed. In extreme cases, a question may be excluded from the examination if it compromises the fairness of the assessment.

**Internal Review for Marginal Failures**

- Candidates who fail the written examination by an aggregate margin of less than 2% will be subject to an internal review.
- If deemed appropriate, marks may be moderated to meet the pass mark as determined by the Modified Angoff scoring, and the candidate will be granted a condoned pass.
- It is important to note that the oral examination remains a standalone determinant of the overall examination outcome.

**Finalising Results**

- Moderated marks for the written examination will be submitted to the CMSA, clearly indicating the candidates who have passed.
- The CMSA administration will then notify and invite successful candidates to progress to the virtual Structured Oral Examination (SOE).

## The Virtual Structured Oral Examination

### Overview

- The Structured Oral Examination (SOE) will consist of 12 stations
    - 6 short case stations, each lasting 10 minutes.
    - 6 long case stations, each lasting 20 minutes.
- Both short and long cases will cover the full scope of plastic surgery, focusing on competencies required for day-to-day practice as expected of a Day 1, just-qualified plastic surgery consultant.
- Case types may include, but are not limited to
    - Drawing stations.
    - Flap anatomy/description stations.
    - Photo-based simulated patient cases.
- Each candidate will be evaluated by 2 examiners per case.
    - The paired examiners will be from different centres to ensure fairness and objectivity.
- The examination may take place over one or two days, depending on the number of candidates participating in the SOE.

### Preparation for the Examination

The Convener is responsible for organising and hosting the oral examination on a remote platform, such as Zoom. The CMSA administration will create the schedule for the Zoom-based oral examinations, ensuring a seamless process.

In preparation for the examination, each examiner will be required to upload their cases to SharePoint well in advance. The Convener will access these materials to collate cases and ensure a balanced selection, taking into account topics and cases that have been used in the previous three examinations. While similar topics may be repeated, the nature of the questioning should vary to assess candidates from different angles. Each examiner is required to submit a total of three short cases and three long cases.

Each submitted case must include the following:

- Clear photographs or drawings, if applicable.
- A sample set of questions that can be completed within the allocated time (10 minutes for short cases and 20 minutes for long cases).
- An answer memorandum for the questions.
- A marking rubric, populated with the memo of answers, showing marking value schemes for each question.

**It is important to note that standard setting is not applied to the SOE. Furthermore, remarking of the oral examination is not permitted.**

## Convener, Moderator, Examiner Meeting

The Convener will arrange a meeting with the Moderator to discuss the cases, questions, and marking rubric at least four weeks before the scheduled examination date. The Convener and Moderator must agree on the choice of cases and subject matter. The primary objective of this review is to ensure the examination tests the clinical skills, competence, and integrated knowledge expected of a Day 1 consultant in plastic surgery across the entire spectrum of the 5-year training Program.

The cases should focus on routine clinical practice and avoid overlap or repetition. Highly specialised cases should be avoided as much as possible to ensure the cases reflect the expected competency level. The questions, associated answers, and marking rubric may be edited during the meeting to improve the overall quality of the examination.

If changes are recommended, the Convener may hold additional meetings with individual examiners to review and finalise the case materials, including questions and memoranda. Examiners will implement the agreed changes, and the finalised materials must be uploaded by the Convener to SharePoint at least two weeks before the examination date. CMSA administration will then prepare and share the media material in PowerPoint format with CMSA centres across the country to facilitate the examination at the locations chosen by the candidates.

## Case Preparation and Integrity

The Convener must accumulate an adequate number of cases well in advance, with spare capacity to allow for substitutions if any content leaks occur. This ensures the integrity of the examination is preserved.

## Examiner Conduct During the Examination

**Adherence to Questions**

- Examiners must not deviate from the prepared questions, both in style and wording.

- The clinical case scenarios and associated questions must be read out verbatim to avoid inadvertent changes resulting from off-the-cuff conversations.
- If a candidate does not understand a question, it may be rephrased, but without altering the intent or meaning.

**Standardised Prompting**

- Any prompting of candidates must be standardised across all participants to ensure fairness.
- Examiners should be mindful of time management to ensure all allocated questions are asked, even without prompting, which can sometimes be a challenge.
- Examiners should maintain an appropriate balance between clarification and prompting, ensure that candidate responses are assessed as given, and proceed through the examination without undue delay.

By adhering to these guidelines, the examination process will remain structured, fair, and reflective of the required competencies for a Day 1 consultant in plastic surgery.

## Examiner Files

- In preparation for the Structured Oral Examination (SOE), each examiner will receive the following materials
- Timetable Schedule
    - The timetable will include:
        - Examiner pairs for each candidate.
        - Scheduled examination times for each candidate.
        - Connection times with sufficient allowance for pre-exam discussions related to candidate performance.
        - Breaks and scheduled meeting times for all examiners.
- Case Notes and Marking Memo
    - Prepared case notes, questions, and marking memos (populated onto the marking rubric) will be made available to the relevant paired examiners on the evening before the examination.
    - All material regarding all cases in the examination will only be released once all examination candidates are securely isolated at their designated CMSA premises, ensuring the integrity of the process and minimising the risk of question leaks.
    - Paired examiners will have access only to the cases assigned to them, just in advance of the examination to mitigate risks of paper leakage.
    - The Moderator and Convener are the only individuals with oversight of all cases before, during, and after the examination.

## Marking Rubric

A marking rubric will be prepared for each case, structured to evaluate specific domains of competence. The rubric ensures objective and consistent scoring. Below are the key features of the rubric and the domains it evaluates:

**Structure and Purpose**

- The rubric is divided into rows for each domain or question and columns for score ratings that escalate from left to right (e.g., fail, borderline, competent, exceptional).

- Expected answers will be pre-populated into the rubric by examiners.
- Each column aligns with a score rating.
- If candidates provide answers from higher-scoring columns (e.g., “competent” or “exceptional”) without addressing basic points in the “fail” or “borderline” columns, it may indicate suboptimal performance and will require scrutiny.

**Domains Evaluated**

- Key Features
  - Incorporates history-taking and physical examination.
- Judgement
  - Includes differential diagnosis, problem identification, appropriate investigations, information gathering, and risk assessment.
- Action Plan
  - Encompasses treatment planning, execution of the plan, anticipating problems, troubleshooting, and managing complications and risks arising from patient management.
- Professional Behaviour
  - In selected cases, an additional domain assessing professional behaviour may be incorporated as an extension of the action plan. This domain may evaluate professionalism, ethical conduct, patient counselling, communication skills, and the physician’s response to conflict or challenging clinical situations.

**Weighting of Domains**

- Each domain will be weighted according to its relative importance for the specific case.
- The examiner setting the question will determine the initial weighting, which may be adjusted by the Convener and Moderator to ensure consistency and fairness.

| Domain | Not adequate | | Borderline | Adequate | More than adequate | | | Weighted score |
|---|---|---|---|---|---|---|---|---|
| Total weighting = 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Key features Weighting = | | | | | | | | |
| Judgement Weighting = | | | | | | | | |
| Action plan Weighting = | | | | | | | | |
| Professional Behaviour Weighting = | | | | | | | | |
| | | | | | | | | Total |
| | | | | | | | | Max score 70 |
| 1 | Omits important information/process | | | | | | | |

| | |
|---|---|
| 2 | Mentions information; unable to explain/discuss |
| 3 | Articulates information; limited explanation/discussion |
| 4 | Articulates information; adequate explanation/discussion |
| 5 | Articulates information; good explanation/discussion |
| 6 and 7 | Articulates information; comprehensive discussion |

**The marking rubric**

## Marking of Structured Oral Examination

The Structured Oral Examination (SOE) will assess candidates using 12 clinical cases, comprising

- 6 short cases: Each lasting 10 minutes.
- 6 long cases: Each lasting 20 minutes.

**Examination Structure**

- Examiner Pairing
  - Each candidate will be examined by 3 groups of paired examiners.
  - Each examiner will lead the oral examination for one long case and one short case.
- Blueprinting and Relevance
  - All cases will be blueprinted to the curriculum to ensure comprehensive coverage.
  - Questions posed by the examiners will directly relate to the case and may include any aspect of the prescribed curriculum relevant to the scenario.
- Structured Questions
  - Examiner questions will be written in a structured format and read out verbatim to the candidate to simulate a standardised oral examination.
- Long Case Protocol
  - Candidates will be introduced to the case background via a PowerPoint slide.
  - They will have 5 minutes to review the written case details before the examiners enter the virtual room to discuss the case and begin the structured questioning.
- Short Case Protocol
  - For short cases, the case material will be presented to the candidate for the first time at the start of the examination station.
  - The candidate will be afforded a reasonable and standardised period to review the case scenario and any accompanying images or diagrams before questioning commences.

**Marking and Scoring**

- Independent Marking
  - Each examiner will mark the candidate's performance independently during the oral examination.
- Post-Case Discussion
  - After testing is complete, examiners will discuss the candidate's performance and confirm their scores, particularly for cases in the pass, fail, or borderline range.
  - If consensus cannot be reached, discussions can be deferred to the examiners' meeting held after all oral examinations are completed.

- Comments and Documentation
    - For borderline or failed performance, examiners must provide specific details and justification in the comments section of the marking rubric.
- Final Marking
    - The final mark for each case will be the average of the two examiners' scores, after collation by the convener.
    - To pass a case, the candidate's average score must be greater than or equal to 57%, as determined by the marking rubric.

## Day of Clinical Examination

The Structured Oral Examination (SOE) will be conducted virtually, following CMSA guidelines. Below are the key processes and expectations for the day.

**Examination Setup and Preparation**

- Virtual Format:
    - Candidates will take the examination via a digital platform at designated CMSA sites.
    - Examiners will participate remotely from locations such as their home or office, ensuring:
        - Reliable broadband connectivity.
        - Electricity security to avoid interruptions.
- Zoom Connection
    - Examiners must adhere to the scheduled timelines for connecting to Zoom.
    - The Convener will brief all examiners on the examination process, schedule, and communication protocols for handling technical glitches.
    - CMSA administration will assist in disseminating necessary information and providing support.
- Pre-Examination Examiner Meeting
    - On the morning of the examination, the Convener will brief all examiners on the examination process, procedural requirements, time schedule, and communication pathways for managing technical or logistical disruptions.
    - CMSA administration will provide additional support in coordinating and disseminating relevant information to ensure the smooth conduct of the examination.
    - This meeting is permitted only after candidates have been isolated from all personal communication devices to maintain examination integrity.

**Examination Conduct**

- Timely Start
    - The examination start time should be realistic, allowing candidates sufficient time to reach their designated centres. Efforts should be made to minimise stress on candidates.
- Time Management
    - Examiners must strictly adhere to the allocated time per question to ensure fairness and consistency.
    - Timekeepers will issue a timeous warning near the end of each session to help examiners manage time effectively.
- Candidate Interaction
    - If a candidate provides information beyond what is asked, the examiner should politely interrupt and redirect the discussion to the specific question or proceed to the next question.

    - Examiners must avoid leading the candidate. Poor answers should not be used as an opportunity to misdirect the candidate further.
    - If prompting is necessary, it must follow a pre-approved prompt and be applied uniformly across all candidates.
- Special Considerations
    - For candidates who are foreigners or have limited English proficiency, rephrasing the question to improve understanding is acceptable, provided it does not lead the candidate or change the question's intent.
- Atmosphere
    - The examination should foster a relaxed, conducive environment that allows candidates to perform at their best.
    - However, the setting must remain professional and should not devolve into casual, bilateral discussions.
- Avoiding Manipulation
    - Examiners must remain vigilant for candidates who attempt to steer discussions toward their areas of strength while avoiding weaker areas.
    - Examiners must ensure that all prepared questions are asked and assessed.

**Examiner Responsibilities**

- Redirecting Candidates: If candidates stray from the question or attempt to dominate the discussion, they should be brought back to focus.
- Consistency: Prompts, question phrasing, and examiner conduct must be uniform for all candidates to ensure fairness.
- Completion of Questions: Examiners must ensure that all assigned questions are asked within the time limits.

## Post-Examination Meeting

The Post-Examination Meeting serves as a forum to address matters related to the results, the running of the examination, and feedback from examiners, the Convener, and the Moderator.

**Meeting Guidelines**

- Candidates to Be Discussed
    - Candidates who passed the examination will not be discussed.
    - Discussion will focus solely on borderline candidates.
- Written vs Oral Examination
    - The written examination is independent of the oral examination, and written exam marks must not be used to compensate for performance in the oral examination.
- Results Status
    - All results discussed in this meeting will be considered provisional and will not be released immediately.
    - Results are subject to review and ratification by the CMSA.
    - The final results will be released by the CMSA approximately two weeks after the meeting.
- Special awards
    - Candidates achieving 70% or more in each of the written and the oral exams will receive a certificate of merit.
    - The highest scoring of candidate in the oral exams from all those achieving 75% or more in each of the written and the oral exams will receive a Jack Penn Medal.

**Recording of the Examination**

- The entire examination process, excluding private discussions between examiners, will be recorded.
- This ensures transparency in the conduct of the examination.
- However, recorded material cannot be used for remarking purposes—either by examiners or candidates.
- To reiterate, remarking of the Structured Oral Examination (SOE) is not permitted.

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Accepted by Council of the College of Plastic Surgeons

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