

## **Intercollegiate Examination in Paediatric Surgery**

### Background

The need for an exit style of examination across all the disciplines of UK surgery was recognised in the late 1980s and from approximately 1988, all of the 9 surgical specialties have introduced an examination towards the end of training. The Paediatric Surgical version has been run since 1990, though it has undergone significant developments over the years.

The following comments relate solely to the Intercollegiate Examination in Paediatric Surgery and although there are parallels with other examinations, these comments may not be relevant for the other specialties examinations.

All the relevant regulations (and guidance for application ) are accessible via the Intercollegiate Specialty Board (ISB) website at [www.intercollegiate.org.uk](http://www.intercollegiate.org.uk)

### Format

The examination is based upon the syllabus approved by the Postgraduate Medical Education and Training Board (now merged with the GMC), and is in 2 parts currently

- Part 1 –           consisting of 2 written papers  
                          Single Best Answer questions – duration 2hrs  
                          Extended Matching Items questions – duration 2hrs 30 minutes
- Part 2 -           Clinical and viva examinations  
                          Day 1 – Clinical examinations (including  
                                  communication scenario) – total time 1 hour
- Day 2 – 3 x 40 minute oral examinations  
                                  Urology + Neonatal Urology  
                                  Oncology/ Endocrine + Neonatal Surgery  
                                  General/GI Surgery + Emergency Surgery/Trauma

The examination sections are conducted at separate times and successful completion of Part 1 is required before progressing to sit Part 2.

The Part 1 examination draws questions from an examination question bank that has been developed over a number of years and questions are selected to cover the topics within the syllabus. There are no sections in the examination that have negative marking .

The pass mark is determined individually for each diet of the 'written examination' by a statistical process, though the performance of each question is assessed and answers checked for veracity. It is anticipated that with this repeated analysis, then the setting of the pass mark may be determined automatically depending on the balance of difficulty of the questions contained in any future paper.

The Part 2 examination is conducted by a group of examiners overseen by representatives of the ISB and the Chairman of the Examination Board, and looks to cover the areas highlighted above in a structured format.

Examples of the marking schemes used can be seen at the ISB website.

### Eligibility

The examination is primarily intended for those doctors wishing to practise in the United Kingdom and the standard is set at the knowledge level expected for a doctor to commence consultant practice in the UK. It is however open to those doctors wishing to gain a recognised qualification in Paediatric Surgery. The full eligibility criteria are published in the guidance from ISB.

There is no set time for trainees to take the examination though it is recommended that it would be most appropriate in the latter stages of training (eg ST 6 – 8 or equivalent).

For UK and Republic of Ireland trainees they will need the support of 3 referees including their Programme Director.

For those outside the UK and Ireland training systems they will need the support of 3 referees including the Medical Director or Clinical Director/Lead Clinician (or equivalent) in the unit they work.

All referees must be on the UK/Ireland Specialist Register.