EBSQ GENERAL SURGERY – EXAMINATIONS 2012

The EBSQ GenSurg Examination (Board Exam) is subject of comprehensive revision and continuous development.

The Board Exam takes place at least annually in cooperation with surgical meetings, e.g. in collaboration with the congress of the European Society of Surgery or in cooperation with another scientific meeting.

The EBSQ Board of Examiners is supported by selected local representatives from the scientific societies and/or the national boards and authorities.

The Examination can be observed and monitored by non-medical experts to enhance quality control.

Date, location and languages(s) of the Board Exam are to the discretion of the committee. This and further details about the next Board Exam(s) are published on the Board website www.uemssurg.org.

The Board Exam is basically held in english. Upon special additional announcement the exam may also be offered in the national language of the country, where it is held. In that case, the content and the procedure of the Board Exam is identical in the provided languages.

In other cases the executive may offer a Board exam in english with local interpretation. Interpretation in the MCQ-test (see later) is on candidates's request and given to the whole audience to ensure equality.

Interpretation in the OSCE-circuit (see later) is only to reduce and overcome wording and articulation difficulties for the candidates.

R.O.P.

The candidates have to prove their identity (valid passport) at the Board exam venue. Mobile telephones, computers, tablets and other communication aids as well as all types of cheating are strictly forbidden as well as any type of written and/or printed material throughout the Board Exam. Cheating is subject to subsequent termination of the exam.

Prior to the exam the candidates are briefed and anonymized by the chairman or a representative of the executive. They draw numbers and receive stickers for the evaluation forms. The numbers reflect also the starting time for the OSCE circuit. A "Starting Grid" is provided locally.

The candidates stay anonymized during the whole examination process and also during evaluation. Personal data are synchronized after the evaluation process is concluded.

All documents for the exam are prepared and printed out previously. The evaluation forms with the candidates' stickers and the actual scoring are collected online after being signed by the 2 examiners from each station. The scoring is entered online by the chairman and the result calculated.

The result of the Board Exam is announced within 1 hour after the end of the last circuit.
The Board Exam consist of 2 parts:

**MCQ-Test**

**Part 1** is a Multiple Choice test (MCQ test) with up to 150 questions. The time frame for the MC test is 3-5 hours.
This time frame includes transfer of the individual answer codes to the evaluation form.

The MCQ-answers are selected by the committee from a catalogue respecting a numeric distribution following the "Blueprint GenSurg" categories.

4 types of questions are used for the MCQ-test:

1. **A**<sub>pos</sub> type (single answer out of 5 items, true)
2. **A**<sub>neg</sub> type (single answer out of 5 items, false)
3. **K**<sub>prim</sub> type (4 items, give true/false for each item)
4. **E** type (select between: 5 items: "+ because+", "+/−", "+/-", "+/-", "+/-")

About 70% of question are A type (**A**<sub>neg</sub> below 20%), about 15% are **K**<sub>prim</sub> and about 5% are **E** type.

The type of the question is clear from the structure, the wording and the number and expression of items.

For each correct answer in A and E questions 2 points are given. Three correct answers in a **K**<sub>prim</sub> question are given 1 point.

Sample questions are published on the website [www.uemssurg.org](http://www.uemssurg.org).

**OSCE Circuit**

**Part 2** is an Objective Structured Clinical Examination (OSCE). The circuit consists of a 6 stations (10 min each; total duration of Part 2: 60 min) where candidates will be confronted with clinical situations.

Each candidate will visit each station where he/she will be assessed by an examiner and may be asked to give an oral or written answer respectively.

The circuit will include all types of laboratory investigations, x-rays, CT, MRI and ultrasonography scans and pictures from typical clinical situations to interpret.

The candidates may also be asked to demonstrate practical abilities.

The individual time schedule for the OSCE circuit is established after the MSQ-test (6 candidates per hour maximum). Candidates appear prior to their randomly assigned starting time. After finishing the OSCE circuit candidates have to collect and wait separated from pre-OSCE candidates until the last round of the circuit has commenced.

Sample stations are published on the website [www.uemssurg.org](http://www.uemssurg.org).
Evaluation & Threshold

A total of 600 points can be achieved in the Board Exam, 300 points in the MC test (2 or 1 points per question) and 300 points in the OSCE circuit (50 points per station).

The threshold for passing the exam is 75%, which means at least a total of 450 points.

The decision of the Board of Examiners is final and is not subject to appeal. An unsuccessful candidate is entitled to another chance to take the exam that he/she failed. An appeal committee may be formed by the executive at their discretion.

After the examination the candidates are asked to fill out a feedback form. The evaluation of the feedback questionnaires will be published.

The successful candidates (successful Eligibility and Examination) are awarded the title "Fellow of the European Board of Surgery – GenSurg" or "F.E.B.S./GenSurg" and are provided with the relevant Diploma the same day in a formal celebration.

The title F.E.B.S./GenSurg determines, that the person successfully proved to have validated knowledges and skills, that in most cases exceed the requirements for the national CCSTs and allow him/her to successfully cover the broad field of GenSurg in respective to the actual demandings according to the judging of the commission.

In the moment the qualification F.E.B.S./GenSurg has no automatic legal recognition in the E.U. or in any other country. Individual recognition of qualifications by the national authorities is supported by the EBSQ committee.

Individual recognition of qualifications by the national authorities is supported by the EBSQ committee and the number of countries officially adopting the Board exam is continuously rising.

The acceptance status of a Board Exam is published on the website www.uemssurg.org.

The fellowship does not implicate automatic allowance to work at own responsibility and does not automatically enhance participation in national social security systems of the E.U.

The future perspective of this European diploma is to been seen in unanimous legalization within the ongoing project of the European standardization process of medical education.

Wolfgang Feil
President Division of General Surgery