College of Surgeons of East, Central & Southern Africa

Regulations and Syllabus relating to Fellowship Examination In Otorhinolaryngology

FCSorl(ECSA)

2016 edition

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COLLEGE OF SURGEONS OF EAST, CENTRAL AND SOUTHERN AFRICA

Regulations and Syllabus for Fellowship Examination in Otorhinolaryngology leading to the qualification of FCSorl(ECSA)

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1. Introduction

The College of Surgeons of East Central and Southern Africa awards Membership (MCS(ECSA)) and Fellowship (FCS(ECSA)) qualifications. Approved trainee surgeons shall be trained in the hospitals of the region with guidance and support provided by the College.

The Fellowship examination in Otorhinolaryngology leads to the qualification of Fellow of the College of Surgeons of East, Central and Southern Africa, FCSorl(ECSA). This fellowship is recognition that the candidate has reached the level of knowledge, understanding and practice of surgery sufficient to practice independently at a consultant or specialist level. It should be recognised, however, that surgery is not a static art and fellows should continue to increase knowledge and skills by means of research, conferences, meetings and reading.

The information given in this document is intended as a guide to persons sitting the College examinations and shall not be deemed to constitute a contract or the terms thereof between the College and a candidate or any third party, or representations concerning same.

The College is not responsible and shall not be bound by errors in, or omissions from these regulations; the College reserves the right to revise, amend alter or delete academic regulations at any time by giving such notice as may be determined by COSECSA Council in relation to such changes.

2. Registration as a Trainee

Applications to register as a trainee must be made online on the COSECSA website. In order to register you will need an electronic copy of your primary medical qualification, your medical council (or equivalent) registration, a passport-style photo, and, if applicable, copies of any other surgical qualifications you may have. Applications will only be accepted online. Applications will be assessed by COSECSA, and if found suitable, applicants will be accepted to the training programme provisional upon payment of the programme entry fee.

The programme entry fee can be paid online, by bank transfer to the COSECSA Secretariat bank account in Arusha, Tanzania or to the COSECSA Country Representative. Please see the COSECSA website for details of all fees.

On receipt of the registration fee, the Secretariat will send the candidate:

- Personal login details, which will allow access to the COSECSA Electronic Logbook and e-learning platform (School for Surgeons)
- Assessment forms to be filled in at the end of every training post by the trainee and the supervising consultant.
- A registration number, which remains unique to the candidate.

3. Training Requirements

All requirements below will need to be fulfilled without exception.

3.1. Before being eligible to sit for the fellowship examination in otorhinolaryngology, candidates will be required to be registered with the College (see Section 2 above).

3.2. Candidates must be registered in the FCS Otorhinolaryngology training programme for at least three years before appearing in the FCSorl Examination. Registration by the end of February in a given year allows that year to count as a full year of training and will enable the candidate to sit the Clinical/Oral examination at the end of the following year.

3.3. Candidates for the fellowship examination in otorhinolaryngology should normally have passed the membership examination of this College and possess the qualification MCS(ECSA).

3.4. Candidates are required to have spent three years in supervised COSECSA accredited training posts. Of these three years two must involve elective and emergency Otorhinolaryngology, one year may be spent in an elective unit not dealing with emergencies.

3.5. Of the three years, up to one year may be spent outside the region in a post that has been prospectively agreed with the COSECSA Examinations and Credentials Committee. This post may be in an elective unit.

3.6. Candidates are reminded that it is in their interest to experience a wide spectrum of surgical disciplines.

3.7. Exemption to the requirement of possessing the MCS(ECSA) qualification may be given to those who have passed an equivalent examination. In order to obtain an exemption, applicants must either:

- Have completed an MMed(Surgery) qualification in one of the constituent COSECSA countries or in a COSECSA accredited training centre outside the COSECSA region, and provide evidence of three years of specialty training in otorhinolaryngology as described in section 3.4. For applicants completing a four year MMed(Surgery) programme the minimum further requirement is one year in a COSECSA accredited training programme. For candidates completing a four year MMed(Surgery) programme the minimum further requirement is two years in a COSECSA accredited training programme.

- Have completed FRCS, FCS(SA) or another similar specialist qualification and be working as a specialist in a COSECSA country. The basic surgical training examinations of other colleges and institutions may also be acceptable but each one will have to be reviewed by the Examination and Training Committee of the College before exemption can be given.

- Candidates who are granted exemptions will be required to register with COSECSA by the end of February in the year in which they intend to sit the examination.

4. Logbook

COSECSA is transitioning from the use of a paper-based logbook to an electronic logbook. FCSorl candidates for the examination in 2017 and in all subsequent years are required to use the COSECSA electronic logbook. Candidates for the 2016 examination may use the paper based logbook as used in previous years.

Paper based Logbook (for candidates for the 2016 FCSorl examination)

During the training period candidates must keep a logbook recording all of their training experience. The book should be available for inspection at any time by the Country Representatives. Consolidation sheets should be filled in every 6 months and a final consolidating sheet filled in to cover the whole training period. The logbook should also contain details of all courses attended and the trainee and post assessment forms for the whole training period.

More detail on completing logbooks is provided in the logbook itself.

Before submission to the examination the Country Representatives should check the logbook for completion, fill in and sign a checklist which remains at the front of the logbook.

At the August council meeting of each year, the Country Representatives will hand over to the Examinations and Credentials Committee Panel head, a copy of the checklist together with copies of the Training post assessment form, Trainee assessment form and the final consolidation sheet (up to August) of all the candidates taking the examination that year.

Before the start of the clinical and oral examinations, the logbook should be handed to the examination administration secretary. Proof of attendance at an approved Basic Surgical Skills course, Basic Surgical Science course and Critical Care or Trauma Course should be brought to the oral examination. Candidates will not be allowed to sit for the examination if this is not done.

Electronic Logbook (for candidates for the 2017 FCSorl examination, and all subsequent examinations)

Candidates are required to log all operations for the duration of their training period in the electronic logbook. In advance of the examinations, details from each candidate's electronic logbook will be made available to their Country Representatives and the COSECSA Examinations and Credentials Committee. At the examinations details from each logbook will be provided to the relevant oral examiners. Only operative experience logged in the electronic logbook will be taken into account and candidates will not be allowed to sit for the examination if operative experience is not adequately recorded.

At the August council meeting of each year, the Country Representatives will hand over to the Examinations and Credentials Committee Panel head, a copy of the Training post assessment form and Trainee assessment form.

Before the start of the clinical and oral examinations, a print out of the electronic logbook operations list (signed by the trainee's supervisor) and consolidation sheet should be handed to the examination administration secretary. Proof of attendance

at an approved Basic Surgical Skills course, Basic Surgical Science course and Critical Care or Trauma Course should be brought to the oral examination.

5. Application to Sit Examinations

5.1. Candidates should submit the examination fee by the end of July in the year of their exam. Please see the COSECSA website for details of all fees. Examination fees can be paid online, by bank transfer to the COSECSA Secretariat bank account in Arusha, Tanzania or to the COSECSA Country Representative.

5.2. On receipt of the examination fee, candidates will be informed of the precise times, dates and places for the exams.

5.3. By applying to the examination a candidate agrees to be bound by the rules and regulations of the College.

5.4. If a candidate withdraws from an exam not less than 12 weeks before the exam is due, then the fee can be transferred to the next exam date. Fees will not normally be returned if the candidate withdraws permanently, unless due to special circumstances as determined by the College Council.

5.5. Candidates must pass the examination within four years of their first attempt. After this they will not be allowed to re-sit. A total of four attempts only will be allowed.

5.6. Candidates who pass the written examination but fail the oral and clinical examinations, may attempt the oral and clinical examinations for a maximum of two more years without having to rewrite the written examination, all within a period of four years in total.

6. Examination Format and Conduct

6.1. The standards of the examination will be set by the Examinations and Credentials Committee of the College, which will recommend to Council those standards required by both examiners and candidates. A panel of examiners will be chosen by the Examinations and Credentials Committee from amongst Fellows of the College for each examination. A register of examiners will be kept by the chairman of the Examinations and Credentials Committee. An examination board will be constituted for each diet of examinations, comprising the chairman of the examination committee, two members from each examination panel and at least one external examiner

who will be appointed by Council on recommendation of ECC. The role of the external examiner(s) is to:

- Moderate the written question papers
- Assist with the examination of candidates
- Provide external independent assessment of the examination
- Report on the conduct of the examination to the College Council.

6.2. The written FCSorl (ECSA) examination will be comprised of 2 papers. The first paper will consist of single best answer multiple-choice questions. The second paper will consist of extended matching and/or short answer questions and/or single best answer multiple-choice questions.

6.3. Candidates who pass the written examination will be invited by the Chair of the Examinations and Credentials Committee to the clinical and oral examination. Candidates who do not pass the MCQ section will not be invited to the clinical and oral examination.

6.4. Candidates who pass the written examination will be invited by the Chair of the Examinations and Credentials Committee to the clinical and oral examination. Candidates who do not pass the MCQ section will not be invited to the clinical and oral examination.

6.5. There will be two 30 minute orals. A clinical examination takes place at the same time and at the same site as the oral. This will be comprised of six 20 minute cases.

6.6. Candidates have to pass the written examination and the clinical and oral examination in order to pass overall. The written examination may be held in any of the countries of the region. In exceptional circumstances the examination committee may approve an examination site outside the region. The written examinations are held simultaneously on the first Wednesday of September, at a recognised examination centre with impartial invigilation. The COSECSA Country Representative shall be the Chief Examiner.

6.7. The examination papers will be set by members of the examination committee and independently moderated by an external examiner.

6.8. No details of marks will be issued to Country Representatives or candidates. Candidates should bring proof of identity. As discussed in Section 4, candidates using paper logbooks should bring these, and candidate using the COSECSA electronic logbook should bring signed printouts of these.

6.9. If a candidate fails their clinical examination then they may attempt the clinical examination for a maximum of 2 more years without having to rewrite the written examination.

6.10. The chairman of the examination panel will endeavour to minimise the chance of a candidate being examined by an examiner from their own training institution.

6.11. The panel of examiners will give the results to the Examination Board who will meet on the day of examination. The Board will then approve the results on behalf of Council and publish them.

6.12. For each candidate who fails the exam, the Board will allocate a Fellow of the College (usually a member of the panel of examiners) who will communicate with the candidate and offer advice as may be indicated. Details of marks will not be given.

6.13. Appeals against results must be made in writing to the Council within 60 days of the completion of the examination. The President of the College will then appoint an impartial Appeals Committee to investigate the appeal, and require a written report to be filed by the Chairmen of the panel of examiners and the Examination Board. The Appeals Committee will then take all considerations and its own findings into account and recommend a decision which will remain final and binding.

7. Syllabus

Surgical Anatomy of the Head and Neck

Detailed anatomy of the head and neck. Sound knowledge of the embryology, Osteology, morbid anatomy and congenital abnormalities will be expected from candidates.

Applied physiology of the head and neck

- Physics of sound
- Physiology of middle, Eustachian tube and sound conduction.
- Physiology of the inner ear and sound conduction
- Physiology of the nose and para nasal sinuses and smell sensation
- Physiology of deglutition and phonation and taste
- Vestibular system
- Auditory system
- Olfaction
- Salivary gland physiology

Basic principles in audiology and vestibular testing

- Pure tone audiology, speech discrimination, recruitment and tone decay Impedence audiology
- Oto-acoustic emissions Elective evoked response audiometry Vestibular testing: caloric stimulation, electro-nystagmography,
- videonystagmography and vestibular evoked myogenic potentials . Basics of BAHA (Bone Anchored Hearing Aids) Basics Of Cochlear Implantation

Clinical Examination Principles

- Basic otorhinolaryngological examination with particular reference to endoscopic techniques both flexible and rigid

- Systematic neck examination with reference to nodal levels
- Microscopic Ear examination and Otoscopic examination

Diseases of the ear

- Congenital Malformations of the Auricle
- Benign and Malignant lesions of the pinna
- Haematoma Auris
- Otitis Externa
- Outer ear insect infestation
- Malignant Otitis Externa
- Benign and Malignant Tumours of the External auditory Meatus
- Meatal Stenosis
- Acute and Chronic Suppurative Otitis Media
- Eustachian Tube dysfunction
- Middle Ear Effusions in African Population
- Cholesteatoma
- Chronic Ear disease in The African Population
- Surgical Restoration of Hearing Loss
- Complications and Management of Acute and Chronic Suppurative Otitis Media
- Tympanosclerosis
- Otosclerosis
- Benign and Malignant Tumours of the Middle Ear
- Trauma to Middle Ear and Ossicles
- Facial Nerve paralysis
- Diseases of the Labyrinth
- Temporal Bone Trauma and Fracture
- Management of Vertigo
- Meniere's Disease
- Wagner's Granulomatosis and other rare Otolological Conditions
- Senorineural Hearing Loss – Congenital ,Acquired and Sudden
- Hearing Aids/Bone Anchored/Cochlear implantation
- Ototoxicity

Surgery of the ear

- Management of benign and malignant lesions of the pinna
- Management of benign and malignant lesions of concha and external auditory meatus
- Surgical Management of Ear keloid formation
- Reconstruction of ear after surgery for malignant disease
- Otoplasty Techniques
- Removal of foreign bodies from the external auditory canal
- Surgical management of exostosis
- Surgery for Middle ear effusions- Myringotomy/Tympanostomy Tubes
- Myringoplasty
- Tympanoplasty types 1,11, and 111
- Cortical Mastoidectomy
- Modified and Radical Mastoidectomy
- Surgical Management of complicated suppurative otitis media
- Ossicular Reconstruction
- Stapes Surgery

- Meatoplasty techniques
- Mastoid Obliteration Techniques
- Subtotal Temporal Bone resection and Lateral skull base surgery
- Middle Cranial Fossa approaches
- Posterior Cranial Fossa Approaches
- BAHA techniques
- Cochlear Implantation techniques
- Role of Adeonotonsillectomy to middle ear health and Eustachian tube dysfunction
- Surgery For Vertigo

Diseases of the nose and para nasal sinuses

- Congenital defects of nose
- Benign and Malignant lesions of nasal skin
- Choanal Atresia
- Cleft Lip and Palate
- Rhinitis
- Sinusitis
- Fungal Rhinosinusitis in African Populations
- Epistaxis,
- Nasal and facial fractures
- Allergic rhinitis and sinusitis
- Chronic Hypertrophic Allergic Rhinosinusitis
- Nasal poylposis
- Mucocoeles
- Benign and Malignant tumours of the nose and para nasal sinuses
- Benign and Malignant Tumours of the Nasopharnyx
- Angiofibromas
- Ossifying fibromas of facial bones , nose and sinusues
- Facial Pain and Headache
- Smell and Taste Disorders

Surgery of the Nose and Sinuses

- Surgical Management of Benign and Malignant Nasal skin lesions
- Facial flaps for nasal reconstruction
- Glabellar flaps for total nasal reconstruction
- Surgical Management of vestibular stenosis
- Removal of foreign bodies from the nose and sinuses
- Nasal cautery techniques
- Nasal Granulomas
- Surgical reduction of Inferior turbinates
- Septoplasty tecnhniques
- Septal Perforation Repair
- IntranasalSeptorhinoplasty and Bony /Cartalgenous nasal reconstruction
- External Septorhinoplasty
- Surgery for epistaxis
- Sphenopalatine art. Ligation
- Trans Maxillary Sinus Approach to Pterygopalatine fossa approach to maxillary artery ligation
- External Carotid artery Ligation for epistaxis

- Surgical Management of ossifying fibromas
- Lateral Rhinotomy
- Ext Maxillectomy
- Caldwell Luc Approach to Maxillary Sinus
- Surgical Management of Oroantral Fistula
- External Frontethmoidectomy
- Lynch Haworth incision and approach
- Frontal Sinus Trephine
- Frontal Sinus Obliteration Technique
- Maxillary Sinus washout
- Endoscopic sinus surgery for rhinosinusitis
- Endoscopic Sinus surgery for epistaxis
- Endoscopic Orbital decompression
- Endoscopic Frontoethmoidectomy
- Endoscopic Medial Maxillectomy
- Facial degloving approach to angoifibromas and posterior nasal tumours
- Dacrocystorhinostomy
- Surgical Management of Complications in Endoscopic Sinus Surgery
- Surgery of the Nasopharynx

Diseases of the Throat, Salivary Glands, Pharynx, Larynx and Neck and Thyroid Gland

- Oral Cavity Infections
- Adenotonsillitis and Quinsy
- Sialadenitis
- Oral Cavity Salivary Gland Calculi
- Benign and Malignant Tumours of the Oral Cavity
- Benign and Malignant Tumours of the Oral Vestibule
- Oropharyngeal Tumours
- Snoring
- Stridor /Stertor
- Hyopharygeal tumours
- Laryngeal Tumours
- Paediatric airway problems
- Paediatric Neck Masses
- Benign and Malignant Neck Disease
- Deep Space Neck infections
- Benign and Malignant Disease of Salivary Glands
- Benign and Malignant Disease of the Thyroid Gland
- Benign and Malignant Disease of the Parathyroid Glands
- Benign and Malignant Disease of the Cervical Oesophagous
- Vocal Cord Paralysis and Videostroboscopy
- Laryngeal Trauma

Surgery of Pharynx, Larynx, Salivary Glands, Thyroid and Neck

- Adenotonsillectomy
- Direct Laryngoscopy
- Microlaryngoscopy
- Oesophagoscopy and Dilatation
- Bronchoscopy

- Foreign Body Removal from Upper Aero digestive Tract
- Emergency and Elective Tracheostomy
- Surgery for Pharyngeal Pouch
- Hemiglossectomy
- Composite Resection of Oral cavity/Oropharyngeal Tumours
- Surgery of Salivary Glands
- Thyroid Surgery
- Parathyroid Surgery
- Sistrunks Procedure
- Branchial Cyst Surgery
- Cystic Hygroma Surgery
- Selective, Modified and Radical Neck Dissections
- Partial, Supraglottic and Vertical Hemi and Total Laryngectomy
- Tracheoeosophageal Fistula formation for Voice Restoration
- Delto pectoral flap design
- Latissimus dorsi design
- Pectoralis major flap design
- Free Radial forearm composite flap design
- Free Fibular composite Flap design

Surgery ENT Surgeons Should be Familiar With

- Mediastinoscopy
- Pneuminectomy
- Facial Plastic Surgery
- Gastric Pull up procedure

Ancillary ENT specialty knowledge

- Radiology in ENT
- Radiotherapy
- Chemotherapy
- Speech and Language and ENT surgery
- Microbiology of Head and Neck Infections and manifestations of HIV
- Statistics and ENT Literature Evaluation
- Pharmacology of ENT drugs

Other Surgical Disciplines

Candidates for all FCS(ECSA) fellowships will be expected to have detailed specialist knowledge in their own field, but will also be able to have reasonable competence in dealing with emergencies in other disciplines. In particular they will be expected to be able to deal with:

- Head injuries
- Chest injuries
- Spine injuries
- Limb injuries
- Acute abdominal emergencies
- Caesarian section

Candidates will be expected to be able to perform endotracheal intubation and perform simple general anaesthesia using intravenous or inhalational agent. They will also be expected to be able to use local anaesthesia safely and perform regional and spinal blocks.