

FRANZCOG Oral Examination

May 2017



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in Women's Health

Examination Summary

The Structured Oral Examination (SOE) consists of 10 stations covering the range of clinical practice in Obstetrics and Gynaecology.

Each station in the May 2017 examination was scored out of 20. The pass mark for the examination is calculated as the sum of the minimum acceptable pass marks for all 10 stations. There are no critical stations or encounters. It is possible to fail one, or more, individual stations and still pass the examination with a strong performance in other stations. The marking scheme is structured so that a Minimum Acceptable Passing (MAPS) candidate should be able to score at or above the pass mark for each station.

Station 1: Urinary Incontinence

The candidate is expected to make an assessment of a patient presenting with urinary incontinence, including a focussed history, appropriate examination and investigations. The candidate is expected to provide an initial plan followed by an ongoing management plan after failed conservative care.

Station 2: Pelvic Mass

The candidate is expected to assess an older woman presenting with a large pelvic mass. Discussion of her optimum management is expected. Surgical complications occur and require appropriate management.

Station 3: Prioritisation of Gynaecological Waiting List

The candidate is expected to discuss the prioritisation of a gynaecological waiting list. They are also expected to discuss appropriate ongoing management of certain patients. Further discussion of a surgical case and a postoperative complication experienced by a Jehovah Witness patient is then required.

Station 4: Infertility

A woman presenting with primary infertility requires a work up and an ongoing care plan. The candidate is expected to provide differential diagnoses.

Station 5: Cervical Cancer – Communication Skills Station (this station involved a Standardised Patient)

A young woman presents with pre-cancer but is subsequently found to have an early invasion of the cervix. The candidate is expected to explain the nature of these findings, microinvasion, and the consequences for the woman's fertility.

Station 6: Advanced Maternal Age – IVF Pregnancy

The candidate is expected to explain the risks and arrange the ongoing antenatal care for a woman of advanced maternal age with an IVF pregnancy and a history of previous pregnancy losses.

Station 7: Mid trimester hypertension

The candidate is required to investigate and manage a woman who presents with severe pre-eclampsia in the mid trimester.

Station 8: Placenta Praevia

The candidate is expected to manage a woman with a low-lying placenta and a subsequent haemorrhage.

Station 9: Twin Pregnancy

The candidate is expected to manage a primigravida with a twin pregnancy. When she presents in labour pre-term, the candidate is expected to safely manage the delivery.

Station 10: Fetal Anomaly – Communication Skills Station (this station involved a Standardised Patient)

The candidate is expected to sensitively discuss options to a woman who presents with a fetal anomaly, including a diagnostic work up.