

Registration for part 2 of the fellow exam is now open. www.ebcog.org/exam



EBCOG
European Board and College
of
Obstetrics and Gynaecology



EFOG - EBCOG Fellowship Exam

Introduction to the Examination

EBCOG and the European Union of Medical Specialties

EBCOG is the Board of the Section of Obstetrics and Gynaecology of the Union Européenne des Médecins Spécialistes (UEMS). The purpose of UEMS is to harmonise and improve the quality of medical specialist practice in the EU. UEMS is the representative organisation of the National Associations of Medical Specialists in the European Union and represents over 1.6 million medical specialists.

EBCOG has 37 member national societies in Europe and our aim is to improve the health of women and unborn and newborn babies by promoting the highest possible standards of care. EBCOG's core activities are to set standards for Post Graduate education, training and high quality clinical care.

General information about Post-Graduate Training in Europe

In Europe, each Member State is responsible for organising the training of its medical doctors. To do this, national training programmes, specific training centres and national assessment of competence ensure that medical doctors are appropriately trained and able to provide high quality care to their patients.

One of the central tenets of European Union (EU) policy is the free movement of its citizens and professionals. The European Fellowship of Obstetrics and Gynaecology (EFOG)-EBCOG is intended to facilitate this process for medical specialists in Obstetrics and Gynaecology by helping to provide a benchmark for quality assurance although the fellowship at the present time does not imply official recognition.

EBCOG uses the same standards and rules as other medical specialties, which are members of UEMS and the examination should enable candidates to benchmark their knowledge against the current European standards developed by EBCOG.

The Examination is not a substitute for national assessment systems, but it does provide an alternative to this. Some countries may in the future choose to recognise European assessments as complementary or equivalent to their national system.

The Examination

The purpose of the Examination is to determine if the candidate demonstrates the minimum level of knowledge recognised by the EBCOG Examination Committee.

The EBCOG Examination assesses the knowledge gained by the candidates during their training in general Obstetrics and Gynaecology. The assessment is extended to the application of this knowledge to clinical cases and is based on the EBCOG training syllabus.

The EFOG-EBCOG Examination consists of 2 parts:

- Part 1 is a Knowledge Based Assessment (KBA);
- Part 2 is a Clinical Skills Assessment (OSCE);
- Participation is subject to eligibility;
- Part 2 of the examination can only be taken after Part 1 has been passed;
- When both parts of the examination have been passed the certificate of the EFOG-EBCOG will be awarded.

Successful candidates will receive the award of European Fellow of Obstetrics and Gynaecology (EFOG) - EBCOG and may use this title. Passing the exam does not confer or imply a license to practice obstetrics or gynaecology in any country of Europe or elsewhere, but successful candidates become EBCOG Fellows in Obstetrics and Gynaecology (EFOG-**EBCOG**) and will be given a certificate of Fellowship.

The Examination is open to European and non-European Candidates and will be conducted in English. However, the final decision regarding the suitability of candidates is taken by EBCOG Examination Standing Committee after the assessment of the individual's qualifications.



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Methods of Assessment (Part 1)

Part 1 Examination – KBA (Knowledge Based Assessment)

The Part 1 Examination takes place at least once a year.

The Part 1 Examination consists of two papers, each lasting 3 hours (six hours in total). The exam will be run over one day and candidates must provide evidence of eligibility as specified in the application form.

One paper focuses on Obstetrics and the other on Gynaecology.

The papers consist of Extended Matching Questions (EMQs), Single Best Answer Questions (SBAs) and Multiple Choice Questions (MCQs).

Both papers will have to be passed individually in order to pass the Part 1 Examination.

Multiple Choice Questions (MCQs)

MCQs are a list of statements or questions to which either “true’ or ‘false’ should be answered. There will be no negative marking. Below is an example of an MCQ:

Example MCQ

With regards to hormonal contraception:

- A. Shortening the pill free interval leads to accumulation of steroid hormones
- B. Shortening the pill free interval suppresses the intermittent activation of liver protein synthesis
- C. Shortening the pill free interval reduces the incidence of menstrual migraine
- D. Shortening the pill free interval is contraindicated in women who smoke
- E. Shortening the pill free interval may lead to amenorrhea

Correct answers are:

- A: False
- B: True
- C: True
- D: False
- E: True

You get 5 possible answers and each answer needs to be marked as true or false. The amount of answers that are true and that are false varies and it is possible for all of them to be true or all of them to be false.

Extended Matching Questions (EMQs)

These are questions, which start with a list of around 10-15 potential answers to 5 questions. For each question, the candidate should select the best matching answer from the options given. Some answers can be used more than once and other answers will not be used at all. Below is an example of an EMQ:

- EMQ example-

Title: INFERTILITY TREATMENT

Options:

- a) In vitro fertilisation (IVF)
- b) Intracytoplasmic sperm injection (ICSI)
- c) Testicular biopsy
- d) Antibiotics
- e) Varicocelelectomy
- f) Salpingectomy
- g) Vitamin E
- h) Expectant management
- i) FSH/HCG
- j) Surgical sperm recovery
- k) Intrauterine insemination (IUI)

Lead-in statement:

For each one of the following scenarios select the most appropriate treatment from the list above. Each option may be used once, more than once, or not at all.

1) A 34-year-old woman with 3 years primary infertility has been referred to the infertility clinic. Her past medical history is not significant. She has regular periods and the hysterosalpingogram shows bilateral tubal blockage. Her husband has severe oligozoospermia.

The most appropriate treatment is (b). Because of tubal factor infertility, IVF is the appropriate treatment. Nevertheless, due to the male factor, ICSI is recommended. The latter is expected to be more successful than any other treatment.

2) A 29-year-old woman with two years primary infertility has been referred to the infertility clinic. She has regular periods, while her past medical history is not significant. Her husband is 30 years old and his semen analysis shows persistently low count almost azoospermia. He has low serum levels of FSH and LH in the area of hypogonadotropic-hypogonadism.

The most appropriate treatment is (i). Treatment with FSH and HCG for several months is expected to improve semen characteristics and fertility (NICE)

3) A 32-year-old woman presents with three years primary infertility. She has regular cycles and patent tubes (HSG). Her husband is 35 years old. His past medical history is not significant. However, there are moderate semen abnormalities that are characterized as idiopathic. In his semen, a number of leucocytes are identified.

The most appropriate treatment is (a). The presence of leucocytes in the semen does not mean infection and treatment with antibiotics does not improve pregnancy rate (NICE).

4) A 34-year-old woman and her 36-year-old husband present to the infertility clinic because of two years primary infertility. There is nothing significant in the past medical history of either of them. However, semen analysis shows azoospermia, which based on further investigations, is due to obstruction.

The most appropriate treatment is (j). Although surgical correction of the epididymal

blockage can be effective, there is no evidence that it is better than sperm recovery and ICSI.

5) A 37-year-old woman with three years primary infertility has been referred to the infertility clinic. Her BMI is 25 kg/m² and she has regular menstrual cycles of 28 days duration. Her husband is 40-years old and his semen analysis shows moderate oligozoospermia. Urological examination shows the presence of left sided varicocele.

The most appropriate treatment is (b). Varicocelectomy does not improve the pregnancy or live birth rates and it is not recommended.

Single Best Answers (SBAs)

For each question, 5 potential answers will be provided and candidates should select the best answer from these 5 options. Only one answer per question can be chosen. It may be that more than one answer to the question is appropriate, but only one answer is the best answer and only if this answer is chosen, will a mark be awarded. Below is an example of an SBA:

- **SBA example-**
- **A 25-year-old woman currently on liver enzyme inducers is requesting contraceptive advice.**
- The most reliable form of contraception in this situation would be:
 - a. Combined oral contraceptive pill
 - b. Levonorgestrel intrauterine system
 - c. Diaphragm
 - d. Male condom
 - e. Progesterone-only pill
- Answer: Levonorgestrel intrauterine system



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Methods of Assessment (Part 2)

Part 2 Examination – OSCE (Objective Structured Clinical Examination)

An Objective Structured Clinical Examination is a form of performance-based testing used to measure candidates' clinical competence. The clinical skills to be evaluated are history taking, technical skills, communication, teamwork, integration of knowledge into clinical problem solving, and evaluation of the clinical relevance of a scientific article. During an OSCE, candidates are observed and evaluated as they go through a series of stations in which they interview, examine and treat standardised patients and/or medical simulators or are presented with a clinical problem to solve.

Objective - all candidates are assessed using exactly the same stations with the same marking scheme. In an OSCE, candidates get marks for each step on the mark scheme that they perform correctly, which therefore makes the assessment of clinical skills more objective, rather than subjective.

Structured – each station in an OSCE has a very specific task. Where simulated patients are used, detailed scripts are provided to ensure that the information that they give is the same to all candidates, including the emotions that the patient should use during the consultation. Instructions are carefully written to ensure that the candidate is given a very specific task to complete. The OSCE is carefully structured to include parts from all elements of the curriculum as well as a wide range of skills.

Clinical examination - the OSCE is designed to assess the application of clinical and theoretical knowledge. Where theoretical knowledge is required, for example, answering questions from the examiner at the end of the station, then the questions are standardised and the candidate is only asked questions that are on the mark sheet. If the candidate is asked any others then there will be no marks for them.

The OSCE is intended to test practical and clinical skills. Some of these stations will have patient actresses, some will have medical simulators and all will have examiners observing and rating skills, which participants will be asked to

demonstrate. Each station will take 10 minutes, after which participants will rotate to the next station.

Marking for OSCEs is done by the examiner.

The Part 2 OSCE component of the examination will consist of 10 stations: including a rest station for reading a scientific article, followed by another station for the evaluation of the article, two for basic technical skills (1 Obs and 1 Gyn), two for complex technical skills (1 Obs and 1 Gyn), two for knowledge integration and decision-making (1 Obs and 1 Gyn); and two for communication skills. Candidates will have two minutes of reading time and the examination will be conducted in English.

The Part 2 Examination is held once a year, in November.



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Application Process

How to Apply for the Examination

Information about the online submission of applications for the Part 1 Examination is uploaded onto the EBCOG website every year, several months before the day of the Examination. **We will not accept a paper version of the application.**

An application form is available on-line and this needs to be filled in and submitted online together with the necessary paperwork.

Eligibility criteria

- Candidates must have a primary medical degree; they must be medical doctors.
- Candidates must be listed on the Register of Medical Practitioners of their own country;
- Candidates will be able to sit the exam at the end of their mandatory national Obstetrics and Gynaecology specialist training programme;
- Candidates must have spent a minimum of four or five years in post-graduate training posts, as recognised by their national Obstetrics and Gynaecology Society/Board; In countries with five years training candidates can sit the Part 1 Examination in the later part of year five. In that case they will sit Part 2 Examination only after completing the five years training.
- Candidates will be asked to provide evidence of their good standing from their Medical Council (Regulatory Medical Body) or their Employing Authority or their Head of Department;
- Candidates must provide evidence of their clinical experience and post- graduate training since graduation;

- Candidates must certify that they are not currently suspended or removed from medical practice by the Medical Council/Hospital or any other body. They must also confirm that they are not involved in any disciplinary procedure related to their clinical practice anywhere in the world or provide details about any pending procedures.
- Candidates must have a compatible laptop (mobile laptop, PC or Macbook), which they need to take with them to the examination.

How to apply for the Exam

Applications are submitted online. The opening date is published each time on the website. Applications are accepted on a first come first served basis.

Evidence to be submitted along with the application forms

Once completed, the form is submitted online, together with the required documents as listed below.

Documents required:

Scanned and countersigned copies of the following documents must be provided:

1. Basic Medical degree certificate;
2. Registration with National Medical Council (Licence to Practise);
3. Photocopy of passport or identity card;
4. Proof of clinical experience (submit scanned copies of evidence of each appointment);
5. Evidence of good standing.

Please note that if applications for the examination are rejected, EBCOG will retain 50% of the fee.

Fee for the examination

The fees to sit the examination will be notified on a yearly basis.

Fee Refund Policy:

- If the candidate wishes to withdraw either from the examination or a pre-examination course, he/she must notify the Chief Administrator.
- If such a request is received before the closing date of the applications, then 50% of the fee is refundable. In that case money is not transfer back to the candidate but 50% of fee is credited for the next examination/Course.
- If a request to withdraw either from the examination or a pre-examination course is received after the closing date of the applications, then no refund will be made.
- In exceptional circumstances [family bereavement, acute admission to the hospital or the candidate's Visa Application is Rejected (proof will be needed)], chief administrator will consider each case on its merit and may agree to credit 50% of fee for the next examination/Course but no refund will be transferred back to the candidate.
- In case of unexpected events outside the area of EBCOG's responsibility, which may happen before or during the examinations, and which are related to unpredictable causes, such as political instability, fire, catastrophe, "big bang"/force majeure etc., no refund will be transferred back to the candidate.

There is no restriction on the number of times one can sit Part 1 of the examination. Candidates who fail to pass Part 1, cannot sit Part 2.

Candidates who pass Part 1 should take Part 2 within a period of 3 years. Once this period has expired, or the candidates have failed to pass Part 2 within 3 years of passing Part 1, candidates will be required to re-sit Part 1.

Future dates for the examinations

Dates for future Part 1 and Part 2 Examinations of EFOG will be announced on the EBCOG website: www.ebcog.org



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Preparation of Candidates for the Examination

How to Prepare for the Examination?

Syllabus of the Examination

This Examination is meant for doctors who have completed their training according to their national training programme and are ready to or have qualified as specialist Obstetricians and Gynaecologists. It is recognised that the duration of such training programmes varies between different countries within Europe. It is advised that candidates should consult the EBCOG website to download the EBCOG curriculum for Basic Training. This will help them to familiarise themselves with the contents of the examination paper:

http://www.ebcog.eu/index.php?view=document&alias=270-ebcog-basic-training-program&category_slug=training-recognition&layout=default&option=com_docman&Itemid=181

It is recommended that candidates should have a wide and up to date knowledge of Obstetrics and Gynaecology.

EBCOG does not recommend any specific textbooks for the Examination, as a lot of material is available for study in print and electronic format.

Candidates should be familiar with current evidence based international guidelines in Obstetrics and Gynaecology.

In order to prepare for the Part 1 Examination, candidates may wish to consult internationally recommended textbooks.

EBCOG Pre-Examination Preparatory Courses

It is not a mandatory requirement to attend such a course but some candidates may find it useful to prepare for the examination. The course fee is not included in the examination fee.

The Pre-Examination course is run several months prior to the examination to help candidates wishing to prepare for the examination. The place and the dates of any course are announced each time on the website.

There are two types of Pre-Examination Preparatory courses:

One for the KBA Examination (Part 1),
And the second one for the OSCE Examination (Part 2)

During these courses, various types of KBA questions and OSCE stations are practiced in the examination area.

How to apply for the Pre-Exam Course:

Full details are available on the EBCOG website: www.ebcog.org where an application form can also be found. Forms should be filled in and submitted online:



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Guidance before and during the Examination

What should a candidate know about regulations of Part 1 (KBA) of the Examination?

Part 1 of the examination has two computer-based papers, which all candidates will take on-line in the examination room.

Before the examination

1. All candidates will receive a “test-exam” about a week before the date of the Examination. It is mandatory that all registered candidates go to the website to run this “test-exam” prior to the examination. All relevant instructions will be sent to them in an individual e-mail at the same time.
2. The candidates will be able to access a link to a demonstrator model to get a feel of the examination. This will help the candidates to:
 - a. Verify that their computer is compatible with the examination requirements.
Tablets cannot be used during the examination.
 - b. Learn how to start the examination, submit answers and exit the examination paper.
 - c. Familiarise themselves with **the three** types of questions being asked in the papers: MCQs, EMQs and SBAs.

3. The examination timetable will be uploaded onto the EBCOG website four weeks before the examination.

On the day of the Examination

Before the Examination begins

1. Candidates must bring their own laptops (not Tablets), which have been previously tested to be compatible. They should also bring their power cable with appropriate power sockets and adaptors (European). The organisers will provide candidates with a power supply to connect their computers in the examination hall. EBCOG will not provide computers or adaptors to candidates if they fail to bring their own.
2. Candidates should arrive at the examination venue one hour before the start of the examination.
3. At the venue, candidates will be registered for the examination at the registration desk:
 - By providing their identity card/passport with name and photograph (the same that they submitted with their application).
 - And the e-mail print-out sent by ORZONE, confirming that the candidate has been accepted for the KBA examination.
4. Following confirmation of the identity of the candidate, the invigilator will hand over "Candidate's unique Log-in ID".
5. The candidate will be then directed to his/her seat in the examination hall and will be instructed to login immediately.
6. Mobile phones are not allowed in the examination hall. Before entering the examination hall, mobile phones will be switched off and handed over to the examination staff in a secure envelope (labelled with name). The phones will be collected by the candidates on leaving the examination hall.
7. No text books, papers, documents, calculators or electronic devices are allowed in the examination hall.
8. Pencils and paper sheets for use during the examination will be provided if needed.

During the Examination

1. Identification (name and photograph) should be provided at all times upon request.
2. Candidates will not start attempting the examination until instructions have been given by the invigilator.
3. If late, candidates will not be allowed to enter the examination hall after 30 minutes have elapsed from the start of the examination.

4. Once candidates have entered the examination hall, they will not be allowed to leave the hall, until one hour has passed from the start of the examination.
5. Candidates will not be allowed to leave the examination hall during the last 15 minutes of the examination. Candidates are not allowed to copy any examination material.
6. Candidates are not allowed to communicate with other candidates by any means until they exit from the examination hall. If they fail to comply, they will be disqualified and will not be allowed to re-sit the examination for two years.
7. If a candidate wishes to exit the examination hall temporarily during the exam for any personal reason, he/she will be accompanied at all times by an invigilator (male/female).
8. If a candidate wishes to communicate with the invigilator, he/she should raise his/her hand. Questions cannot be discussed with the invigilators.
9. A time warning will be given twice, i.e., 30 minutes and 15 minutes before the end of the examination.
10. Candidates are not allowed to take any photographs in the examination hall at any time.
11. Any candidate suspected of cheating during the examination will be disqualified. It is noted that keystrokes are being monitored constantly during the examination.

At the end of the examination

1. When the examination comes to the end, candidates will be asked to stop working at their laptops and submit their paper online. They should remain seated quietly.
2. Candidates will only leave the examination hall permanently, when permission is given by the invigilator.
3. The examination team takes no responsibility for the loss of personal belongings.



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Score Calculation Procedure (Pass Mark Setting)

What is the pass mark in the Exams?

The pass mark is a special score that discriminates between the candidates who perform well and those who do not. This is the minimum score required to pass the test. Two important parameters are related to the pass mark, one is the difficulty of the questions or test items and the other is the discriminative power of the test items.

What is standard setting?

“Standard setting” is the methodology used to set the pass mark. Standard setting takes into account the different level of difficulty of the questions. Pass mark vary but the standard remains consistent.

Which methods are used for pass mark setting in Part 1 EBCOG Exam (KBA)?

For Knowledge Based Assessment (KBA), the modified Angoff method is being used. This is a well-established method, which is considered more objective than others. A panel of judges (experts) estimates the probability of a borderline candidate (minimally or acceptably competent) in getting each test item correct. The average score from the panel of judges becomes an arbitrary (absolute) pass mark for that paper.

Which methods are used for pass mark setting in Part 2 EBCOG Exam (OSCE)?

The pass mark for the Objective Structured Clinical Examination (OSCE) is set using the modified Rothman's method. Information is collected from the examiner at each station. Three sample points are used, i.e. pass, fail, borderline and the pass mark will be the median score of candidates evaluated as “borderline” by the examiners.