



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) and Single Best Answer Questions (SBAs).

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

Extended Matching Questions (EMQs) 30 Questions in each Paper

These are questions, which start with a list of around 10-15 potential answers to 3 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. The candidate gets 1 mark for each correct answer (x3 scenarios maximum 3 marks). There will be no negative marking.

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) Varicocelectomy
- 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).

Single Best Answers (SBAs) 25 Questions in each Paper

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.

The candidate gets 1 mark for each correct answer (X1 question maximum 1 mark). There will be no negative marking.

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

Each of the two papers (Obstetrics and Gynaecology) consists of 65 Questions, i.e. a total of 125 Questions. The 65 Questions are distributed as follows:

1. 30 EMQs x 3 scenarios = 90 Questions/answers
2. 35 SBAs x 1 = 35 Questions/answers

Therefore, the total number of Questions per paper is 125 and in total 250 (two papers).



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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 at least of 10 stations: including a preparatory station for reading a scientific article or preparing a PowerPoint presentation, 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 1 minute of reading time before entering a station and the examination will be conducted in English.

The Part 2 Examination is held at least once a year in the late Autumn.



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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 can sit Part 1 Examination after they have completed at least 3 years in their training programme. Part 2 Examination can be attempted six months before completion of their training programme as recognised by their national Obstetrics and Gynaecology Society/Authorities;
- Candidates who become eligible for Part 2 Examination 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, they will be required to re-sit Part 1;
- 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.

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 new EBCOG curriculum (2018) for Basic Training (PACT – approved by UEMS as European Training Requirements). This will help them to familiarise themselves with the contents of the examination paper:

<https://www.ebcog.org/pgtraining>

https://docs.wixstatic.com/ugd/9397c7_890284204d2a4bce93c7f4ae753ae283.pdf

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.

Before the examination

1. All candidates will receive the instructions and the exam software link via email 10 days before the examination date in order to download and install it. Through the examination software candidates will complete the registration process and have access to a demo exam.
2. This demo exam 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 two** types of questions being asked in the papers: EMQs and SBAs.
3. The examination timetable will be send to the candidates 10 days before the exam.

On the day of the Examination

Before the Examination begins

1. Candidates must be in front of their laptops with the examination software open 30 minutes before the examination starts at the latest.
2. Candidates must be alone in the room at all times.
3. Mobile phones are not allowed during the examination.

4. Pen and paper are allowed during the examination.
5. Bathroom breaks are not allowed during the examination.

During the Examination

1. When the examination starts the software will identify the candidates via face recognition technology allow them to begin.
2. During the exam you will be monitored by human observers (invigilators) using video supervision. In addition, AI technology will be used to assist the invigilator to detect any suspicious patterns. The AI technology will monitor your interaction with the exam software, patterns, but also make periodic recordings. These recordings will be analyzed to detect that it is you and only you are sitting by the computer and for other patterns. Finally, the data will be stored and analyzed after the session.
3. If late, candidates will not be allowed to begin the examination after 30 minutes have elapsed from the start of the examination.
4. If a candidate wishes to communicate with the invigilator, he/she can use the build-in message system of the examination software.
5. Candidates can see at all times their progress and their remaining time. Candidates are not allowed to use any third-party software or switch to any different app on their laptops.
6. Any candidate suspected of cheating during the examination will be disqualified.

At the end of the examination

1. When candidates complete their answers, they can click the submit button. In the case the time is up all answers will be automatically submitted.

Dissemination of results

1. The results will be sent to the candidates 2-3 week after the examination date via email.

Appeal Process

1. Candidates have the right to appeal for issues related to the examination. This can be made in writing to the EBCOG examination secretariat (ebcogexams@gmail.com), within 30 days of the exam date. After this period has expired EBCOG will not accept any further appeals.
2. The Chairman of the Quality Assurance Committee (QAC) after receiving the appeal will decide if it is a minor issue or needs further investigation. If so, the Chairman and the committee members will discuss the seriousness of the situation. Otherwise, the Chairman will provide an answer. In both situations the candidate will receive an answer in writing within 30 days.
3. The appeal form will be sent to the candidates in advance before the exam.



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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 varies 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 and the average performance of the candidates are put into account. There is a discussion between members of the Standing Committee on Examinations (SCE) and they decide the final pass mark, which is between the two scores (usually the mean value of the difference). It is evident that we will continue using the Angoff method.

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. Candidates must pass at least 75% out of the active stations. Additionally, each candidate’s total score must be equal or higher than the sum of the pass marks of all stations.