



AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE 34th FELLOWSHIP EXAMINATION August/October 2004

This report is circulated in its full form to:

- candidates – successful and unsuccessful
- examiners involved in the exam – written, clinical and observers
- members of the Fellowship Examination Committee
- DEMENTs across Australasia
- Board of Censors (as part of their next meeting agenda)
- official observers (listed on Page 2)
- clinical site organisers for this exam

The report is not confidential and its wide dissemination is encouraged.

The questions alone (without examiner comments or answers) are published in Past Papers, which are available to all trainees from the College.

1. INTRODUCTION

The 2004.2 exam saw a steadying in the trend in exam size with only 64 candidates sitting the written exam and subsequently 54 candidates invited to the clinicals. It seems that the clinical component of the exam is stabilizing at a number between 50 and 60 candidates. The exam was held on August 11th (written sections – all regions) and on October 23rd and 24th (clinical sections – Melbourne).

Overall, 49 candidates passed the examination from the 64 who sat the written sections (overall pass rate 76.6%). More detailed analysis of pass rates is included in subsequent sections of this report.

2. EXAMINERS

Examining in the fellowship exam is a substantial commitment in time. All of the examiners are thanked for their efforts. The examiners were:

Writtens only

Peter Aitken	Sheila Bryan	Peter Cameron	Michael Cleary
Anne-Maree Kelly	David Kirkpatrick	Bhavani Peddinti	Irene Rotenko

Clinicals only

Neil Banham	Jenny Brookes	Adam Chan	Matthew Chu
Linda Dann	Steve Dunjey	Robert Dunn	Bernard Foley
Wayne Hazell	Anna Holdgate	Paul Preisz	John Roberts
Graeme Thomson	Jeff Wasserthiel	Kim Yates	

Writtens and Clinicals

Richard Ashby	Simon Brown	Tony Brown	Bill Croker
David Eddey	Greg Emerson	Chris Gavaghan	Craig Hore
Trevor Jackson	Jenny Martin	David Mountain	Lindsay Murray
Colin Myers	Scott Pearson	Paul Pielage	Drew Richardson
Andrew Singer	Mark Smith	Janet Talbot-Stern	James Taylor
Mark Webb	Michael Westmore	Gary Wilkes	Alan Yuen

3. OBSERVERS

The official observers were Doctors:

David Lightfoot	(as part of mandatory training for the Court of Examiners)
Justin Yeung	(Site organizer 2005.2 Fellowship Exam)
Rod Ellis	(“ “)
David Richards	(“ 2005.1 “)
Don Liew	(Member SCE subcommittee FEC)
Gerard O'Reilly	(Member SCE subcommittee FEC)
Tony Bottrall	(DEMT Sandringham Hospital)

4. MULTIPLE CHOICE QUESTIONS

53 / 64 (82.8%) candidates passed the MCQ section of the exam. To achieve this a candidate has to pass 33 / 60 questions (55%). The mean score obtained was 37.3 / 60 (SD ± 54.6). The grade frequencies were:

Grade (/ 10)	Frequency (N)
10	0
9	0
8	4
7	11
6	21
5	17
4	11
3	0
2	0

5. SHORT ANSWER QUESTIONS

49 / 64 (76.6%) candidates passed the SAQ section of the exam. To achieve this a candidate has to pass 5 or more of the 8 questions with a total mark of at least 40 / 80. The grade frequencies were:

Grade (/ 10)	Frequency (N)
10	0
9	1
8	4
7	11
6	12
5	21
4	7
3	5
2	3

SAQ 1

You are notified by the Director of an Intensive Care Unit at another hospital about a 63 year old male who had recently presented to your emergency department with a large subarachnoid haemorrhage. He is now in the Intensive Care Unit with a poor prognosis. This patient had attended your department 48 hours earlier with the presenting complaint of “Headache”. He left the waiting room prior to being seen.

How would you manage this incident?

The overall pass rate for this question was 56 / 64 (87.5%).

Examiners expected that a good answer would include an acknowledgement of the complaint, a full investigation that covered potential human error issues (e.g. incorrect triage) as well as systems issues (e.g. access block), an assessment of the likely cause(s) and then some suggested action that

could follow from this. Risk management issues such as the medico-legal implications needed to be considered. Expected actions included education, process modification and some sort of ongoing monitoring. Failing candidates made the assumption that this was a human error without considering systems issues or vice versa, ignored the ICU Director as a complainant needing feedback, didn't notify anyone and didn't consider protocols or other preventive strategies.

SAQ 2

Discuss the role of adrenaline and vasopressin in cardiac arrest.

The overall pass rate for this question was 33 / 64 (51.6%).

It was expected that a good answer would explain the current place of both drugs in resuscitation guidelines but with an appreciation of the limited evidence for the efficacy of either. As a discuss question a solid list of pros and cons was expected with this being a good opportunity to discuss some of the quality of evidence issues. Failing answers lacked pros and cons, had limited detail and made incorrect assertions regarding the role of the drugs.

SAQ 3

You are working in a large regional emergency department. You receive a telephone call from a doctor at a small community hospital two hours away by road. This doctor is a general practitioner with limited emergency experience. He asks for advice regarding an 18 month old boy who presented with fever, pallor and stridor. Despite intramuscular and nebulised steroid the child has severe respiratory distress with stridor.

- a. Outline your advice to the referring doctor. (50%)
- b. Outline the arrangements you would undertake to transfer this child. (50%)

The overall pass rate for this question was 50 / 64 (78.1%).

Examiners considered this to be a "core business" aspect of FACEM training but found that many candidates showed no insight into arranging a transport in a rural setting (for instance sending a team including a paediatric anaesthetist and an ENT surgeon). It was expected a substantial part of the answer would cover guidance for the GP on appropriate treatment for the important differentials (especially croup and epiglottitis), summoning local resources and other preparation in readiness for transfer. In terms of the transfer it was expected that issues to cover would include mode of transport, team composition, communication, documentation and a low threshold for definitive airway management prior to transfer. Failing answers did not deal with these issues.

SAQ 4

A 24 year old woman presents to your emergency department two weeks following a backpacking holiday in South-East Asia. She now has had three days of fevers, as well as generalised weakness, anorexia and nausea.

Describe your assessment of this patient.

The overall pass rate for this question was 50 / 64 (78.1%).

The expectation was that candidates would divide their answer in to history, examination and investigation. Travel history needed to include a number of important elements including not just the destination but also prophylaxis, precautions and vaccinations. There needed to be an illness specific history taken including a sexual history. There were some features on examination that needed to be sought such as hepatosplenomegaly and rash, but in particular examination needed to seek signs of toxicity and severe sepsis. It was mandatory that investigations include those for malaria, hepatitis and a blood culture. Failing candidates took an inadequate travel history, did not consider the possibility of severe sepsis and didn't screen for malaria and typhoid.

SAQ 5

Discuss the investigations that could be used in the investigation of abdominal pain in a four year old child.

The overall pass rate for this question was 55 / 64 (85.9%).

The very broad nature of this question favoured those candidates who took a structured approach and began by spelling out the likely differentials in this scenario and the broad issues in test selection such as cost, pain/distress and availability. Some tests were considered essential to discuss such as WCC, CRP, MSU, AXR, US and CT. Failing answers neglected these key tests, showed no concept of the discriminatory value of these tests, wasted time on irrelevant diagnoses in this child (e.g. pyloric stenosis) and didn't look at both the pros and cons of the tests.

SAQ 6

A 3 year old child is brought into the emergency department having ingested "at least 20" of her mother's iron tablets.

- a. Describe your assessment of this patient. (50%)
- b. Describe your management of this patient. (50%)

The overall pass rate for this question was 56 / 64 (87.5%).

Examiners noted that this was an uncommon problem but nevertheless is a "classic" that candidates should have expected and have been prepared for. They expected that assessment would include a risk assessment based on estimated ingested dose as well, expected toxicity based on levels and some sort of awareness of the stages of iron toxicity (the timing of the ingestion was not stated in the question). Management needed to be both the specifics of iron poisoning as well as the more general issues.

SAQ 7

A 45 year old male is brought into the emergency department having attempted to hang himself with a belt in his bedroom. On presentation, he has a Glasgow Coma Score of 7.

- a. Outline the potential complications of this presentation. (50%)
- b. Outline your management of this patient. (50%)

The overall pass rate for this question was 50 / 64 (70.3%)

The expectation was that the focus of the answer to question a) would be airway compromise but would include the risk of vascular problems (especially CNS damage related to venous obstruction). Cervical spine injury needed to be mentioned but mostly to highlight how unlikely this was. The management answer needed to focus on the urgent need for control of a (potentially difficult) airway and be specific to this patient. The major reason for failure was inadequate management of a potentially difficult airway.

SAQ 8

A 32 year old multiparous woman presents via ambulance with marked per vaginal bleeding following the precipitous delivery at home of her term infant 15 minutes previously. The infant is well and is under the care of the neonatal service. The ambulance service has been unable to establish intravenous access and her blood pressure is now unrecordable.

Outline your management of this patient.

The overall pass rate for this question was 51 / 64 (79.7%).

Examiners felt that the important issues to cover were early involvement of obstetric services, resuscitation with an awareness that coagulopathy may be present and O negative blood appropriate, alternative IV access sites, treatment of uterine atony with massage and oxytocics, and removal of the placenta. Failures related to limited attention being paid to the specific obstetric issues rather than the general resuscitation issues

6. VISUAL AID QUESTIONS

47 / 64 (73.4%) candidates passed the VAQ section of the exam. To achieve this a candidate has to pass 5 or more of the 8 questions with a total mark of at least 40 / 80. The grade frequencies were:

Grade (/ 10)	Frequency (N)
9	0
8	3
7	10
6	18
5	16
4	13
3	2
2	1
1	1

VAQ 1

A 60 year old man is brought to the emergency department with confusion, fever and a painful left leg. A photograph shows an oedematous, discoloured and blistered leg

- Describe and interpret the photograph. (50%)
- What further investigations would you perform in this man? (50%)

The overall pass rate for this question was 47 / 64 (73.4%).

Examiners expected a description of the leg and then an interpretation which took in to account the information provided in the stem. More than one differential needed to be offered. Investigations needed to consider not just the cause but also associated systemic problems like sepsis and rhabdomyolytic renal failure. Failing answers gave a poor description without any interpretation and simply listed investigations without any evidence of thought of their application to this patient.

VAQ 2

A 60 year old previously well woman presents to the emergency department with a 12 hour history of rapidly worsening fever, prostration and upper abdominal pain. Her urine was noted to be dark. BP is 120/70, temp 38 degrees C and pulse 120. Results show Hb 115, WCC 50.3 with 39.8 neutrophils, platelets 267, reticulocyte count 262, MCV 92, INR 1.0, ApTT 25.9, Fibrinogen 3.4, XDPs <0.5 and microurine is grossly red but with no RBCs and 10 white cells/HPF.

- Describe and interpret these results. (50%)
- List the likely causes. (50%)

The overall pass rate for this question was 32 / 64 (50%).

Examiners expected that an answer would be more than just listing back the results stated. Interpretation needed to highlight the presence of haemolysis, markedly elevated WCC and normal coagulation. Failing answers did not deal with these aspects or gave prominence to possible causes that were not consistent with the clinical scenario presented.

VAQ 3

A 25 year old man is brought to the emergency department complaining of chest pain for 48 hours. His ECG shows widespread ST segment changes.

- a. Describe his ECG. (50%)
- b. List the possible causes. (50%)

The overall pass rate for this question was 55 / 64 (85.9%).

Examiners expected that description would highlight that the ECG was typical for an AMI but in a patient of an atypical age. The description should have included relevant negative findings and be done in a systematic manner. Failing answers had inadequate descriptions, didn't mention AMI or focused on diagnoses not supported by the ECG (e.g. WPW syndrome).

VAQ 4

This 24 year old female presented to the emergency department complaining of painful lumps and redness confined to her lower legs which had developed over the last two weeks. The photograph shown of the lower legs is typical of erythema nodosum.

- a. Describe and interpret the photograph. (30%)
- b. List the likely etiological factors which may cause this condition. (70%)

Overall pass rate for this question was 51 / 64 (79.7%)

The examiners felt this question tested general dermatological knowledge as the stem and picture left little doubt about the diagnosis. Nevertheless the description should have included important negatives and normal features. More testing was the list of aetiological factors, which need to be categorized and prioritized. Failing answers gave limited description and interpretation and were only able to offer a very limited list of etiological factors.

VAQ 5

An 82 year old man presents following a fall in the shower. He is complaining of a painful left shoulder. An X-ray has been taken. The X-ray reproduced shows a dislocated shoulder.

- a. Describe and interpret the X-ray. (50%)
- b. What are the potential complications of this injury? (50%)

The overall pass rate for this question was 57 / 64 (89.1%).

The expectation was that candidates would comment on the view and identify this as an oblique view which clearly demonstrated an anterior dislocation. Better answers identified the associated Hill Sachs deformity. Failing answers did not address these issues or would not commit to the anterior dislocation without a second view. Some misinterpreted the coracoid as a glenoid fracture. The expectation was that potential complications would include both early and late and consider not only direct fracture complications but also iatrogenic and social. Failing candidates did not adequately cover these issues or listed a whole series of orthopedic complications many of which were unlikely or unheard of with this particular injury.

VAQ 6

A previously well 3 year old girl is brought to the emergency department by her parents following a fall from play equipment at home. She has injured her left leg. An X-ray has been taken. The X-ray shown is of a mid shaft fracture of the femur.

- a. Describe and interpret the X-ray. (30%)
- b. Outline your management. (70%)

Overall pass rate for this question was 60 / 64 (93.8%).

Examiners sought a high standard for what was considered a straight forward question. It was expected that the description would be comprehensive giving a clear description of all aspects of the deformity and given the force required at least raise a suspicion of NAI. Although the focus of the management section needed to be the fracture itself general issues such as basic resuscitation, maintaining temperature, parental involvement/engagement and dealing with NAI should have been covered. The fracture specific issues included monitoring/treating for neurovascular compromise, pain relief including femoral nerve block and traction/splinting.

VAQ 7

A 19 year old football player presents to the emergency department complaining of abdominal pain following a tackle during a match 5 days previously. A CT scan has been performed. The CT shows evidence of splenic trauma.

- a. Describe and interpret the CT scan. (30%)
- b. Outline your management of this patient. (70%)

Overall pass rate for this question was 52 / 64 (81.3%).

Examiners expected a comprehensive description of the splenic injury. Given that the majority of the marks were allocated to the management it was expected that more than just basic resuscitation be described. In particular options were expected given that patient factors (e.g. shock, informed preference) may be dominant in formulating a management plan. Failures were due to making an incorrect diagnosis or omission of several major management issues.

VAQ 8

A 32 year old man has been hit in the “groin” with a cricket ball the previous evening. He is complaining of a painful and swollen scrotum. The photograph shows scrotal, inguinal and upper thigh haematomas.

- a. Describe and interpret the photograph. (50%)
- b. List the potential complications. (50%)

Overall pass rate for this question was 49 / 64 (76.6%).

The examiners expected that the description would include an accurate account of the nature and extent of the bruising/swelling. In particular it needed to be clear that testicular trauma including rupture was possible. The most important complication expected was that of infertility. Failing answers did not mention this possibility or that of other serious testicular/spermatic injury.

7. CLINICAL EXAMINATIONS

These were held in Melbourne on Saturday October 23rd and Sunday October 24th.

Clinical exam coordination was by Gim Tan assisted by Gerard O’Reilly at The Alfred site and that at Monash Medical Centre by Ian Summers. Short and long cases on the Saturday were split roughly evenly between the two sites while the SCEs, examiners meeting and post exam function were held at the Alfred. A total of 54 candidates were invited to the clinical section.

7.1. LONG CASES

49 / 54 (90.7%) passed the long cases. The pass mark is 5/10. The grade frequencies were:

Grade (/ 10)	Frequency (N)
9	1
8	9
7	12
6	15
5	12
4	5
3	0
2	0

7.2. SHORT CASES

45 / 54 (83.3%) passed the short cases. The pass mark is a mark of 5/10, which can be obtained by passing 3 cases with an aggregate of 15-18/40 inclusive or at least 2 of 4 cases with an aggregate of 19/40 or more. The grade frequencies were:

Grade (/ 10)	Frequency (N)
8	3
7	3
6	18
5	21
4	9
3	0

7.3. SCEs

51 / 54 (94.4%) passed the SCEs. To pass, a candidate needs to score 30/60 and pass at least 4 stations. The grade frequencies were:

Grade (/ 10)	Frequency (N)
10	3
9	7
8	3
7	23
6	6
5	9
4	2
3	1
2	0

SCE 1

A 6 month old baby is brought to your department by ambulance with a seizure. On arrival you note that the baby's left arm is jerking and his eyes are deviated to the left. His observations are: HR 148, RR 60 (grunting), capillary return 4 seconds (with cool & mottled peripheries) and temp 35.2°C (rectal). The infant's accompanying parents state that their child has been unwell for the last 5 days with a cough and a runny nose, and is being treated by the GP with antibiotics for a chest infection. The baby was noted to be lethargic and reluctant to feed the previous evening.

- Outline your choice of drugs and doses for termination of the seizure.
- The child has stopped fitting. Describe your management of the infant now.
- What investigations will you order and why?
- CT scan shows a small acute on chronic subdural haematoma with no midline shift. The child remains stable. Describe your further management.
- With regards to the possibility of NAI, outline what further actions are required.

Overall pass rate for this question was 48 / 54 (88.9%).

Examiners noted that the commonest reason for failing was neglecting to take a blood sugar reading, which was felt to be mandatory. Other candidates neglected the important issues of ongoing supportive care required as part of the fourth question.

SCE 2

Two days previously a 24 year old male bicyclist was managed in your emergency department by an emergency registrar. He was treated for a distal left forearm fracture following a fall from his bicycle. He was managed with a plaster cast and was scheduled for follow-up in a fortnight. Yesterday, he re-presented to the emergency department complaining of increasing left forearm pain. On that occasion he was seen by a junior doctor and discharged home with increased analgesia. The patient has presented again today complaining of more severe left forearm pain.

- What are the possible differential diagnoses for this patient's increasing limb pain?
- This X-ray is from the day of injury. What problems are apparent? (the X-ray shows a Monteggia fracture/dislocation).
- What would be the signs and symptoms of compartment syndrome in this patient's left forearm?
- You diagnose a compartment syndrome of his forearm. What is the appropriate management of the compartment syndrome?
- The patient has a missed injury, what injuries need to be addressed?

Overall pass rate for this question was 45 /54 (83.3%).

Examiners noted that the most challenging questions and those that therefore produced the most failures were those that related to the X-ray interpretation, the differential diagnosis of limb pain with a plaster cast present and the management of compartment syndrome. Strong candidates made obvious their knowledge in each of these areas.

SCE 3

A 25 year old woman presents with her partner. She states that she fell at home. She states she is 4 months pregnant, and has two children at home. Her sole complaint is of right sided facial pain. You observe that she is rather withdrawn and has marked localized, right sided, periorbital swelling & bruising. There are no lacerations.

- Describe your examination of this patient with respect to her facial injury.
- Please interpret her X-rays (shows an infraorbital floor fracture with fluid in the maxillary antrum).
- You diagnose an uncomplicated infraorbital fracture. Assuming there are no other issues to address how would you manage this injury?
- You identify the possibility of domestic violence. Outline your approach to this.
- Because of your concerns you wish to interview the patient in private. Her partner appears reluctant to leave her alone. How do you deal with this situation?

Overall pass rate for this question was 46 / 54 (85.2%).

Examiners noted that some candidates struggled with the interpretation of the plain X-rays being more used to CT. The consultant level issues lay mostly with questions 4 and 5 where candidates could demonstrate familiarity and a practical approach to dealing with domestic violence.

SCE 4

A 40 year old woman presents to the emergency department with two days of fever and gradual onset of moderately severe thoracic pain. Associated symptoms include myalgia and lethargy. There is no history of trauma. She underwent a mastectomy for breast cancer 3 months previously and has been undergoing chemotherapy and radiotherapy at your hospital. On examination you note

tenderness over the mid-thoracic vertebrae. Her vital signs are: 38.5°C, HR 90, RR 20, BP 120/80 and SpO₂ 98% (on room air)

- What differential diagnoses do you consider for her back pain?
- What investigations would you perform and why?
- Describe her FBE results (Hb 81/Plats 160/WCC 0.7/Neut 0.4)
- In light of her FBE result what is the key management issue now?
- What factors do you consider when choosing antibiotics for this patient?
- The patient states that she has been told she has secondary cancer in the spine. She requests that a “Not for Resuscitation” order be included in her file. What issues do you consider in relation to her request?

Overall pass rate for this question was 50 / 54 (92.6%).

The examiners noted that the most testing parts of this SCE were questions 5 and 6 which probed consultant level issues and where candidates could show their opinions and maturity of approach. Failing candidates struggled on these 2 questions.

SCE 5

A twenty five year old man presents to your emergency department complaining of right sided chest pain since lifting something heavy at work. He is mildly distressed by pain and breathlessness. He tells you he has a past history of two spontaneous pneumothoraces, one Right and one Left. His vital signs are: HR 90, BP 105/80, RR 22, SpO₂ 98% (room air).

- What additional history will be important?
- His CXR shows a large pneumothorax. Discuss the options for treatment.
- You ask the junior registrar to place a chest tube. The patient is very anxious. What drugs do you advise for anaesthesia and analgesia?
- What will you do once the tube is placed?
- This is his post procedure CXR. Describe your findings (shows a persisting pneumothorax with a malpositioned tube).
- What is your management now?

Overall pass rate for this question was 53 / 54 (98.1%).

The examiners noted that this SCE had a very high pass rate. They felt the most testing question was the one on discussion of pneumothorax treatment options and they noted that for this question they expected much more than a list.

SCE 6

It is 0750 hours on a weekday at your urban emergency department. You have just commenced day shift as the duty consultant when you are asked by the night registrar to help manage a newly arrived 60 year old male patient. He was brought in by ambulance after collapsing at home. He has no symptom of chest pain. His past history includes an anterior ST elevation myocardial infarct (STEMI) 2 weeks ago, which was treated at your hospital. His observations are: Pale. GCS 15 (drowsy but orientated), BP 90/55, SpO₂ 99% (6 LPM). Attached is a copy of his ECG on arrival in the emergency department (shows an irregular narrow complex bradycardia with Q waves and ST elevation in V1-V5).

- Please describe and interpret his ECG.
- What are the possible causes for this arrhythmia in this man?
- This is his ECG from 1 week ago, taken at the time of discharge from hospital. Describe and interpret this ECG. (shows recent anterior AMI in sinus rhythm)
- How would you prepare the patient prior to intubation?
- Discuss immediate treatment options to improve his haemodynamic status.

- The patient now stabilizes with treatment. It is now 0830 and all morning staff have arrived. How would you organize handover to the day staff?

Overall pass rate for this question was 49 / 54 (90.7%).

Examiners found that candidates struggled most often with the ECG interpretation (especially as the first ECG had been given outside the room) and the discussion on management options for which they expected a sophisticated response.

8. SUMMARY PASS RATES

MCQ	53 / 64	(82.8%)
SAQ	49 / 64	(76.6%)
VAQ	47 / 64	(73.4%)

54 / 64 passed 2 or more sections and were invited to the clinicals

LC	49 / 54	(90.7%)
SC	45 / 54	(83.3%)
SCE	51 / 54	(94.4%)

At the examiners meeting of the 54 candidates at the clinicals

- 49 candidates passed automatically
- none were discussed
- meaning 49 / 54 (90.7%) of those invited to the clinicals passed.

So the overall pass rate was 49 / 64 (76.6%)

9. RECOMMENDATIONS/ISSUES FROM THIS EXAM

- A longer interval will be made between the first and subsequent bands of SCEs to allow examiners more time for discussion and to write meaningful individualized feedback comments. This candidate specific feedback has the potential to be most useful.
- Using sufficient examiner pairs to ensure that the Short Cases can be completed by 1700 as was done for this exam should now become the norm. This has advantages both from the point of view of examiner fatigue and more importantly patient fatigue for our short and long cases who so kindly give their time.
- The use of “cold cases” in both the longs and the shorts is firmly established. Any possible disadvantages in using such cases in terms of the material examined is more than outweighed by the benefits to the candidates (lucid and informed patients) and the site organizers (ease of patient movement and less demand on the hospital).
- Site organizers will be specifically instructed that the rooms used for the post exam meeting and function need to be of sufficient size to accommodate what is now a very predictable number of examiners and candidates.
- Sound insulation and candidates being able to overhear examiner comments has intermittently been flagged as an issue. To some extent this is dictated by the venue, nevertheless careful consideration needs to be given to which rooms are used, where examiners are placed, where candidates are seated, where observers stand and examiner speech volume.
- SCE design should increasingly and consciously push consultant level issues earlier in each SCE to allow these issues to be explored in each SCE for each candidate.

10. ACKNOWLEDGMENTS

Our Fellowship exam is a huge logistical undertaking and the effort required in running it should not be underestimated. While acknowledging the help provided by all of the many doctors, nurses, clerical staff and orderlies in running the exam I would like in particular to thank Drs Gim Tan, Gerard O'Reilly and Ian Summers for their work as the site coordinators.

I would also like to thank Gabrielle Whiting and Jenny Holden for their meticulous and tireless help with planning the exam at the College secretariat level and Jenny Freeman for her support at the clinical exam itself.

Ian Rogers FACEM
Chair, Fellowship Examination Committee