



COSECSA FCS Examination in Urology – Harare, Zimbabwe, December 2024

Mary Brown, Steve Payne and Suzie Venn travelled to Harare at the end of November for the COSECSA Fellowship exam (FCS ESCA), departing from Glasgow, Manchester and Heathrow respectively. Charles Mabedi, from Lilongwe, had taken over as the chief urological examiner, Mary and Suzie were to become part of the examiner cohort and Steve was the COSECSA appointed external examiner.

Online visas were available for entry into Zimbabwe, and something useful to know is that if you are moving between Zimbabwe and Zambia then a [KAZA UNIVISA](#), costing \$50, allows multiple entries through both countries. This is useful if you intend to visit Victoria Falls whilst in the region; a KAZA visa also allows day trips into Botswana and can be paid for in advance of arrival at the Zimbabwean border. Having the paperwork for a visa is very useful and facilitated some mistaken identity issues Steve experienced when he arrived at Robert Mugabe International airport.

Once through immigration the COSECSA team were waiting for examiners and arranged transport for them from the airport to the hotel. All the UK team were staying at the Rainbow Towers Hotel in central Harare, which was bustling with examiners, many of them old friends, for [all the surgical disciplines for which COSECSA Fellowships were being examined](#). A fellowship facilitates cross-border working but is not a necessity for employment in an individual state.

A welcome briefing was held by the COSECSA chief examiner to outline the purpose and scope of the COSECSA FCS exams relevant to all specialties. This outlined the methodology to make the clinical assessments, the open marking structure, mark recording techniques (paper and computer-based), and mark collation.

Questions were to be delivered in a standardized format and there were certain stipulations about how the exam would be conducted.

Examiners were to

- Exclude themselves from examining candidates they knew or had worked with
- Examine in pairs
- Introduce themselves and check candidate identities
- Have circumscribed timings for their assessment
- Mark independently without collusion

The format of the assessment was to comprise

- 6 OSCE stations of 20 minutes each
- 2 viva stations of 30 minutes each

As with the UK JCIE exam, the expected standard was that of a day 1 consultant in the specialty

Examiners were urological specialists who had been in post for more than 5 years and had observed at least 2 previous FCS exams.

The process for the exams had started months before arrival in Harare, and Charles had done a fantastic job in working out the content of the exam and arranging the examiners so that candidate's knowledge of a broad range of urological topics could be assessed from the [COSECSA syllabus](#). Entry for the clinical exam is by submission of a logbook, and trainer approval, in the 3 consecutive years after completion of specialist training in urology; the length of that training varies between 3 and 5 years, dependent upon the country.

Written exams

9 candidate had applied for this diet and undertook two 60-question 4-part MCQ papers in September 2024. A rigorous Angoff standard setting exercise was undertaken, virtually, by 6 examiners and a pass mark of 6.23 was ascribed to the assessment. 5 of 9 candidates passed this mark and were approved to attend the oral examinations.

Clinical exams

The chief urological examiner held a standard setting meeting on 01/12/2024 and had constructed a pre-prepared scenario-based assessment in the absence of supporting

clinical cases. These were discussed and their content agreed at a level judged to reflect the expected standard.

The OSCE stations are show in table 1.

OSCE Station	Subject matter
1	Bilateral renal stones. Septic on admission. Management of sepsis in the acute phase, and the stones in the medium term
2	12 cm kidney cancer. Discuss diagnosis and management
3	Metastatic prostate cancer with cerebral Metastases. Discuss hormonal and other treatments. Manage raised Ca ⁺⁺ .
4	Undescended testicle aged 3. Management. Lap & Mx. Age of orchidopexy and why.
5	Ureteric injury 3 days post hysterectomy. Not septic. Type of incontinence. Dye test. Diagnostic Imaging. Surgical management.
6	Mid bulbar STI stricture with LUTs. RUG. DIVU vs reconstruction and why

Table1. Urology OSCE station

The vivas were to contain questions pertaining to basic science and emergencies in urology in the first viva, and technology and principles of surgery in the second. Each viva, therefore, contained 4 questions, each segment lasting 15 minutes.

Basic science	Emergency
Pharmacology of sildenafil	Penile fracture with significant haematuria
PSA and tumor markers in urology	Post TRUS Bx sepsis. Resistance/abscess
Technology	Principles of surgery
Ultrasound and how it works	140cc BPH. Open prostatectomy
Urinalysis: RBCs, WBCs and nitrites	Consent for vasectomy

Table 2. Urology viva stations

Examiners were transported from the hotel through dense traffic to Parirenyatwa hospital on the 2nd of December. Assessments were made on wards where other FCS disciplines

were also being examined, and clinical activity was continuing. Wi-Fi access was variable dependent on location.

5 candidates, from 3 countries, presented for the assessment. 15 examiners, from 7 countries, were used on the day and there were 9 observers. Examiners were paired to achieve a balance of experienced assessors combined with newer examiners and ascribed stations appropriate to their clinical expertise. Countries of examiner origin were also mixed up, and a cohort of examiners were kept in reserve. Assessments of examiner performance were made by the external examiner using methodology like the UK JCIE examiner assessment descriptors.



Suzie and Mary examining in the OSCEs.

There was a break after the OSCE exams for lunch. Unfortunately, there was a one-and-a-half-hour break until lunch was available and, as examiners ate before the candidates, this

meant that the afternoons examination didn't start until two hours after the OSCEs had finished. At the end of the day there was an examiner's feedback meeting. There was much praise for Charles's organization and its effectiveness in efficient running of the exam. There was a discussion about the use of clinical cases and a large proportion of the examiners present felt the need for candidates to demonstrate non operative technical skills (NOTS) in an examination setting was not required. Indeed, there was an opinion that the examination could have been carried out in a hotel environment; this would have obviated the need for transfer to a hospital and was not felt would have any detrimental impact upon the quality of the assessment.

A question writing workshop was constituted the day after the exam which was taken as an opportunity to brainstorm new MCQs and clinical scenarios. This was an effective contribution from a small number of examiners to exam development.

All five candidates passed the oral assessments (mean mark 72.65%, range 68.24% - 78.82%) and were informed of the result the day after the exam, to allow graduation the following morning (Table 3). Nakavizya Janet Nshinka, won the gold medal for the best overall performance in the written and clinical tests. The results are an indictment of the standard of training Nakavizya, and the other candidates, had received.

Exam No	Total clinical	Total viva	Total clinical and viva	Total available	%	Remarks
URO001	254.00	210.00	464.00	680.00	68.24	Pass
URO002	258.00	236.00	494.00	680.00	72.65	Pass
URO003	280.00	256.00	536.00	680.00	78.82	Pass
URO004	270.00	214.00	484.00	680.00	71.18	Pass
URO005	264.00	228.00	492.00	680.00	72.35	Pass

Table 3. Urology FCS 2024. Results of the clinical exams by candidate.

In general, examiner performance was satisfactory with some minor issues around introductions, candidate identity checking and sticking to the attributed timing for each scripted scenario

Overall, the exam was extremely well constructed, and delivered, by the chief urology examiner and his team. The assessment was fair, appropriate to the standard expected and the examiners were, in general, consistent in their approach. The introduction of a NOTS logbook would obviate the need for a clinical exam in a hospital setting, which could have considerable logistic and cost benefits for COSECSA and would avoid, possibly, the worst traffic chaos we have ever experienced! An extremely encouraging observation was the number of younger examiners in training and their gender. This means that, for the future, there is a ready supply of assessors to maintain standards and, consequently, the quality of specialist surgical provision for the College.



Examiners and assessors for the 2024 FCS in urology outside Parirenyatwa hospital

As ever, there were some memorable social events, including an informal urology dinner, organized by Chris Samkange, under canvas, when we were treated to typical Zimbabwean food, and hospitality, under a warm clear sky. This was followed by a more formal ‘examiner’s dinner, the following night. Of note was a particular guest, in the shape of Christine Evans, one of the early Urolink chairs and a retired consultant from Rhyl in North Wales. Although less mobile than in the past, Christine’s spark and enthusiasm for the exam, she had helped set up back in the early 2000s, was undeniable. It was a pleasure to see her!



Christine 'holding forth' to Charles Mabedi and Hope Mulinga



Harare was a great venue for making the short flight to Victoria Falls separate from the Urolink trip. Mary did this as an overnight stop, and Steve over two days. Sadly, global warming has significantly reduced water flow down the Zambezi over the last three years, and even though this was the beginning of the rainy season water levels were very low. However, the experience was supreme with large amounts of wildlife being seen, and with beautiful surroundings and lovely weather (even though this did peak at 42°C)!

