Common Selection Examination for Surgical Specialties

Eligibility criteria to sit for the common selection examination

A candidate should:

1. Hold a medical degree registered with the Sri Lanka Medical Council
2. Complete an internship recognized by the Sri Lanka Medical Council
3. Complete one year work experience in Sri Lanka, after internship
4. Have 6 months of surgical experience (Surgery or Obstetrics and Gynaecology) at pre-registration House Officer or Senior House Officer level
5. Produce a medical certificate from a consultant physician, indicating general mental and physical fitness and to comply with any other PGIM regulations.
6. If a trainee develops a health condition which would compromise his/her ability to train and function as a surgeon, it is his/her responsibility to duly notify in writing of such conditions to the PGIM.

The format of the Common Selection Examination

The Common Selection Examination shall consist of two components

a) MCQ paper
b) OSCE component

a) MCQ Paper

The MCQ paper shall test the knowledge and its application of candidates, in order to pursue training in the surgical subspecialities. A wide range of topics will be tested, with the level of knowledge expected at the Final MBBS.

There shall be two parts in the MCQ paper.

Part 1 – Basic Sciences

Type of questions - Multiple True /
FalseNumber of questions – 60
Marking – 5 marks per question. Negative marks for wrong answers. Negative marks of a question will not be carried forward (minimum mark for a question shall be 0)
Total marks - 300
Duration - 180 minutes

Part 1 of the MCQ paper will cover the following topics.

- Anatomy (basic and applied) – (20 MCQs)
- Physiology (basic and applied) – (15 MCQs)
- Pathology (basic and surgical) – (15 MCQs)
- Pharmacology (as relevant to surgery) - (5 MCQs)
- Clinical microbiology (as relevant to surgery) – (5 MCQs)

Part 2 – Principles of Surgery

Type of questions - Single Best
ResponseNumber of questions – 50
questions
Marking – 3 marks for correct
answersTotal – 150 marks
Duration - 90 minutes

Part 2 of the MCQ will cover the following topics.

Core principles of Surgery – (30 MCQs)

- Principles of safe surgery
- Pre-operative preparation

- Surgical wounds
- Wound healing
- Assessment of the surgical patient
- Perioperative management
- Coagulation
- Use of antibiotics
- Nutritional management
- Fluid balance and blood products
- Metabolic and endocrine disorders
- Sepsis
- Patient safety – issues
- Organ and tissue transplantation – basic principles, brain stem death
- Evidence based practice
- Ethics
- Clinical Governance

Trauma care (principles) – (10 MCQs)

- Assessment and initial management
- ATLS principles
- Triage
- Burns – classification and principles of management

Critical care – Principles (5 MCQs)
Imaging in surgery (3 MCQs)
Statistics and research methodology (basics) (2 MCQs)

Pass criteria for the MCQ paper

In order to pass the MCQ component, a candidate shall obtain,

I. a cut-off mark defined through a standardization process (e.g. Angoff technique) with a minimum mark being 50% of the cumulative marks (a minimum mark of 225 out of 450 marks) available for the MCQ paper (Both part 1 and part 2)
II. a minimum of 50% of the marks (a minimum mark of 150 out of 300 marks) available for Part 1 of the MCQ paper.
III. a minimum of 50% of the marks (a minimum mark of 75 out of 150 marks) available for Part 2 of the MCQ paper.

Candidates passing the MCQ paper shall be eligible for the OSCE component of the exam.

b) Objective Structured Clinical Examination (OSCE)

Number of stations – 12 (6 each for knowledge and skills)
Time allowed per station – 10 minutes (1 minute for preparation and 9 minutes to complete)
There shall be **two examiners** at each stationThe two examiners will mark independently

The assessment will be grouped under the **following domains**

- Knowledge and its application
- Clinical and technical skill
- Professionalism – decision making, problem solving, situational awareness and judgement, organization, planning and patient safety
- Communication – terminology, clarity, empathy, gestures, etc.

Each OSCE station may test **two or more of the domains listed above**.

Format of OSCE stations

Knowledge (6 stations) – These stations shall be scenario-based under the following areas.

Surgical anatomy (2 stations)
Surgical pathology (2 stations)
Clinical Physiology / Critical Care (2 stations)

Skills (6 stations) – The skills assessed will be at the level of the Final MBBS under following areas.

Communication (2 stations)
History taking
Information giving – to a patient (e.g., consent) Information giving – to another health professional
Data interpretation (written/visual information) (2 stations)
Medical duties (1 station)
Filling of forms (Specimens/ Requests for imaging/ Diagnosis), Operation notes
Procedures (1 station) – The station will assess procedures expected from a surgical HO
e.g., Skin suturing, local anaesthesia, catheterization, IV cannulation, insertion of NGtube, Endotracheal intubation etc.

Marking of the OSCE component

- Each station shall be marked out of 20
- Marking shall be based on the domains tested
  e.g., A station on Skin Suturing could test the following domains (Scenario – a40-year-old man with diabetes presenting with an accidental cut injury on hisforehead)
  - knowledge – of types of sutures, needles, selection of instruments
  - skill – dexterity of handling the instruments
  - professionalism – care for sharps, consent

    - Communication – clarity of explanations etc.
- An average of the marks given by both examiners is considered for a station
- If there is a discrepancy of 4 or more marks, the two examiners should discuss and minimize this to a difference less than 4 (with the concurrence of the chief examiner)
- In addition to the marks given for each station, a global mark as described in table 1 shall be given for each station. This will be utilized to determine a standardized pass mark for each station.
- If there is a discrepancy of more than 1 in the global mark given, the two examiners should discuss and minimize this to a difference of 1 or less (with the concurrence of the chief examiner)

Table 1 : Description of the global mark

Global Mark	Descriptor
1	Fail
2	Borderline
3	Pass
4	Good pass
5	Excellent Pass

Pass criteria for the OSCE component

The pass mark for each station shall be determined following a statistical process of standardization (e.g. Borderline regression method).

The pass mark will be out of total available marks for the OSCE (240 marks).

The global mark will not be considered when determining the total available marks for the OSCE.

In order to pass the OSCE component, a candidate must achieve the following criteria.

I. Obtain an overall minimum pass mark as decided through the standardization process
II. Obtain a minimum global mark of 3 or more for at least 5 out of 6 stations assessing knowledge
III. Obtain a minimum global mark of 3 or more for at least 5 out of 6 stations assessing skills
IV. Obtain a minimum global mark of 2 for any station.

Final result of the Common Selection Examination

In order to pass the common selection examination, a candidate must fulfill the following criteria.

I. Pass the MCQ paper
II. Pass the OSCE component

Marks obtained from the MCQ and OSCE components shall equally contribute (A mark out of 100% from MCQ and a mark out of 100% from the OSCE) to the creation of the final merit list. General regulations and guidelines of the PGIM shall also apply in preparing the merit list.

Syllabus – Common Selection Examination in Surgery

1. Overview
2. Syllabus – concise
3. General Format
4. Comprehensive syllabus under each discipline

Overview

- A comprehensive syllabus has been defined for the common examination in surgery by the sub-committee for common selection exam in surgery, Board of study – Surgery, PGIM
- The syllabus covers the disciplines of:
    - Basic and Applied sciences
    - Principles of surgery
    - Basic clinical and procedural skills
    - Professionalism and communication skills
- The scope of competence is defined by the list of subjects and topics outlined under each discipline.
- We recommend that candidates read beyond the given syllabus where appropriate (i.e. peer scrutinized review articles) such that they can aspire to an excellent standard in surgical practice.

Syllabus – concise

Category	Topics
1. Basic and Applied Sciences	a. Anatomy (basic and applied) b. Physiology (basic and applied) c. Pathology (basic and surgical) d. Pharmacology (as relevant to surgery) e. Clinical microbiology (as relevant to surgery) f. Imaging (as relevant to surgery)
2.Principles of surgery	**Part 1: Core principles of Surgery** a. Principles of safe surgery b. Assessment of the surgical patient c. Pre-operative preparation d. Perioperative management e. Wound healing f. Use of antibiotics in surgery g. Infection control h. Nutritional management i. Fluid balance and blood products j. Coagulation k. Metabolic and endocrine disorders l. Organ and tissue transplantation m. Evidence based practice n. Statistics and research methodology (basics) o. Patient safety and Ethics
	Part 2: Principles of Critical and Trauma care a. Assessment and initial management in trauma b. Fractures c. Burns – classification and principles of management d. Soft tissue injuries e. Critical care

3.Basic clinical and procedural skills (Expected from a surgical intern officer)	a) Clinical assessment b) Data interpretation c) Procedural skills
4.Professionalism and Communication skills	Duties of an intern surgical house officer Information giving – to a patient (e.g., consent) Information giving – to another health professional

General format

Category	
General overview/Objective	
	Topics
Knowledge	
Skills	
Text books and other learning resources	

Comprehensive syllabus under each discipline

Part 1 – Basic and Applied Sciences	
General Overview/Objective	Acquire and demonstrate the ability to apply the basic sciences knowledge appropriate for the practice of surgery, under: - • Applied anatomy • Physiology • Pathology • Pharmacology • Microbiology • Imaging
	Applied Anatomy
Knowledge	Common and Important applied anatomical characteristics of the system/structure with relevance to: o Embryology o Location and relations o Constituent parts (Macroscopic and Microscopic) o Blood supply and lymphatic drainage o Innervation, course and distribution o When the structure is at risk, effects of injury, and common variants of clinical importance <u>Systems</u> o Nervous System o Skin & Subcutaneous system o Musculoskeletal System – Bones, Joints, Tendons, Ligaments, Skeletal muscle (Head and Neck, Vertebrae, Thoracic cavity, Pelvis, Upper limb, Lower limb) o Cardiovascular System - Heart and major vessels o Respiratory System o Gastrointestinal System - Alimentary canal including Mouth, Pharynx, Salivary glands and Peritoneal cavity o Liver and Biliary system including Pancreas o Renal & Urinary System o Male and Female Reproductive System & Breast

	○ Endocrine System (Hypothalamus, Pituitary gland, Thyroid gland, Parathyroid glands, Adrenal gland, Pancreas, adipose tissue) ○ Arterial and Venous and Lymphatic systems ○ Genetics
Text books and other learning resources	Sinnatamby C. (2011)- Last's Anatomy, Regional and Applied, 12th Edition. Churchill Livingstone Agur A,Dalley A. Grant's Atlas of Anatomy 15th edition
	Physiology
Knowledge	<u>General physiology</u> • Homeostasis • Thermoregulation • Nutrition, Metabolic pathways and abnormalities • Fluid balance and fluid replacement therapy • Acid base balance • Hemostasis <u>Physiology of specific organ systems relevant to surgical care</u> Cardiovascular System Endocrine System Gastro-intestinal System Neurophysiology Blood & Lympho-reticular System Respiratory System Renal and Urinary Tract
Text books and other learning resources	Barrett KE, Barman SM, Boitano S, Brooks HL. Ganong's Review of Medical Physiology, 26th edn. McGraw-Hill, 2019.

	Pathology
Knowledge	<u>General Pathology</u> Cell and tissue regeneration and repair Cell injury, cell death (Necrosis and Apoptosis) and adaptations Pathologic calcification (Dystrophic, Metastatic) Inflammation (Acute and Chronic) Wound and fracture healing Edema Hemorrhage and shock Coagulation, Thrombosis and Embolism Disseminated intravascular coagulation Innate and adaptive immunity Hypersensitivity reactions and types Amyloidosis Neoplasia and carcinogenesis Tumor immunity Atherosclerosis Aneurysms Vascular disorders <u>Pathology of specific organ systems relevant to surgical care:</u> Example: • Renal stones • Renal cell carcinoma • Inflammatory bowel disease • Colonic polyps and neoplastic disease

Text books and other learning resources	Kumar V, Abbas A, Aster J. (2020). Robbins and Cotran Pathologic Basis of Disease, 10th Edition, © Elsevier 2020
	Pharmacology
Knowledge	• Pharmacology (Pharmacokinetics, Pharmacodynamics, dose, side effects) and Safe prescribing of drugs used in the treatment of surgical diseases - analgesics, antibiotics, cardiovascular drugs, anticoagulants, respiratory drugs, renal drugs, drugs used for the management of endocrine disorders (including diabetes) • Pharmacology and safe administration of local anaesthetics • The principles of general anaesthesia
Text books and other learning resources	Rang.HP; Dale MM; Ritter JM; and Moore PK (2018). Rang and Dale's Pharmacology, 9th Edition, Churchill Livingstone
	Microbiology
Knowledge	• Surgically important microorganisms including blood borne viruses • Principles of infection and pathogenicity (Colonization, Biofilm, Commensals, Virulence and factors) • Preventing infection in surgical patients – asepsis and antisepsis (Cleaning, Disinfection, Sterilization, Skin preparation • Surgical site infections • Tuberculosis • Hospital acquired infections
Text books and other learning resources	Murray P, Rosenthal K, Pfaller M.(2020) Medical Microbiology, 9th edition, © Elsevier

	Imaging

Knowledge	Core knowledge of diagnostic imaging and interventional techniques
	• Imaging in general
	  ▪ Principles of imaging
	  ▪ Advantages and disadvantages
	• X –ray
	• Ultrasound
	• Computed tomography and MRI
	• Radionuclide imaging

Skills	Interpretation of basic imaging of common surgical conditions
Texts books and other learning resources	Abdullah ABM. (2015) Radiology in Medical Practice. 5th edition. © Elsevier India 2015

Category	**PRINCIPLES OF SURGERY** • **Part 1: Core principles of Surgery**
General overview/Objective	To demonstrate the relevant knowledge, skills and attitudes in applying the principles of surgery when assessing and managing a patient in a surgical setting.
Knowledge	Principles of safe surgery • Preparation of the surgeon • Principles of hand washing, scrubbing and gowning Assessment of the surgical patient • To demonstrate an understanding on assessment of a patient under the common surgical conditions (annexure 1) and be able to provide the relevant clinical care Pre-operative preparation • Cardiorespiratory physiology • Diabetes mellitus and other relevant endocrine disorders • Fluid balance and homeostasis • Pathophysiology of sepsis – prevention and prophylaxis • Thrombo-prophylaxis • Relevant Laboratory testing and imaging • Risk factors for surgery and scoring systems • Pre-medication and other pre-operative prescribing Perioperative management • Post-operative monitoring • Fluid and Electrolyte balance • Diabetes mellitus and other relevant endocrine disorders • Pathophysiology of blood loss • Pathophysiology of sepsis including shock • Post-operative complications in general • Methods of postoperative analgesia Wound healing and Surgical wounds • Classification of surgical wounds • Principles of wound management • Pathophysiology of wound healing • Scars and contractures

	Use of antibiotics • Common pathogens in surgical patients • Antibiotic sensitivities • Antibiotic resistance • Principles of prophylaxis and treatment Infection control • Local infection control protocols • Aware of the risks of nosocomial infections Nutritional management • Methods of screening and assessment of nutritional status • Pre and Post-operative nutrition • Metabolic response to injury • Methods of enteral and parenteral nutrition Fluid balance and blood products • Mechanism of haemostasis including the clotting cascade • Components of blood products • Principles of administration of blood products • Alternatives to use of blood products – Crystalloids/Colloid Coagulation • Clotting mechanism (Virchow Triad) • Effect of surgery and trauma on coagulation • Tests for thrombophilia and other disorders of coagulation • Methods of investigation for suspected thromboembolic disease • Prophylaxis of thromboembolism: • Risk classification and management of DVT • Knowledge of methods of prevention of DVT, mechanical and pharmacological • Principles of treatment of venous thrombosis and pulmonary embolism including anticoagulation Metabolic and endocrine disorders in relation perioperative management • Pathophysiology of thyroid hormone excess and deficiency and associated risks from surgery • Causes and effects of hypercalcaemia and hypocalcaemia

	• Complications of corticosteroid therapy • Causes and consequences of Steroid insufficiency • Complications of diabetes mellitus • Causes and effects of hyponatraemia • Causes and effects of hyperkalaemia and hypokalaemia Organ and tissue transplantation • Principles of transplant immunology including tissue typing, acute, hyperacute and chronic rejection • Principles of immunosuppression • Brain stem death • Tissue donation and procurement • Indications for whole organ transplantation Evidence based practice • To understand the results of research as they relate to medical practice • To use current best evidence in making decisions about the care of patients • Critically reviews an article to identify the level of evidence • Keeping up to date and understanding how to analyze information Statistics and research methodology (basics) • Differentiate audit and research and understands the different types of research approach e.g. qualitative and quantitative • Knows how to use literature databases Patient safety and Ethics • Clinical governance
Skills	Assessment of the surgical patient • To elicit a history that is relevant, concise, accurate and appropriate to the patient's problem. • To produce timely, complete and legible clinical records Pre-operative preparation • To assess the patient adequately prior to operation and manage any pre-operative problems appropriately. • To take informed consent for common surgical conditions

	• Interpretation of pre-operative investigations • Appropriate preoperative prescribing including premedication • To propose and initiate surgical or non-surgical management as appropriate. Peri-operative management • To manage patient care in the peri-operative period • Documentation of operation records • Assessment and monitoring of patient's condition • Administration of Post-operative analgesia • Detection of impending organ failure • Initial management of organ failure • Recognition, prevention and treatment of post-operative complications Fluid balance and Blood Products: • Appropriate use of blood products and fluid therapy • Management of the complications of blood product transfusion Coagulation • Recognition of patients at risk • Awareness and diagnosis of pulmonary embolism and DVT • Initiate and monitor treatment of venous thrombosis and pulmonary embolism • Initiation of prophylaxis Antibiotics: • Appropriate prescription of antibiotics Infection control • Performs simple clinical procedures whilst maintaining full aseptic precautions Nutritional management • Arrange access to suitable artificial nutritional support, preferably via a nutrition team including Dietary supplements, Enteral nutrition and Parenteral nutrition

	Patient safety and Ethics • Discusses risks of treatments with patients and is able to help patients make decisions about their treatment • Ensures the safe use of equipment • Acts promptly when patient condition deteriorates • Always escalates concerns promptly
Text books and other learning resources	Bailey & Love's short Practice Of Surgery 27th Edition

Category	**PRINCIPLES OF SURGERY** • **Part 2: Principles of Critical and Trauma care**
General overview/Objective	To safely assess and initiate management of patients following trauma or in critical/emergency situation and be able to prioritize management accordingly
Knowledge	Assessment and initial management in trauma • Scoring systems for assessment of the injured patient • ATLS principles • Major incident triage • Organ specific trauma Fractures • Classification and Pathophysiology of fractures • Principles of management of fractures • Complications of fractures Burns • classification and principles of management Wounds and soft tissue injuries • Principles of management of soft tissue injuries • Principles of management of traumatic wounds

	• Human and animal bites • Compartment syndrome Critical care • Pathogenesis and types of shock • Shock and cardiovascular physiology • Metabolic response to injury • Adult respiratory distress syndrome • Anaphylaxis • CPR
Skills	• Resuscitation and early management of a patient who has sustained traumatic injuries - according to ATLS guidelines • Referral to appropriate surgical subspecialties • Management of the unconscious patient • CPR • Initial management of burns • Prevention and early management of the compartment syndrome
Text books and other learning resources	ATLS guidelines, European resuscitation guidelines as relevant

Category	**Part 3:BASIC CLINICAL AND PROCEDURAL SKILLS**
General overview/Objective	Capacity to apply sound clinical knowledge and skills in carrying out medical duties expected by a surgical intern officer. The ability to perform manual tasks related to surgery which demands manual dexterity, hand/eye coordination and visual-spatial awareness.
	Topics
Skills	• Data interpretation (written/visual information) • Procedural skills – expected at a level of a surgical intern officer 1. Incision of skin and subcutaneous tissue: a. Ability to use scalpel b. Langer's lines c. Choice of instrument 2. Closure of skin and subcutaneous tissue: a. Accurate and tension free apposition of wound edges b. Options for closure 3. Knot tying: a. Range and choice of material for suture and ligation b. Safe application of knots c. Needle choice 4. Administration of local anesthesia a. Choice of anesthetic agents b. To safely administer appropriate local anesthetic agents 5. Urethral catheterization 6. IV cannulation 7. Insertion of NG tube 8. Endotracheal intubation
Text books and other learning resources	Myint F. (2018) Kirk's Basic Surgical Techniques. 7th Edition. © Elsevier 2018

Category	Part 4: PROFESSIONALISM AND COMMUNICATION SKILLS
General overview/Objective	Ability to assimilate information, identify what is important and convey it clearly; the capacity to adjust behavior and language (written/spoken) as appropriate to the needs of differing situations. Ability to actively and clearly engage the patient/ colleague(s) in open dialogue. Demonstration of effective judgement and decision making skills; the consideration of all appropriate facts before reaching a decision.
	Topics
Skills	• Communication skills o History taking and Physical examination o Time management and decision making o Clinical reasoning o Therapeutics and safe prescribing o Communication with patients (e.g., consent, breaking bad news) o Communication with colleagues • Medical duties o Filling of forms (Specimens/ Requests for imaging/ Diagnosis) o Documentation of Operative notes
Text books and other learning resources	Generic professional capabilities framework - GMC https://www.gmc-uk.org/.../generic-professional-capabilities-framework (As relevant)

Annexure 1

Common surgical conditions

Objective
To demonstrate understanding of the relevant basic scientific principles (described in Basic Sciences) and pathophysiology for each of these surgical conditions and to be able to provide the principles of relevant clinical care.

This module includes common surgical conditions under nine systems, affecting both adults and children, for which trainees need to be able to demonstrate understanding of the relevant basic sciences specified in Basic Sciences Module in order to provide the clinical care described in later Modules.

Gastrointestinal disease

Presentations	**Conditions**
Dysphagia	Common congenital anomalies
Vomiting	Benign and malignant diseases of the GI tract
Abdominal pain	Perianal conditions
Dyspepsia	Benign and malignant disease of the liver, gall bladder, pancreas, and spleen
Abdominal mass	Abdominal wall hernia and stomas
Abdominal distension	Acute abdominal emergencies including obstruction, peritonitis and perforation of a viscus.
Change in bowel habits	Acute presentation of gynaecological pathology relevant to surgery
Intestinal obstruction	
Upper and lower GI haemorrhage	
Anorexia and weight loss	
Jaundice	

Breast disease

Presentations	**Conditions**
Mastalgia	Benign and malignant breast disease
Breast lump	Breast abscess
Nipple discharge	
Gynaecomastia	

Vascular disease

Presentations	**Conditions**
Intermittent claudication	Common congenital anomalies
Ischaemic rest pain	Chronic occlusive arterial disease of cerebral, mesenteric, renal and limb arteries
Gangrene	Embolic and thrombotic arterial occlusive disease
Acute limb ischaemia	Diseases of the veins and lymphatics
Chronic leg ulceration	Vascular and neuropathic consequences of diabetes
Varicose veins	Abdominal and peripheral arterial aneurysms

Swollen limb	Amputations and rehabilitation
Pulsatile abdominal mass	
Transient ischaemic attacks	

Cardiovascular and pulmonary disease

Presentations	**Conditions**
Breathlessness with leg swelling	Common congenital anomalies
Chest pain	Coronary heart disease
Cough and haemoptysis	Diseases of the heart valves
Cardiac arrhythmias and murmurs	Cardiac failure
	Benign and malignant lung disease including: • obstructive airways disease • restrictive lung disease • acute and chronic respiratory infection • bronchial carcinoma

Genitourinary disease in males and females

Presentations	**Conditions**
Loin pain	Common congenital anomalies
Haematuria	Genitourinary malignancy
Lower urinary tract symptoms (painful micturition, frequency)	Urinary calculus disease
Urinary retention	Urinary tract infection
Renal failure	Benign prostatic hyperplasia
Scrotal swellings	Obstructive uropathy and urine diversion
Testicular pain	Testicular tumours and benign scrotal swelling
Penile pathology	Phimosis, penile ulcers and carcinoma

Trauma and orthopaedics

Presentations	**Conditions**
Traumatic limb and joint pain and deformity	Common congenital anomalies
Chronic limb and joint pain and deformity	Fractures and joint dislocations
Back pain	Degenerative and inflammatory joint disease
	Bone and joint infection
	Compartment syndrome
	Spinal nerve root entrapment and spinal cord compression
	Primary and metastatic bone cancer
	Metabolic bone disease
	Common peripheral neuropathies and nerve injuries

Diseases of the skin, head and neck

Presentations	**Conditions**
Skin lesions	Benign and malignant lesions of the skin including mouth, tongue and ear
Palpable neck lumps	Common congenital anomalies
Lesions of the oral cavity	Benign and malignant conditions of salivary glands

Upper airway obstruction	
Ear pain and hearing loss	

Neurology and neurosurgery

Presentations	**Conditions**
Headache	Common congenital anomalies
Facial pain	Space-occupying lesions from bleeding and tumour
Visual impairment	Cranial and peripheral nerve palsies
Confusion and memory loss	General features of cerebral abscess and meningitis
Acute motor or sensory impairment	Stroke and transient ischaemic attacks
Coma	

Endocrine disease

Presentations	**Conditions**
Thyroid nodules and goitre	Common congenital anomalies
Acute endocrine crises	Benign and malignant thyroid and parathyroid disease
	Adrenal gland disease
	Diabetes

Diseases of the Lymphoreticular system

Presentations	**Conditions**
Lymphadenopathy	Benign and malignant tumours
Hepatosplenomegaly	Immunosuppression

BOM Approved - 03.09.2022
Senate Approved - 28.09.2022

Counting the Number of Attempts at the Common Selection Examinations for Surgical Specialties and Dental Surgery

The Board of Management decided to count the number of attempts at all common Selection Examinations as follows.

- For those who have sat Selection Examinations in the relevant individual specialties of a particular common SE previously (eg. SE in Surgery or SE in Ophthalmology) the number of attempts at the exam of which the candidate has sat the highest number of times will be added when preparing the merit order

- However, the candidates will be allowed to sit the common selection exam 6 times

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