

EDITORIAL**The Performance of Candidates in the Examinations of the Otorhinolaryngology Specialty, Sudanese National Board of Medical Specializations**Osman M Elmustafa¹ and Wail N Osman²

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Abstract:**Introduction:**

The Otorhinolaryngology, Head and Neck Surgery Council is one of the first established councils of the Sudanese National Board of Medical Specializations (SNBMS). This report covers the fourth rotation period from 2009-2013. It is meant to be in the form of an analytical study for more objectivity and transparency and to be a model for promotion of the general performance of other councils in administrative, examination and training issues.

Objectives:

The main objective of this study is to analyze the trainees' results in part 1 and part 2 (final) examinations with regard to gender and pass rates and to draw relevant indices that help in planning for training and expansion of specialist services.

Materials and Methods:

This is an analytical retrospective study conducted at the (SNMSB) headquarters Khartoum, Sudan during the period from January 2009- December 2012. This study covers the fourth rotation of the scientific council for the specialty. The study included all candidates sitting for both part 1 and part 2 examinations (265). Candidates were classified according to gender and pass rates. Candidates who withdrew from the program after passing the part 1 examination were excluded.

Results:

The total number of doctors sitting for part 1 examination was 207. Females were 118 and males were 89. Female to male ratio was 1.3:1.0. Sixty nine (69) doctors passed the examination with over all pass percentage of 33.3%. The percentage of passed candidates among females was 31% and among males was 36%.

The total number for trainees sitting for the final examination was 58. Females were 23 and males were 35. Female to male ratio was 1.0: 1.5. Thirty three (33) trainees passed the examination with over all pass percentage of 56.9%. The percentage of passed trainees among females was 52.2% and among males was 60%.

The annual number of doctors sitting for part 1 examination showed marked reduction from 69 in the first year to 48 in the fourth year although there was a steady increase in-between. The average annual pass rate for part 1 examination showed noticeable increase from 23% to 42% by the end of the fourth year.

The annual number of trainees sitting for the final examination was fluctuating and the biggest number was in the first year. There was a minimal increase in the number of graduates.

Conclusions: Applicants for part one examination are mostly females. Applicants numbers are generally decreasing. The pass percentages are increasing in both parts of the examination. Males performance in both part one and part two examinations is better than females. The number of graduates does not satisfy the national needs for specialist services provision and expansion.

Key words: Otorhinolaryngology, Sudanese National Board of Medical Specializations

Introduction:

The Otorhinolaryngology, Head and Neck Surgery (ORL-HNS) Council is one of the first established

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councils of the Sudanese National Board of Medical Specializations (SNBMS) which was established in 1998. ^(1, 2)

ORL-HNS is a specialty that deals with medical and surgical diseases affecting the ear, nose, throat, head and neck. The disease spectrum covers all ages, both sexes, medical and surgical problems related to these structures. It is one of the most integrated specialties with other medical and surgical specialties. Paediatric ORL head and neck problems constitute a considerable load in this specialty. Recent advances in the specialty include endoscopic sinuses and skull base surgery is one of the most evolving and rapidly growing new developments in this field. ^(1, 2, 3, 4)

The need for Otorhinolaryngologist in the Sudan is of great importance due to the fact that the Sudan is a large country covering a vast area. The present number of practicing specialists covers less than 25% of the national need. This is due to the late introduction of the specialty and that most of the qualified specialists preferred to stay in the capital Khartoum in private practice or emigrated abroad.

Diseases of the ear nose and throat are very prevalent in the Sudan especially chronic ear diseases and the different types of head and neck malignancies.⁽⁵⁾ Nasopharyngeal carcinoma is the commonest head and neck tumor in the Sudan.⁽⁶⁾

There is an increasing need for otorhinolaryngologists to train undergraduate and postgraduate students whose numbers has appreciably increased lately. The need for high caliber qualified otolaryngologist cannot be over emphasized.

ORL-HNS curriculum is based on the previously running curriculum, international, regional and national similar curricula and revised by an expert committee. ⁽²⁾

General objectives include graduation of high caliber qualified Otolaryngologist Head & Neck Surgeons comparable to international standards; who can promote health for all patients, deliver health service in a humane, evidence based & cost effective way, be capable to carryout research and independent learning throughout life, work in team with good management and leadership skills, maintain good relations with colleagues, patients and other health professions, possess high moral and ethical standards. Specific objectives include all detailed requirements of knowledge, skills and attitudes. ⁽²⁾

The duration of the programme is a period of four (4) calendar years which starts after passing part one examination and obtaining registration with SMSB which includes rotation in allied specialties. Training must be at sites accredited by SMSB. ⁽²⁾

The curriculum is written clearly and stating the objectives of the program, duration, admission requirements, contents, role of trainee and supervisor, methods of teaching & training, resources, methods of students' assessment, examination rules and methods of programme evaluation. ^(1, 2)

Evaluation in Part one include multiple choice question (MCQs)- single best answer type and OSPE. Evaluation in Part two includes (1) Written: MCQs-single best answer type and essays; (2) OSCE and (3) Clinical examination. Candidates are only allowed to sit for part II after passing the thesis examination and satisfactory completion of the student portffolio. ⁽²⁾

Objectives:

The main objective of this study is to analyze the trainees' results in part 1 and part 2 (final) examinations with regard to gender and pass rates. It is meant to be in the form of an analytical study for more objectivity

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and transparency. It is also meant to be a model for promotion of the general performance of other councils in administrative, examination and training issues. It is expected to provide guide lines for financing scholarships and planning for expansion of specialist services.

Materials and Methods:

This is an analytical retrospective study conducted at the (SNMSB) headquarters Khartoum, Sudan during the period from January 2009- December 2012 .This study covers the fourth rotation of the scientific council for the specialty which is preceded by three rotations not covered by a similar report.

The study included all candidates sitting for both part 1 and part 2 examinations. Candidates were classified according to gender and pass rates. Results were analyzed and presented in table, figure and percentage forms. Candidates who withdrew for the program after passing the part 1 examination were excluded.

Results:

The total number of doctors sitting for part one examinant was 207. Females were 118 (57%) and males were 89(43%). Female to male ratio was 1.3:1.0. Sixty nine (69) doctors passed the examination with over all pass percentage of 33. 3%. The percentage of passed candidates among females was 31% (n=37) and among males was 36% (n=32) (Table1 – Figure 1).

The total number for trainees sitting for the final examination was 58. Females were 23(39.66%) and males were 35(60.34%). Female to male ratio was 1.0: 1.5. Thirty three (33) trainees passed the examination with over all pass percentage of 56.9%. The percentage of passed trainees among females was 52. 2% (n=12) and among males was 60%. (n=21) (Table2– Figure 2).

The annual number of doctors sitting for part one examination showed marked reduction from 69 in the first year to 48 in the fourth year although there was a steady increase in-between. (Figure 1).

The average annual pass rate for part one examination showed noticeable increase from 23% to 42% by the end of the fourth year.

The annual number of trainees sitting for the final examination was fluctuating and the biggest number was in the first year due to piling of problem candidates from different previous batches. There was a minimal increase in the number of graduates. (Figure 2).

Table (1): Number, gender and success percentage of candidates sitting for part one examinations.

Year of enrolment	No of candidates sitting for the examinations			No of candidates who passed the examinations			Success percentage
	Males	Females	total	Males	Females	total	
June 2009	13	18	31	3	7	10	32.30%
Dec 2009	22	16	38	3	3	6	15.80%
June 2010	9	18	27	4	8	12	44.40%
Dec 2010	7	10	17	2	1	3	17.60%
June 2011	6	25	31	3	9	12	38.70%

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Dec 2011	8	7	15	3	3	6	40.00%
June 2012	8	13	21	6	4	10	47.60%
Dec 2012	16	11	27	8	2	10	37.00%
Total	89	118	207	32	27	69	33.33%

Table (2): Number, gender and success percentage of candidates sitting for part two examinations

Year of graduation	No of candidates sitting for the examinations			No of candidates who passed the examinations			Success percentage
	Males	Females	total	Males	Females	total	
June 2009	6	8	14	4	3	7	50.00%
Dec 2009	3	6	9	4	3	6	66.66%
June 2010	No examinations were held						
Dec 2010	6	6	12	3	2	5	41.70%
June 2011	No examinations were held						
Dec 2011	4	5	9	4	3	7	77.78%
June 2012	1	3	4	3	1	4	100%
Dec 2012	3	7	10	3	1	4	40.00%
Total	23	35	58	21	12	33	56.90%

Discussion:

Part 1 Examination:

The number of applicants showed marked decrease during this period and showed female predominance. The decrease in the number of applicants was due to various factors the most important of which were immigration, scares funding and the high standard of part one examination which repelled some unprepared candidates.

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There was an increase in the number of passed candidates which is attributed to good student preparation and revision courses offered prior to the examination. Examination questions were well prepared, more objective, balanced and smartly edited.

Males pass rate (36%) was better than females (31%) in spite of the bigger number of female candidates. The average annual number of passed candidates was 10-15 candidates and consequently this number should be considered for budgeting and planning for training sites in all country states.

Piling of females was noticed in Khartoum state due to lack of accommodation facilities and training sites in other states and due to social reasons.

It is important to find accommodation and training sites for female doctors outside Khartoum state with collaboration of the other state health authorities.

It is even better if female doctors are sponsored and contracted with states health authorities to guarantee provision of the specialty services outside Khartoum.

Part 2 Examination:

The decrease in the number of the applicants for the first part examination was negatively reflected as a reduction in the number of trainees in the program and consequently on the number of trainees sitting for the final examination.

Male trainees sitting for the final examination outnumbered females. Male to female ratio was 1.75: 1.00. Less numbers of female trainees sat for the final examination because many of them immigrated or discontinued training for familial reasons.

Although female applicants for the first part examination were more than males, male pass percentages for the first part were (36%) and the final examination (60%). Both were higher than female results and generally male trainees' performance was better.

The graduated number ranged between 5-10 annually and this is less than the national needs for specialty expansion. Most of the states are covered by one or two specialists and even some of them have no specialist coverage at all.

The average pass rate for the final examination was (56.9%) which is good in comparison with other councils. The biggest number of candidates who sat for the final examination was in the first year of this rotation due to piling of failed candidates from previous batches. It was possible to offer these candidates special tuition and supervision which made it possible for them to pass.

The total number of graduates by the end of this council rotation was 33, which is equivalent to the total registered number of Ear, Nose and Throat specialists in Sudan in the year 1989 when SNBMS was established.

Many of this program graduates are holding key posts in the Ministry of Health, Armed Forces, Universities and some of them qualified for the membership of the specialty committees of the SNBMS and are actively involved in different training and examinations issues.

Conclusions:

Applicants for part one examination are mostly females. Applicants numbers are generally decreasing. The pass percentages are increasing in both parts of the examination. Males performance in both part one and part two examinations is better than females. The number of graduates does not satisfy the national needs for specialist services provision and expansion.

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Recommendations:

Part 1 examination:

Male doctors should be encouraged to join this programme Female doctors should put more effort in preparation for examinations and accept training outside Khartoum state.

States ministries should contract with and sponsor trainees to guarantee provision of specialist services. The annual number of qualified doctors to join this program ranges between 15- 20. This should assist in budgeting sponsorship and provision of training sites in accredited hospitals nationwide.

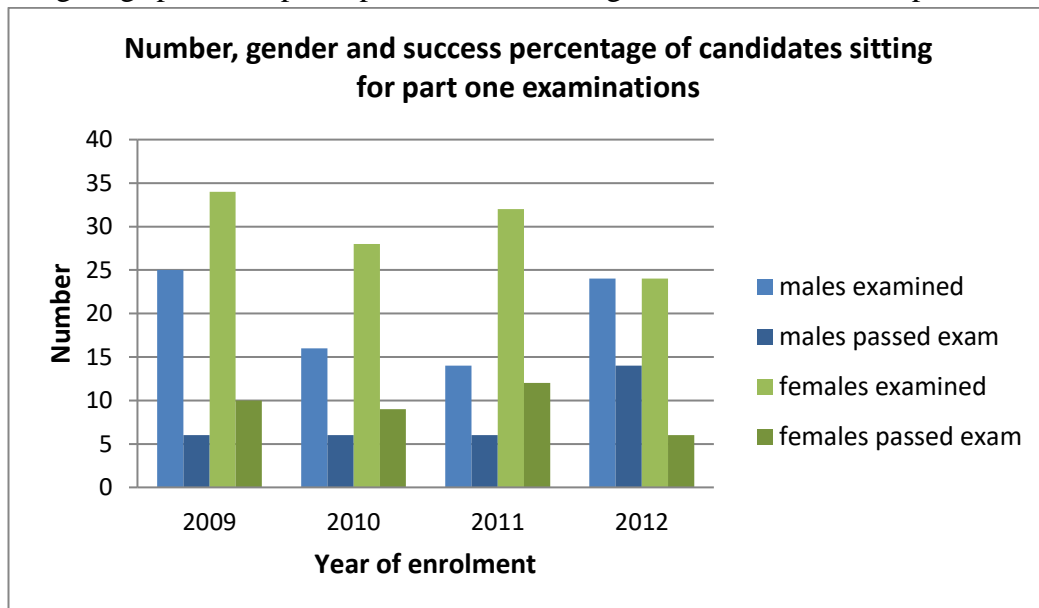


Figure 1: Comparison between success rates of male & female candidates in part one examination

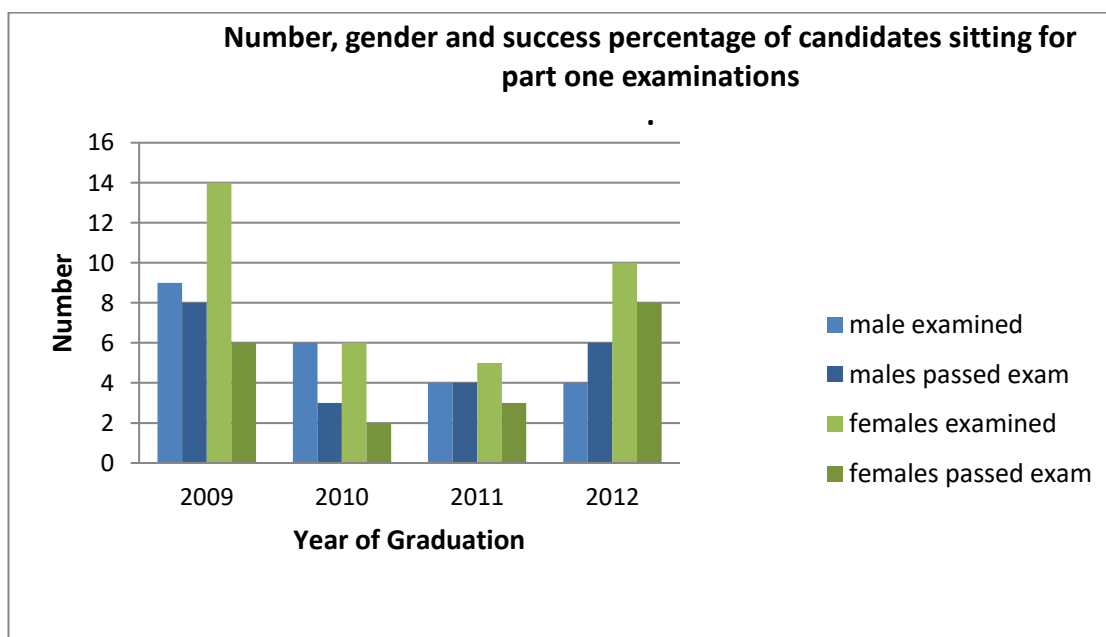


Figure 2: Comparison between success rates of male & female candidates in part two

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examination:

Early dates for thesis examination (one year before final examinations) give trainees good time to prepare for clinical examinations. Special tuition should be offered for trainees who fail the final examinations. The annual number of graduates is 5-10 and this should help in planning for new jobs and national expansion of the specialty services. External examiners of high caliber and of good experience in both examinations and training issues should be selected and be involved in pre or post examination training activities such as workshops or seminars in collaboration with specialist societies.

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