



Background

WRITTEN EXAMINATION would be implemented in our RCSEd and HKCORL Joint Specialty Fellowship (Exit) Examination in 2025, in alignment with the format of the Joint Committee Intercollegiate Examinations (“JCIE”) for surgical trainees admitted in or after July 2021.

The Hong Kong College of Otorhinolaryngologists has established its own MCQ Question Bank of the written examination.



Eligibility and Exam Format

- **1st attempt** - Trainees must have completed at least 36 months of accredited Higher Surgical Training before sitting the written examination and 42 months for sitting the exit examination.
- Not permissive for clinical exam.
- Successful candidates of the written and exit examinations will be elected as fellows of the Hong Kong College of Otorhinolaryngologists and nominated as fellows of the Hong Kong Academy of Medicine.
- The format of the written test composed of two single best answer papers, with a process of standard setting to determine eligibility marks. Paper 1-120 Single Best Answer (2 hours 15 minutes); Paper 2-120 Single Best Answer (2 hours 15 minutes).
- The clinical component of the examination will include Oral/Viva Examinations, Clinical Examination and Communication Skills. It will consist of a series of carefully designed and structured interviews on clinical topics – some being scenario based and some being patient based.



CURRICULUM



1. KEY TOPICS	
Professional Behaviour & Leadership	B
Audit	B1
Ethical research	B2
Evidence and guidelines	B3
Infection control	B4
Medical consent	B5
Medical ethics and confidentiality	B6
Patient safety	B7
Quality and safety improvement	B8
Otology / Neuro-otology	E
Deafness in adults	E1
Dizziness	E2
Hearing assessment	E3
Facial paralysis	E4
External ear	E5
Middle Ear Cleft	E6
Neoplasia	E7
Radiology	E8
Tinnitus	E9
Trauma	E10
Hearing Rehabilitation	E11
Facial Plastics	F
Congenital abnormalities	F1
Cosmetic surgery & procedures	F2
Facial Palsy	F3
Reconstruction	F4
Septorhinoplasty	F5
Skin cancer	F6
Head & Neck	H
Adenoid & tonsillar pathology in adults	H1
Airway obstruction in adults	H2
Infection & Inflammation	H3
Neck lumps	H4
Neoplasms	H5
Oral pathology	H6
Reconstruction	H7
Thyroid / parathyroid disease	H8
Trauma	H9
Voice disorders	H10
Salivary Gland Disorders	H11
Neoplasia benign & malignant	H12

Laryngology	L
Congenital abnormalities	L1
Disorders of swallowing	L2
Trauma	L3
Voice disorders	L4
Non-neoplastic diseases	L5

Paediatric	P
Airway Disorders	P1
Congenital deformities	P2
Deafness excluding otitis media	P3
Droling	P4
External ear	P5
Epistaxis	P6
Facial Palsy	P7
Foreign bodies	P8
Neck Masses	P9
Neoplasia	P10
Nose and Sinus Disorders	P11
Otitis media plus complications	P12
Sleep related breathing disorders	P13
Speech and Language development	P14
Tonsils and adenoids in child	P15
Trauma to the head and neck	P16
Child Protection	P17

Rhinology & Sleep	R
Congenital abnormalities	R1
Epistaxis	R2
Facial Pain / headache	R3
Granulomatous Conditions	R4
Lacrimal & Orbital disorders	R5
Nasal Polyps	R6
Nasal trauma and deformity	R7
Nose and Sinus infections	R8
Nose and Sinus inflammation including allergy	R9
Olfaction & Taste	R10
Septal surgery & rhinoplasty	R11
Sinonasal neoplasia	R12
Sleep related breathing disorders	R13

2. TYPE OF QUESTION	J
Anatomy	J1
Data Interpretation & Statistics	J2
Embryology	J3
Emergency Care	J4
Endocrine & Metabolic Disorders	J5
Genetics & Molecular genetics	J6
Guidelines	J7
Imaging	J8
Immunology	J9
Materials & Technology	J10
Microbiology	J11
Nutrition	J12
Neurology	J13
Operative complications	J14
Pathology	J15
Patient assessment	J16
Patient management	J17
Pharmacology	J18
Physiology	J19
Professional skills	J20
Public Health & Epidemiology	J21
Staging	J22

3. DOMAINS	K
Knowledge	K1
Judgement	K2
Technique	K3
Professional	K4

INSTRUCTIONS:

KEY TOPICS: Only **ONE** box to be selected.

TYPE OF QUESTION: **Multiple** boxes can be selected

DOMAINS: Only **ONE** box to be selected



Sample Question 1

A 65 year-old patient presents with hoarseness of voice with laryngoscopy showing left vocal cord tumour, suspected to be carcinoma. Clinical examination shows a 1cm mobile node at right level III. What would be appropriate first step of imaging?

- A: Non-contrast CT Larynx and Neck
- B: Contrast CT Larynx and Neck
- C: USG Cervical nodes
- D: FNAC to right level III node
- E: PET-CT whole body with contrast



Sample Question 2

During endoscopic sinus surgery, if one encounters spurting arterial bleeding in the region of the frontal recess, the most like cause is damage to the:

- A: Septal branch of the sphenopalatine artery
- B: Greater palatine artery
- C: Lateral nasal artery
- D: Anterior ethmoidal artery
- E: Posterior ethmoidal artery



Sample Question 3

A 45-year-old male carpenter, presented with a 10-month history of left-sided nasal obstruction, foul-smelling purulent rhinorrhoea, and headache. Anterior rhinoscopy of the left nasal cavity revealed a purulent nasal discharge, a hypertrophied inferior turbinate, and nasal polyps which restricted visualization of the middle turbinate and middle meatus. CT scan provides evidence of disease in the left ethmoid and left maxillary sinuses.

Which of the following radiological features would lead you to the assumption that the patient may have allergic fungal sinusitis?

- A: Erosion of the medial wall of the maxillary sinus and bony septations of the ethmoid sinuses.
- B: Expansion of the ostiomeatal complex with opacification of the anterior ethmoid and maxillary sinuses.
- C: Complete opacification and expansion of the sinuses.
- D: Pansinus opacification with evidence of extensive intranasal polyps.
- E: Sinus opacification with varying degrees of density (“double-density sign”).