COSECSA FCS Examination in Urology – Bujumbura, Burundi, December 2025

Suzie Venn and Steve Payne travelled to Bujumbura, in Burundi, for the COSECSA FCS exams at the end of November 2025. Suzie as an examiner and Steve as the COSECSA external examiner. Suzie had already been at KCMC in Tanzania, but due to civil unrest following the presidential elections, both she and Steve had to travel to Bujumbura by different routes as the planned KCMC PCNL workshop had been cancelled at short notice. Steve had been in Lilongwe and joined Suzie via Addis and Kigali.

Burundi is a predominantly Francophone country wedged between Lake Tanganyika (the longest and second deepest freshwater lake in the world), Rwanda and Tanzania. Bujumbura is the former capital (until 2019) and is, consequently, the economic and commercial hub. Burundi is largely dependent upon agriculture and because of fairly high levels of rainfall, like Rwanda, it is pretty good at growing stuff! However, it is underdeveloped with poorly developed infrastructure, has very frequent power cuts and resultant poor WIFI connectivity. We stayed in a comfortable hotel close to both the COSCESA convention Centre and the educational complex where the exams were to take place.

A welcome briefing was held by the COSECSA chief examiner at the Donatus Conference Centre on the Sunday afternoon to outline the purpose and scope of the FCS exams, the methodology to make the clinical assessments, the marking structure, mark recording

techniques (computer-based), and mark collation. This was delivered between 3 and 6.15 pm.

Questions were to be delivered in a standardized format, with or without clinical cases.

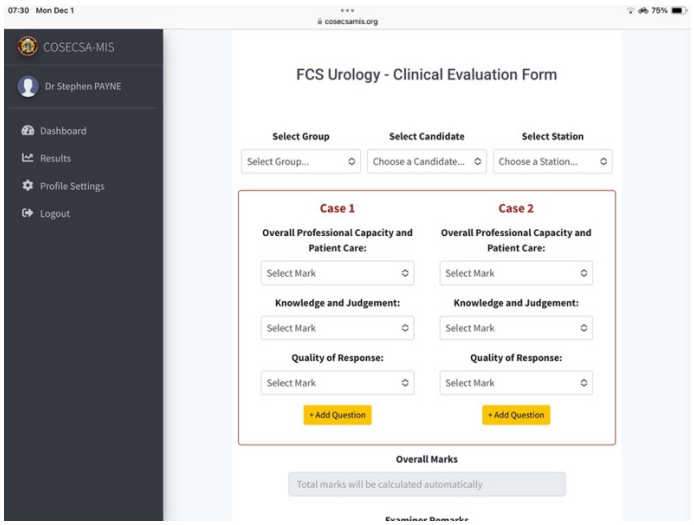
Examiners were to

- 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 vivas of 30 minutes each

This main introduction was followed by a description of the new MIS online mark accrual system. This was being trialed utilizing Starlink-based internet for general surgery, urology and cardiac surgery at the Cubahira International School. Unfortunately, the demonstration didn't go entirely to plan as the bandwidth in the Donatus Conference Centre couldn't cope with all examiners (from all specialties) attempting to log on at the same time!



However, individual links were emailed to examiners that night, so they would be up and running the following day. Entry was then by email address insertion followed by individualized password to a secure system. The MIS was very user friendly.

Entry into the clinical examination

Entry for the clinical exam was by submission of a logbook for 3 consecutive years, and trainer approval, at completion of specialist training in urology in the candidate's country of origin and completion of 2, 60 question, SBA MCQ papers, which had been held in September. The pass mark had been set by an Angoff process and 12 out of 13 applicants were successful and, therefore, able to attend the clinical and oral exam in Burundi.

The clinical examination

Examiners were consultants in the specialty who had been in post for more than 5 years and had, ideally, observed at least 2 previous FCS exams. Because of extremely poor uptake for attendance in Burundi, it was decided to pair experienced examiners with those who had observed the exam only once, utilizing the lead examiner, and external examiner on this occasion.

A confidential, online, standard setting for both OSCEs and viva stations was carried out on the afternoon of 27th November by the urology panel head Charles Mabedi. The outline of a scenario-based exam was given to the full urology examiner cohort after the chief examiners briefing, examiners were paired and stations allocated.

The ‘clinical’, OSCE stations 6 x20 minutes, with 2 scenarios in each) are show below.

Station	Subject matter
1	Prostatectomy, its indications and means of achievement. Management of Peyronie’s disease.
2	Management of early stage, localized, prostate cancer.
3	Management of advanced, metastatic, testicular cancer.
4	Management of full-length hypospadias, its complications and their management, and management of hypospadias with testicular maldescent.
5	Management of early detected obstetric vesico-vaginal fistula. Investigation and treatment of overactive bladder post stroke.
6	Management of a 2.5cm renal pelvic stone. Procedure choice and how technology worked to effect stone disintegration.

The viva stations contained questions pertaining to basic science and emergencies in urology in the first viva and technology and principles of surgery in the second. Each viva contained 4 questions with each segment lasting 15 minutes.

Basic science	**Emergency**
Normal saline. What’s it used for? Alpha-blockers and their hazards. Interpretation of a urine dipstick.	Management of testicular torsion in a child. Its longterm consequences and complications.
Technology	**Principles of surgery**
How to perform a retrograde urethrogram. What is a resectoscope and how do you use it. How an MR scan helps in diagnosing prostate cancer.	Cystectomy and ideal conduit formation. Complications and their management.

Assessments were made in classrooms at the Cubahira International School; variable internet access made marking difficult for some examiners who had to revert to a paper-based marking system, with later online upload. No examiner who knew or had worked with a candidate was allowed to examine them. Assessments of examiner performance

were made by the external examiner using methodology developed by the UK Joint Committee on Intercollegiate Exams (JCIE).

Grading was according to the COSECSA guidelines and was recorded online, when WiFi permitted. An open marking system was used with grades being attributed between 2 and 10, in 2-grade steps; 6 demonstrated competence. The parameters used to make the assessment were in 3 domains with 10 descriptive areas as shown below.

Score	**Overall professional capability/patient care**					**Knowledge and Judgement**			**Quality of response**	
2-10 (see Appendix 4)	Personal	Professionalism	Surgical	Adaptability	Ability to deal with grey areas	Knowledge	Ability to justify	Clinical	Communication skills	Organization and logical thought processes

The grades were justified by predetermined, standardized, marking descriptors (Appendix 1). Grades were recorded online for each of the three domains for each component of the

station. There were 104 marking episodes with a maximum grade score of 1040, and a pass mark of 624.

At the end of a very long day there was an examiner's meeting, chaired by the panel lead, who asked for feedback from the examiners. There was much praise for his organization and its effectiveness in contributing to the efficient running of the exam. There was general agreement that clinical cases were not needed in the urology exam and that demonstration of non-operative technical skills in an examination setting were not required.

The external examiner congratulated the urology panel head on the exam's performance and largely concurred with his view that the urology FCS could be carried out effectively without clinical cases. He was also very impressed by the trainee examiner's performance, under difficult circumstances, and thanked them for their contribution to the process. Their inclusion added significant vitality to the exam and was an encouraging sign of the commitment to quality assurance in surgeon training.

A workshop was constituted the day after the exam which was taken as an opportunity to brainstorm new MCQs and clinical scenarios. This was led by a consultant member of the COSECSA board and recorded by a trainee examiner for relay to the panel head. This was an effective way of adding to the location appropriate question bank by the small number of examiners present.

The results

The urology results showed that all candidates had passed the 60% mark (mean mark 72.65%, range 68.24% - 78.82%). Dr. Omar Darboe (Tanzania) won the gold medal for the best overall performance in the written and clinical tests. As far as the examiner cohort was concerned there was no appreciable difference in grades attributed between trainee and trained examiners. In general, examiner performance was very satisfactory with some minor issues with introductions and candidate identity checking.

Exam review

The panel head and external examiner attended a meeting with all specialties to discuss the results of the exams; their aggregated results were reviewed, and comments, and suggestions, about the exam process were made. There was a lot of discussion about the online marking system, and especially the need for there to be a robust WIFI network if this was going to be a viable proposition across all specialties. A corporate consensus determined that any future mismatch between examiner and candidate numbers should

be addressed by the OSCSE and viva exams being performed as separate exercises over 2 days.

Overall, however, the exam was extremely well constructed, and delivered, by the urology panel lead and his team. The assessment was appropriate to the standard expected and could be provided in a non-clinical environment. There is a need for the panel of urology examiners to be expanded.

The external examiner made some suggestions to the COSECSA exam Board about formalizing workplace-based assessments as an entry criterion for the exam, for the introduction of psychometric evaluation of question, examiner and candidate performance and for instituting some form of formal candidate feedback.

Graduation

The candidates were informed of the outcome of the exam the following morning which meant that they were able to take part in the graduation ceremony at the Donatus Convention Centre. Although Steve and Suzie were able to meet with the candidates that morning, they could not stay for the ceremony as they had to get back to the airport to return home via Addis. Steve and Suzie can be seen with the three successful candidates from KCH in Lilongwe, Malawi, which Urolink has a very strong relationship with. They are Andrew Simon, Nafe Chinsangu and Will Magunde. We congratulate these three new fellows who together with the other 9 successful candidates will expand the urological expertise available across East Africa.

Appendix 1. COSECSA Marking descriptors

Rating Scale	Overall Professional Capability / Patient Care					Knowledge and Judgment			Quality of Response		"Bedside Manner"
	Personal	Professionalism	Surgical	Adaptability	Ability to deal with grey areas	Knowledge	Ability to Justify	Clinical	Communication Skills	Organization and logical thought process	Applicable to clinicals with patients
2	The candidate demonstrated incompetence in the diagnosis and clinical management of patients to a level which caused serious concerns to the examiner					• Did not get beyond default questions • Failed in most/all competencies • Poor basic knowledge/ judgment/understanding to a level of concern • Serious lack of knowledge			• Q: Does not get beyond default questions • A: Disorganized/confused/ inconsistent answers, lacking insight • P: Un-persuadable – prompts do not work		• Abrupt/brusque manner • Arrogant • Inappropriate attitude/behavior • No empathy • Rough handling of patients • Totally inappropriate examination of either sex
4	• The candidate failed to demonstrate competence in the diagnosis and clinical management of patients					• Difficulty in prioritizing • Gaps in knowledge • Poor deductive skills • Poor higher order thinking • Significant errors • Struggled to apply knowledge/judgment/ management • Variable performance			• Q: Frequent use of default questions • A: Confused/disorganized answers; hesitant and indecisive • P: Required frequent prompting		• Does not listen- patronizing • No introduction • Unsympathetic • Unobservant of body language • Inappropriate examination of either sex
6	• The candidate demonstrated competence and confidence in the diagnosis and clinical management of patients					• Competent knowledge and judgment of common problems • Essential points mentioned • Instills confidence • No major errors • Logical approach to difficult problems			• Q: Answers competence questions correctly • A: Methodical approach to answers; has insight • P: Requires minimal prompting		• Appropriate introduction • Appropriate examination of either sex • Considerate examination • Shows respect • Responds to patient/carer
8	• The candidate demonstrated ability and confidence above the level of competence					• Ability to prioritize • Comfortable with difficult problems • Good decision making/demonstrated good level of Higher Order Thinking/ provided supporting evidence and familiar with literature			• Q: Answers difficult questions correctly • A: Demonstrates clear thinking process to difficult questions and answers. • P: Fluent responses without prompting		• Gains patient confidence quickly • Good awareness of patient's reaction • Puts patient at ease quickly
10	• The candidate demonstrated ability and confidence very significantly above the level of competence					• At ease with higher order thinking • Flawless knowledge plus insight and judgment • Had an understanding of the breadth and depth of the topic, and quoted from literature • High flyer • Strong interpretation /judgment			• Q: Stretches examiners – answers questions at advanced level • A: Confident, clear, logical and focused answers • P: No prompting necessary		• Exceptional communication/ relationship with patient/carer

[Q: questions A: answers P: prompting]