

## Preparation for the Final FRCA Examination

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### Introduction

The Final FRCA Examination is considered to be the gateway to the rest of your career as it defines the moment when you become a senior trainee in anaesthesia. You will also become a Fellow of the Royal College of Anaesthetists, for some the first postgraduate qualification, entitling you to use the letters FRCA after your name. This massive step in your career is not an easy one; you have to convince the examiners that you are worthy to become one of their consultant colleagues, for this is what they are looking for, especially in the Structured Oral Examination. As with the Primary exam, the reason that many candidates fail, some at the first hurdle of the written paper, is a lack of preparation (both mental and academic) and understanding of what is required to be successful.

I enjoyed participating in the Final FRCA so much that I decided to do it twice (rumour has it that some enjoy it even more than me!). You may say then why should someone who failed the exam be qualified to give advice on how to pass it. Fair point, but I believe that it has given me even further insight into the workings of the exam, what is required of the candidate, and how to maximise one's chances of being successful first time round. It also allows me to highlight some of the pitfalls of my revision and mistakes that I made – I certainly learnt from them at the second time of asking!

### Preparation

When I first started revising for the Final exam, I often heard the comment: "It's much easier than the Primary because you've done the Science already and the Clinical is what you do every day". Unless you are taking the Final straight off the back of the Primary (very brave!), then months (even years) may have elapsed since you were last in 'Exam Mode'. This makes the above statement a very dangerous comment to take on board and potentially fatal if that is the mentality one adopts. In reality, you need to go back to the beginning and re-revise your Basic Sciences, for this is the section of the exam where many candidates (me included) fall down, especially in the SOE section. One also needs to start thinking about clinical revision because some candidates will need to revise specialties such as Cardiothoracic Anaesthesia or Neuroanaesthesia having never experienced these clinical aspects in their careers. As I mentioned in my Primary Guide, the changing structure of the Final Exam should not translate to a shortened revision period. The syllabus is huge, encompassing both the Basic Sciences (with clinical orientation) and not just clinical anaesthesia with its many sub-specialties, but also specialties which have diversified in their own right e.g. Critical Care Medicine and Pain. I believe that to cover these areas adequately, a period of six months of hard book-work following the syllabus is required.

Before starting the hard graft, a period of mental planning is required. Honest explanations to your partner and family that yet another six months of your life (or longer in some cases!) will not be devoted to them but rather to books and studying are inevitable. The hardest part of revision is getting started. There seems to be a greater feeling of lethargy in commencing revision for the Final exam; whether it is because generally the candidate is older, or there are different commitments to juggle with revision, I don't know, but I certainly found it much more difficult to get stuck in and knuckle down. As with the primary exam, one needs to plan study leave to cover courses and the exam dates well in advance. Financial preparation is also necessary - as we all know from previous experience; books, courses, and exam fees are not cheap!

### RCOA

It is obviously fundamental that you know when the exam is, when the application has to be in by (point of no return!), and most importantly for the RCOA, how to pay your hard-earned money. Exam structure, marking, & updates are continually under review by the RCOA and, as such, it is very important that the candidate keeps abreast of these updates or changes by

regularly visiting the Examinations section of the RCOA website [here](#). Information may also be obtained by accessing or downloading [The Candidate Newsletter](#). Examination dates, fees, and application forms may be found [here](#).

## Syllabus

Candidates revise in different ways. Some like to practice questions/MCQs early on and fill their knowledge in around this structure. Others use a topic-based approach. I cannot emphasise strongly enough the need to use the RCOA [Final FRCA syllabus](#) as a road-map for your revision. This can also be found [here](#). By dividing exam revision up into topics, perhaps starting with unfamiliar or less confident topics, one can make some headway up the mountain. The obligatory, extremely-detailed, colourful timetable can be an excellent way to procrastinate and delay the inevitable!

## Courses

It is difficult to recommend particular courses as I have only been on a few myself. It is worth speaking to past candidates who have been on the courses recently as they will give you the most up-to-date information of how useful that particular course was. I attended a well-known eponymously-named course in the North-West of England which I found fantastic, as it really gave me a kick up the backside to obtain the standard required for the written section of the exam. They seemed to have an uncanny knack of correctly predicting SAQ topics too. It was also an excellent opportunity to undertake strictly timed SAQ papers – a must when building up the stamina required to attempt the whole paper. A list of available courses for various aspects of the Final FRCA exam can be found [here](#).

## Resources

### a) Books

An absolute must: [FRCA Final Examination](#). As with the Primary version, this RCOA-published guide has examples of questions from all sections of the exam. The MCQ section is particularly useful as it is taken from the actual college bank and some do appear in the exam.

The recommended textbooks for the Final FRCA can be found [here](#) and clicking on the 'Final FRCA' link in the far right-hand column. Opinion is divided as to whether to use a large textbook or not e.g. [Aitkenhead](#), [Pinnock](#), [Hutton](#) etc. One book particularly recommended by many colleagues is [Stoelting's Anesthesia and Co-Existing Disease](#). These are personal opinions and need to be decided by previous experience for Primary and browsing before trying. I bought all of my textbooks new, so I could scribble in them, but it's also worth checking whether anyone in your department has got old books to sell. In the 'prehistoric' days when I was studying for the Final, I liked to visit the bookshop (old-fashioned, I know!) to get a physical feel for each book i.e. what it entailed and ease of reading. These days, with the vast array of online availability and various auction sites e.g. [eBay](#), prices can be competitive. It is also possible to preview most books online, either at [Google Books](#) or other online stockists such as [Amazon](#) or [Waterstones](#). A worthy mention should go to the 'modern' way of revising either via podcast; the extremely successful [Dr Podcast](#) series caters for both Primary and Final FRCA, or out of the box as with the viva-tastic [Final FRCA in a Box!](#)

### b) Online revision

A large proportion of learning and exam revision has moved to an online basis. With the explosion of e-learning resources and portable computing/tablets, it has never been a better time for candidates to have a multitude of resources at their fingertips. A good starting place is the e-learning portal developed in conjunction with the [RCOA](#) and [e-Learning for Healthcare](#). Another really important internet site to aid in revision is [AnaesthesiaUK](#). Register on their exam home page for free access to the online interactive examinations. There is a large bank of Final MCQs and SAQs taken from previous exams, with accompanying explanations. Using the exam menu on the left side of the page, you can also access the SOE resources. They have an enormous bank of SOE questions, divided into Long and Short Clinical cases, and Basic Sciences, all sent in by previous candidates. There are also large tutorial sections with many diagrams and

explanations on vital topics in anaesthesia, especially relating to basic principles. Together with the text books used above, this website formed the basis for my revision and ultimate success in this exam.

### c) Subscription-based question databases

- [FRCAQ](#): Over 2650 SBA and MTF multiple choice questions
- [BMJ Onexamination.com](#): Over 350 SBA and MTF multiple choice questions
- [Examdoctor](#): Over 450 5-part MCQs and SBAs, including mobile browser access plus free app

### d) Apps

- [Conquest FRCA](#): Over 880 five stem questions (including over 100 SBAs)
- [iFRCA](#): Over 500 Multiple Choice Questions and Single Best Answers
- [Anaesthesia exams](#): Provides structured oral vivas to simulate the real thing!

### e) Websites

- [CEACCP](#): Vital for Final FRCA revision, especially the SAQ paper, but also useful in the SOE. Short review articles on many relevant Primary-based topics.
- [Anaesthesia Tutorial of the Week](#): useful articles/web-based tutorials written about basic principles/important topics and run by the World Federation of Societies of Anesthesiologists.
- [NYSORA](#): great for regional block techniques found in some OSCE stations
- [Neuraxiom](#): another fantastic anatomy/regional anaesthesia resource
- [Open Anesthesia](#): a huge repository of anaesthesia-based information and knowledge
- [Virtual-Anaesthesia-Textbook](#): huge site with many anaesthetic-related resources
- [Anaesthesia Education Website](#): a portal site for other sites containing exam tutorials/MCQs & various other resources
- [Handwritten Tutorials](#): A cartoon-based website for 'alternative' methods of revision
- Other useful resources for guidelines etc. include [NICE](#) , [AAGBI guidelines](#), [DAS](#), [NCEPOD](#) , [Lipid Rescue](#), [Radiology](#) , [Pain Society](#) , [APAGBI guidelines](#)

## Structure

### a) The Final FRCA written section

A stand-alone examination which must be passed before progressing on to attempt the SOE section. A pass in this section is valid for two years measured to the published starting date of the exam applied for. The pass mark for the written section is obtained from adding the pass marks of the combined MCQ and SAQ papers – each paper carries equal weighting.

It is divided into two sub-sections:

#### i) Multiple Choice Question (MCQ) paper

There are currently 90 multiple choice questions over 3 hours. These are divided into 60 multiple True/False questions (no negative marking in this section so there is no advantage to omitting stems i.e. all stems/questions should be attempted) each with five stems. These are sub-divided into: 20 T/F questions in Medicine and Surgery, 20 T/F in applied basic science (including clinical measurement), 15 T/F questions in intensive care medicine, and 5 T/F questions in pain management. Then, there are 30 Single Best Answer (SBA) questions, further subdivided into 20 SBA questions in clinical anaesthesia, 5 SBA questions in intensive care medicine, and 5 SBA questions in pain management. One mark is awarded for each correct T/F question and 4 marks for each correct SBA question, giving a total of 420 marks for the MCQ paper. Example SBA questions can be found [here](#); also useful may be the example Primary SBAs which can be found [here](#), [here](#), and [here](#).

#### ii) Short Answer Question (SAQ) paper

Please see separate SAQ guide [here](#)

### b) The Structured Oral Examination (SOE)

This is a stand-alone pass or fail section of the Final FRCA exam, requiring a pass in the written section (in the preceding two years) prior to attempts. Candidates have a maximum of six attempts at the SOE section. The RCOA has made an extremely interesting resource available to candidates [here](#); the videos do not provide model answers, rather performance behaviours.

It is divided into two sub-sections consisting of:

### **Clinical Anaesthesia**

Candidates are given ten minutes to look at a clinical scenario, including history, examination, investigations, and scans. There is then a 20 minute long-case viva comprising three questions based on the clinical material. This is followed by 20 minutes on three short-case clinical anaesthesia questions unrelated to the previous clinical material.

### **Clinical Science**

This section consists of four questions on the application of basic science to clinical anaesthesia, intensive care medicine, and pain management. It lasts for 30 minutes with each section given equal timing and marks weighting.

Two examiners mark each part of the SOE. Both examiners independently mark every question. There are ten questions altogether, two marks are given for a pass, one mark for a borderline performance and zero marks for a fail, giving a maximum total score of 40 marks (pass mark being 32; calculated using a modified Rothman system and historic data reference).

## **Good Luck!!**

### **Disclaimer**

A lot of material used in this guide has been obtained from the textbooks, courses and online resources described above. I make no claim that any of it is my own work, merely that this guide is a collaboration of these sources, in addition to an account of my experience of passing the Final FRCA examination. There is no personal financial gain to be made from this guide; it is freely available to all online, and will in no way act as a substitute for textbooks, online revision and courses.