

SECTION 4 : GENERAL

Anaesthesia, Pain & Intensive Care
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FINAL FRCA EXAMINATION - LONDON:

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I was present as an observer at the final FRCA examination held on 26th of June 2000 in London. Twenty-eight examiners who came from all over England and Ireland examined 70 candidates each day. Examination was structured and well-organised. Final FRCA examination consists of four distinct components. Namely;

(a) 90 multiple choice questions in medicine and surgery; 40 questions in anaesthesia and pain management including applied basic sciences (mainly pharmacology and physiology); 10 questions in clinical measurement and 20 questions in intensive therapy.

(b) Short answer questions (SAQ) paper (all 12 questions being compulsory)-3 Hours; on the principles and practice of clinical anaesthesia.

(c) Viva 1: clinical Anaesthesia -50 minutes

A structured viva comprising 10 minutes to view clinical material, 20 minutes of questions on the clinical material and 20 minutes of questions on clinical anaesthesia unrelated to the clinical material.

(d) Viva 2: Clinical science-30 minutes: A structured viva on the applications of basic sciences to anaesthesia, intensive therapy and pain management.

Dr. RS Vaughan initially explained the conduct of the final FRCA examination to us in a nutshell. The criteria for the selection of the examiners is an experience of seven years in a recognized teaching institution after post graduation, as opposed to ten years after post graduation decided by the College of Physician and Surgeons of Pakistan. The marking system is almost the same as that implemented by the College of Physicians & Surgeons Pakistan; with the same criteria for passing and failing. For the viva, there are two examiners for each examinee; one conducts the viva asking the questions while the other examiner marks the candidates performance and vice versa. At the conclusion of the viva, the two examiners mark the candidates performance. I found some examiners discussing the candidates performance with each other. This in my opinion should be avoided. Questions asked and the an-

swers given were marked down on a sheet of paper with a lead pencil and these were invariably changed by some of the examiners.

The structured questions /answers no doubt were written but unnecessary questions were sometimes asked. For example candidates were asked to describe the anatomy of the liver. The candidates would start his answer by saying that the liver is the largest organ in the body, present in the right hypochondrium, having two lobes, extending from.... etc. It takes at least two to three minutes before the candidate comes to the real question and starts the answer, that is the "function of the liver", " metabolism of the anaesthetic drugs" etc. Thus in the allotted time the candidate barely manages to answer two or three questions. Why not to ask pertinent to the point questions, so that the candidates' knowledge can be better tested in limited time.

Some of the examiners were not very polite and hardly gave the candidates a chance to catch their breath before bombarding them with questions. A few candidates who could not even answer simple questions like the 'mode of action of local anaesthetics', or describe the technique for performing an 'ankle block', were declared successful despite their poor performance. Some of the examiners' faces remained expressionless throughout the candidate's viva. Thus the candidate was never sure whether his answer was correct or not. A good answer should have been appreciated. Another drawback was the small hall where five to six sets of examiners were conducting viva, and due to the paucity of space, the examination of one candidate might have disturbed the others.

A good practice was the tea or coffee break after examination of every two candidates; despite this the viva finished exactly at 5PM.

At the end, the successful candidates were called in to the hall where they met all the examiners and shook hands with them before departing happily.