

Welcome



This newsletter aims to keep all FRCA examination candidates abreast of examination news, changes and general statistics. *The Candidate* is published biannually and we will automatically send it to all candidates booked on to exams and post a copy on the website for future reference.

Each edition of *The Candidate* will focus on different areas of examinations regulations and remind doctors, who are thinking of applying for examinations in the near future, of exam eligibility requirements and where best to find revision resources. We will also keep you informed of the General Medical Council and Academy of Royal Medical College recommendations and guidelines.

In this edition, we provide more detailed on the change to the Final Written examination. Candidates who intend to apply for the March 2020 Final Written are advised that the Short Answer Question (SAQ) component will be replaced by a 12 question Constructed Response Questions (CRQ) examination in three hours. CRQ questions used in the mock exam trials along with a chair's report for the mock exam and the hybrid exam held in September 2019 is available on the RCoA website. If you have any further queries at all in regard to the changes for this exam then you should contact the examinations department exams@rcoa.ac.uk

This newsletter will also give candidates general information on recent decisions made by the FRCA examinations committee and a look at pass rates and general statistics for the FRCA examinations held in the first half of academic year 2018-2019. If you are preparing for exams there is invaluable advice on how best to prepare.

We hope you will find this newsletter helpful. If you need further assistance in applying or preparing for examinations then please do not hesitate to contact the examinations department: exams@rcoa.ac.uk

Exams Department

EXAM REVISION COURSES

[PRIMARY FRCA MASTERCLASS](#)

14–17 January 2020 | RCoA, London

[FINAL FRCA REVISION COURSE](#)

20–24 January 2020 | RCoA, London



ANAESTHETIC UPDATES

31 January 2020 | Nottingham

25–27 February | RCoA, London



ANAESTHESIA 2020

18–20 May 2020 | Old Trafford, the home of Manchester United

ANAESTHESIA
2020

Book your place at:
www.rcoa.ac.uk/events

Examinations roundup

The Primary FRCA examination, January to May 2019



Primary FRCA OSCE/SOE, January 2019

The pass rate for the January sitting of the Primary was 54%, which was in the normal range. There was a good range of pass rates for different days throughout the week and there were no particular issues during the exam.

Component breakdowns

	Total	Pass	Fail	Pass Rate	OSCE Pass Rate	SOE Pass Rate
All candidates	342	187	155	54.7%	62.5%	66.2%
Primary FRCA Both May 2017	244	111	133	45.5%	57.7%	66.4%
Primary FRCA OSCE only May 2017	55	48	7	87.3%	87.3%	-
Primary FRCA SOE only May 2017	43	28	15	65.1%	-	65.1%

Primary FRCA MCQ – March 2019

451 candidates applied for this sitting of the Primary MCQ examination; of these 7 withdrew before the exam and 35 were absent on the day. 248 candidates went on to pass the exam, achieving a 60.64% pass rate. The pass mark was 291 out of 408 (71.32%). This pass rate is slightly higher than the previous sitting in November 2018 (55.79%).

Overview of candidate scores

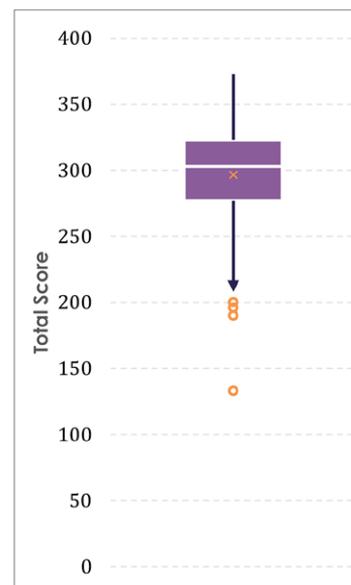
The distribution of scores can be seen in the box and whisker diagram (right). The overall scores are negatively skewed, although this is not unusual.

The range of total scores was from 133 (32.60%) to 373 (91.42%).

The normal range (50% of candidates) scored between 277 (67.89%) to 323 (79.17%)

There were six low outlying scores – 133 (32.6%), 190 (46.57%), 196 (48.04%), 200 (49.02%)

The mean total score was 297 (72.68%) which is above the pass mark.



Primary FRCA OSCE/SOE May 2019

A large cohort of 426 candidates applied to sit the Primary OSCE & SOE examinations in May 2019. Of these, 15 applicants withdrew prior to the exam and a further two were absent on the day. 222/409 candidates went on to pass the exam overall (54.28%). This was slightly higher than the previous sitting in January 2019 (53.68%). Due to the large cohort it was necessary to run two rounds of OSCE on the Saturday following the exam week. The College is indebted to examiners and candidates for giving up their time on Saturday 18 May 2019.

Candidate overall performance

	Total	Pass	Fail	Pass Rate	OSCE Pass Rate	SOE Pass Rate
All candidates	409	222	187	54.28%	62.33%	65.88%
Primary FRCA Both May 2019	297	133	164	44.78%	57.58%	64.65%
Primary FRCA OSCE only May 2019	72	59	13	81.94%	81.94%	-
Primary FRCA SOE only May 2019	40	30	10	75.00%	-	75.00%

The majority of candidates were sitting both components; most of these were at their first attempt, some had failed both components at previous attempts.

The overall pass rate for candidates sitting both components was 44.78% (133/297 candidates). Of those who sat both components and had an overall fail, 31.65% (94/164 candidates) of these candidates passed at least one component.

The overall pass rate for candidates sitting just one component was for OSCE only, 81.94% (59/72 candidates) and for SOE only, 75% (30/40 candidates).

The Final FRCA examination, December 2018 to June 2019

Final FRCA SOE, December 2018

The Final FRCA SOE in December 2018 ran for a full five days and was the first Final exam in the new format. 326 candidates applied for this sitting of the Final SOE; of these 8 withdrew and 3 were absent. The overall pass rate was 76.19% (240/315). The pass rate fluctuated during the week with the the strongest performing day being Monday with a pass rate of 86.15%.

The cohort at this sitting scored reasonably consistently, with the mean score just above the pass marks.

257 candidates (81.59% of the cohort) scored full marks in one or more components but of these 31(12.06%) failed the exam; 29 candidates (9.21%) scored full marks overall at this sitting. 14 candidates (5.83% of the pass cohort) passed the exam without scoring the maximum score in any component.

	SOE 1A	SOE 1B	SOE 2 Long Case	SOE2 Short Case
Range of total scores	5-16	6-16	1-8	2-8
Normal range (50% of candidates)	6-16	13-16	7-8	6-8
High outlying scores	-	-	-	-
Low outlying scores	5(x2), 6	6(x2), 7(x4), 8(x4)	1, 2(x3), 3(x2), 4(x15), 5(x11)	2, 3(x6)
Mean	13.5	14	7.2	7.2

The Final Written exam March 2019

567 candidates applied for this sitting of the Final Written examination; of these 19 withdrew before the exam and another two were absent on the day. Of the 546 attendees 362 candidates went on to pass the exam (66.30%). This pass rate is higher than the previous sitting in September 2018 which was 63.86%.

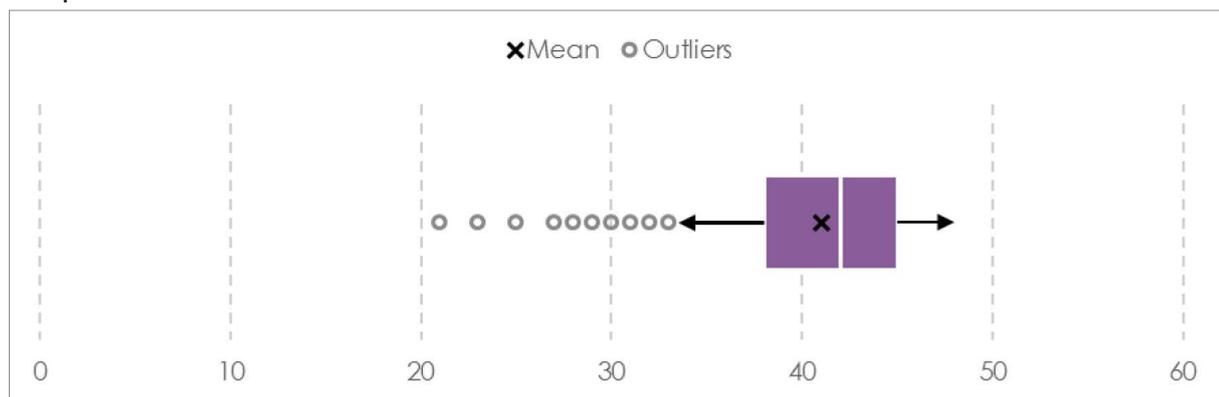
MCQ and SAQ Components

	MCQ	SAQ
Range of scores	59.81-84.07	38.34-90
Normal range	71.82-76.97	62.09-71.25
High outlying scores	-	-
Low outlying score	59.81, 62.01, 62.26 (x2), 63.24, 63.98	38.34, 39.59, 43.34, 45, 47.5, 47.92

Final FRCA SOE examinations, June 2019

423 candidates applied for this sitting of the Final SOE; of these 9 withdrew and 1 were absent. The overall pass rate was 67.31% (278/413). The pass rate fluctuated during the week with the the strongest performing day being Thursday with a pass rate of 72.29%.

Component breakdowns – total scores



The majority of candidates at this sitting scored reasonably consistently, with the mean score just above the pass marks. However, there were a number of candidates who performed significantly lower than the rest of the cohort.

Range of total scores	21-48
Normal range (50% of candidates)	38-45
High outlying scores	
Low outlying scores	21-33
Mean	41.04
Median	42

Changes to the Final FRCA Exam – Filling in the detail



Changing the Short Answer Question (SAQ) Examination to a Constructed Response Question examination

In line with the recommendations of the 2015 FRCA exams review, and as approved by the GMC, Constructed Response Questions (CRQs) will replace Short Answer Questions (SAQs).

The September 2019 paper was a hybrid exam comprising 6 CRQs and 6 SAQs. Papers from March 2020 onwards will consist entirely of CRQs.

The CRQ/SAQ exam will continue to examine knowledge of the basic and intermediate sections of the training curriculum. Therefore, the September 2019 paper contained one question from each of the six mandatory units of training, and six from general duties, which may include a maximum of one question from the optional units of training. Advanced sciences and professionalism in medicine may be included in any of the questions. This coverage of the curriculum was spread randomly across the CRQs and SAQs that made up the exam.

The examination paper will continue to be answered across six individual, coloured question booklets, A – F. Candidates will still be provided with a 'rough paper' booklet, which can be used to make notes, or write out provisional answers before transferring to the answer booklets. Answers written in rough paper booklets that are not transferred to the appropriate answer booklet in the time allowed will not be marked.

As in the SAQ exam, all candidates will be provided with an A4 paper listing all 12 questions, which should be used as an aide memoir, to indicate which questions you have answered or which questions candidates still have to complete in your booklets. For the CRQs, only the question topic will be provided, with a list of subsections and their marks. A4 question papers must not be removed from the exam room.

There is space within the booklets for candidates to write their answers but extra paper and treasury tags can be provided on request, from the invigilator. If candidates use extra paper, they must make sure that they clearly mark which question or question subsection they are answering and ensure it is securely attached to the relevant booklet.

Candidates will find detailed instructions on how to set out their answers on the front cover of each booklet. CRQs will be graded as easy, moderate or hard, as was the case with the SAQ papers. Question grading is based on the analysis of the questions by the CRQ core group.

CRQs will continue to be marked out of 20. The number of marks available for the CRQ examination is 240.

Unlike SAQs, CRQs have specific spaces in which candidates must place their answer for each subsection of the question.

Where a CRQ subsection asks for a specific number of responses e.g. "List 6 factors contributing to X", then candidates must limit themselves to this number. Only the first six will be marked. Additional answers will not be considered. If candidates change their mind once they have written their response, then they must clearly cross out the point they want to remove and add their new point underneath.

The CRQ/SAQ examination duration will remain the same with a maximum time of three hours (15 minutes per question)

The FRCA Final SOE examination – Ensure you are up to date

December 2018 – the new format of the Final FRCA SOE was introduced

A number of amendments to the Final FRCA Structured Oral Examination (SOE) were introduced from December 2018:

1. Change to the SOE timetable, introduction of an extra table change, so that candidates will see six examiners instead of four. This will be achieved by moving candidates to different exam floors halfway through SOE1.
2. SOE1 will run AM and consist of four short cases each with joined applied clinical science cases. The sequence will be short 1 followed by science 1, short 2 followed by science 2 and so on. The exam will be in two parts, Joined A and Joined B, taken in one sitting with candidates moving exam floors to sit both parts. Each part consists of two short cases with joined clinical science cases. Joined part A, run on exam floor 1, will be short and science 1 & 2. Joined part B, run on exam floor 2, will be short and science 3 & 4.
3. SOE2 will run PM and consist of a two-part long case followed by two stand-alone clinical short cases.

See table below for further information:

SOE 1 AM				
Short cases and associated clinical science				
1st floor - To carry out Joined (Short/Sci) part A (1 and 2) all AM - Candidates move floors				
Question No.	Question type	Time/question	Examiners	Unit tested
Short Case 1	linked to Science	6.5 minutes	Examiner 1	See below
Science 1	linked to Short case	6.5 minutes	Examiner 1	Anatomy
Short Case 2	linked to Science	6.5 minutes	Examiner 2	See notes
Science 2	linked to Short case	6.5 minutes	Examiner 2	Physiology
When bell rings candidates move to 2nd floor briefing rooms – 8 minutes				
2nd floor – To carry out Joined (Short/Sci) part B (3 and 4) all AM - Candidates move floors				
Short Case 3	linked to Science	6.5 minutes	Examiner 3	See notes
Science 3	linked to Short case	6.5 minutes	Examiner 3	Pharmacology
Short Case 4	linked to Science	6.5 minutes	Examiner 4	See notes
Science 4	linked to Short case	6.5 minutes	Examiner 4	Clinical measurement

SOE 2 PM Clinical long case and standalone short cases				
Same questions on both floors Long case preview – 10 minutes in briefing room				
Question No.	Question type	Time/question	Examiners	Unit tested
Long Case	Pre op	6.5 minutes	Examiner 5	See notes
Long Case	Intra-operative	6.5 minutes	Examiner 5	See notes
Short Case 5	Stand alone	6.5 minutes	Examiner 6	See notes
Short Case 6	Stand alone	6.5 minutes	Examiner 6	See notes

Seven units of the curriculum will be tested in the exam:

- At least two topics from the General Duties Unit of the curriculum
- At least four topics from four of the six Essential Units of the curriculum
- May be up to one topic from the Optional Units of the curriculum

New SOE format - Marking structure and standard setting:

The exam will be in two sections, SOE1 (AM), will consist of: 4 questions in Joined part A and 4 questions in Joined part B (spread over two marking sheets). Followed by SOE2 (PM) which will consists of: 2 questions in the long case and 2 questions in the stand-alone short cases (spread over two marking sheets). Therefore, there will be 12 questions in total across the SOE, two examiners marking, giving a maximum of 2 marks for each question, $12 \times 2 \times 2 = 48$ marks total. The scoring sections will be split into Joined A (16 marks), Joined B (16 marks), Long case (8 marks), Short cases (8 marks).



Discussions and decisions – The Examinations Committee



Differential Attainment

The College, whilst not outliers in respect of differential attainment, takes the issue very seriously. A number of research projects are in place and we aim to publish findings and answer important questions in regard to differential performance in examinations. The RCoA reported on the issue of differential attainment in the FRCA via an article in the Bulletin 92 | July 2015, the article written by Dr Liam Bennan and Dr Andy Lumb presented data showing that in common with other speciality exams, some candidate groups perform better than others. The effects of gender, ethnicity, training post and primary medical qualification (PMQ) all affect outcomes. More recently, the College has undertaken two projects, which aim to better inform both candidates and trainers on how to optimally prepare for the FRCA:

Differential attainment in curricular components

This project looked at how candidate groups performed in the curricular units tested in Primary and Final FRCA. All questions from four sittings of the oral exams were mapped to the training curriculum then each candidate's score analysed (>20000 results per exam), see full report on the exams research page on the website.

Candidate survey of exam preparation

In three Primary and two Final exams candidates were asked to complete a questionnaire about how they had prepared for the oral examinations to identify if there was any correlation to exam performance and how candidates prepared for exams.

The questions were developed with the college trainee committee, given to candidates after their exam but before the results were known, and then the responses matched to their overall result for that exam sitting, see full report on the exams research page on the website.

Further information and a summary of the above projects can also be found on the [exam research page of the website](#).

Reasonable adjustments at examinations – arrangements for disabled candidates

The policy on disability and reasonable adjustments give details on dealing with reasonable adjustment requests this follows the guidelines set out in the Academy of Medical Royal Colleges' 'Reasonable Adjustments for Candidates with Disabilities in High Stakes Assessments' document (July 2017), which was produced following collaborative work from medical colleges. This policy was scrutinized by our legal team before being accepted into the regulations at Appendix 3.

Additional Final FRCA example questions now available

The Final Board of examiners are very aware that the most current version of the Guide to the Final is now over six years' old. However it would not be sensible to rewrite it until the new changes to the Final examinations have been introduced and proven. Therefore to assist candidates in preparing for the Final examinations in the current format the Final examiner board have released a series of new MTF, SBA and SOE questions on the [Resources to Candidates pages of the website](#).

The exam guides

Work is underway in regard to rewriting the Final guide, the 4th Edition of the guide will be published in December 2019. The Primary guide is expected to remain as is until after the 2020 FRCA exams review.

3D model of the exam floors

The College has completed work on a 3D model, a virtual tour of the OSCE and SOE exam floors which can be accessed through the College website. This will allow exam applicants to take a walk around the OSCE and SOE floors before their exam day.

Exam briefing videos for SOEs

The exams department currently use a video to brief candidates attending the Final FRCA SOE exams on the rules, regulations and format of these exams. The video which has been used for the last five to six years will need renewing and rewriting to meet the new Final SOE format which is being introduced in December 2018. Therefore a new video will be produced during the summer of 2018 to meet the new requirement. It has also been agreed to produce a video for the Primary SOE candidate briefings which will ensure consistent instructions are relayed to candidates.

Moving over from E-portfolio to the Lifelong Learning Platform

The last batch of trainees will move over to the Lifelong Learning Platform in August 2019. We advise all trainees to download their e-Portfolio onto a few different devices, as the Training e-Portfolio will be decommissioned at the end of August. If you used the platform as an anaesthetist in training, please also ensure you download an offline version of your e-Portfolio record from the 'view portfolio' section. You can find a step by step guide if you [click here](#).

The Curriculum review

The current curriculum for a CCT in Anaesthetics was published in 2010. Although a comprehensive review was undertaken in 2015 and changes have been made, the details within the annexes have remained as initially written, and further feedback within the anaesthetic community indicates that there remains room for improvement.

In 2017 the GMC published a new document [Excellence by design: standards for postgraduate curricula](#) which requires the curricula for all medical specialties to be revised by 2020, and to comply with certain requirements:

- curricula must introduce Generic Professional Capabilities

- curricula must be structured round a limited number of 'specialty learning outcomes'- activities that describe the work of an independent clinician in each particular discipline
- each College must demonstrate stakeholder involvement in developing their curriculum
- assessment burden is to be reduced and a 'tick-box' approach avoided.

Implementation of the recommendations of [The Shape of Training Report](#) also requires all Colleges/Faculties to review their training programmes and curricula content to ensure they fulfill the following key principles of the report, which are that the curriculum:

- takes account of and describes how the [revised curriculum] proposal will better support the needs of patients and service providers
- ensures that the proposed CCT curriculum equips doctors with the generic skills to participate in the acute unselected take and to provide continuity of care thereafter
- where appropriate describes how the proposal would better support the delivery of care in the community
- describes how the proposal will support a more flexible approach to training
- describes the role that credentialing will play in delivering the specialist and sub-specialist components of the curriculum.

Timeframe

This will be a complex project and the College must rewrite the anaesthetic curriculum and submit a proposal to the GMC by October 2020.

The proposed new curriculum will include three years core training (four years for ACCS) then four years for higher specialty training. The total indicative duration of the anaesthetic training programme will remain at seven years. There will be three 'stages' of training representing three/two/two years (Stage 1 = CT1-CT3 / Stage 2 = ST4-ST5 / Stage 3 = ST6/ST7).

The clinical scope of Stage 1 will be similar to the current core programme, albeit at a more challenging level at CT3 with greater exposure to obstetric anaesthesia after completion of the Initial Assessment of Competence in Obstetric Anaesthesia (IACO) and paediatrics.

The new curriculum may have implications for future recruitment to higher specialty training, which will start at ST4 ie, Stage 2. Anaesthetists in training will be required to demonstrate

acquisition of the learning outcomes necessary for completion of the new three-year Stage 1 curriculum critical progression point, before starting Stage 2 specialty training (ST4).

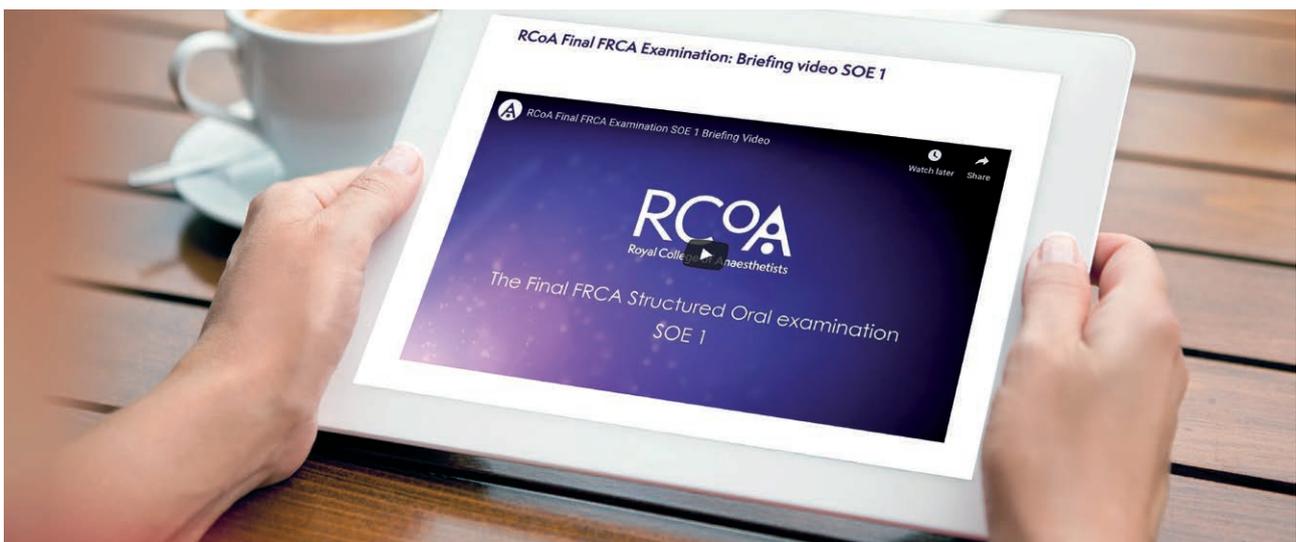
The College is aware that this may have implications for those trainees who enter and/or complete core training on the existing 2010 curriculum before August 2021. The College is looking at the solutions available to allow these trainees as smooth a transition as possible from CT2 through to ST4. The proposal for the new curriculum is currently awaiting approval from the GMC.

The exams review 2020

A full review of the FRCA examinations will be conducted in 2020. The purpose of the review as defined in the TORs is:

"To oversee and conduct an in depth review of the FRCA examinations' purpose, validity, reliability, concordance with best practice in assessment theory and fairness in order to ascertain fitness for purpose as the recognised test of knowledge, skills and attitudes within the training programme leading to the UK CCT in Anaesthesia."

Advice, exam formats and preparing for examinations



This is a regular feature and is often similar to the advice given in earlier editions of the Candidate.

General advice

Preparation is needed for the FRCA exams and we would suggest you start planning your revision at least three to four months before each one. Although it can be difficult to balance exam revision with a full-time job. It is possible with good organisation and discipline. On top of this, many people have other commitments such as children which makes revision even more difficult to fit in. One strategy could be to start with a half-day each weekend or a couple of evenings per week then build up the amount of time as you get closer to the exam. Although people understandably

try to fit in as much studying as possible in the run up to the exam, it is important to spend some time relaxing and doing enjoyable things too. Rather than making your time less efficient, allocating some time for relaxing is instead likely to make the time you spend on revision more productive.

A good first step would be to study in detail the College exam webpages. The resource for candidate pages provide example questions, information about the structure of the exam, videos and 3D tour software, so that you can experience walking around the exam floors before you arrive for an OSCE or SOE. There are 'run through' videos for most exam components so you can understand how a typical exam day pans out.

In terms of what to revise, make sure you look carefully at the syllabus for each exam on the College website to check the areas you need to cover in your revision. There is no point covering areas which don't appear in the exam and your time would be better spent learning things which will be. It would likely be better when allocating revision time to try and concentrate on the areas you find most challenging instead.

Study leave and study budget policies vary by deanery and by hospital. Generally, study leave should be permitted to attend examinations, for private study and to attend relevant courses. You should check if your study budget can be used for exam fees or to pay for preparatory resources.

Our research shows that exam candidates who attend study group seem to perform better than those who don't. Forming a small group with colleagues who are also taking the same exam is a good way to share the burden. Teaching each other informally is a very good way of remembering key topics and being in a group can prevent the 'tunnel vision' of working alone. For practical examinations, assessing each other is one of the best ways to practise your skills.

Try and keep life going whilst you prepare for and sit exams. Keep eating healthily and keep doing some exercise, even if that's only a walk to the shops. Keep seeing friends and give yourself some time off to relax.

We are sure you don't need any advice about what to do when the exam is over. Try not to dwell on it too much and bear in mind that through a process of selective abstraction/arbitrary inference we tend to remember the questions we got wrong and forget the ones we got right. When the results come out we hope you pass but if you haven't, don't be too hard on yourself. Many people have to re-sit exams, and although it may feel so at the time, it isn't the end of the world. It can feel bad if your colleagues pass and you don't and although it may feel that you are the only one in this situation, you really aren't. Take some time to get your mind around it. Work out when the next exam sitting is and try again.

The Primary MCQ

Applying online. You can apply for and pay for your exam online, go to the exam pages, MCQ and you will see the link. If you have not attended an event or an exam before you will have to register first, you can't login for an exam using your e-portfolio details. As soon as you are registered you should be able to book on to your exam, choose your exam centre and let the exams department know if you require any

'reasonable adjustments' because of a disability. You will be asked to pay for your exam using PayPal.

Reasonable adjustments During the online application process you will be asked if you have a disability if you reply yes, you will then be asked if you require any reasonable adjustments. If you reply no or prefer not to say. Then we will assume you do not have a disability and/or do not require any reasonable adjustments for your exam. If you indicate you require adjustments, then it is your duty to follow up by emailing the exams department. You will then be contacted by the Head of Examinations to discuss the reasonable adjustments you require for your exam.

Check the address and whereabouts of your centre: The College holds written exams in London, Birmingham, Cardiff, Manchester, Sheffield, Edinburgh and Belfast. Whilst the cities remain constant the centre used may vary. If it is your first attendance then work out where the venue is and how long it will take to get there, always allow for delays and arrive early.

Practice, practice and then practice some more

Always practice as many MCQs as you can. Reading is important but practice is essential. There are many MTF questions in the public domain. Examples of the SBAs are harder to come by at present as the College continues to populate the question bank. There are 12 or so on the website and 30 in the Primary guide.

Don't leave blanks and mark only one answer. Make sure you enter a choice for every MTF item and SBA question. If you leave one blank it will be recorded as a 'void' (no marks awarded). No marks are deducted for wrong answers. If you mark both true and false for an MTF question your answer will be void. More than one response to an SBA question will result in a void. Always check you have not done this. A good technique for answering SBAs is to cover up the five options then read the scenario and lead-in and try to think of the answer without reference to the options given, then reveal the options and see if the answer you thought of is set out in the options.

It's all a matter of timing

Practice doing 60 MTFs in less than two hours, and 30 SBAs should take approximately one hour. During the exam you will be able to see a clock from your desk and the invigilator will give time checks, ensure you are progressing as you expected. Allow enough time to transfer answers from question book to answer sheet, if this is the way you work. Allow 45 minutes to transfer the answers from your question

booklet to your OMR sheet and check everything has been moved across correctly.

The Primary OSCE SOE

Read the information sheet on the College website. This gives you all the advice you need in regard to the exam. Please read them. As with all our exams there are a number of videos available on the [RCoA YouTube](#) for OSCE and Primary SOE. There is a Primary OSCE/SOE run through video that tells you what to expect on a standard day of Primary OSCE and SOE exams.

Get organised

Arrive at the College at least 45 minutes before your first exam. Bring a £1 coin for the lockers. Listen to what the doorman has to say, you'll find it helpful. Be in the reception area in good time for your exam call. Get some fresh air between exams. Eat and drink throughout the day. Once you have done one exam forget about it and focus on what comes next.

OSCE

The OSCE is a matter of endurance, there are 16, 5 minute stations. You have one minute to read the information outside the station, ensure you take it all in. Concentrate on each question asked you, and give an answer, the Examiner can't go back over questions you miss as the answers may be revealed later in the scenario. If you feel a station didn't go particularly well, then forget it and worry later, ensure you go to each new station with a clear mind. The image and kiosk stations do not have an examiner in attendance. You will be asked questions via a computer screen about an x-ray, ECG or an anatomy picture using a computer screen. Watch the OSCE spotlight videos on the [YouTube channel](#).

SOE technique

Technique improves with practice. Try to look confident, smile, and speak slowly and clearly. Listen to the question. Pause

before you answer, it gives you time to think. Be precise, avoid using 'probably' or 'maybe' as it could undermine any correct answer you give. If you know there are a number of different approaches to a problem, then say so and follow up by confirming the technique that you would use. Remember you are trying to demonstrate that you are knowledgeable and decisive not vague and non-committal. If you make a mistake, say so and correct yourself. Watch the Primary SOE videos on the [RCoA YouTube channel](#).

The Final Written Exam

As from March 2019 the SAQ exam will be replaced by the Constructed Response Question (CRQ) exam. The CRQ will remain a 12 question paper based exam. With two questions in each of the six question booklets. Booklet A – questions 1 and 2, booklet B, 3 and 4 and so on. Each question is marked out of 20 with the pass mark determined by the board of examiners. The pass marks for all questions are summed to give a total mark.

Each CRQ question is split into sections (a, b, c etc) each section carries an appropriate weighted mark of the whole score for the question.

The MCQ is 60 multiple true/false (MTF) and 30 single best answer (SBA) questions.

MTF questions have five items, each item carries one mark. SBA questions are awarded four marks for each correct question. 60×5 and $4 \times 30 = 420$ available marks. The pass mark is determined using GMC approved methods.

The overall pass mark for the written exam is the sum of the percentage pass marks of the MCQ and SAQ papers. Each part carries equal weight, so if you narrowly fail in one exam component you can still pass by achieving a good performance in the other.



The Final Written examination run through video is available on the College's YouTube channel.

The exam runs from 09.00 – 17.00

It's a long day with an early start. If you have a long trip to your exam centre, consider travelling down the day before.

Prepare, Practice, Prepare, Practice

The MCQ and the SAQ require two different exam techniques. When you decide to sit the Final Written exam don't allow any distractions, remain 100% focussed. Practice both types of exams. Past SAQ papers are available on the website. MTF questions are available in the Final guide and SBA questions are available on the website. Practice mock exams. Attend an appropriately aimed course. Talk to your training team and take advice.

CRQ Technique

The CRQ paper is hard work, candidates rarely finish the paper and leave the exam room in less than three hours. The CRQ questions will require a structured approach, candidates must read the questions carefully and only give the specific answers asked for. CRQs have more subsections than SAQs and may also include data and other artefacts. If you are asked to give a list of six answers then you must only give six. If you try to fit in a seventh or eighth answer just hoping six of the eight are right, then the examiners will only mark the first six answers given and answers 7 & 9 will be ignored. However, if after reviewing your answers, you decide to cross out one of the initial six and add a further answer at the bottom of the list then, as only six remain, this will be marked.

Be disciplined you have 15 minutes for each question, allow 13. If you stick to this you will have enough time left at the end of the paper to review each question and add extra info as you check them.

Answer every question but only once

All 12 questions in the CRQ are compulsory, if you don't answer all 12 then you will fail. The questions are spread out across 6 booklets (. You must put your answers in the correct booklets, don't get this wrong. As you answer them in the booklets – tick them off on the question paper provided.

In the MCQ ensure you give an answer for all MTF and SBA questions, there are no marks deducted for wrong answers. Ensure you check you haven't indicated more than one answer for each MTF or SBA or you'll receive no marks for those questions. A good technique for answering SBAs is to cover up the five options then read the scenario and lead-in

and try to think of the answer without reference to the options given, then reveal the options and see if the answer you thought of is set out in the options.

Exam Syllabus

Exam questions are mapped to the relevant curriculum (Final = Intermediate Level, although questions can be made up from competencies in the Basic level). The areas of the curriculum that are tested in exams are identified by the letter 'E'. These 'E' competencies make up the exam syllabus.

The Final SOE Exam

The format of the Final SOE is now quite different from the structure used prior to December 2018:

Structure of the exam

SOE1 - Clinical anaesthesia with linked applied clinical science (normally am), consisting of:

Four clinical short cases each with linked applied clinical science questions. The sequence is normally, clinical short case 1 followed by science question 1, clinical short case 2 followed by science question 2 etc. However, in some instances the linked science question will be covered before the clinical short case (e.g. science question 1 followed by clinical short case 1 etc). This SOE will be in two parts, A and B, taken consecutively, with candidates moving exam floors to sit both parts. Each part is 26 minutes in duration, comprising of two clinical short cases with linked clinical science questions, as described above, with 13 minutes devoted to each pair of questions.

SOE2 - Clinical anaesthesia (normally pm), consisting of:

A two section clinical long case followed by two stand-alone clinical short cases taken in one sitting. This SOE is 36 minutes in duration, comprising of 10 minutes to view clinical material, 13 minutes devoted to a two section clinical long case and 13 minutes devoted to two questions on clinical anaesthesia unrelated to the clinical long case.

Example questions in the new format (to be used from December 2018) can be found on related downloads on the Final SOE candidate resources page.

Manage your day

The clinical anaesthesia with linked science is normally held before lunch and the Clinical long and short cases SOE after lunch. Arrive at the College at least 45 minutes before your first exam. Bring a £1 coin for the locker. Get some fresh air between exams. Bring reading material as there will be lots

of time between exams. Ensure you eat and drink throughout the day. Once you have finished the morning exam forget about it and focus on Science.

Listen to the question

Listen carefully to the questions and make sure you answer the question that was asked in a careful but considered manner. Don't just regurgitate a list of facts in a scattergun approach hoping that you might just give some key answers. If the answer is not immediately obvious to you try talking it through from first principles, draw a diagram if it helps.

Technique helps

Attend practice orals or a Final course. Whilst you will have done orals at Primary level, the Final is quite different. Watch the Final SOE films, available on the Resources For Candidates pages of the College website.

Block out the noise and consider others

The SOE environment suffers from noise issues, there are normally 12 cubicles all working through the same questions at the same time. This is usually in the background and you can blank this out by concentrating on the examiner speaking to you and focussing on your replies. However, you should consider other candidates when answering questions in your cubicle; try to keep the volume of your voice in line with that of your examiners. If you do begin to speak too loudly, you may be asked to lower your voice, don't be put off by this and just re-set your voice at a lower level and carry on.

Watch the example videos

Short examples of a long case, short case and applied clinical science questions are available on the RCoA YouTube channel. These videos should be viewed as an aid to study, and are intended as an example of a model answer. Well worth watching.

How to approach questions with images

Images such as x-rays may be used in long and short cases and there is plans to introduce images into the CRQ and MCQ exams.

Many candidates find image questions difficult. You may find these hints useful.

Use an ordered approach:

1. Very carefully read the question stem before looking at the image
2. Then look at the image and see if you can answer the question without reading the answer stems
3. Finally, read the answer stems

This approach reduces the confirmation bias that you might otherwise experience by knowing what options are available.

It is helpful to know that each image has been very carefully reviewed several times by many examiners before each exam. They have all been able to identify the correct answer and see the abnormality without adjusting screen resolution or zooming. If you are having to do this you are probably missing a key aspect in the history or question stem.

This is in stark contrast to clinical situations where higher quality images might identify unexpected findings. Please do not be put off by this.

Put simply, the images will be of sufficient quality to allow candidates to answer the question posed and whilst they may vary in the level of detail that can be appreciated they will be suitable for the question asked. If you think you need much more detail or higher image quality than that which is provided, you are probably thinking along the wrong lines and go back to the question stem again and check it carefully.

If a question has inadvertently been placed in a written exam which, for technical reasons fails on the day, the examiner core group will identify this during the Angoff/item analysis process (post-examination question review) and it will be excluded from the overall mark for all candidates.

EVENTS CALENDAR

Further information about all of our events can be found on our website.

www.rcoa.ac.uk/events
events@rcoa.ac.uk
[@RCoANews](https://twitter.com/RCoANews)



DECEMBER

 **Anaesthesia Research 2019**
 2–3 December 2019
 The Principle Hotel, York

 **Winter Symposium**
 10–11 December 2019
 RCoA, London

JANUARY 2020

 **Tracheostomy Masterclass**
 10 January 2020
 RCoA, London

Primary FRCA Revision Course
 14–17 January 2020
 RCoA, London

GASagain (Giving Anaesthesia Safely Again)
 15 January 2020
 Bradford Royal Infirmary

Final FRCA Revision Course
 20–24 January 2020
 RCoA, London

 **Anaesthetists as Educators: Advanced educational supervision**
 28 January 2020
 The Studio, Leeds

FEBRUARY

FPM Study days: Acute/in-hospital pain management – hot topics and updates
 3–4 February 2020
 RCoA, London

Airway Workshop
 4 February 2020
 RCoA, London

Anaesthetists as Educators: Teaching and training in the workplace
 10–11 February 2020
 RCoA, London

 **Patient Safety in Perioperative Practice**
 13 February 2020
 RCoA, London

 **Updates in Anaesthesia, Critical Care and Pain Management**
 25–27 February 2020
 RCoA, London

MARCH

Introduction to leadership and management: The essentials
 3–4 March 2020
 Mecure Sheffield, St Paul's Hotel

 **Ethics and Law**
 11 March 2020
 RCoA, London

 **Ultrasound Workshop**
 13 March 2020
 RCoA, London

 **Leadership and Management: Personal Effectiveness**
 19 March 2020
 RCoA, London

Developing World Anaesthesia
 23 March 2020
 RCoA, London

APRIL

After the final FRCA: Making the most of training years 5 to 7
 3 April 2020
 The Studio, Birmingham

Cardiac Symposium
 23–24 April 2020
 RCoA, London

GASagain (Giving anaesthesia safely again)
 29 April 2020
 RCoA, London



Discounts available for RCoA-registered Senior Fellows and Members, Anaesthetists in Training, Foundation Year Doctors and Medical Students. See our website for details.

2019/2020 DATES FOR THE DIARY

NOVEMBER

- 4-9 NOVEMBER PRIMARY FRCA OSCE/SOE EXAMINATION
- 14 NOVEMBER PRIMARY OSCE/SOE PASS-FAIL LIST TO BE PUBLISHED
- 19 NOVEMBER PRIMARY FRCA MCQ EXAMINATION

DECEMBER

- 2-6 DECEMBER FINAL FRCA SOE EXAMINATIONS
- 5 DECEMBER APPLICATION CLOSING DATE PRIMARY FRCA OSCE/SOE JANUARY 20
- 12 DECEMBER FINAL SOE PASS-FAIL LIST TO BE PUBLISHED
- 25-1 JANUARY COLLEGE CLOSED

JANUARY

- 7 JANUARY FFICM FINAL MCQ EXAMINATION
- 9 JANUARY APPLICATION CLOSING DATE PRIMARY FRCA MCQ MARCH 2020
- 14 JANUARY APPLICATION CLOSING DATE FINAL FRCA WRITTEN MARCH 2019
- 27- 31 JANUARY PRIMARY FRCA OSCE/SOE EXAMINATION

FEBRUARY

- 5 FEBRUARY FFPMRCA MCQ EXAMINATION
- 17 FEBRUARY APPLICATION OPENING DATE PRIMARY FRCA OSCE/SOE MAY 2020

MARCH

- 3 MARCH PRIMARY FRCA MCQ EXAMINATION
- 10 MARCH FINAL FRCA WRITTEN EXAMINATION
- 16 MARCH APPLICATION OPENING DATE FINAL FRCA SOE JUNE 2020
- 18 MARCH PRIMARY FRCA MCQ CORE GROUP
- 18 MARCH FINAL CRQ SCD
- 20 MARCH PRIMARY MCQ MARCH - PASS-FAIL LIST TO BE PUBLISHED
- 31 MARCH FFPMRCA SOE

APRIL

- 2 APRIL FFPMRCA SOE EXAMINATIONS
- 11 APRIL APPLICATION CLOSING DATE PRIMARY FRCA OSCE/SOE MAY 2020
- 21-22 APRIL FFICM OSCE/SOE EXAMINATION
- 23 APRIL APPLICATION CLOSING DATE FINAL FRCA SOE JUNE 2020

MAY

- 18 - 22 MAY PRIMARY FRCA OSCE/SOE EXAMINATION

JUNE

- 22 - 26 JUNE FINAL FRCA SOE EXAMINATION