**Part 2 FRCOphth Oral candidate tips**

**What is Part 2 FRCOphth Oral?**

* Oral and clinical examination
* Must pass before the end of ST7
* Maximum of four attempts

**When and where can I sit the exam?**

* Three sittings per year
* UK sittings (varied locations) usually held in April and November
* One sitting in Singapore each year.

**Structure**

* Structured Viva – usually held on the Monday-Tuesday
* OSCE – usually held Wednesday –Friday

**What to expect**

You will be issued with your examination timings for both the viva and the OSCEs by the Examinations Department, this will tell you what time and where you need to report to before your examination.  Your photographic ID will be checked before your viva and you will be issued a candidate badge to wear for both the viva and the OSCE. You will be asked to surrender your mobile phone before you start your viva.  You will leave your belongings in the registration room which is occupied by a member of examinations staff at all times.

**Candidate advice for success in the FRCOphth Part 2 Oral Exam**

1. ***When shall I start preparing?***

Part 2 written and oral exams need adequate preparation, and must not be underestimated. A minimum of 3-4 months of revision is recommended for the Part 2 oral exam. This is to give the candidate enough time to consolidate clinical knowledge acquired during clinical training and part 2 written exam study. Group study (2 or more candidates) is helpful in filling gaps in knowledge, and getting used to being questioned by others. It is also very helpful in improving examination and answering techniques.

1. ***What is the structure of the exam?***

**Structured Viva**

Held on the Monday-Tuesday.

It consists of a series of five stations, with 10 minutes per station

The stations are as follows:

* Station 1: Patient investigations and data interpretation
* Station 2: Patient management 1
* Station 3: Patient management 2
* Station 4: Attitudes, ethics and responsibilities
* Station 5: Audit, research and evidence based practice and Health promotion and disease prevention
* Station 6: Communication – Part of OSCE but will be held with the Vivas, 10 mins

Two examiners will be present at each station and will take in turn in asking questions. Each station is divided into 4 sections/marking points and each score 0-3. Hence if you do not know the answer for one subset of viva, the examiners will move onto the next question in order to score more points.  Examiners will move questions on to ensure you get the opportunity to answer all the questions in the viva.

The post-examination reports published on the College website list the title of the vivas used in each examination.

The communication skills station is an OSCE using a patient actor.  There will be a consultant examiner and lay examiner in this station who mark you on your interaction with the “patient”.  You will be given pertinent information on the scenario immediately prior to starting the station.  There is normally five minutes to read and prepare immediately before starting the station.  You will be provided with paper and pen to make notes which you can take into the station with you, but you cannot take the printed scenario.

**OSCE**

Held on the Wednesday – Friday.

* Station 1: Anterior segment
* Station 2: Glaucoma and lid
* Station 3: Posterior segment
* Station 4: Strabismus and orbit
* Station 5: Neuro-ophthalmology

There will be three patient videos in each station, 20 minutes per station.

All stations will be marked by both examiners.  There are two marking points for each of the three patient videos.  Examiners also make a global judgement on your performance which is used for standard setting.

You will be asked to discuss your findings and management plan.

It is important to have a good routine of examination technique for each station – Oxford Handbook has a good chapter of clinical examination and should be your minimal examination routine. Alternatively, Examination Techniques & Cases for Final MRCOphth/MRCS (Chua) is also very helpful in forming your examination.

Time is tight but the examiners will make sure you move onto discuss your findings and management and then on to the next patient video at the appropriate times.

1. ***Speak to at least 3-5 previous candidates early on***

Every candidate has something valuable to add to your revision inventory. Furthermore, every candidate has a slightly different method of revision. It is therefore recommended that you speak to at least 3-5 candidates who have sat the exam over the past 12 months. Valuable advice you pick up from here and there may make your studying more exam-focused and help you get the few extra marks you need to pass the exam.

1. ***Study hard but wisely***

It is important to remember that the purpose of this exam is to assess whether or not you are a safe to practice ophthalmology independently. This is an exit level exam.

Some candidates are so focused on starting revision early to cover important personal objectives (e.g. reading entire oxford handbook of ophthalmology several times) that they do not have time to adequately read other essential resources (e.g. RCOphth guidelines) which would have enabled them to obtain the extra marks needed to pass the exam.

If you come across a clinical station presenting a rare diagnosis (e.g. cystinosis), ask yourself why is the examiner presenting a rare clinical case rather than something more common (e.g. keratoconus). It is likely that this rare diagnosis is associated with a potentially blinding or life threatening condition (e.g. renal failure), or it maybe that it is potentially reversible if treated early.

1. ***Find a study partner***

As well as doing group work, it may be an idea to find someone who has a similar method of studying to yourself. Try different methods of going through study material together. Two candidates who recently scored highly in the oral exam reported that they went through revision material together. The method they used was doing background reading at home (e.g. Glaucoma in Oxford Handbook of Ophthalmology (OHB) and Clinical Ophthalmology by Kanski & Bowling). They would then meet and each person would quiz the other two pages at a time, covering the entire chapter from start to finish in the OHB.

1. ***When shall I start group study?***

There is no correct answer for this, and it very much dependent on individual preference. It may be advisable to leave at least one month for group study. It is best to discuss this with your study partners at an early stage.

1. ***Which online resources?***

There are a number of very valuable online resources, many of which are picture based Ophthalmology quizzes giving you good preparation for the exam:

* <http://www.mrcophth.com/chua1.html>

With past questions, mock mcq and many other reading materials

* <http://webeye.ophth.uiowa.edu/eyeforum/atlas/quiz/index.htm>

With photo quiz, cases with detailed explanation

* [http://www.eyerounds.org](http://www.eyerounds.org/)

Cases with detailed explanation

* <http://www.djo.harvard.edu/site.php?url=/physicians/kr>

Case discussions and photos

* <https://www.youtube.com/watch?v=XoNzlkFbosk>

Corneal topography interpretation

* <https://www.youtube.com/watch?v=f_rNQR-WFE8>

Orbital examination

And many other nystagmus examples on Youtube.

1. **Which textbook shall I use for main reading?**

Once again, it is very important to ask previous candidates for their experience with this. Essential reading includes:

* Oxford hand of Ophthalmology, Denniston & Murray.

Excellent textbook offering concise information which covers a lot of what you need to know for the written and oral exams. However, do not expect to find all of what you need to know in this book. A major disadvantage is the rare use of images. Remember, however, that the majority of written part 2 exam questions do not use images.

* Clinical Ophthalmology: A Systematic Approach, Kanski & Bowling.

Once again an excellent textbook covering a lot of what you need to know. However, as you might expect no textbook covers everything you need to know. A major advantage of this textbook is its heavy use of images, making it particularly useful for the oral exam.

* Examination Techniques & Cases for Final MRCOphth/MRCS by Chua, Goh & Lim
* The Ophthalmology Examinations Review by Wong, Liew & Cheung
* Ophthalmology Secrets in Color, Gault & Vander.

If you prefer to read a textbook written in question and answer format, this may be the book for you.

Other textbooks which may provide expanded clinical information include:

* Basic and Clinical Science Course (AAO) books
* Ophthalmology, Yanoff & Duker.
* Current Clinical Evidence in Ophthalmology by Roberts, Gale & Martin

1. ***What resources are useful for covering other aspects of the curriculum?***

To score well on the written exam, it is of paramount importance to go through the following:

* Royal College of Ophthalmologists Clinical Guidelines

<https://www.rcophth.ac.uk/standards-publications-research/clinical-guidelines/>

* Royal College of Ophthalmologists Clinical Guidelines

<https://www.rcophth.ac.uk/standards-publications-research/ophthalmic-services-guidance-2/>

* National Institute for Health and Care Excellence (NICE) Guidelines for topics relating to clinical ophthalmology

<https://www.nice.org.uk/>

* Vision requirements for driving

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526635/assessing-fitness-to-drive-a-guide-for-medical-professionals.pdf> (p.87-93)

<https://www.rcophth.ac.uk/wp-content/uploads/2014/08/Focus-Summer-2013.pdf>

1. ***Do I need to read certain research studies?***

Landmark clinical trials will be tested in the 2 oral exam. Past example questions included naming three glaucoma trials in which trabeculectomy was a treatment arm, and stating their basic statistical findings. Another example is detailed explanation of BRVO treatment based on clinical trials and RCOphth guidelines. There is no single all you need to know resource. The following may be helpful

* <https://www.eyedocs.co.uk/ophthalmology/journals>
* [http://www.eophtha.com/eophtha/studiesandtrials.html](http://www.eophtha.com/Must%20Know/studiesandtrials.html)
* <http://www.mrcophth.com/importanttrialsinophthalmology/mainpageimportanttrialsinophthalmology.html>

If you prefer reading a textbook:

* Handbook of Clinical Trials in Ophthalmology by Gupta, Aggarwal & Goel.

It is important to remember that the resources above summarise important clinical trials. They are not intended to be an all you need to know resource. Furthermore, the most accurate source of information re a clinical trial’s findings is the actual published peer-reviewed study.

1. ***Any other topics I should cover?***

You should review the curriculum to ensure topics not in Ophthalmology textbooks are adequately covered, particularly learning outcomes in the AER, DMCRJ, IH and HS domains.  Refer to the OST assessment blueprint ([http://curriculum.rcophth.ac.uk/documents/OST\_Assessment\_Blueprint\_January\_2015.pdf](https://www.rcophth.ac.uk/wp-content/uploads/2016/10/OST-Assessment-Blueprint-January-2015-revised-July-2016-2.pdf)) to check which learning outcomes can be tested in the exam.

It is important to go through the principles and interpretation of clinical investigations. For example: Visual field tests, FFA, ICG, etc. There are chapters at the start of the OHBO, at the start of certain Clinical Ophthalmology (Kanski & Bowling) subspecialties (e.g. Glaucoma, Medical retina, etc) which are very helpful for this. Also:

* <http://www.mrcophth.com/chua1.html>

Common investigations

Pay special attention to clinical presentations which can cause blindness or death if missed. E.g. granulomatosis with polyangitis. This can also help you choose which rare topics to read about if you are short of time (e.g. optic nerve hypoplasia as it is associated with hypopituitarism).

1. ***Any other useful resources?***

* <http://www.gmc-uk.org/guidance/case_studies.asp>

This presents ethical guidance in clinical scenario format. I.e. more reader friendly. It presents example scenarios and how the healthcare professional dealt with the ethical dilemma, referencing GMC guidance.

1. ***Are there any courses I can attend for the Part 2 oral exam?***

* <http://www.oculus-course.com/>

Well established FRCOphth Part 2 Oral examination course.

* <http://www.londoneyecourse.com/>

Three days of lectures covering clinical ophthalmology and important clinical trials and College guidelines. This if followed by a one day OSCE/Viva course.

* <http://www.cmft.nhs.uk/royal-eye/courses-and-conferences>

OSCE/VIVA course that is run at the Manchester Royal Eye Hospital

* <http://www.corneaoculoplasticscourse.org/>

Two day Cornea and Oculoplastic course,  organised by the Corneo Plastic Unit & Eye Bank of the Queen Victoria Hospital, East Grinstead.

**FRCOphth Part 2 orthoptic examination courses:**

* <http://www.binocularcourse.net/>

Orthoptics course at the Royal Free hospital in London, tailored to candidates sitting the Part 2 oral exam.

* <https://www.ucl.ac.uk/ioo/study/cpd/orthoptic-course-with-patients>

Moorfields Orthoptic Revision Course. Also tailored to candidates sitting the Part 2 oral exam.

Sign up via link above or email [Leena.Patel@moorfields.nhs.uk](mailto:Leena.Patel@moorfields.nhs.uk)

If you know of any other courses for the Part 2 oral exam which are open to candidates in the UK please email [otg@rcophth.ac.uk](mailto:otg@rcophth.ac.uk) so that they can be added here.

1. ***Any other tips?***

* Good sleep is essential, and more important than extra hours of study at the expense of good sleep.
* When making your travel arrangements, aim to arrive in the town/city in good time, maybe even the day before, to minimise any potential travel related stress.

*This page has been published to offer advice to candidates from candidates. Provision of the above guidance and resources does not constitute RCO*