

How to pass the FRCOphth part 2 oral exam

If you have got this far in terms of your exams, relax. In terms of pass rate, the hardest FRCOphth membership exams are already behind you. The pass mark for the part 2 oral exam is around 75%, and about 85% if you're in specialist training.

The exam consists of two parts spread over a week. The VIVA day consists of five stations and has one OSCE communication skills station included for logistical purposes, and the OSCE day consists of five stations (with the sixth OSCE station already included with the VIVA).

Historically, the OSCE involved examining real patients (or actors for the communication skills station) and the VIVA consisted of photos of clinical signs / investigations or vignettes. Post-pandemic, the VIVA has remained fairly similar, however the OSCE now consists of video clips and photos as well, instead of real patients. This may change back to the original format, or a hybrid version of both pre- and post-pandemic forms of the exam.

For the new exam format, ensure you have booked ahead with a college-certified examiner to go through examination work-based assessments, of which there are seven to be completed. Proof of completing these need to be emailed to the College ahead of sitting the exam.

Always check the College website for not only the latest guidance, but there are some hidden gems in past examination reports about previous stations. Speak to your colleagues who have sat the exam, as there are many electronic resources being passed from candidate to candidate, including a long list of previous VIVA stations, where the stations tend to be frequently recycled.

If you're sitting the oral exam in close proximity to the written, you already have all the required knowledge for the exam in your head. Work on refining your answering technique for the oral exam. This would involve a structured approach to answering questions (i.e. splitting management options into conservative, medical, surgical etc.). Working in groups works really well for covering a wide variety of cases and describing findings in a slick way.

Contrary to popular beliefs, you do not get grilled on the minutiae (i.e. how many patients were in each arm of HEDS I). The examiners look for lots of breadth with hints of depth (i.e. throwing in a study

to back your answer). A good tip is to approach each clinical scenario as if you were in eye casualty and how you would work that patient up in a sensible manner (bedside tests, clinical investigations available in outpatients (OCT, FFA etc.) and further investigations (bloods, imaging etc.)). Always think about zooming out a bit and offering suggestions such as sight impairment registration, referral to support groups, stopping driving etc.

Additional resources I would highly recommend are as follows:

1. Sharjeel Eye Youtube channel:

<https://www.youtube.com/channel/UCeUGQg3fsGvleaNSmAth85g>

Very similar video style to the ones you get for the OSCE and a wide variety of pathology to see.

2. Westmead Eye Manual:

<https://www.westmeadeye.com/>

A great resource for exam-focused revision, especially the bullet point style summaries of pertinent clinical trials.

3. Fung T. *Viva and OSCE Exams in Ophthalmology: A Revision Study Guide*. London, UK; Springer; 2020.

A great book that is structured using the exam format, with reasonably up to date RCOphth and NICE guidelines.

4. Denniston A, Murray P. *Oxford Handbook of Ophthalmology*. Oxford, UK; Oxford University Press; 2018.

An oldie but a goodie, especially the bits at the end like laser safety etc.

5. Courses: The London Eye Course,

Oxford Course, South Wales

Ophthalmology Course, and

Glasgow Mock OSCE, are all highly recommended.

There's a lot to be said about not losing your cool during the exam. It is a very time-pressured environment, and the examiners push you hard to try and get you through all the set questions, to maximise your marks. Many previous candidates have spoken about "going blank" during the OSCE or VIVA and then going on a downward spiral for the rest of the stations. Try and shake it off immediately if this happens to you, as you can cross-compensate between the exams a little bit, and every extra mark here and there may make all the difference. Keep cool, describe everything you can see, and try and offer a logical answer if you run blank, shake it off and move on to the next station. Good luck!

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