

Al Salam Alaikom w Rahmat Allah w Barakatoh

Peace be upon you

My name is Mohamed Oshallah. I am an ophthalmologist from Egypt, currently working in Kuwait. Thanks to Allah, I passed FRCS – Glasgow examinations from the first attempt. I finished them in 2016.

I started by ICO examinations in 2013 and passed the clinical sciences (CS) exam in 2014.

I passed the problem solving paper in 2015 and finally the viva & clinical part in September, 2016 in Delhi.

Duration of studying for every exam varies according to your clinical background and whether you had any recent exams or not but I think that 3-4 months maximum is sufficient for any exam for a practicing ophthalmologist.

You have to keep in mind that passing these exams is granted by Allah. We just study and do what we can and leave everything in His hands and believe that nothing happens apart from His will.

ICO BS/CS/Optics & refraction exams (2013, 2014):

These exams are not quite easy as they used to be. They took some time for preparation. It doesn't matter the text you study from as long as you are familiar with it and can review it quickly and efficiently before the exam. I studied from the same books I used for my master examinations. I used **John Ferris** for MCQ for the basic sciences & **Chua MCQ** for the CS exam. I studied **optics from Elkington**. I studied for the CS from **Oxford handbook of ophthalmology**.

Problem solving paper – FRCS part 2 (2015):

Again here I studied from **Oxford handbook of ophthalmology**. For the emergency medicine questions I studied from some notes written by **Dr Waleed Badr based on Oxford handbook of Internal Medicine**. Also past candidate experience is very important here.

The questions were fairly easy & straight forward.

- One Q about globe rupture and surgical repair
- One Q about surgical third nerve palsy as an emergency and its relation to HTN & polycystic kidney disease (that was the emergency question by the way)
- One Q about difficulty reading in post stroke patient mostly due to homonymous hemianopia.

I can't remember the rest of them but these were the tricky ones. The questions were mostly repeated from past candidates experience found on Chua website.

Part 3 FRCS:

An important point here is to send the application so that it arrives on the first day of the application interval because the places are very limited and they fill up pretty fast.

Again the past candidates experience is invaluable here and in fact most of the questions are repeated. For example, be sure that you will be asked about diabetic retinopathy in details, dry eye in details and that is including investigations and management. Also try to review the experience for the specific center you will sit the exam in.

I highly recommend one of the online available preparation courses. I took the course with '***Ophthalmology e-Learners Academy***'. They have a page on *Facebook*. They are well organized and focused on the

systematic approach you require to pass part 3. They didn't only help me pass the exam but changed the way I approach my patients.

I prepared for 4 months for this exam and passed. I studied from **Oxford hand book of ophthalmology, OHB of internal medicine, Kanski and Wong's ophthalmology examinations review**. The questions are not usually tricky. Some of my colleagues said that the questions were typically from **FRCS (ophthalmology) cakewalk**. The exam basically assesses your day to day experience and skills as a general ophthalmologist, no more, no less.

VIVA

Ophthalmic medicine station

- DR
- DR
- DR
- DR
- DR

I was asked about every aspect of DR in details by the 2 examiners, including lasers, injection, PPV, ETDRS, CSME, and NVG.

- GLAUCOMA medications
- Painful sudden loss of vision scenario
- Orbital cellulitis

Ophthalmic surgery station:

- Amelanotic melanoma picture and discussion on management, US criteria
- Retinoma picture after brachytherapy for RB
- Anaesthesia for cataract sx and their complications (local & GA)

- DCR: details of surgery and most dangerous and most common complications
- Tests for dry eye (Schirmer's test)??
- Corneoscleral wound repair and why do you start with limbus and used sutures

General medicine station:

- Pic of NVI and discussion
- Pic of necrotizing scleritis and discussion about Wegner's granulomatosis & Rheumatoid arthritis & ocular complications (all) and ttt
- OCP And complications including superior sagittal sinus thrombosis (SSST) c/p and investigations
- Dry eye (again) and Schirmer's test (again)??

Clinical

Here the method of examination is the important thing. How you do it and how fluent you are. You have to show them that you do these tests on a daily basis. That's why it is all about **practice, practice, practice and you will PASS!!**

No time here for long discussion. Basically DD or even 1 diagnosis if you are sure and then 1-2 questions about treatment or further investigation.

Anterior segment station

- Pterygium
- Corneal Graft failure

Posterior segment station

- AMD
- CSME
- RP
- Eale's disease (I didn't know the diagnosis here)

Neuro station

- Thyroid eye disease!!!
- Unilateral Optic neuritis in 16 years old
- Third case not completed

Orbit station

- Phthisis bulbi
- Recurrent ptosis in a 12 years old boy (I forgot to check for the sx scar)
- Upper lid papilloma

That's all I can remember. I hope my experience is helpful. Best wishes for you all. I am happy to help furthermore if you have any questions. Feel free to contact me by e-mail.

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Best Wishes