Hello everyone,

I am Dr. Koushik Tripathy. I passed MD [Ophthalmology] from Dr. Rajendra Prasad Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, New Delhi, India and was a senior resident at the same institute. I am grateful to the faculty of the institute, my seniors, colleagues, and juniors from each of whom I have learned a lot.

With God's grace, my parents' blessing and my teachers' valuable guidance, I have passed FRCS3 Glasgow held at New Delhi on September 2016. I must thank Prof. Muthusamy Palanisamy, Dr. Vijaya Paranjpe and the faculty of the Muthusamy Virtual University of Post Graduate Ophthalmology [http://www.mvupgo.com/] for their selfless and sincere efforts in teaching me. It is indeed extremely rare to find such genuine and selfless persons who dedicate their valuable personal time for your improvement. I recommend all FRCS candidates to definitely enroll at http://www.mvupgo.com/ or contact professor [profpmuthusamy@gmail.com] and believe me you will thank me later. Please enroll at least 6 months before the examination.

The website by Prof CN Chua [http://www.mrcophth.com/] is very important and a must-read for the exam. All candidate-experiences are very important and the questions actually get repeated. All topics under MRCOphth part III, Picture quizzes, Ophthalmic trials & guidelines, Clinical and surgical skills, and videos at the site must be read. Prof Chua is also the writer of an important and simple book [Examination Techniques and Cases for Final MRCOphth/MRCS/FRCS] which must be read before going for the exam. I am sure this book will help in your clinical practice as well.

Candidates, who are already practicing a subspecialty of Ophthalmology, please remember to see all general ophthalmology cases (and not just the cases referred to you). You should examine and plan management during your clinical practice itself before referring the patient to another expert of another subspecialty.

I believe Kanski [Kanski's Clinical Ophthalmology- A Systematic Approach 6th ed 2007] is a must-read and if you remember all of it, you will definitely pass. I do not like the recent editions as many topics have been shortened. Try to memorize all the photos and start with the topics you fear the most.

The files at online FRCS groups [https://groups.yahoo.com/neo/groups/FRCS/info and https://groups.yahoo.com/neo/groups/FRCOphth/info] are very helpful.

http://webeye.ophth.uiowa.edu/eyeforum/cases.htm is a good online resource as is the http://eyewiki.org/.

Keep a look at the timing and opening dates for applications. It is preferable to send the application so that it reaches the United Kingdom on the first day which increases the chances of getting a seat for the exam. I made a bank draft to pay the exam fees.

Experience of the Examination: Here is what I remember from the exam:

Orals

Ophthalmic Medicine: There were photos printed on paper.

- Pseudoexfoliation- pathology, problems in cataract surgery and management, causes of glaucoma.
- Marginal keratitis- Causes, Don't forget Rosacea as an important cause besides others, management
- Papilledema: causes, differences from pseudo-papilledema, causes of idiopathic intracranial hypertension, management. Remember systemic hypertension as an important cause.
- Avellino corneal dystrophy- classification of corneal dystrophy, management, management of recurrent corneal erosions.
- Acute angle closure glaucoma- signs, management. Remember to do a laser iridotomy on the other eye.

Ophthalmic surgery and pathology

- Pterygium- pathology, parts of a pterygium, management.
- Thin cystic bleb with hypotony- other ocular features, management
- Graft infection- causes, investigations, management

General Medicine and Neurology

- Uveitis and systemic diseases, HLA associations, management
- Sarcoidosis
- ECG of angina, management and how will you plan for cataract surgery for such a patient
- Sudden loss of consciousness at your clinic, causes, management

Clinics

Anterior segment

- Iridofundal coloboma- associations, chances of retinal detachment, prophylactic laser [we have published our experience with laser in such cases https://www.ncbi.nlm.nih.gov/pubmed/26821601], cosmetic management
- White cataract- investigations, prognostication, management [remember soft shell technique]

- One eye operated penetrating keratoplasty, other eye vascularized leucomatous corneal opacity- how many days post surgery [based on postoperative inflammation and number of sutures], management of the other eye. The patient was very tall and had acromegaly like facies [? Systemic disease].

Oculoplastics and lid disorder

- Phthisical eye with pseudoptosis- I missed frontalis overaction at the first look. The upper lid was swollen. Management of phthisical painful eye, fat pats in eye lids [superior lid has 2(medial and central) as the lateral part is taken by the lacrimal gland, inferior lid has 3 (lateral, central, medial)]. I missed something in this patient and I thought that I would fail.

- Ptosis- measurements and examination [practice this at clinic positively, and remember to corroborate margin reflex distance to the amount of ptosis]

Neuro-ophthalmology and ocular motility

- Primary optic atrophy one eye- 90D examination (undilated patient), signs of optic atrophy, cause, check papillary reaction, investigations, how do you know that other eye is normal?

- Intermittent divergent squint- phoria or tropia? 'Unlike a pure phoria, intermittent exotropia spontaneously breaks down into a manifest exotropia' [http://webeye.ophth.uiowa.edu/eyeforum/tutorials/intermittent-exotropia.htm]. How do you perform cover/uncover/alternate cover test? What do they detect? management

Posterior segment

- Lasered proliferative diabetic retinopathy to be examined with indirect ophthalmoscope. Had regressed neovascularizations and no macular edema, and panretinal photocoagulation spots. How do you know the duration of laser [fresh laser spots are white and edematous, old spots how chorioretinal atrophy and pigmentation], management of the case, causes of a sudden inferior visual defect in diabetic- superior branch retinal vascular occlusion, superior retinal detachment, non-arteritic ischemic optic neuropathy [wanted this]. As an ophthalmologist which oral drug can you prescribe in this case? Likely wanted to know about ruboxistaurin [https://www.ncbi.nlm.nih.gov/pubmed/25801496]. I answered that I will preferably send the patient to the treating physician/endocrinologist for all systemic medications. Associated hypertension, nephropathy, hyperlipidemia etc needs to be treated also.

- Choroidal neovascular membrane and subretinal bleed (90D)- 3 mm pupil with cataract. Please practice 90D in your own clinics. Investigation, cause, management.

Lastly, remember that the pass rate is not good, and you must try your best to see all kinds of patients at your clinics only and manage them as you would do in the exam. Do not you're your cool even if a case-discussion goes bad. Try to concentrate on the next case and give your best. Communication with British examiners can be difficult as their accent is different. They also have an evaluator who ensures that examination is going well and no bias or preference is given to or against any specific candidate. Overall, I liked their professionalism in taking examination.

Clinical examination techniques should be perfect and please practice them repeatedly. Prof Chua's book is a good help. I was not happy with my performance in the squint/neuro-ophthalmology and oculoplastics. I am thankful to God, my parents, my teachers, Prof Muthusamy and his team, Prof Chua and my wife Trina for this success. I will be happy if I can help you by any means. I can be reached at koushiktripathy@gmail.com.

Wishing you all the best,

Yours sincerely,

Dr. Koushik Tripathy.

New Delhi, India.

Dated 26th October 2016