

**11 January 2016 - Part 1 FRCOphth Examination**



The ROYAL COLLEGE of  
OPHTHALMOLOGISTS

**Candidate Feedback**

Candidate Name: [REDACTED]  
Candidate Number: [REDACTED]  
Overall Result: **Pass**

18 Stephenson Way  
London, NW1 2HD  
T. 020 7935 0702  
exams@rcophth.ac.uk  
rcophth.ac.uk  
@RCOphth

MCQ Result **Pass**  
Raw Score from pass mark\* **16**

**MCQ Performance Summary:**

Blueprint Category	Percentage of questions answered correctly
Anatomy and Embryology	69.57%
Physiology	73.91%
Pathology	60.87%
Pharmacology and Genetics	77.78%
Optics	83.33%
Miscellany (eg Statistics, Health Economics)	75.0%

CRQ Result **Pass**  
Raw Score from pass mark\* **11**

\*Raw score from pass mark is provided to inform candidates how much above or below the pass mark they have scored from the pass mark. A negative figure indicates that candidates were unsuccessful in this component. For example: a mark of 5 indicates that the candidate was 5 marks over the pass mark or a mark of -5 indicates that the candidate was 5 marks under the pass mark.

January 2016 ( Kuala Lumpur)

**MCQ**

-Majority of questions are in the form of "most likely to be true", "least likely to be true"

-Tips to pass MCQ is to do a lot of MCQ (chua website, eyedocs, revision in sciences basic to ophthalmology, john ferris, The Eye MCQ companion and masterpass mcq). If you are running out of time, chua website, john ferris and masterpass mcqs questions will do.

-Generally mcq is easier than CRQ

**CRQ**

- 1) Diagram of eye globe from the posterior view.
  - a) Label structures A-F. (Optic nerve, IR muscle, LR muscle, vortex veins, long posterior ciliary artery, short posterior ciliary artery)
  - b) What nerves are identified by G. (short ciliary nerve)

- c) 3 types of nerve fibres G contain.
- 2) Picture of acanthamoeba in corneal specimen.
- a) 2 forms of acanthamoeba. (cysts and trophozoites)
  - b) Best culture medium to identify acanthamoeba.
  - c) One specialised stain to identify acanthamoeba
  - d) What are the clear spaces in the diagram due to?
  - e) Other non clinical technique can be used to identify acanthamoeba keratitis.
  - f) One important bacterial cause of keratitis in contact lens wearer.
  - g) One important fungal cause of keratitis in contact lens wearer.
  - h) 2 factors that predispose contact lens wearer to corneal infection.
- 3) A pathological specimen.
- a) Histological stain that has been used. (H&E)
  - b) Label structure A to E
  - c) 3 structures found in normal skin at layer B. (B is dermis)
  - d) Diagnosis of the lesion.
- 4) Draw ray diagram of Porro prism.
- a) Why is it incorporated in slit lamp biomicroscope.
  - b) Draw ray diagram of Wollaston prism.
  - c) Optical effect of Wollaston prism
  - d) Optical instrument that incorporates Wollaston prism and for what purpose.
- 5) a) 2 differences between fused and solid bifocal specs lens
- b) 3 optical problems with the use of bifocal lens.
  - c) explain why executive bifocals might be prescribed for a child.
  - d) 4 situations in which prescription of bifocals are contraindicated.
- 6) Draw ray diagram of Galilean telescope.
- a) How is the magnification calculated. Write formula.
  - b) Features of image produced by this telescope.
  - c) 2 advantages of this telescope over other devices used for magnification.
- 7) a) Transposition of cyl lens. Name the type of refractive error produced.
- b) Symptom that may arise if this pt is prescribed with this type of specs. (diplopia)

c) 3 ways to reduce this symptom.

d) 2 ways to reduce astigmatism during cataract surgery.

8) Picture of LogMAR chart.

a) Type of visual acuity measure using this chart.

b) 3 factors that set limit for visual acuity assessment.

c) what does LogMAR mean?

d) Recognised distance for LogMAR test.

e) if the line 0.0 is read what is the snellen equivalent? Describe what snellen fraction mean.

9) Picture of goldmann appplanation tonometer.

a) name the technique and instrument shown.

b) accepted upper limit of IOP.

c) Principle to measure IOP by this method and what does the principle state.

d) Scale for this instrument.

e) Diameter of fluorescein at the endpoint of measurement.

f) instrument to measure corneal thickness

g) normal corneal thickness.

h) 2 factors that influence goldmann tonometry measurement.

10) Picture of Lees screen/ hess chart.

a) 3 principles underpinning this ix.

b) What does size of each small square represent.

c) Diagnosis. (right superior oblique palsy)

d) 2 abnormalities in visual physiology that make this ix inappropriate.

11) Picture of corneal topography.

a) Name.

b) 2 usages other than in diagnosing corneal pathology.

c) Features in the image that support it's keratoconus.

d) 3 other clinical ix that are useful for this disorder.

e) 1 condition associated with this disorder. (down syndrome)

f) if prescribed +ve cyl, where would the axis be?

12) a) Name law governing human tissue in UK.

b) Fundamental principle.

c) 4 areas that need to apply license.

d) e.g of 2 activities that are illegal under the law.

e) How long can an institution store the tissue before license is required.

f) E.g in ophthal that this law is applied.

Study the pathological slides, investigations from chua website. It's very useful. Having some experience working in ophthal dept will help in CRQ.

Overall result: pass 😊