



Intermediate Fellowship Examination

Q: What is the format of the examination?

A: There are two subjects for the Intermediate Fellowship Exam:

1. Physiology including clinical measurements
2. Pharmacology including statistics

The syllabus can be found at [College website](#). There is a written paper and an oral examination (2 tables) for each subject. The two subjects are worth equal marks and the written and oral exams in each subject are worth equal marks.

Q: How many questions are there in the written paper?

A: The written paper in each subject consists of 12 short answer questions. They have to be answered in English. Duration of the paper is 2 hours. Candidates are recommended to allocate equal time (i.e. 10 minutes) for each question. We do not expect candidates to write an essay, but answers that are written in a note-format have to be understood by the average anaesthetist. In particular, if you use symbol in your answer, this has to be clearly defined. You should remember that examiners can only award marks to answers that are clear and legible.

Q: How many tables are there in the oral examination?

A: There are 2 tables of oral examination for each subject. In each table (20 min), there are 2 examiners. Each examiner will ask questions for 10 min. Generally, this will cover 2 topics. Candidates will be rotated through all tables.

Q: Am I eligible for the oral examination after sitting the written section?

A: A candidate must achieve acceptable standards in the written paper before being eligible for the oral section of the Intermediate Fellowship Examination. Candidates will be notified of their eligibility about two weeks before the oral section of the Intermediate Examination.

Q: Do I get refund if I am not invited to the oral section?

A: Examination fee will not be refunded to candidate who is not invited to the oral examination.

Q: How is the exam marked?

A: The College strives very hard to make sure that our assessment is fair and accurate. In each examination, there will be at least one external examiner from Royal College of



Anaesthetists (UK), Australian and New Zealand College of Anaesthetists or National University of Singapore. To avoid bias, marking schemes (written or oral) are set before the exam and all questions are marked by paired examiners. Currently, a “close marking system” is used throughout the exam. In this system, marks are given to indicate clear fail, borderline fail, pass and good pass. We use this marking system so that very good marks in 1-2 topics will not compensate deficiency in multiple areas. From the candidate point of view, you must not spend all your time in a few questions, because the marks that you scored in these questions will not be sufficient to compensate for those that you have little or no time to attempt.

Q: Am I allowed to carry forward a pass in a subject?

A: A candidate will be allowed to carry forward a pass in a subject (Physiology or Pharmacology) if the candidate achieves a pass in the subject, and has scored at least 40% of total in the other subject. In subsequent attempt, the candidate must achieve a pass in the remaining subject in order to satisfy the entire Intermediate Fellowship Examination requirement.

Q: How many times can you carry forward the pass status?

A: The pass subject can be carried forward for a maximum of four subsequent consecutive Exams, after which, the candidate must rewrite both subjects.

Q: If I only take one subject in the Intermediate Examination, will the examination fee be reduced?

A: The examination fee will be the same for each attempt of the Intermediate Fellowship Examination regardless of the number of subject taken.



Final Fellowship Examination

Q: What is the format of the intermediate examination?

A: There are three sections in the Final Fellowship Examination, that worth equal marks:

1. Written Short Answer Questions
2. Oral Examination
3. Objective Structured Clinical Examination (OSCE)

The three sections cover all aspects of clinical anesthesia, applied physiology, pharmacology, pain management, intensive care medicine, management issues, medico-legal aspects and research-related matters. The syllabus can be found at [College website](#).

Q: How many questions are there in the written paper?

A: There are two 90-min papers. Each paper consists of 9 questions (i.e. a total of 18 questions). You should allocate approximately 10 minutes for each question. The total duration of the written section is 3 hours.

Paper 1 usually consists of three clinical scenarios, each followed by three questions related to the scenario. It is important that you answer should be written in the context of the scenario. Irrelevant answers will not score marks.

Paper 2 usually consists of 9 standalone short answer questions.

Q: Am I eligible for the Oral Examination after sitting in the written section?

A: A candidate has to achieve an acceptable standard (at least 43%) in the written papers before being eligible for the Oral and OSCE Sections of the Final Examination.

Q: When will I be notified of my eligibility for the Oral Section?

A: Candidates will be notified of their eligibility about two weeks before the Oral and OSCE Sections of the Final Fellowship Examination.

Q: Do I get refund if I am not invited to the Oral Section?

A: Examination fee will not be refund to candidate who is not eligible for the oral and OSCE Sections.

Q: How many tables are there in the oral examination?

A: There are three tables for the oral section of the Final Fellowship Examination. There are two examiners in each table. Each examiner will ask questions for 15 minutes,



usually will cover 2-3 topics. The questions may or may not be related to a clinical scenario. The total time allocated to the oral section of the examination is 90 minutes.

Q: What is in the OSCE?

A: The OSCE aims to test your psychomotor skills and attitudes to clinical anaesthesia. The OSCE consists of 10 stations of 10 min duration with a 2 min changeover time between stations. Currently, OSCE stations cover applied anatomy and regional anaesthesia, equipment, crisis management, resuscitation, X-rays, investigations, physical examination, communication and procedure. From 2013, we have introduced a “long clinical case” station that will stretch over 20 min and has double weighting. In this station, you will need to demonstrate ability to take a relevant history from a patient (real or simulated), perform a focused physical examination, interpret investigations and provide a relevant plan for perioperative management. In 2014, we will introduce another new station - Critical Appraisal of Literature. The details of this station has been published in the [College website](#). You should note that there are more than 10 possible stations that could be included in the OSCE. The exact composition of OSCE will be announced immediately before the start of the examination.

Q: What is the passing mark of the Final Examination?

A: A candidate has to obtain a pass in the overall mark, passes in at least two out of three sections, and achieve acceptable standards (at least 43%) in all three (Written, Oral and OSCE) sections of the examination.

Q: How is the exam marked?

A: The College strives very hard to make sure that our assessment is fair and accurate. In each examination, there will be at least one external examiner from Royal College of Anaesthetists (UK), Australian and New Zealand College of Anaesthetists or National University of Singapore. To avoid bias, marking schemes (written or oral) are set before the exam and all questions are marked by paired examiners (except in OSCE, where some stations may be marked by one examiner). Currently, a “close marking system” is used throughout the exam. In this system, marks are given to indicate clear fail, borderline fail, pass and good pass. We use this marking system so that very good marks in 1-2 topics will not compensate deficiency in multiple areas. From the candidate point of view, you must not spend all your time in a few questions, because the marks that you scored in these questions will not be sufficient to compensate for those that you have no time to attempt.