An update from the Examinations Department

Dr Gareth Morrison
Director of Examination Quality Assurance



CAI
SALUS DUM VIGILAMUS
College of Anaesthesiologists of Ireland



Aims

EXAMINATIONS DEPARTMENT

01

MCAI and FCAI examinations

Inform candidates about the upcoming significant changes to both examinations.

Examination changes

Dates changes come into force

MARCH

4

2027

FCAI

Written



APRIL

27–28

2027

FCAI

SOE



NOVEMBER

9–11

2027

MCAI

SOE / OSCE



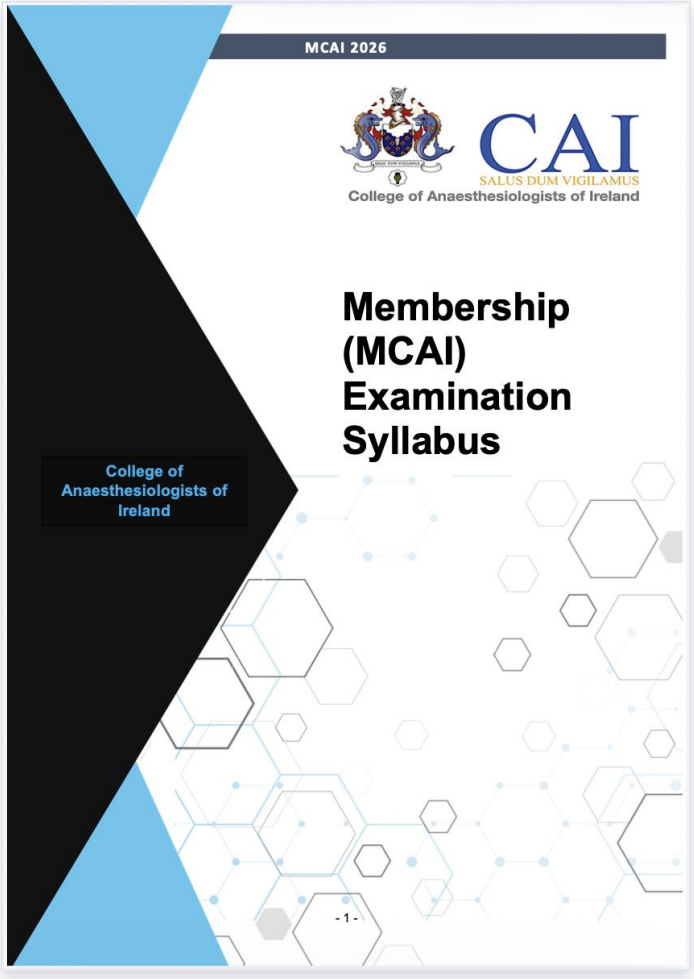
SECTION

Membership (MCAI) Examination



MCAI Curriculum

New learning outcomes added to the MCAI Examination Syllabus (Pharmacology only)



CAI_M_P_0017

Describe **alterations to the pharmacokinetics** and **pharmacodynamics** of inhalational and intravenous anaesthetic agents for example, the elderly, obesity, cardiac, respiratory, renal, and hepatic disease.

CAI_M_P_0039

Oxygen therapy including methods of delivery, indications and contraindications, physiological and pathophysiological effects.

CAI_M_P_0052

Pharmacology of **iron replacement.**

CAI_M_P_0063

CNS: Pharmacology of hyperosmolar solutions used to decrease brain volume.

CAI_M_P_0064

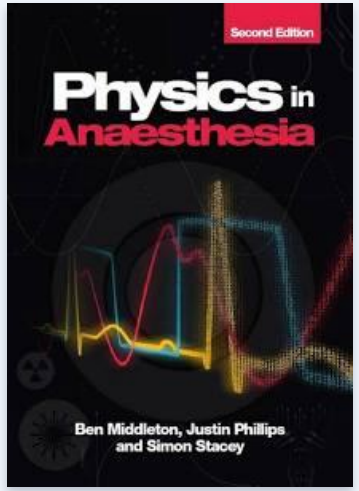
CNS: anti-psychotic, anti-Parkinsonian, and anti-migraine medication.

CAI_M_P_0064

Pharmacology of drugs which increase **uterine tone** and tocolytic agents. pharmacology of agents used for the treatment of pre-eclampsia.

MCAI Revision Resources

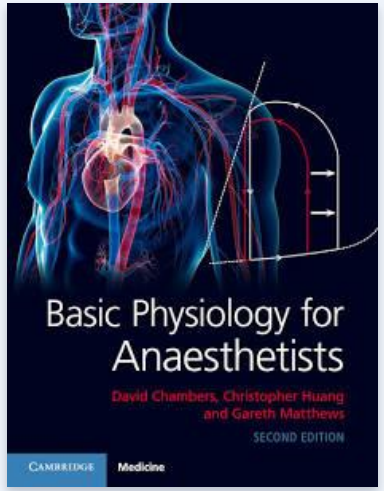
Recommended core texts for MCAI revision



PHYSICS

Physics in Anaesthesia

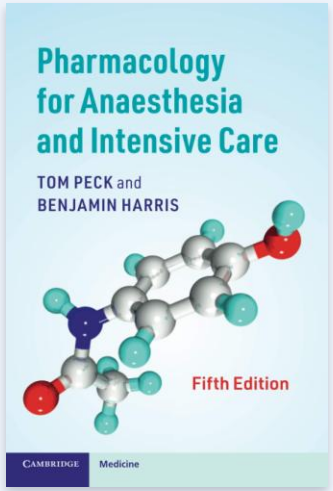
Middleton, Phillips & Stacey · 2nd ed.



PHYSIOLOGY

Basic Physiology for Anaesthetists

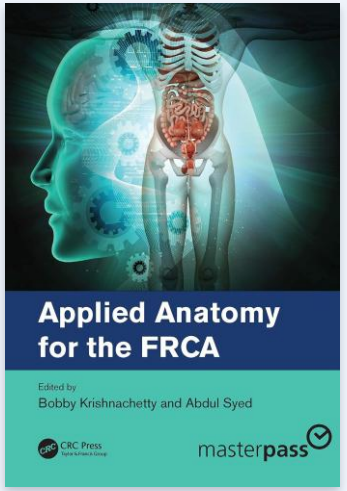
Chambers, Huang & Matthews · 2nd ed.



PHARMACOLOGY

Pharmacology for Anaesthesia and Intensive Care

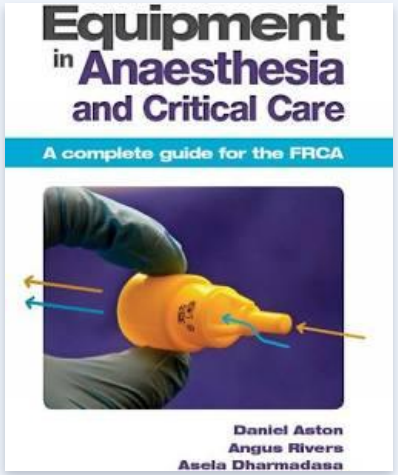
Peck & Harris · 5th ed.



ANATOMY

Applied Anatomy for the FRCA

Krishnachetty & Syed



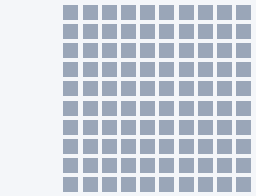
EQUIPMENT

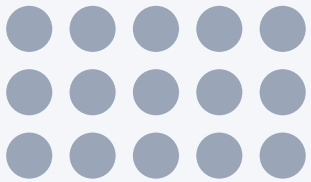
Equipment in Anaesthesia and Critical Care

Aston, Rivers & Dharmadasa

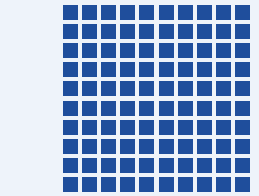
How the MCAI will change (from November 2027)

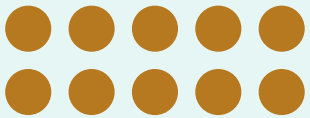
COMPONENT	CURRENT	NEW	WHAT CHANGES
SBA	100 items	100 items	No change
OSCE	15 stations 5 mins each station	10 stations 7 mins per station	5 fewer stations, longer (7 vs 5 mins)
SOE	2 SOEs 6 items per SOE · 2 examiners per SOE	2 SOEs 12 items · 12 examiners	More examiners: 12 in total













MCAI SBA

ROLE

Gateway

Gateway examination

FORMAT

2 papers

Split into two papers

CUT SCORE

Modified Angoff

Cut score determined by Modified Angoff referencing

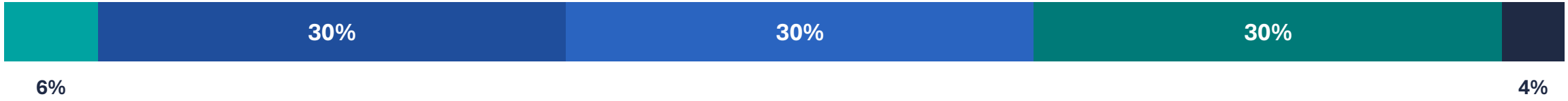
NEXT STEP

Pass → **Apply for MCAI SOE and OSCE**

New SBA Blueprint – no change

6	30	30	30	4
QUESTIONS	QUESTIONS	QUESTIONS	QUESTIONS	QUESTIONS
Anatomy	**Pharmacology**	**Physiology and biochemistry**	**Physics, clinical measurement and equipment**	**Statistics**

SHARE OF THE 100-QUESTION PAPER



New OSCE

10 STATIONS · 7 MINS EACH

01



Resuscitation

02



Clinical examination

03



Sono-anatomy

04



Airway

05



Simulation

06



Communication 1

07



Practical skills

08



Communication 2

09



Critical incident

10



Monitoring

OSCE STATION

Sonoanatomy OSCE

In this station, you will be asked to complete a task related to the use of ultrasound for vascular access.

3 MIN

You should spend no more than 3 minutes on achieving the image.

TASK

01

Produce the image

You will be required to produce an image using an ultrasound probe that you will manipulate.

02

Work with the examiner

The examiner will operate the ultrasound machine, and you may request that the examiner adjust the depth or the gain.

03

Select the transducer

You can select the appropriate transducer (linear vs. curvilinear vs. phased array).

04

Position the patient

You can instruct the standardized patient to position themselves as appropriate.

05

Needle positioning

You may be asked to identify the optimal needle positioning for vascular access.

Sonoanatomy Assessment Matrix

APPLICATION OF ULTRASOUND

The successful candidate may be asked to demonstrate simulated needle placement technique for scenarios chosen from among the following procedures:

Vascular cannulation — 4 sites

1. Internal jugular vein
2. Cubital fossa vessels
3. Radial artery
4. Femoral vessels

Nerve blocks — 8 blocks

1. Interscalene brachial plexus
2. Supraclavicular brachial plexus
3. Infraclavicular brachial plexus
4. Axillary brachial plexus
5. Transversus abdominis plane (TAP)
6. Femoral
7. Adductor canal (saphenous)
8. Popliteal sciatic

OSCE Cut score

1 SETTING THE CUT SCORE

1 Each station

The cut score of each station – determined by borderline regression method

2 All 10 added

All 10 station cut scores will be added together

3 + 1 SEm

1 SEm will be added

2 TO PASS THE MCAI OSCE:

6/10

Need to pass 6/10 stations



AND

≥ Cut score

Achieve or succeed the cut score

OUTCOME

Pass / Fail

Outcome will be either Pass/Fail

SOE Current structure will not change

Physiology and Clinical Measurement



- **4** questions on physiology/biochemistry
- **2** questions on clinical measurement and equipment

30 minutes

Pharmacology and Physics



- **4** questions on pharmacology
- **2** questions on physics

30 minutes

New SOE Format – you will be assessed by 6 examiners rather than 2

Seven stations arranged in a circle, one examiner per table — candidates rotate clockwise



KEY

Examiner
One seated behind each table

Examination table
Stations 1–6; station 7 is the rest station

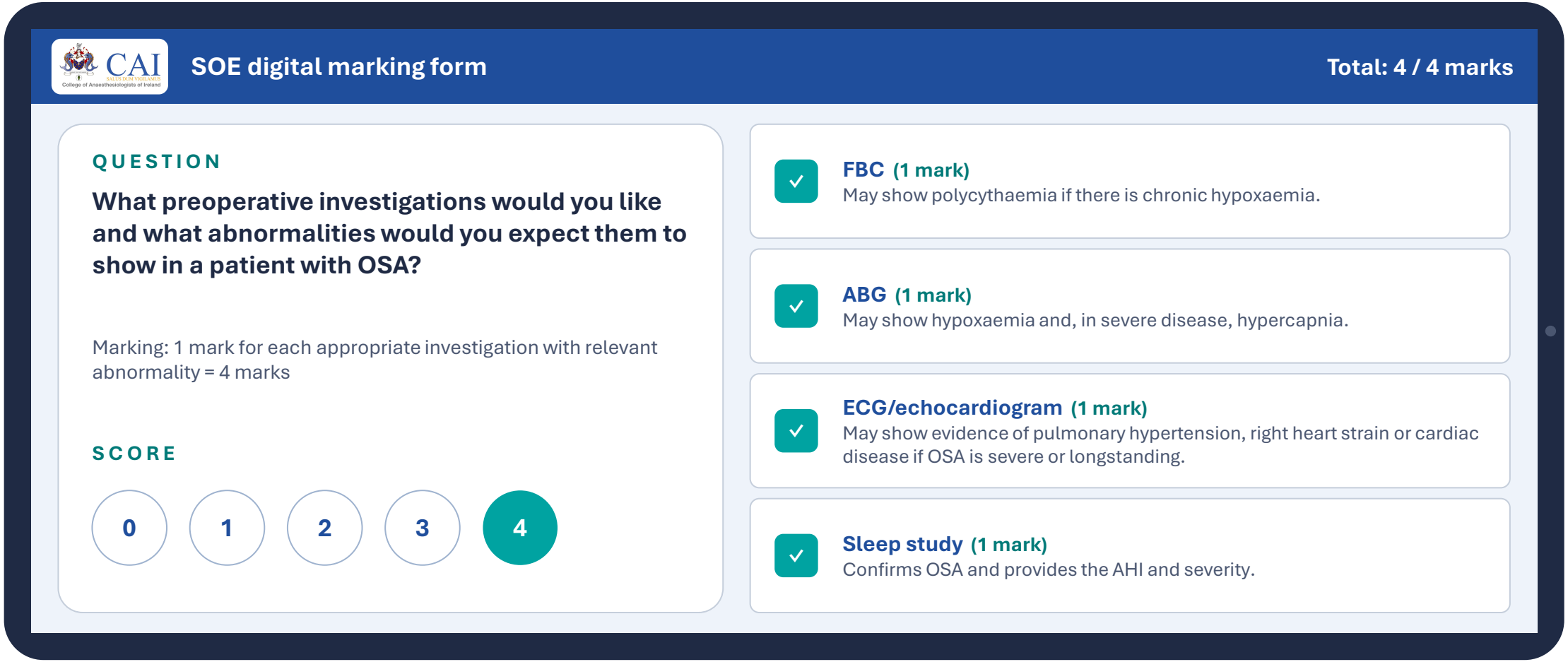
Candidate seat
Faces the examiner

Divider
Separates adjacent stations

7 candidates are examined at a time; each moves on to the next station every cycle.

Marking will now become digital

Candidates will be awarded individual numerical marks for each correct answer.



A new domain will be embedded in the marking criteria

A 0–5 scale scores how clearly mechanisms are explained

Each filled dot = 1 point. The less prompting a candidate needs, the higher the score.

SCORE	DESCRIPTOR	OBSERVABLE PERFORMANCE
5 ●●●●●	**Highly systematic and organised**	Clear structure and logical sequence. Explains scientific processes and mechanisms coherently. No prompting.
4 ●●●●○	**Systematic and organised**	Logical and structured response. Describes processes and mechanisms in an appropriate sequence. Little prompting.
3 ●●●○○	**Adequately organised**	Generally logical approach with some loss of structure or sequencing. Describes the main process or mechanism with minor prompting.
2 ●●○○○	**Inconsistently organised**	Limited structure, repetition or poor sequencing. Explanation of processes or mechanisms is incomplete. Requires prompting.
1 ●○○○○	**Disorganised**	Little evidence of logical structure. Processes or mechanisms are poorly explained or fragmented. Significant prompting required.
0 ○○○○○	**No systematic approach**	Unable to provide a structured explanation of the relevant process or mechanism despite prompting.

Sample new marking sheet

Structured Oral Examination Marking Sheet

Case vignette
Insert brief clinical scenario or item stem here.

Part	Question / marking focus	Marks
a	Question component or expected response domain.	[marks]
b	Question component or expected response domain.	[marks]
c	Question component or expected response domain.	[marks]
d	Question component or expected response domain.	[marks]
e	Question component or expected response domain.	[marks]
f	**Systematic and organised approach** 5 = highly systematic and organised; 4 = systematic and organised; 3 = adequately organised; 2 = inconsistently organised; 1 = disorganised; 0 = no systematic approach.	/5

Global Rating Scale

- ☐ Fail
- ☐ Borderline
- ☐ Pass
- ☐ Excellent

Red Flag Patient Safety Concern

☐ **Red flag identified** — document the exact statement or action after clarification.

Notes:

There will be NO compensation between SOEs

MODEL A

All two MCAI SOEs must be passed independently

The candidate must achieve the standard in each of the two SOEs.

OUTCOME

MCAI SOE 1 ✓ AND SOE 2 ✓ = **PASS**

Candidate meets or exceeds the standard in SOE 1 AND SOE 2.

MCAI SOE 1 ✓ AND SOE 2 ✗ = **FAIL**

A strong performance in one SOE cannot make up for a fail in the other.

WHY THIS APPROACH

- ✓ Most defensible if each SOE assesses a distinct and essential domain of competence.
- ✓ Prevents a candidate compensating for a significant deficiency in one domain through performance in another.

To pass the MCAI

NO LONGER

~~3, 3, 2~~

No longer: 3,3, 2

FROM AUTUMN 2027:

1 **MCAI OSCE** — PASS ✓

2 **MCAI SOE 1**
(Pharmacology and Physics) — PASS ✓

3 **MCAI SOE 2**
(Physiology, clinical measurement and equipment) — PASS ✓

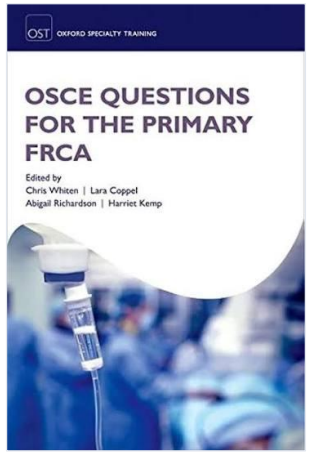
Resources

Recommended revision books and online resources

FRCA REV EAL

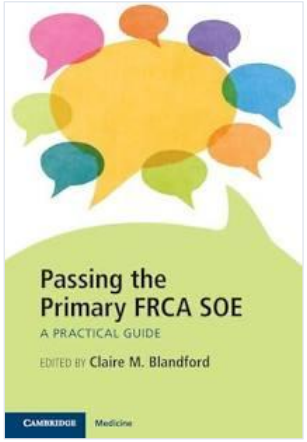
FRCA Reveal

Online revision



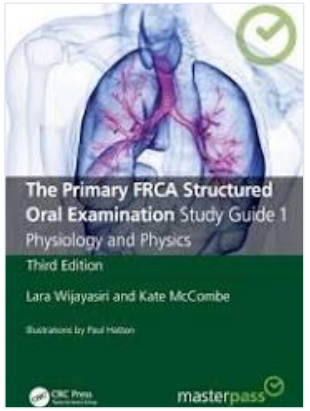
OSCE Questions for the Primary FRCA

Oxford Specialty Training



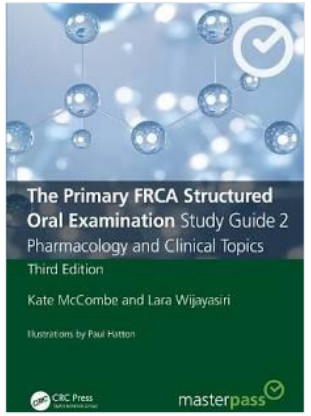
Passing the Primary FRCA SOE

Blandford



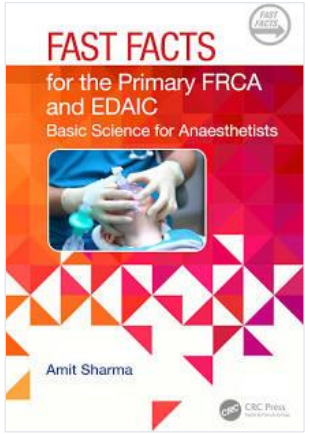
Primary FRCA SOE Study Guide 1

Physiology and physics



Primary FRCA SOE Study Guide 2

Pharmacology and clinical



Fast Facts for the Primary FRCA

Basic science · Sharma

SECTION

Final FCAI



How the Final FCAI Written will change

COMPONENT	CURRENT	NEW	WHAT CHANGES
SBA	**90** questions 90 marks	**200** questions Split across 4 papers	Increased from 90 to 200
SAQ	**10** questions 250 marks	**None** No SAQ paper	SAQ paper removed
Papers	**2** papers SBA + SAQ · must pass both	**4** papers Anaesthesia: P1–3 (/150) · ICM: P4 (/50)	Must pass anaesthesia and ICM independently

Final Written Examination Outcome

HOW THE RESULT IS DECIDED

PAPERS 1-3

Anaesthesia

Pass

Fail

PAPER 4

ICM

Pass

Fail

BOTH REQUIRED

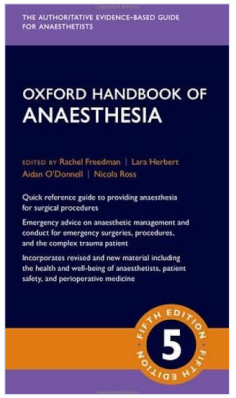
Must pass both anaesthesia combined paper and ICM paper **independently**

PASS

Can apply for the Final FCAI SOE

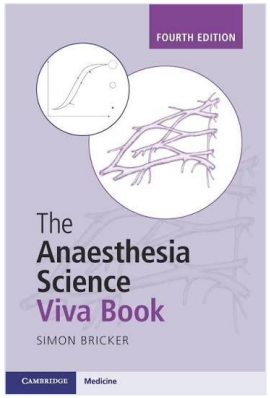
Absolute Essentials

Core reading for every candidate



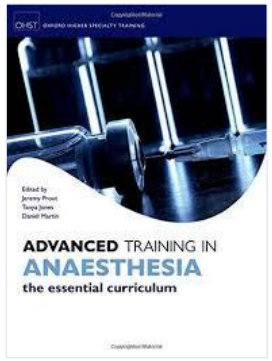
Oxford Handbook of Anaesthesia

5th edition



The Anaesthesia Science Viva Book

Simon Bricker



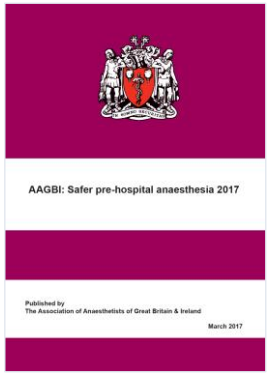
Advanced Training in Anaesthesia

The essential curriculum

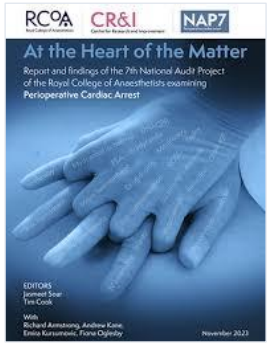


BJA Education

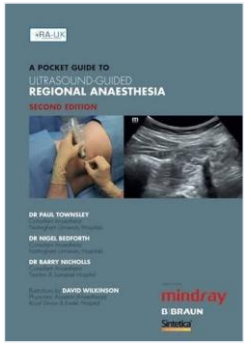
Journal



AAGBI Guidelines



NAP Report

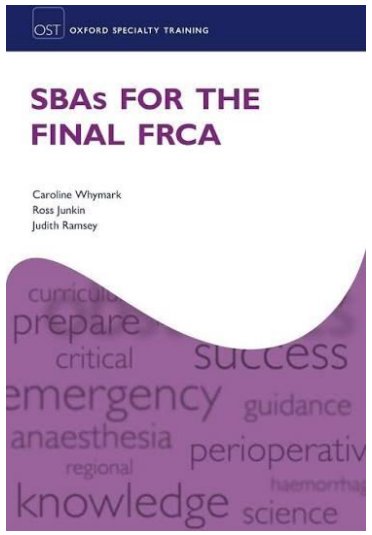


Ultrasound-Guided Regional Anaesthesia

Pocket guide, 2nd ed.

Question Resources

Question banks and practice books for exam preparation



BOOK

SBAs for the Final FRCA

Oxford Specialty Training

e-LA
e-Learning Anaesthesia

ONLINE

e-LA

e-Learning Anaesthesia

TeachMe Anaesthetics

ONLINE

TeachMe Anaesthetics

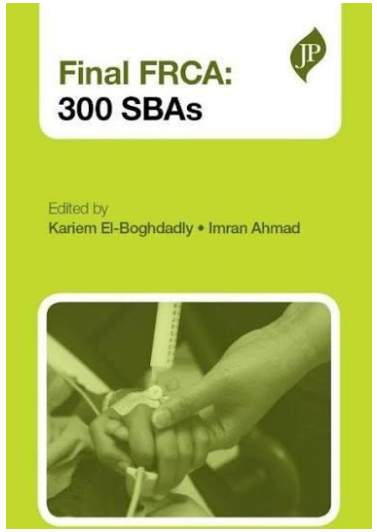
Online learning

BMJ OnExam

ONLINE

BMJ OnExam

Online question bank



BOOK

Final FRCA: 300 SBAs

El-Boghdadly & Ahmad

FCAI SOE Structure will not change

Three structured oral examinations, each covering a distinct domain

STRUCTURED ORAL EXAM

SOE 1

Perioperative medicine, optimisation and data interpretation

STRUCTURED ORAL EXAM

SOE 2

General anaesthesia and pain medicine

STRUCTURED ORAL EXAM

SOE 3

ICM and advanced sciences

New SOE Format – you will be assessed by 6 examiners rather than 2

Seven stations arranged in a circle, one examiner per table — candidates rotate clockwise



KEY

Examiner
One seated behind each table

Examination table
Stations 1–6; station 7 is the rest station

Candidate seat
Faces the examiner

Divider
Separates adjacent stations

7 candidates are examined at a time; each moves on to the next station every cycle.

A six-point scale (0–5) scores how structured each answer is

Each filled dot = 1 point. The less prompting a candidate needs, the higher the score.

SCORE	DESCRIPTOR	OBSERVABLE PERFORMANCE
5 ●●●●●	**Highly systematic and organised**	Clear structure, logical sequence and appropriate prioritisation. Provided excellent reasoning, with logical links to clinical decisions and management. No prompting.
4 ●●●●○	**Systematic and organised**	Logical and structured response with appropriate prioritisation. Demonstrated clear reasoning with some gaps in depth or logical connections. Little prompting.
3 ●●●○○	**Adequately organised**	Generally logical approach with some inconsistency in structure or prioritisation. Demonstrated partial understanding but didn't always link features clearly to case management.
2 ●●○○○	**Inconsistently organised**	Limited structure, poor prioritisation and requires significant prompting. Statements lacked reasoning or context.
1 ●○○○○	**Disorganised**	Lacks structure, with poor sequencing and substantial prompting required. No logical reasoning or understanding demonstrated.
0 ○○○○○	**No systematic approach**	Unable to structure the response despite prompting.

There will be NO compensation between SOEs

SOE

All three FCAI SOEs must be passed independently

The candidate must achieve the standard in all three SOEs.

OUTCOME

FCAI — SOE 1 ✓ AND SOE 2 ✓ AND SOE 3 ✓ = PASS

Candidate meets or exceeds the standard in SOE 1 AND SOE 2 AND SOE 3.

WHY THIS APPROACH

- Most defensible if each SOE assesses a distinct and essential domain of competence.
- Prevents a candidate compensating for a significant deficiency in one domain through performance in another.

MJFICMI membership for specialty trainees (SAT)

For Specialty Anaesthesiology Trainees

BOTH REQUIREMENTS

01 Pass the final FCAI SOE

02 Complete 6 months of intensive care medicine

In an approved setting

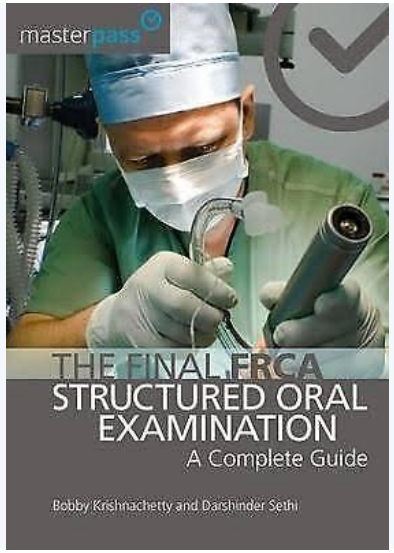
You will awarded MEMBERSHIP AT CSCST

MJFICMI

Membership of the Joint Faculty of Intensive Care Medicine of Ireland

Practice Question Books

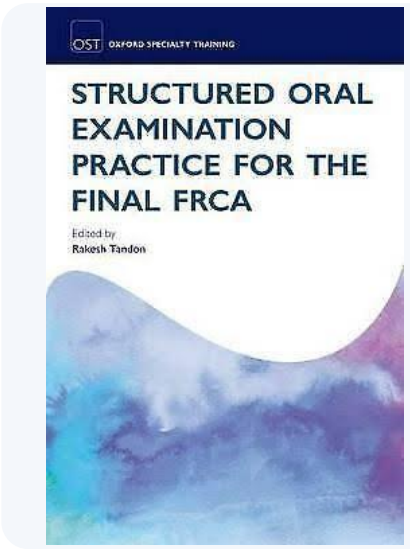
Recommended books for SOE and clinical practice questions



SOE

The Final FRCA Structured Oral Examination

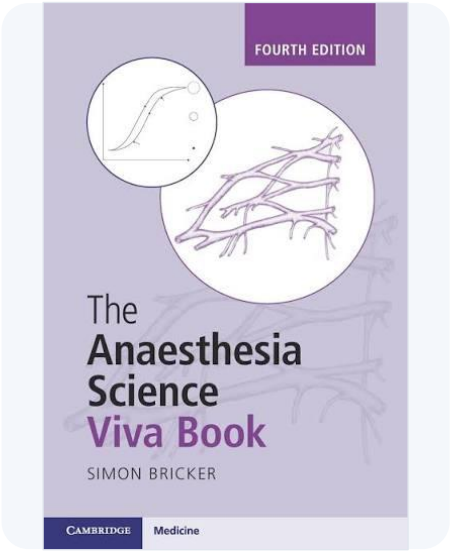
A Complete Guide · Krishnachetty & Sethi



SOE

Structured Oral Examination Practice for the Final FRCA

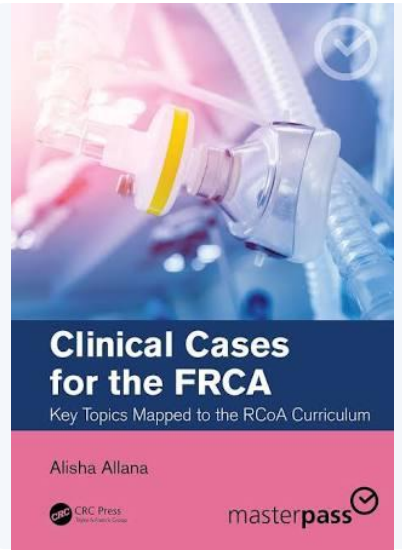
Edited by Rakesh Tandon



VIVA

The Anaesthesia Science Viva Book

4th edition · Simon Bricker



CASES

Clinical Cases for the FRCA

Mapped to the RCoA curriculum · Allana

FCAI written examination: attempt reset

Following the fundamental change in examination delivery.

CURRENT ATTEMPT	OUTCOME	FURTHER ATTEMPTS
Final attempt	Unsuccessful	 **2 further attempts**
Penultimate attempt	Unsuccessful	 **2 further attempts**

Each paper represents one further attempt

No change for candidates who already have two further attempts already available

New examination guidance

Coming soon to the CAI website

