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A GUIDE TO THE APPLICATION PROCEDURE AND RULES FOR TEMPORARY REGISTRATION

PART 1 – REGULATIONS – FORM AS/1

PART 2 – TEMPORARY REGISTRATION ASSESSMENT SCHEME – FORM AS/2

PART 3 – SYLLABUS FOR THE MEDICAL COUNCIL TEMPORARY REGISTRATION ASSESSMENT
SCHEME – FORM AS/3

IMPORTANT:

- PLEASE READ CAREFULLY BEFORE SUBMITTING AN APPLICATION
- PLEASE RETAIN THIS DOCUMENT FOR FUTURE REFERENCE

JULY 2005

1. INTRODUCTION

The Medical Council can grant temporary registration to an overseas-trained, qualified doctor so that he or she can be employed and receive further training in Ireland. Such training should occur in a recognised training post, under the supervision of an approved and fully registered medical practitioner, and in a hospital, general practice or other health service setting approved of by the Medical Council. It should occur for a specified period, as stated on the Certificate of Temporary Registration. On completion of this employment and training, the doctor can expect to return to his or her native country with a higher level of knowledge and clinical competence.

2. STATUTORY PROVISIONS

The law governing temporary registration is set out in section 29 of the Medical Practitioners Act, 1978, amended in 2002. The Act provides for the following:

- (a) that a person, who is not otherwise entitled to registration, is or intends to be in the State temporarily for the purpose of employment and further training in the practice of medicine in a hospital, institution, clinic or general medical practice or in a prescribed health service setting, approved of by the Council; and
- (b) that such person holds a degree, diploma or other qualifications which, in the opinion of the Council, affords sufficient guarantee that he/she has the requisite knowledge and skill for the efficient practice of medicine, has passed an examination appropriate for obtaining such degree, diploma or other qualification and possesses a certificate of experience considered by the Council to be equivalent to that required for formal qualification.

3. PURPOSE OF TEMPORARY REGISTRATION

Temporary registration is intended for supervised training in a particular specialty. The specialties currently recognised by the Medical Council are listed in Schedule B.

4. LIMITATIONS OF TEMPORARY REGISTRATION

- 4.1 Temporary registration does not permit the practice of medicine outside of the hospital, general practice or other health service setting stated on the Certificate of Temporary Registration.
- 4.2 Temporary registration permits the prescribing of controlled drugs only for those patients of the places specified for the purpose of 4.1 above.

5. PERIOD FOR WHICH TEMPORARY REGISTRATION IS GRANTED

Temporary registration is granted for a total aggregate period of seven years (2555 days). The maximum single period for which temporary registration may be granted is 365 days. Subsequently, the doctor will need to reapply for a further period of temporary registration.

6. DOCTORS WHO ARE ELIGIBLE TO APPLY FOR TEMPORARY REGISTRATION

- 6.1 Doctors holding an acceptable medical qualification awarded following an examination for that qualification.
- 6.2 Doctors who have completed a satisfactory internship which must consist of a minimum of one year's experience in hospital-based specialties, or other such places as may be determined by the Council.
- 6.3 Doctors who possess the requisite knowledge and skill for the efficient practice of medicine. [See paragraph 7.]
- 6.4 Doctors of good character, holding full registration with a registration authority recognised by the Medical Council and who are not the subject of a complaint and/or any disciplinary proceedings.

7. REQUISITE KNOWLEDGE AND SKILL FOR TEMPORARY REGISTRATION

The Medical Council will not accept that any doctor possesses the requisite knowledge, skill and language proficiency unless he or she has:

- (a) passed the **Academic** International English Language Testing System (IELTS) and obtained an overall band score of 7.0 with a minimum score of 6.0 in the Listening, Reading and Writing modules and a minimum score of 7.0 in the Speaking module. The IELTS test score will be valid for a maximum period of two years from the date of the test and must be valid on the day the doctor is declared eligible to sit or be exempted from the TRAS. [For further information see the IELTS website at www.ielts.org]; or
- (b) passed the United States Medical Licensing Examination (USMLE) steps 1, 2 and 3 on or after 1 July 2004;

and

- (c) passed or been exempted from the Temporary Registration Assessment Scheme (TRAS) Parts I (MCQ) and II (OSCE), conducted by, or on behalf of, the Medical Council. The TRAS assesses the ability of the doctor to practice safely at Senior House Officer level, under the supervision of an approved fully registered medical practitioner. [See Part 2 – Form AS/2]

8. PRIMARY MEDICAL QUALIFICATION RECOGNISED FOR ENTRY TO THE TRAS

The Medical Council recognises the medical qualifications from schools listed in the current edition of the World Health Organisation (WHO) Directory of Medical Schools for the purposes of admitting an applicant for temporary registration to the TRAS.

9. EXEMPTIONS FROM TRAS

(a) PRIMARY MEDICAL QUALIFICATIONS

- 9.1 Exemption from Part I (MCQ) and/or Part II (OSCE) of the TRAS may be granted to doctors who hold a primary qualification in medicine awarded by a competent body or authority designated for that purpose by an EU Member State, pursuant to any Directive adopted by the Council of the European Communities.

(b) HIGHER QUALIFICATIONS

- 9.2 Exemption from Part I (MCQ) and Part II (OSCE) of the TRAS may be granted if the applicant possesses a higher qualification listed in Schedule A, or one which, in the opinion of the Medical Council, is equivalent to one of those listed in Schedule A.
- 9.3 Doctors must pass or be exempted from the International English Language Testing System (IELTS). [see 7(a) and (b) above]
- 9.4 A doctor granted exemption from Part I (MCQ) and Part II (OSCE) on the basis of possessing a higher qualification may only be granted temporary registration for supervised appointments in the specialty or group of specialties covered by the higher qualification.
- 9.5 If a doctor granted temporary registration, having been exempted from Part I (MCQ) and Part II (OSCE) in accordance with paragraph 9.2 seeks to hold an appointment in a specialty or group of specialties for which he/she is not qualified by reason of his/her higher qualification, the exemption immediately ceases and the doctor will be required to pass Part I (MCQ) and Part II (OSCE) before being granted any further periods of temporary registration.

(c) RECOGNISED POSTGRADUATE TRAINING PROGRAMMES

- 9.6 Exemption from Parts I and II of TRAS may be granted to an applicant who meets the criteria specified in paragraph 6 and who has been accepted into a postgraduate training programme operated by a recognised training body¹ and approved by the Medical Council. Details of approved postgraduate training programmes are available on the Medical Council's website at www.medicalcouncil.ie/registration.
- 9.7 Doctors must pass or be exempted from the International English Language Testing System (IELTS). [see 7(a) and (b) above]
- 9.8 In addition, the following is required:
- (i) Two original references on official letterhead notepaper from senior clinicians with whom the applicant last worked, confirming the applicant's suitability for postgraduate training; and
 - (ii) Written confirmation from the recognised training body in Ireland that the applicant meets all its criteria for entry to its postgraduate training programme. In addition, the recognised training body must indicate the location where the applicant will receive his/her training; and
 - (iii) Evidence of appointment to a position in a hospital, institution, clinic or general medical practice or in a prescribed health service setting approved of by the Council.
- 9.9 A doctor granted exemption from Parts I and II of the TRAS on the basis of an approved postgraduate training programme may only be granted temporary registration for supervised appointments within that training programme.
- 9.10 Recognised training bodies must provide reports to the Council on the progress of doctors within their approved training programmes, when requested.
- 9.11 If a doctor granted temporary registration, having been exempted from Parts I and II of the TRAS in accordance with paragraph 9.6 seeks to hold an appointment outside the postgraduate training programme, the exemption immediately ceases and the doctor will be required to pass the TRAS, or satisfy the criteria for exemption specified in paragraphs 9(a), (b) or (d), before being granted any further periods of temporary registration.

(d) EQUIVALENT MEDICAL LICENSING EXAMINATION

- 9.12 Exemption from the TRAS may be granted if the applicant has been successful in a Medical Licensing examination approved by the Medical Council. Documentary evidence, confirming the applicant's success in an approved Medical Licensing examination shall be required. The following medical licensing examinations are currently approved:
- 9.13 **PLAB**
Applicants who have been successful in Parts I and II of the PLAB test in the United Kingdom may be exempted from the TRAS. There is **no** compensation between Part I of PLAB and Part I (MCQ) of TRAS and Part 2 of PLAB and Part II (OSCE) of TRAS. Applicants who have passed Parts I and II of PLAB outside a period of three years from the date of their application and who satisfy the Medical Council that they have actively engaged in the practice of medicine and have maintained up-to-date clinical skills, in a country where English is a native or first language, may also be exempted from the TRAS.

¹ A recognised training body is a body recognised pursuant to Section 38(3) of the Medical Practitioners Act, 1978.

10. APPLYING FOR TEMPORARY REGISTRATION

- 10.1 Doctors who wish to apply for temporary registration must fully complete Form TR1 and return it to the Medical Council with the relevant supporting documents. A decision will be made on the applicant's eligibility to sit TRAS or to be exempted. This will be notified to the applicant. An applicant who considers he/she meets the criteria for exemption set out in section 9 must specify on the application form the grounds on which the exemption is being sought. Applicants may be required to fulfil other conditions as specified by the Medical Council, to enable a decision to be made in each case. Any expenses incurred by an applicant in meeting the Medical Council's requirements for granting temporary registration are the responsibility of the applicant.
- 10.2 A non-refundable fee of **€75.00** is payable to the Medical Council for the processing of each application.
- 10.3 Applicants who fail to fully complete Form TR1 and/or who fail to enclose the specified documents with the form **shall have their application declared invalid and the document examination fee shall be forfeited.**
- 10.4 Document(s) furnished in support of an application for temporary registration will be verified by the Medical Council with the issuing authority. **Where documents cannot be verified within a period of three months of receipt, the application shall be declared invalid and the document examination fee shall be forfeited.** Any applicant who provides a document which is found to be forged and/or falsified, or provides information which he or she knows to be false or misleading, will have their application for temporary registration refused and no further applications for any form of registration will be entertained.
- 10.5 A doctor who wishes to re-apply for temporary registration is required to pay a non-refundable service fee of **€60**, which is payable to the Medical Council.
- 10.6 Only the documents which are specified to support an application for temporary registration are to be furnished.
- 10.7 The Medical Council accepts no responsibility for the loss, damage or destruction of any documents furnished in support of an application for temporary registration.
- 10.8 The Medical Council reserves the right to make any enquiries it deems appropriate to verify the accuracy or otherwise of any statement made and/or documents furnished in support of an application for temporary registration.
- 10.9 No decision will be made on an application for temporary registration until such time as documentation has been verified to the Medical Council's satisfaction.
- 10.10 Doctors can be assured that they will be informed of the outcome of their application as promptly as possible.
- 10.11 Doctors declared eligible to sit the TRAS will be notified by the Medical Council. **Eligible candidates will be required to pass Part I (MCQ) of the TRAS within a period of TWO YEARS from the date of being declared eligible.**
- 10.12 **INITIAL PERIOD OF TEMPORARY REGISTRATION**
When first applying for temporary registration, eligible doctors must provide the **originals** of all relevant required documents, together with an **original** Certificate of Good Standing from the registration authority with which they hold full registration. The Certificate of Good Standing must be dated within **three months** of the commencement date of initial temporary registration.

SCHEDULE A

HIGHER PROFESSIONAL QUALIFICATIONS

Exemption from the TRAS may be granted, at the discretion of the Medical Council, to a doctor who holds a higher professional qualification listed below, or a higher professional qualification at least equivalent to one of the listed qualifications. Such exemption will be subject to the regulations for temporary registration [see Part I - Form AS/1] and to the provisions of section 29 of the Medical Practitioners Act, 1978, as amended.

FF/CA RCSI	Fellow	Royal College of Surgeons in Ireland Faculty/College of Anaesthetists
MFPHMI	Member	Royal College of Physicians of Ireland Faculty of Public Health Medicine
FFPHMI	Fellow	Royal College of Physicians of Ireland Faculty of Public Health Medicine
MFOM RCPI	Member	Royal College of Physicians of Ireland Faculty of Occupational Medicine
FFOM RCPI	Fellow	Royal College of Physicians of Ireland Faculty of Occupational Medicine
FFR RCSI	Fellow	Royal College of Surgeons in Ireland Faculty of Radiology
MRCPI	Member	Royal College of Physicians of Ireland
FRCPI	Fellow	Royal College of Physicians of Ireland
FRCSI	Fellow	Royal College of Surgeons in Ireland
MRCSI(C)	Collegiate Member	Royal College of Surgeons in Ireland
AFRCSI	Associate Fellow	Royal College of Surgeons in Ireland
FFPath	Fellow	Royal College of Physicians of Ireland Faculty of Pathology

SCHEDULE B

RECOGNISED SPECIALTIES

The Following specialties are currently recognised by the Medical Council under the provisions of section 38(1) of the Medical Practitioners Act, 1978. Applicants for temporary registration should state on the application form TR1 the specialty in which they desire to be trained. [See paragraph 3.1]

Anaesthesia	Neurosurgery
Cardiology	Obstetrics and Gynaecology
Cardiothoracic Surgery	Occupational Medicine
Chemical Pathology	Ophthalmic Surgery
Child and Adolescent Psychiatry	Ophthalmology
Clinical Genetics	Oral & Maxillo-Facial Surgery
Clinical Neurophysiology	Otolaryngology
Clinical Pharmacology & Therapeutics	Paediatrics
Dermatology	Paediatric Surgery
Emergency Medicine	Palliative Medicine
Endocrinology & Diabetes Mellitus	Pathology
Gastroenterology	Plastic Surgery
General (Internal) Medicine	Psychiatry
General Practice	Psychiatry of Learning Disability
General Surgery	Psychiatry of Old Age
Genito-Urinary Medicine	Public Health Medicine
Geriatric Medicine	Radiation Oncology
Haematology (Clinical & Laboratory)	Radiology
Histopathology	Rehabilitation Medicine
Immunology (Clinical & Laboratory)	Respiratory Medicine
Infectious Diseases	Rheumatology
Medical Oncology	Sports and Exercise Medicine
Microbiology	Trauma & Ortopaedic Surgery
Nephrology	Tropical Medicine
Neurophysiology	Urology

11. TRAS: STRUCTURE AND SYLLABUS

11.1 The TRAS is structured to assess the candidate's knowledge and clinical judgement in medicine, surgery, obstetrics and gynaecology, paediatrics, general practice and psychiatry. The assessment is also designed to ensure that a candidate has good communication skills and the ability to make accurate clinical judgements.

11.2 The syllabus for the TRAS is contained in Form AS/3

There are **two** components to the TRAS and to be successful a candidate is required to pass **both** components. Candidates are required to pass Part I (MCQ) **before** being permitted to sit Part II (OSCE).

Part I – MULTIPLE CHOICE QUESTIONS (MCQ)

This tests factual knowledge in the main clinical disciplines. It consists of one MCQ examination of 2½ hours' duration. A pass in the Part I (MCQ) examination is valid for a period of **two years** from the date of passing. Candidates must sit Part II (OSCE) within one year of passing Part I (MCQ). Part I (MCQ) is available electronically at centres in Egypt, India, Pakistan and in Ireland. Once a doctor has been declared eligible to sit Part I (MCQ) of the TRAS, he or she will be provided with details of how and where to schedule their examination. The examination must be passed within **two years** from the date of a candidate being declared eligible.

PART II – OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

This is primarily a test of clinical skills. In an OSCE, candidates rotate through a number of stations, each of which tests one or more specified clinical skills. The OSCE is normally between 1½ to 2 hours' duration. Part II (OSCE) is **usually** offered in a centre in Ireland. There are currently no overseas centres for Part II (OSCE). As stated above, candidates must sit Part II (OSCE) within one year of passing Part I (MCQ).

12. ASSESSMENT CENTRES

Part I (MCQ) is available electronically in Ireland and in a number of overseas countries. Once a doctor has been declared eligible to sit the TRAS, he or she will be provided with an admission card valid for a specified period (two years from the date of being declared eligible) and advised of how to apply for the MCQ. Part II (OSCE) examinations will be held in Ireland, either in Dublin or in a major provincial centre.

13. CLOSING DATES FOR TRAS PART II (OSCE)

The candidate should complete and return the Application Form for sitting Part II (OSCE) to the Medical Council to arrive no later than the specified closing date for the preferred date of assessment. Numbers will be limited for each assessment and a 'first come, first served' policy will apply. **Only in exceptional circumstances will the Medical Council, at its discretion, accept applications beyond the specified closing date.**

14. MEANS OF IDENTITY FOR TRAS PARTS I AND II

14.1 An admission card, which displays the candidate's assessment number, will be sent to each candidate. The candidate must present the same evidence of identity as is on the admission card (i.e. valid passport / national identity card or Garda National Immigration Bureau Card) together with the admission card in order to gain admission to Part II (OSCE). A Letter of Authorisation from the Medical Council is also required to sit Part I (MCQ). No other evidence of identity is acceptable and candidates presenting without the correct evidence of identity will not be permitted to sit TRAS.

14.2 **The reference number allocated by the Medical Council must be quoted in all telephone calls, Emails and other correspondence relating to TRAS.**

15. FEES

- 15.1 The fee for Part I (MCQ) is currently €105 (excluding credit card charges) and will be extracted in US dollars. Payment is made by credit card only directly to the test provider, who conducts Part I (MCQ) on behalf of the Medical Council. The fee for Part II (OSCE) is currently €408.00 (excluding credit card charges). Each time a candidate attempts Part I (MCQ) or Part II (OSCE), the relevant fee will apply.
- 15.2 **All fees paid to the Council for Part II (OSCE) should be paid in Euro and by bank draft, postal order, credit card (Visa and Mastercard only) or Lasercard.** The Council is unable to advise on currency exchange rates. The current local exchange rate will be quoted by a bank when any bank draft is purchased. Any additional bank charges will be the responsibility of the applicant and must be paid in full by the applicant prior to sitting the TRAS.

16. TRAVEL AND ACCOMMODATION

Doctors must make their own arrangements for visas, transport and accommodation for each part of the TRAS. **Please note that the Medical Council and the Part I (MCQ) test provider are unable to assist doctors with visa applications.**

17. CHANGE OF ADDRESS

The address specified by the doctor on the application form for TRAS, TR1, will be used for correspondence. Any subsequent change of address must be immediately notified by email or in writing to the Medical Council. Failure to do so may result in unnecessary delays.

18. NOTIFICATION OF RESULTS OF THE TRAS

- 18.1 The Medical Council will notify candidates by letter about their results in Part I (MCQ) and Part II (OSCE) as soon as possible after the examination. The results are issued as a Pass or Fail. A detailed breakdown of results is not provided. No diploma or certificate will be issued to successful candidates. The Council will also post a list of successful candidates on its website.
- 18.2 Once a candidate has passed both parts of the TRAS, he or she must apply for initial temporary registration **within a period of three years from that date.**
- 18.3 A candidate who passes Parts I and II of the TRAS may apply for employment in a hospital, general practice or other health service setting approved by the Medical Council. Temporary registration will be granted once the doctor complies with the Medical Council's application procedure.

19. ASSESSMENT SCHEME

- 19.1 There is no limit to the number of attempts at Part I (MCQ) within the two year period of eligibility specified in paragraph 11.2. However, **you must allow six weeks to lapse before you are eligible to reapply for Part I (MCQ).**
- 19.2 Although candidates who fail TRAS Part II (OSCE) are permitted to re-sit at the next available sitting, the Council strongly recommends that candidates take sufficient time to adequately prepare before their next attempt. Candidates who fail Part II (OSCE) on more than four occasions are advised to defer their next attempt for at least two years.

MEDICINE

Candidates are required to have a wide general knowledge of the key elements of accurate history taking; the interpretation of symptoms; the analysis of cardinal physical signs; proficient bed side examination and the competent interpretative skills necessary for clinical diagnosis. Additionally they should have adequate background knowledge of genetics, immunology, pharmacology, nutrition, social and environmental factors, occupational influences and the impact of environmental hazards due to physical and chemical agents.

Candidates will be expected to have a broad knowledge of the therapeutic principles of drug action, prime drug indications, side effects of pharmaceutical agents and reasonable knowledge of the drugs used for common acute and chronic medical conditions.

SURGERY

Candidates will be expected to be familiar with the basic physiology and biochemical processes in health and disease and to apply the underlying concepts, in association with anatomical and pathological principles, for the identification, investigation and treatment of surgical illnesses.

Candidates are expected to have sufficient knowledge of surgical problems in the gastrointestinal tract, vascular system, endocrine system, genitourinary system, neurological and locomotor systems, chest, head and neck, skin, connective tissue and limbs. The ability to discuss pre and postoperative care of the patient will be assessed and particular emphasis will be placed on surgical infection, wound healing, nutrition, food and electrolyte balance, haematological investigation and the planning of further investigations and management.

OBSTETRICS AND GYNAECOLOGY

Candidates will be expected to have adequate knowledge of the physiology of normal pregnancy, labour, delivery and the puerperium, together with an insight into common disease states of the pregnant woman and the newborn infant and their investigation and treatment. Candidates will be expected to have adequate knowledge of disturbance of reproductive function, including menstrual disorders, infertility, contraception and family planning, and genital infections. In addition, an understanding of the presentation, investigation and management of gynaecological malignant diseases will be required.

PAEDIATRICS

This syllabus will include congenital malformations, normal growth and development of children, assessment of handicap, nutrition, common infectious diseases, accidents and poisoning, non-accidental injury, function and diseases of the heart, lung, gastrointestinal tract, genitourinary tract, blood, central nervous system and skin.

GENERAL PRACTICE

Candidates are expected to understand the key characteristics of primary care and to be familiar with the broad structures of general practice in Ireland. The recognition and management of common problems in general practice, including acute self-limiting illnesses, chronic diseases and key emergencies forms the basis of this section. It is also expected that candidates are familiar with the concepts of prevention, whole-person care, the roles of families and carers in the community and the importance of problem definition in physical, psychological and social terms.

PSYCHIATRY

Candidates will be expected to have a broad knowledge of the theoretical and practical aspects of psychiatry including the clinical approach to the patient. The ability to elicit a comprehensive history and adequately assess the patient's mental state will be necessary.

Assessment may include personality development, organic psychiatric syndromes, schizophrenia, the affective disorders, the clinical neuroses, personality disorders, alcoholism and drug abuse, eating disorders, mental handicap, common childhood psychiatric disorders, psychosomatic disorders, forensic psychiatry, psychosexual problems and community psychiatry.

An adequate knowledge of current treatment and management approaches to psychiatric illness, including physical, psychopharmacological and psychological treatments will be required.

(A) PART I – MULTIPLE CHOICE QUESTIONS (MCQ)

The Multiple Choice Question component will last for 2½ hours. There are 60 questions in total. Each question consists of a stem followed by five statements. The subject material of the different questions will be: Obstetrics & Gynaecology, Paediatrics, Psychiatry, Surgery and Medicine/General Practice. The MCQ is negatively marked. A correct answer gains one mark. An incorrect answer loses one mark. An unanswered question does not gain or lose any mark. There is a short tutorial before the examination starts to show candidates how to answer the questions. This tutorial is also available on the Medical Council's website at www.medicalcouncil.ie/education/tras.asp. Candidates must click on the radio buttons (circles) beside the answers they think are correct (as shown on the sample below). If a candidate does not know the answer to a question, they leave both true and false radio buttons blank. When the candidate has read through all the questions and answered those they are sure of, they will be taken to the review screen. Here, they will have an opportunity to go back and review the questions they are unsure about. When a candidate has answered all the questions they want to answer, they must click the END EXAM button on the review screen. Candidates will be informed by the Medical Council of the result of their examination, by post. Results will also be posted on the Council's website.

The following question is an example:-

Questions 1 - 5 of 300

Test Taker
Medical Council of Ireland TRAS Examination

Time Remaining: 02:29:55

There is an increased risk of ovarian cancer associated with:

- Nulliparity A. True B. False
- Breast cancer A. True B. False
- Prolonged oral contraceptive use A. True B. False
- Social class V A. True B. False
- Hormone replacement therapy use A. True B. False

NEXT

REVIEW
LATER

The following are typical of the questions which will be included in the MCQ paper

MEDICINE

The following relate to the symptoms of severe chronic anaemia

- skin pallor can be absent. True / False
- swelling of the ankles can occur. True / False
- the peripheral pulses can be 'collapsing' in type. True / False
- shortness of breath on exertion is rare. True / False
- angina pectoris can be troublesome. True / False

SURGERY

Gallstones

- can cause intestinal obstruction. True / False
- are diagnosed by an oral cholecystogram when the patient is jaundiced. True / False
- are associated with gallbladder mucocoele and empyema. True / False
- are all easily shattered by lithotripsy. True / False
- are associated with typhoid carrier status. True / False

OBSTETRICS AND GYNAECOLOGY

The following physiological changes of pregnancy normally occur with the first 6 weeks of gestation.

- regression of the Corpus luteum. True / False
- the appearance of colostrums True / False
- a marked increase in the progesterone secretion from the placenta. True / False
- decrease in systolic and diastolic blood pressure. True / False
- increased urinary output. True / False

PSYCHIATRY

Anxiety symptoms:

- are uncommon in the general population. True / False
- are best treated by drug therapy. True / False
- occur in response to a real or imagined threat. True / False
- are common in depressive illnesses. True / False
- are similar to those of hyperthyroidism. True / False

GENERAL PRACTICE

A 45 year old man presents to his GP with chest pain. The following features in the evaluation suggest that it is due to angina:

- the pain is throbbing. True / False
- the pain is usually accompanied by vomiting. True / False
- when it occurs, it lasts for several hours. True / False
- it may occur at rest. True / False
- exertion may provoke the pain. True / False

PAEDIATRICS

Recognised clinical features of cardiac failure in infants include:

- | | |
|----------------------------|--------------|
| ▪ pulses paradoxus. | True / False |
| ▪ splenomegaly. | True / False |
| ▪ sweating. | True / False |
| ▪ poor weight gain. | True / False |
| ▪ flaring of the alae nasi | True / False |

(B) PART II – OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

The essential feature of an objective structured clinical examination (OSCE) is that candidates rotate through a series of task units or stations, so that for any one station all candidates are assessed on the same issues by the same examiners. At each station, the candidate is directly observed performing tasks such as:

- taking a history,
- performing a physical examination,
- demonstrating a practical procedure,
- interpreting a chest X-ray, ECG or laboratory tests,
- patient management/education exercises.

There will be a minimum of seventeen stations in total, to include a minimum of two rest stations, however, the number of rest stations may be increased at the discretion of the Medical Council. Each station will be six minutes in duration.

The following is a list of recommended textbooks for preparation of the TRAS:

The Irish Medical Schools recommend the following list of textbooks to candidates preparing to sit the TRAS.

General Practice

Stephenson A: *A textbook of General Practice*

Psychiatry

Puri, BK; Laking, PJ; Treasdon, IH: *Textbook of Psychiatry* (Churchill Livingstone 2002)

Michael Gelder, Richard Mayou, Philip Cowen: *Shorter Oxford Textbook of Psychiatry* published by Oxford University Press (2001)

Katona, Cornelius; Robertson, Mary: *Psychiatry at a Glance* (2nd Edition – Blackwell Science)

Obstetrics and Gynaecology

Beischer and Mackay: *Obstetrics and the Newborn*

Mackay, Beischer, Cox and Wood: *Illustrated Textbook of Gynaecology*.

Paediatrics

Lissauer and Clayden: *Illustrated Textbook of Paediatrics* (Mosby)

Lissauer & Clayden: *Illustrated Paediatrics*

Nelson's Essential Paediatrics

Hull & Johnson: *Essential Paediatrics* (Churchill Livingstone)

Levene & Rudolf: *Paediatrics and Child Health*

Bernstein & Shelov: *Paediatrics for Medical Students*

General Internal Medicine

Kumar and Clarke (eds): *Clinical Medicine*

Surgery

Courtney M. Townsend, Beauchamp R. Daniel, B. Mark Evers, Kenneth L. Mattos. 16th ed. WB Saunders 31st October 2000: *Textbook of Surgery: The Biological Basis of Modern Surgical Practice* Published in USA

Particularly recommended for OSCEs:

Gill & O'Brien: *Paediatric Clinical Examination* (Churchill Livingstone)

Stephenson, Wallace, Thomson: *Clinical Paediatrics for Postgraduate Examinations*

Oxford Handbook of Clinical Medicine

Ryder, RE and Mir, MA: *MRCP Short Cases*

MacLeod: *Davidson's Principles and Practice of Medicine*

These regulations may be subject to amendment/changes in whole or in part at any time at the discretion of the Medical Council.

Comhairle na nDoctúirí Leighis