
Candidates for the Final FRCA exam must not misinterpret the sentence ‘the SAQ paper is in many ways the easiest part of the Final Examination’. The SAQ paper is not easy, otherwise this book would not have a purpose. As a test of knowledge, organization, and time management, it is, however, made easier by preparation on the part of the candidate. This book tries to help the candidate prepare.

The book is by three authors who to the best of my knowledge are not the Final FRCA examiners. It has some 210 pages laid out in three sections: first, there is a short section entitled ‘FAQs’. This, in a question and answer format, addresses briefly and accurately the background to setting the paper and is followed, at some length, by advice on writing the answers. The advice on answering is sensible and delivered in a pleasant conversational format. It includes: have an early night and get a good breakfast; focus on key words in the question; write legibly; and in my opinion, the most important advice is ‘It is essential to stick to time’.

The second section of the book comprises nine sample exam papers. Although not direct copies of past papers, they are typical and cover the usual comprehensive cross-section of our speciality as seen at each exam. There is nothing more to say about these, they are unsurprising standard exam questions.

Finally, the largest section by far contains the ‘model answers’. These are very comprehensive reviews of the information which could be presented in the candidate’s 15 min short answer. In my experience as an FRCA examiner, I have never come across candidates’ responses as good as these. They are more than ideal, they are notes from tutorials and remind me of the monographs in the Continuing Education in Anaesthesia, Critical Care and Pain (CCEAP), written in note form. I do not think I could copy one of these answers in 15 min let alone remember the salient features and write such a long answer from scratch. They are certainly much more detailed than the side of A4 marking guidance that the examiner works from when marking each question.

So, I wondered how a candidate might use this book. The authors’ advice is clearly stated in the FAQ section, I agree with it. First and foremost candidates should attempt the question papers at 3 h timed sittings that recreate the conditions of the exam. There are plenty more SAQs in the public domain for other practice, keep these for dress rehearsals. Second, in marking their papers, I think candidates should swap manuscripts with a colleague on at least one occasion just to get the idea of reading a paper from the examiner’s perspective and looking at layout, legibility, and presentation. Third, candidates should not be too disheartened if their own answers do not come very close to the standard of the authors’ responses. The authors use a system of asterisks to highlight the most important points and candidates will learn a lot from these comprehensive summaries.

In conclusion, I think this is a good book which will teach both factual knowledge and exam technique. It will be passed on from the successful trainee to the candidate for the next sitting. As with any textbook, it will rapidly date and would surely benefit from some sort of internet support to keep questions and answers fresh.

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A recent study indicated that the prevalence of chronic orofacial pain (excluding headache) is about 7% of the UK population. In general, treatment of orofacial pain is divided between many medical disciplines. In practice, patients with orofacial pain present either to dental practitioners or general medical practitioners, both of whom have a different strategy to treatment of orofacial pain. To facilitate an evidence-based and consistent approach to the management of patients with facial pain, the editor has chosen a wide spectrum of international experts with special interest in orofacial pain management. The aim of this concise pocket book is to provide clinicians with evidence-based basic guidelines and facilitate a multidisciplinary and psychological approach to the overall management of the patient with facial pain.

The book consists of 196 pages. It contains several mind maps, tables, and short text to ensure quick navigation through chapters in a clinical setting. A list of key references is provided at the end of each chapter to help with further reading and addresses of useful internet sites are also provided for use by both patient and clinician. A glossary of abbreviations is included to help with those not already defined in the book. Of the many clearly presented figures throughout the book, the algorithms for management of trigeminal neuralgia and management of tempromandibular disorders and facial pain lack clarity due to font size, display, or both and may benefit from expanding to cover the whole page without affecting the size of this excellent book.

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