2026 FCPS1 GUIDELINES

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ONLINE ACADEMY

Compiled By The Team of PrepXperts Online Academy

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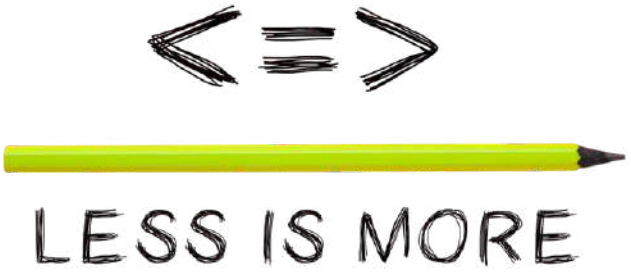


Pick ONE Theory Book — And Stick to It!

One of the biggest mistakes FCPS-1 candidates make is jumping between multiple theory books. Pick one, commit to it, and revise it repeatedly. Here's a breakdown of your two main options:

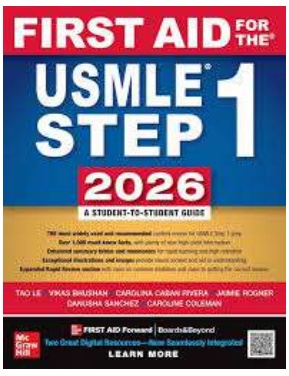
First Aid for the USMLE Step 1 — The Gold Standard

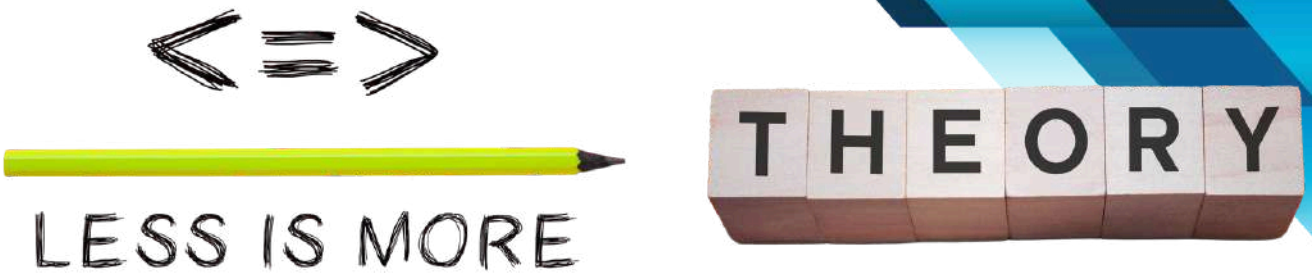
First Aid is widely considered the holy grail of theory preparation for FCPS-1. It is a comprehensive, high-yield resource that consolidates multiple subjects into a single, well-organized volume — making it the go-to choice for serious candidates.

What to cover:

- Anatomy + Embryology
- Pathology
- Pharmacology
- Physiology — skip this section in First Aid and use BRS Physiology instead (more detailed, clearer explanations)

Key advice: First Aid rewards repetition. The goal is not to read it once thoroughly — it's to revise it multiple times until the content becomes second nature. Most high-scorers complete at least 3–4 revisions before their exam.





Pick ONE Theory Book — And Stick to It!

FAST AID by Rafiullah — The Accessible Alternative

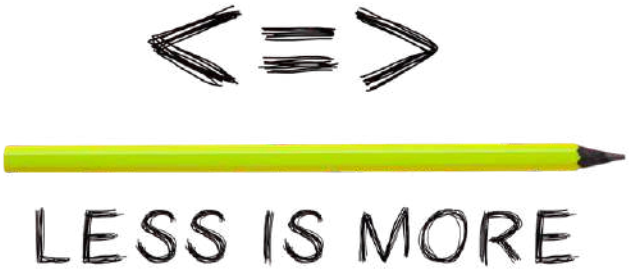
FAST AID is a locally authored alternative specifically tailored to the FCPS-1 syllabus. It covers all the portions tested in the theory section of FCPS-1 and is written in a more digestible, straightforward style.

Is it as comprehensive as First Aid? No — but it serves a very important purpose: for candidates who struggle to retain First Aid's dense formatting, FAST AID offers a friendlier entry point without completely sacrificing high-yield content.

Standout feature: The Anatomy portion in FAST AID is notably more detailed and easier to follow than in First Aid — making it a strong supplementary read for Anatomy even if you choose First Aid as your primary book.

🔑 Bottom Line

	First Aid	FAST AID
Coverage	Comprehensive	FCPS-1 focused
Difficulty to retain	Higher	Lower
Anatomy depth	Moderate	Detailed
Revision requirement	3-4+ times	2-3 times
Best for	Strong readers, high scorers	Those who need clarity



Subjects Questioned on in FCPS-1

The FCPS-1 does not follow any TOS - but the subjects usually asked about in the exam can be summarized as followed:

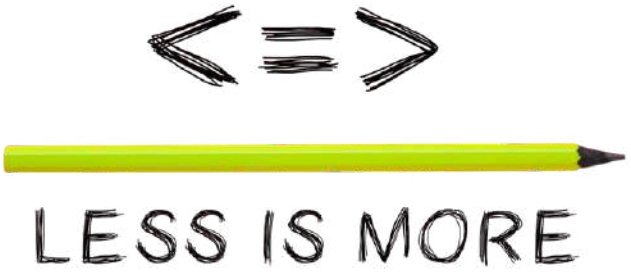
- **ANATOMY**
- **PHYSIOLOGY**
- **PATHOLOGY - GENERAL + SPECIAL**
- **PHARMACOLOGY**
- **BIOCHEMISTRY**
- **MICROBIOLOGY**
- **IMMUNOLOGY**
- **EMBRYOLOGY**
- **HISTOLOGY**
- **NEUROLOGY**
- **BIOSTATS/PUBLIC HEALTH SCIENCES**
- **SPECIALTY SPECIFIC TOPICS: FOR EXAMPLE IN GYNE OBS, QUESTIONS COME IN PAPER 2 RELATED TO CLINICAL GYNE AND OBS, SIMILARY GENERAL SURGERY QUESTIONS MAY APPEAR IN PAPER 2 OF SURGERY AND ALLIED**

P1 General Medical Sciences

P2 Specialty Specific Paper

100 MCQS EACH

75% REQUIRED IN EACH TO PASS



BOOK SELECTION

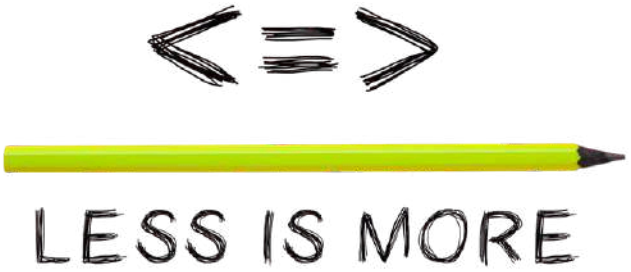
The Golden Rule of FCPS-1 Prep: Few Books, Multiple Revisions
Less Is More — Always.

The single most common reason candidates fail FCPS-1 is not a lack of resources. It's an excess of them.
Collecting books, switching between sources, and constantly adding "just one more" reference feels productive — but it isn't. It creates the illusion of studying while destroying retention. You finish a book, move to the next, and by the time you return, the first one has faded completely.

The Right Strategy Is Simple:

Choose a few books. Do them over and over again. Repeat until the content is part of you.

This isn't just advice — it's the strategy behind almost every high-scoring FCPS-1 candidate. Retention is built through repetition, not through volume. Your brain doesn't remember everything it reads once. It remembers what it sees repeatedly, in a structured, spaced manner.



BOOK SELECTION

Why Multiple Revisions Work

- 1st revision — You're meeting the content for the first time. Expect confusion. That's normal.
- 2nd revision — Patterns start forming. Concepts begin connecting.
- 3rd revision — Recall becomes faster. High-yield facts feel familiar.
- 4th revision and beyond — This is where exam-ready confidence is built.

Each revision is faster than the last. A book that took you 3 weeks the first time may take 5 days by the fourth. That's not cutting corners — that's how memory consolidation works.

The Hard Truth

Doing 2 books 4 times each will outperform doing 8 books once — every single time. A candidate with a well-revised, annotated, battle-worn copy of First Aid will consistently outscore someone with a shelf full of pristine, barely-touched references.

❌ What Fails Candidates	✅ What Builds High Scorers
Too many books, too little revision	Few books, aggressive revision
Constantly switching resources	Staying loyal to one primary source
Finishing once and moving on	Re-reading until content is instinctive
Highlighting without recalling	Active recall + spaced repetition

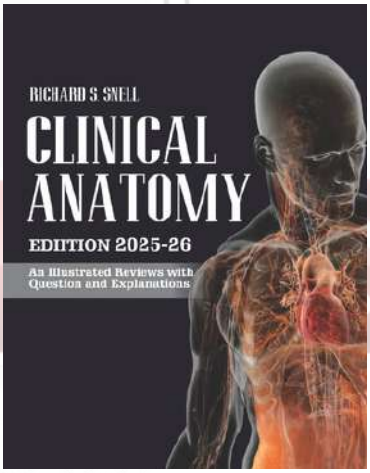
BOOK SELECTION

Anatomy for FCPS-1 – Book Selection by Specialty

Why Anatomy Demands Special Attention?

Anatomy is one of the most heavily tested subjects in FCPS-1 – and it cannot be taken lightly. In Paper 1, Anatomy carries significant weight consistently across all specialties. In Paper 2, the coverage varies depending on your chosen field, but it remains a subject where even a few well-prepared topics can make or break your score.
The critical thing to understand is this: there is no one-size-fits-all Anatomy book for FCPS-1. Your specialty determines your source – and choosing the wrong one means preparing content that doesn't align with your paper's focus.

Snell's Clinical Anatomy – Review Series



Recommended for:

- **Surgery & Allied Specialties**
- **Gynaecology & Obstetrics**
- **Radiology**

Snell is the go-to for clinically oriented specialties where anatomical knowledge is tested in a applied, structural, and procedural context. Questions in Surgery, Gynae/Obs, and Radiology frequently involve surface anatomy, surgical landmarks, nerve and vessel relations, and radiological anatomy – all areas where Snell excels.

For these specialties, Snell Review is non-negotiable. It must be done!

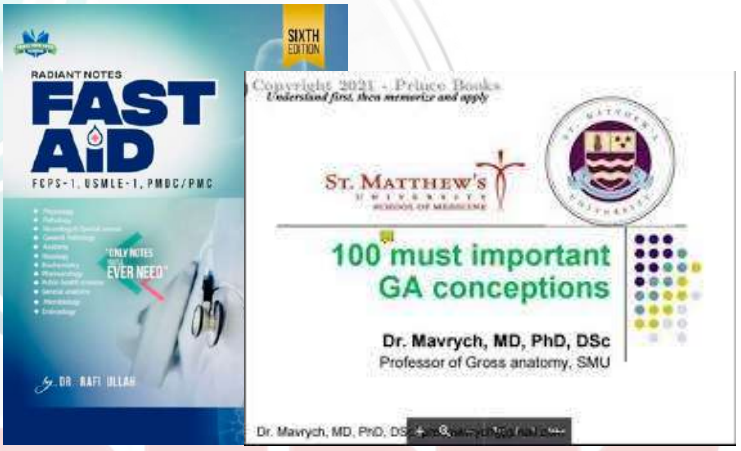
BOOK SELECTION

THEORY

Anatomy for FCPS-1 – Book Selection by Specialty

Tips for using Snell effectively:

- Focus on the review/question-based edition, not the full textbook
- Pay special attention to nerve lesions, arterial supply, and lymphatic drainage – these are high-yield repeat topics
- Pair with clinical vignettes to understand how anatomical knowledge translates into exam questions



FAST AID Anatomy + Shelf Notes

Recommended for:

- Medicine & Allied Specialties
- Pathology
- All Other Specialties

For Medicine-based candidates and other non-surgical specialties, the Anatomy section within FAST AID, supplemented by Shelf Notes, provides focused, high-yield content without the clinical depth that surgical specialties require. This combination is concise, well-organized, and revision-friendly.

For these specialties, FAST AID Anatomy + Shelf Notes is non-negotiable. It must be done.

Tips for using First Aid Anatomy effectively:

- Do not read it in isolation – integrate it with the relevant Physiology and Pathology sections for context
- Shelf Notes fill the gaps that FAST AID occasionally leaves in pure anatomical detail
- Prioritize neuroanatomy, thoracic anatomy, and reproductive anatomy – these appear repeatedly across Medicine-based papers

BOOK SELECTION

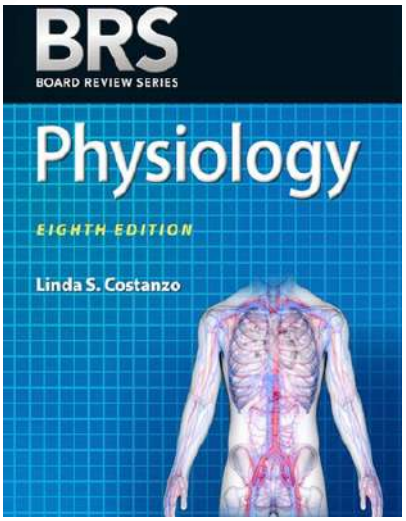
Physiology for FCPS-1 — The Subject You Cannot Afford to Underestimate

If there is one subject that runs through the entire FCPS-1 examination from start to finish, it is Physiology. Unlike some subjects that appear predominantly in one paper, Physiology is a constant presence — tested heavily in both Paper 1 and Paper 2, across virtually every specialty.
It is not a subject you can skim, skip, or leave for last-minute preparation.
Understanding Physiology is also the foundation for understanding everything else. Pathology makes sense when you know normal function. Pharmacology clicks when you understand the receptor systems. Clinical reasoning becomes sharper when you know what the body is supposed to do before it goes wrong.

BRS Physiology — The Gold Standard
BRS Physiology by Linda S. Costanzo

It is the universally accepted, examiner-aligned, high-yield standard for this subject. No other resource comes close in terms of the balance between depth, clarity, and exam relevance. Candidates who score well in Physiology almost always credit BRS as their primary — and often their only — source.

The Honest Warning: BRS Physiology Is a Demanding Read:
Let's be clear about something most study guides won't tell you upfront: BRS Physiology is dry. It is dense, number-heavy, and conceptually demanding. Cardiac output curves, renal clearance equations, pulmonary compliance graphs, hormonal feedback loops — the content is not light reading, and it does not become comfortable after a single pass.
This is precisely why multiple revisions are not optional — they are the entire strategy.



BOOK SELECTION

Physiology for FCPS-1 — The Subject You Cannot Afford to Underestimate

How to Approach BRS Physiology

- 1st Revision — Read for understanding. Don't panic if it feels overwhelming. Focus on getting the big picture of each system before drilling into detail.
- 2nd Revision — Go system by system. Start connecting mechanisms. Pay close attention to graphs, equations, and values — these are direct exam targets.
- 3rd Revision — Shift to active recall. Cover the page and test yourself. Identify weak systems and give them extra time.
- 4th Revision and beyond — This is where BRS becomes an asset. By this point, revision is fast, recall is sharp, and high-yield facts feel automatic.

Final Word on Physiology

Many candidates treat Physiology as just another subject to get through. The ones who score well treat it as the backbone of their entire preparation.

BRS Physiology rewards those who return to it — repeatedly, patiently, and without shortcuts. Pick it up. Put it down. Pick it up again. That cycle, repeated enough times, is what turns a difficult subject into your strongest one.

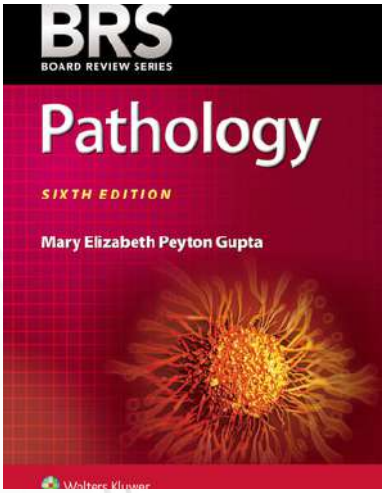
System	High-Yield Focus Areas
Cardiovascular	Cardiac cycle, pressure-volume loops, Frank-Starling, ECG changes
Respiratory	Lung volumes, V/Q ratios, oxygen-haemoglobin curve, compliance
Renal	GFR, tubular reabsorption, acid-base disorders, diuretic sites
Neurophysiology	Resting membrane potential, action potentials, synaptic transmission
Endocrine	Feedback loops, hormonal axes, calcium regulation, thyroid physiology
Gastrointestinal	Secretions, motility, absorption mechanisms
Blood	Haemostasis, clotting cascade, blood groups

BOOK SELECTION

THEORY

General Pathology for FCPS-1 — The Foundation of Disease

Why General Pathology Matters



Before you can understand any specific disease, you must understand how disease works. That is exactly what General Pathology teaches. It is the mechanistic backbone of medicine — covering how cells are injured, how the body responds to damage, how inflammation unfolds, how tumours develop, and how healing either succeeds or fails.

In FCPS-1, General Pathology is tested in Paper 1 and while it may not have the sheer volume of Physiology, it is a subject where marks are either confidently earned or unnecessarily lost. The concepts are logical, the patterns are repetitive, and with the right resource, it is entirely conquerable.

BRS Pathology — The Right Resource for General Pathology

For FCPS-1 General Pathology, the recommended source is:
BRS Pathology — First 8 Chapters

Final Word on General Pathology

General Pathology is the kind of subject that feels difficult until suddenly it doesn't. Every revision brings more clarity, more pattern recognition, and more confidence. The candidates who struggle are those who read it once and expect it to stay — it won't.

The Honest Reality About This Subject

General Pathology has a reputation for feeling abstract and disconnected — especially early on. Candidates often read through mechanisms of cell injury or hypersensitivity reactions and feel like nothing is sticking. This is completely normal, and it is exactly why multiple revisions are essential. The good news is that General Pathology is highly pattern-based. Once the core mechanisms click — and they will, with repetition — questions become predictable. The examiners return to the same concepts repeatedly: types of necrosis, mediators of inflammation, characteristics of malignancy, mechanisms of oedema. These are not random — they are a fixed pool of high-yield targets.

BOOK SELECTION

Chapter Focus	Key Topics
Cell Injury & Death	Causes of injury, reversible vs irreversible injury, necrosis vs apoptosis
Fluid & Haemodynamic Disorders	Oedema, hyperaemia, congestion, thrombosis, embolism, infarction
Acute Inflammation	Vascular changes, cellular events, chemical mediators
Chronic Inflammation	Granulomatous inflammation, types and examples
Tissue Repair & Healing	Regeneration, fibrosis, wound healing by primary and secondary intention
Immunopathology	Hypersensitivity reactions, autoimmune mechanisms, immunodeficiency
Neoplasia	Benign vs malignant, carcinogenesis, tumour markers, staging vs grading
Genetic & Paediatric Disorders	Mendelian disorders, chromosomal abnormalities, common paediatric conditions

🎯 Highest-Yield Topics to Prioritise

If time is limited, these topics appear most consistently across FCPS-1 papers and deserve the most attention:

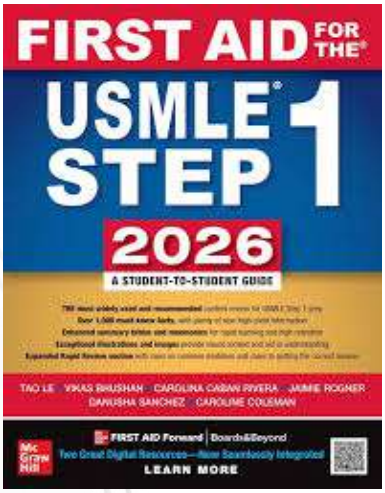
- **Types of necrosis** — coagulative, liquefactive, caseous, fat, fibrinoid, gangrenous
- **Apoptosis vs necrosis** — mechanisms, morphology, and examples
- **Chemical mediators of inflammation** — histamine, prostaglandins, leukotrienes, complement, cytokines
- **Hypersensitivity reactions** — Type I through Type IV with classic clinical examples
- **Differences between benign and malignant tumours** — this is a perennial favourite
- **Wound healing** — factors affecting healing, complications, and types
- **Granulomatous inflammation** — TB, sarcoidosis, foreign body — know them cold

BOOK SELECTION

THEORY

Special Pathology for FCPS-1 — Know Your Systems, Ace Your Scenarios

What Is Special Pathology?



Special Pathology — commonly referred to as "Systems Pathology" in FCPS-1 preparation circles — is the organ-by-organ, disease-by-disease breakdown of pathological conditions. Where General Pathology teaches you how disease works, Special Pathology teaches you what diseases look like — their causes, their features, how they are diagnosed, and how they are managed.

It is one of the most important and most heavily tested subjects in FCPS-1, appearing across both papers and spanning virtually every clinical specialty. There is no shortcut around it — but with the right resource and the right approach, it is also one of the most rewarding subjects to master.

First Aid Step 1 — The Gold Standard for Special Pathology

For FCPS-1 Special Pathology, the recommended and widely trusted source is:

First Aid for the USMLE Step 1 — Systems (Organ-Based) Section

The Systems section of First Aid is perfectly structured for Special Pathology preparation. It covers every major organ system with concise, high-yield disease summaries that align closely with the way FCPS-1 questions are framed.

Final Word on Special Pathology

Special Pathology is vast — but it is not unmanageable. The candidates who struggle are those who try to memorise diseases in isolation without understanding clinical context. The candidates who excel are those who see every disease as a story — one with a cause, a presentation, a diagnosis, and a resolution.

BOOK SELECTION

How Special Pathology Is Tested in FCPS-1

This is where many candidates make a critical mistake. They study Special Pathology as a list of diseases — and then face questions written as clinical scenarios. The examiner will not ask:

"What is the pathology of myocardial infarction?"

They will ask:
"A 58-year-old man presents with crushing central chest pain radiating to the left arm, diaphoresis, and nausea for 2 hours. His ECG shows ST elevation in leads II, III, and aVF. What is the most likely diagnosis and which vessel is involved?"

The disease is the same — but the question requires you to recognise the scenario, apply the knowledge, and arrive at the answer through clinical reasoning.
This means your preparation must go beyond passive reading. You must study each disease through the lens of how it will be presented to you in the exam.

🔍 For Every Disease, Know These Five Dimensions

When studying any condition in Special Pathology, train yourself to answer all five of the following:

Dimension	What to Know
🦠 Aetiology & Risk Factors	What causes it? Who gets it? What are the predisposing conditions?
🫁 Signs & Symptoms	Classic presentation, buzzword features, pathognomonic findings
🔬 Investigations	First-line test, gold standard test, characteristic findings on biopsy/imaging/labs
💊 Treatment	First-line management, surgical vs medical, emergency vs elective
⚡ Complications	What happens if untreated? What are the feared outcomes?

BOOK SELECTION

Revision Strategy for First Aid Systems

- 1st Revision — Read system by system. Build a mental map of each disease. Do not try to memorise everything — aim to understand the pattern of each condition.
- 2nd Revision — Go through each system with a focus on buzzwords and classic presentations. These are the clues the examiner plants in scenarios.
- 3rd Revision — Practise MCQs simultaneously. Every question you attempt should send you back to First Aid to reinforce what was tested.
- 4th Revision and beyond — Focus on comparison tables and differentials. Many FCPS-1 questions hinge on distinguishing between two similar conditions — know the differentiating features cold.

High-Yield Systems to Prioritise

While all systems carry weight, the following appear most consistently across FCPS-1 papers and deserve the deepest preparation:

System	Must-Know Conditions
Cardiovascular	Ischaemic heart disease, heart failure, valvular diseases, cardiomyopathies, endocarditis
Respiratory	Pneumonia, TB, COPD, asthma, lung carcinoma, pleural effusion
Neurological	Stroke, meningitis, demyelinating diseases, CNS tumours, neurodegenerative disorders
Haematological	Anaemias, leukaemias, lymphomas, coagulation disorders
Renal	Glomerulonephritis, nephrotic vs nephritic syndrome, renal failure, renal tumours
Gastrointestinal	IBD, peptic ulcer disease, liver cirrhosis, hepatitis, GI tumours
Endocrine	Diabetes mellitus, thyroid disorders, adrenal pathology, pituitary tumours
Reproductive	Ovarian and uterine pathology, gestational trophoblastic disease, prostatic conditions

BOOK SELECTION

Pro Tips for Special Pathology

- Annotate your First Aid — Every time a past paper question tests a specific fact, mark it in your book. Over time, your copy becomes a personalised high-yield guide.
- Learn in pairs and groups — Compare Crohn's vs Ulcerative Colitis, Type 1 vs Type 2 diabetes, nephrotic vs nephritic syndrome. Examiners love to test the distinctions.
- Know your investigations — FCPS-1 frequently asks about first-line investigations and gold standard tests. Never study a disease without knowing how it is confirmed.
- Don't neglect treatment — Especially first-line management and emergency treatment. These appear more often than candidates expect.

Pharmacology for FCPS-1 — Know Your Weight, Know Your Source

Pharmacology occupies a unique position in FCPS-1 preparation — and misunderstanding that position leads candidates to either over-prepare it at the expense of heavier subjects, or dangerously under-prepare it and drop easy marks.

For the majority of specialties, Pharmacology is a supporting subject in FCPS-1. It is tested, it carries marks, and it cannot be ignored — but it does not demand the same depth of investment as Physiology or Special Pathology. The questions are largely factual, the patterns are predictable, and with the right resource, it is one of the more straightforward subjects to score in.

For Anaesthesia candidates, however, the picture is entirely different. Pharmacology is not a minor subject — it is a core, high-weight, deeply tested pillar of the exam. Drug mechanisms, receptor pharmacology, anaesthetic agents, muscle relaxants, opioids, and reversal agents are all fair game at a level of detail that other specialties simply do not encounter.

BOOK SELECTION

All Specialties Except Anaesthesia — First Aid Step 1 Pharmacology

First Aid for the USMLE Step 1 — Pharmacology Section

For all non-anaesthesia candidates, the Pharmacology section within First Aid Step 1 is everything you need. It is concise, high-yield, and structured in a way that matches exactly how FCPS-1 tests pharmacological knowledge — through drug classes, mechanisms, clinical uses, and side effect profiles.

First Aid Pharmacology does not waste your time with excessive detail. It gives you the essential framework — the drug, its mechanism, its indication, its key adverse effects, and its classic exam associations — and nothing more. For a subject that is largely memorisation-based, this focused format is an advantage, not a limitation.

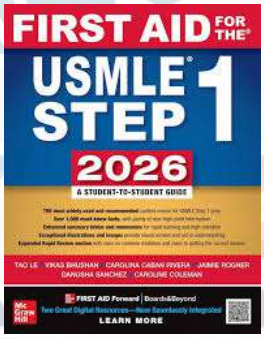
Anaesthesia — Kaplan Pharmacology

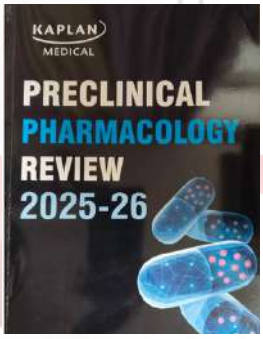
Kaplan Pharmacology

For Anaesthesia candidates, First Aid alone is insufficient. Kaplan Pharmacology provides the depth, detail, and mechanistic clarity that the Anaesthesia FCPS-1 paper demands.

It covers pharmacokinetics and pharmacodynamics more rigorously, goes deeper into drug receptor interactions, and addresses anaesthesia-relevant drug classes with the specificity that the exam requires.

Anaesthesia candidates must treat Pharmacology as a major subject — not a minor one. Preparation depth must reflect this.





The Nature of Pharmacology — Pure Memorisation, Done Smartly

There is no sugarcoating it: Pharmacology is a memorisation-heavy subject. Unlike Physiology where understanding drives retention, or Pathology where mechanisms create context, Pharmacology often requires you to simply know — the receptor, the drug class, the side effect, the contraindication.

But smart memorisation is not the same as rote memorisation. The candidates who retain Pharmacology effectively do so by building associations, not lists.

BOOK SELECTION

🧠 High-Yield Memorisation Strategies for FCPS-1 Pharmacology

- 🧩 **Learn by drug class, not individual drugs** — Understand the class mechanism first, then individual drug variations become easier to remember
- ⚡ **Classic side effect associations** — These are examiner favourites. Amiodarone and thyroid/pulmonary toxicity. Clozapine and agranulocytosis. Statins and myopathy. Tetracycline and teeth. Know them without hesitation.
- 🔄 **Pair drugs with their antidotes** — Opioids and naloxone. Benzodiazepines and flumazenil. Heparin and protamine sulphate. Warfarin and Vitamin K. These appear repeatedly.
- 🎯 **Know first-line drugs for common conditions** — Hypertension in pregnancy, status epilepticus, acute gout, malignant hyperthermia — the examiner frequently tests first-line and emergency pharmacological management.
- 📊 **Memorise mechanism-based toxicities** — Understanding *why* a drug causes a side effect makes it far more retainable than blind memorisation.

🔁 Revision Strategy for First Aid Pharmacology

- 📌 **1st Revision** — Read through drug classes systematically. Focus on mechanism and primary indication. Do not attempt to memorise side effects on the first pass.
- 📌 **2nd Revision** — Add side effects and contraindications. Use mnemonics and associations to anchor difficult facts.
- 📌 **3rd Revision** — Pure active recall. Cover the page and test yourself on mechanism, use, and toxicity for every major drug class.
- 📌 **4th Revision** — MCQ-focused. Past paper questions will highlight exactly which drugs and which facts the FCPS-1 examiner favours — use this intelligence.

Final Word on Pharmacology

Pharmacology will not make or break your FCPS-1 result on its own — but the marks it offers are among the most accessible in the entire paper. The questions are formulaic, the facts are fixed, and there are no grey areas. A drug either causes agranulocytosis or it does not. An antidote either reverses an agent or it does not.

BOOK SELECTION

🎯 High-Yield Pharmacology Topics for FCPS-1

Drug Category	Must-Know Facts
❤️ Cardiovascular Drugs	Beta-blockers, ACE inhibitors, calcium channel blockers, antiarrhythmics — mechanisms and indications
🧠 CNS Drugs	Antiepileptics, antidepressants, antipsychotics — side effect profiles are heavily tested
💊 Antimicrobials	Antibiotic classes, mechanisms of action, resistance, and classic side effects
🩸 Anticoagulants	Heparin vs warfarin vs NOACs — mechanisms, monitoring, reversal agents
💊 NSAIDs & Steroids	COX inhibition, GI side effects, steroid complications
🫁 Autonomic Drugs	Cholinergic vs adrenergic agonists and antagonists — a perennial exam favourite
💉 Anaesthetic Agents *(Anaesthesia only)*	Inhalational agents, IV induction agents, muscle relaxants, reversal agents

BOOK SELECTION

Embryology & Histology for FCPS-1 — Small Subjects, Real Marks

Where Do These Subjects Stand in FCPS-1?

Embryology and Histology are classified as minor subjects in FCPS-1 — but do not let that label mislead you. Minor does not mean absent. Minor does not mean ignorable. It means that compared to heavyweights like Physiology and Special Pathology, these subjects carry a smaller slice of the paper — but that slice shows up consistently and repeatedly across almost all FCPS-1 papers.

Candidates who dismiss Embryology and Histology as low priority often find themselves dropping marks on questions that were entirely predictable and entirely preventable. These are not obscure, unpredictable topics — they are a fixed pool of recurring high-yield facts that reward prepared candidates every single time.

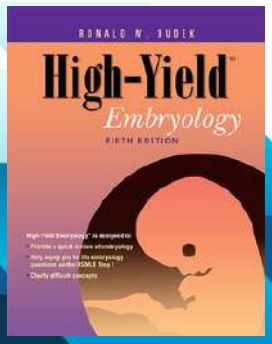
In a competitive exam where every mark matters, no subject is too minor to prepare.

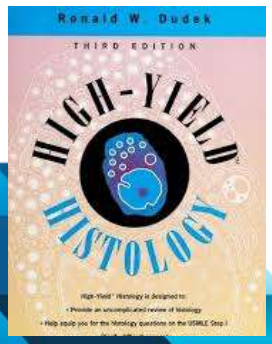
Embryology — The More Important of the Two

Between the two, Embryology carries greater weight in FCPS-1 and deserves proportionally more of your attention. It is tested across virtually all papers and spans two distinct components — both of which must be covered:

General Embryology

General Embryology covers the fundamental processes of human development — from fertilisation through organogenesis. This is the mechanistic foundation that everything else builds upon.





High-yield topics in General Embryology:

- Fertilisation, cleavage, and implantation
- Formation of the bilaminar and trilaminar germ disc
- Derivatives of the three germ layers — ectoderm, mesoderm, and endoderm — this is a perennial FCPS-1 favourite
- Folding of the embryo and formation of body cavities
- Placental development and function
- Foetal circulation and changes at birth
- Common teratogens and their specific embryological effects — timing and target organ
- Foetal period milestones

BOOK SELECTION

Systemic Embryology

Systemic Embryology covers the organ-by-organ development of body systems and — critically — the congenital anomalies that arise when development goes wrong. This is where FCPS-1 questions are most commonly anchored.

High-yield topics in Systemic Embryology:

System	Must-Know Congenital Conditions
Cardiovascular	Ventricular septal defect, atrial septal defect, patent ductus arteriosus, tetralogy of Fallot, transposition of great vessels
Respiratory	Tracheo-oesophageal fistula, pulmonary hypoplasia, respiratory distress syndrome
Neural Tube	Spina bifida, anencephaly, meningocele, myelomeningocele — neural tube defect associations with folate deficiency
Gastrointestinal	Pyloric stenosis, Hirschsprung disease, omphalocoele vs gastroschisis, Meckel's diverticulum
Renal & Urogenital	Horseshoe kidney, renal agenesis, hypospadias, epispadias, undescended testes
Head & Neck	Branchial arch derivatives, thyroid and tongue development, cleft lip vs cleft palate

Branchial arch derivatives are among the highest-yield topics in FCPS-1 Embryology — know which arch gives rise to which nerve, muscle, and structure.

Pro Tips for Embryology & Histology

- Make a germ layer derivatives table — Ectoderm, Mesoderm, and Endoderm derivatives appear in almost every FCPS-1 paper. A well-made revision card for this alone is worth real marks.
- Link congenital anomalies to their clinical presentations — Questions often present a newborn with signs and ask for the embryological basis. Know the defect and its consequence together.
- Know your developmental timelines — Weeks of organogenesis, when the heart begins beating, when neural tube closes, foetal viability milestones — these are direct question targets.
- Pair Histology with Pathology — Many Histology questions in FCPS-1 blur into Pathology — asking about abnormal histological findings. Studying them together reinforces both.

BOOK SELECTION

Histology — Focused, Factual, and Fetchable

Histology in FCPS-1 is tested at a recognition and identification level — not at the depth of a dedicated Histology course. Questions typically present a clinical or microscopic scenario and ask you to identify the tissue, cell type, or structural feature being described.

The good news is that FCPS-1 Histology is highly repetitive. The same tissue types, the same cell characteristics, and the same microscopic findings appear across papers with remarkable consistency.

High-yield Histology topics for FCPS-1:

Topic	Key Facts to Know
Epithelial Tissue	Types of epithelium and their locations — simple, stratified, pseudostratified, transitional
Connective Tissue	Collagen types and their clinical associations — Type I fractures, Type II cartilage, Type III healing
Blood Cells	Morphological features of RBCs, WBCs, and platelets on a blood film
Nervous Tissue	Neuron types, glial cells and their functions, peripheral nerve structure
Cardiac & Smooth Muscle	Structural differences between cardiac, skeletal, and smooth muscle
Bone & Cartilage	Osteoblasts vs osteoclasts, types of cartilage and their locations
Glandular Tissue	Exocrine vs endocrine, serous vs mucous glands

Final Word on Embryology & Histology

Minor subjects are where disciplined candidates separate themselves from the rest. Everyone prepares Physiology and Pathology — not everyone gives Embryology and Histology their due. Those who do walk into the exam knowing that a predictable cluster of questions is already answered before the paper even begins.

BOOK SELECTION

Biochemistry for FCPS-1 — A Rising Minor That Punches Above Its Weight

Biochemistry has historically been labelled a minor subject in FCPS-1 — and while that classification technically still holds, recent papers tell a different story. Biochemistry questions have increased in frequency and complexity across recent FCPS-1 sittings, making it a subject that can no longer be treated as an afterthought. Candidates who prepare it properly are collecting marks that under-prepared candidates are consistently leaving behind. There is one source, and one source only: First Aid for the USMLE Step 1 — Biochemistry Section. It covers every topic tested in FCPS-1 Biochemistry at exactly the right depth — concise enough to revise efficiently, detailed enough to answer every question the examiner throws at you. Do it thoroughly. Revise it repeatedly. Nothing else is required.

Complete FCPS-1 Biochemistry Syllabus — Topic by Topic

The following is a comprehensive, organised breakdown of every Biochemistry topic you must cover for FCPS-1, grouped thematically for structured preparation:

Final Word on Biochemistry

Biochemistry is no longer the afterthought it once was in FCPS-1. Recent papers have made that clear. The candidates who treat it seriously — who revise their First Aid Biochemistry chapters repeatedly and learn to recognise clinical scenarios — will find it one of the most rewarding sections to score in.

The enzyme defects are fixed. The clinical clues are predictable. The marks are available.First Aid Biochemistry, done well and revised often, is all you need — and all you should use.

BOOK SELECTION

Section 1 — Molecular & Cellular Biology

These topics form the structural and molecular foundation of Biochemistry and are tested with surprising regularity in FCPS-1:

Topic	High-Yield Focus
Cytoskeletal Elements	Microfilaments, intermediate filaments, microtubules — structure, function, and associated diseases
Primary Ciliary Dyskinesia	Dynein arm defect, Kartagener syndrome triad — bronchiectasis, situs inversus, infertility
Collagen — Synthesis & Structure	Steps of collagen synthesis, types of collagen and their tissue locations, vitamin C role in hydroxylation
Osteogenesis Imperfecta	Type I collagen defect, blue sclerae, brittle bones, hearing loss — know all four types
Ehlers-Danlos Syndrome	Collagen cross-linking defect, hyperextensible skin and joints, types and their specific defects
Menkes Disease	Copper transport defect, kinky hair, neurodegeneration, connective tissue weakness
Elastin	Structure, role in elastic tissues, comparison with collagen — lungs, large vessels, skin
Marfan Syndrome	Fibrillin-1 defect, tall stature, arachnodactyly, aortic root dilatation, lens dislocation — upward

> ⚠ **Collagen synthesis steps are a direct and frequent FCPS-1 target — know every step, every enzyme, and every vitamin cofactor involved.**

BOOK SELECTION

Section 2 — Genetics & Chromosomal Disorders

Genetics is one of the most heavily tested Biochemistry clusters in recent FCPS-1 papers. Every topic below is high yield:

Modes of Inheritance

- Autosomal Dominant — One mutant allele sufficient; 50% transmission; variable expressivity and incomplete penetrance are key concepts
- Autosomal Recessive — Two mutant alleles required; carrier parents; 25% affected offspring; enzyme deficiencies are classically AR
- X-Linked Recessive — Carrier mothers, affected sons; no male-to-male transmission — this distinction is a classic MCQ trap

Autosomal Dominant Conditions

Know the mechanism, classic features, and inheritance pattern:

- Marfan syndrome, Ehlers-Danlos (some types), Osteogenesis Imperfecta (Type I), Huntington disease, Neurofibromatosis, Familial Hypercholesterolaemia

Autosomal Recessive Conditions — Must Know

Disease	Defect	Classic Features
Cystic Fibrosis	CFTR chloride channel — chromosome 7	Recurrent pulmonary infections, pancreatic insufficiency, meconium ileus, infertility in males
Phenylketonuria	Phenylalanine hydroxylase deficiency	Musty odour, fair skin, intellectual disability, avoid phenylalanine diet
Maple Syrup Urine Disease	Branched-chain alpha-keto acid dehydrogenase	Sweet-smelling urine, neurological deterioration, leucine/isoleucine/valine accumulation
Alkaptonuria	Homogentisate oxidase deficiency	Dark urine on standing, ochronosis, arthritis — benign but distinctive
Homocystinuria	Cystathionine synthase deficiency	Lens dislocation downward, Marfan-like features, thrombosis, intellectual disability

⚠ **Lens dislocation direction is a classic differentiator — Marfan = upward, Homocystinuria = downward. This distinction is a perennial FCPS-1 favourite.**

BOOK SELECTION

X-Linked Recessive Conditions

Disease	Key Facts
💪 Duchenne Muscular Dystrophy	Dystrophin gene deletion — frameshift; no dystrophin produced; onset before age 5; Gower sign; cardiac involvement
💪 Becker Muscular Dystrophy	Same gene — in-frame mutation; reduced dystrophin; milder, later onset
🧿 Myotonic Dystrophy	Autosomal dominant — trinucleotide repeat (CTG); myotonia, cataracts, cardiac arrhythmias, frontal baldness
🧠 Fragile X Syndrome	CGG repeat expansion — FMR1 gene; most common inherited intellectual disability; large ears, macroorchidism, long face

Trinucleotide Repeat Expansion Diseases

These are tested as a group — know the disease, the repeat, and the inheritance:

Disease	Repeat	Inheritance
Huntington Disease	CAG	Autosomal Dominant
Fragile X Syndrome	CGG	X-Linked
Myotonic Dystrophy	CTG	Autosomal Dominant
Friedreich Ataxia	GAA	Autosomal Recessive

⚠ **Anticipation** — the phenomenon where repeat expansions worsen with successive generations — is a high-yield concept for all trinucleotide repeat diseases.

BOOK SELECTION

Chromosomal Microdeletion Syndromes

Syndrome	Deletion	Classic Features
😿 Cri-du-Chat	5p deletion	High-pitched cat-like cry, microcephaly, intellectual disability
🥴 Prader-Willi	15q deletion — paternal	Hyperphagia, obesity, hypogonadism, intellectual disability
😇 Angelman Syndrome	15q deletion — maternal	Happy demeanour, seizures, absent speech, puppet-like gait

⚠️ **Prader-Willi and Angelman involve the same chromosomal region — the difference is which parent the deletion comes from. This is a classic imprinting MCQ.**

Autosomal Trisomies

Syndrome	Trisomy	Cardinal Features
🌞 Down Syndrome	Trisomy 21	Flat facies, epicanthal folds, single palmar crease, duodenal atresia, ASD/VSD, Alzheimer risk, increased maternal age
✊ Edwards Syndrome	Trisomy 18	Rocker-bottom feet, clenched fists, micrognathia, VSD, severe intellectual disability — poor prognosis
🌙 Patau Syndrome	Trisomy 13	Cleft lip/palate, holoprosencephaly, polydactyly, microphthalmia — very poor prognosis

BOOK SELECTION

Section 3 — Vitamins

All vitamins are high-yield for FCPS-1 — both fat-soluble and water-soluble. Questions are typically scenario-based: a deficiency presentation is described and you must identify the vitamin.

Fat-Soluble Vitamins — A, D, E, K

Vitamin	Deficiency	Toxicity
Vitamin A	Night blindness, xerophthalmia, Bitot spots, immune dysfunction	Teratogenic, raised intracranial pressure, liver toxicity
Vitamin D	Rickets (children), osteomalacia (adults), hypocalcaemia	Hypercalcaemia, nephrolithiasis, metastatic calcification
Vitamin E	Haemolytic anaemia, spinocerebellar degeneration, areflexia	Rare — inhibits Vitamin K
Vitamin K	Bleeding diathesis, raised PT, haemorrhagic disease of newborn	Rare — jaundice in neonates (synthetic form)

Water-Soluble Vitamins — B Complex & Vitamin C

Vitamin	Deficiency Syndrome	Classic Presentation
B1 — Thiamine	Beriberi, Wernicke-Korsakoff	Wet beriberi = heart failure; Dry beriberi = peripheral neuropathy; Wernicke = confusion, ataxia, ophthalmoplegia
B2 — Riboflavin	Ariboflavinosis	Corneal vascularisation, cheilosis, angular stomatitis, glossitis
B3 — Niacin	Pellagra	4 Ds — Diarrhoea, Dermatitis, Dementia, Death
B5 — Pantothenic Acid	Dermatitis, enteritis, alopecia	Rare in isolation

BOOK SELECTION

B6 — Pyridoxine	Sideroblastic anaemia, peripheral neuropathy	INH-induced deficiency is a classic association
B7 — Biotin	Dermatitis, alopecia, neurological symptoms	Raw egg white consumption — avidin binds biotin
B9 — Folate	Megaloblastic anaemia, neural tube defects	No neurological symptoms — distinguishes from B12 deficiency
B12 — Cobalamin	Megaloblastic anaemia + subacute combined degeneration	Neurological symptoms present; associated with pernicious anaemia
Vitamin C	Scurvy	Perifollicular haemorrhage, gum bleeding, corkscrew hairs, poor wound healing

⚠ **B12 vs Folate deficiency** — both cause megaloblastic anaemia but only B12 deficiency causes neurological symptoms. This distinction is tested repeatedly.

Section 4 — Nutrition & Metabolism

Topic	High-Yield Facts
Protein Energy Malnutrition	Marasmus = inadequate calories + protein; Kwashiorkor = adequate calories, inadequate protein — oedema, fatty liver, skin changes
Lactase Deficiency	Inability to digest lactose — osmotic diarrhoea, bloating, flatulence; secondary vs primary forms
Amino Acids	Essential vs non-essential; acidic, basic, neutral; ketogenic vs glucogenic; urea cycle connections
Urea Cycle	Enzymes, intermediates, and disorders — hyperammonaemia presentations and management

BOOK SELECTION

Section 5 — Storage Diseases & Lipid Disorders

Glycogen Storage Diseases

Disease	Enzyme Deficiency	Classic Presentation
Von Gierke (Type I)	Glucose-6-phosphatase	Severe hypoglycaemia, hepatomegaly, lactic acidosis
Pompe (Type II)	Lysosomal alpha-glucosidase	Cardiomegaly, hypotonia, early death — "Pompe destroys the Pump"
Cori (Type III)	Debranching enzyme	Milder Von Gierke-like presentation
McArdle (Type V)	Muscle glycogen phosphorylase	Muscle cramps on exercise, myoglobinuria

Lysosomal Storage Diseases

Disease	Deficiency	Key Features
Gaucher Disease	Glucocerebrosidase	Hepatosplenomegaly, bone pain, Gaucher cells — most common LSD
Niemann-Pick	Sphingomyelinase	Hepatosplenomegaly, cherry-red spot, foam cells
Tay-Sachs	Hexosaminidase A	Cherry-red spot, no hepatosplenomegaly, Jewish population
Fabry Disease	Alpha-galactosidase A	X-linked; angiokeratomas, renal failure, peripheral neuropathy
Hurler Syndrome	Alpha-L-iduronidase	Coarse facies, corneal clouding, intellectual disability, gargoylism
Krabbe Disease	Galactocerebrosidase	Peripheral neuropathy, optic atrophy, early death

⚠ **Cherry-red spot** appears in both Tay-Sachs and Niemann-Pick — the differentiator is hepatosplenomegaly, which is present in Niemann-Pick and absent in Tay-Sachs.

BOOK SELECTION

Lipid Disorders

Topic	High-Yield Facts
Major Apolipoproteins	ApoA-I = HDL; ApoB-100 = LDL/VLDL; ApoB-48 = Chylomicrons; ApoE = remnant uptake; ApoCII = LPL activator
Lipoprotein Functions	Chylomicrons transport dietary fat; VLDL transports endogenous fat; LDL delivers cholesterol to tissues; HDL performs reverse cholesterol transport
Abetalipoproteinaemia	Inability to synthesise ApoB — no chylomicrons or VLDL; fat malabsorption, acanthocytes, ataxia, retinitis pigmentosa
Familial Dyslipidemias	Know Type I through Type V — especially Type IIa (LDL elevation, tendon xanthomas) and Type IV (VLDL elevation, hypertriglyceridaemia)

Microbiology & Immunology for FCPS-1 — A Minor Subject Making Major Moves

Microbiology and Immunology have long carried the "minor subject" label in FCPS-1 preparation — but recent papers have made it abundantly clear that this classification no longer reflects the reality of how these subjects are being tested. Both subjects have seen a significant rise in question frequency and clinical complexity across recent FCPS-1 sittings, and candidates who underestimate them are paying for it with dropped marks on questions that were entirely predictable. For Pathology candidates specifically, Microbiology and Immunology are not minor subjects at all — they form a major and heavily weighted portion of the FCPS-1 Pathology paper. Infectious disease pathology, immune-mediated conditions, and host-pathogen interactions are core examination territory that demands serious, structured preparation. The resource? First Aid for the USMLE Step 1 — Microbiology & Immunology Sections. Everything you need for FCPS-1 is within these pages.

BOOK SELECTION

Why First Aid Works for Micro & Immuno

First Aid structures Microbiology and Immunology in a format that is almost perfectly aligned with how FCPS-1 tests these subjects:

- Microbiology is organised by organism type — bacteria, viruses, fungi, parasites — with concise, high-yield summaries of each pathogen covering morphology, virulence factors, clinical presentation, diagnosis, and treatment
- Immunology is presented through clear mechanistic frameworks — innate vs adaptive immunity, hypersensitivity reactions, immune deficiencies, and vaccines — with tables and diagrams that make complex concepts revision-friendly
- Clinical vignettes are embedded throughout, training you to recognise exam-style scenario presentations before you even begin practising MCQs

MICROBIOLOGY — Complete High-Yield Breakdown

Section 1 — Bacteriology

Bacteria are tested extensively in FCPS-1 — both as pure microbiological knowledge and as clinical scenario questions. For every major bacterium, you must know its classification, key virulence factors, clinical disease, diagnostic method, and treatment.

Gram-Positive Organisms

Organism	Key Features	Classic Disease
Staph aureus	Coagulase positive; protein A; toxins — TSST-1, exfoliatin, Panton-Valentine	Skin infections, osteomyelitis, endocarditis, food poisoning, toxic shock syndrome, scalded skin syndrome
Staph epidermidis	Coagulase negative; biofilm formation on prosthetics	Prosthetic valve endocarditis, catheter infections
Strep pyogenes (GAS)	Beta-haemolytic; streptolysin O and S; M protein	Pharyngitis, scarlet fever, rheumatic fever, glomerulonephritis, necrotising fasciitis

BOOK SELECTION

Strep pneumoniae	Alpha-haemolytic; lancet-shaped diplococci; polysaccharide capsule	Pneumonia, meningitis, otitis media, sinusitis — most common cause of each
Strep agalactiae (GBS)	Beta-haemolytic; Group B	Neonatal meningitis and sepsis, maternal puerperal sepsis
Enterococcus	Alpha or gamma haemolytic; VRE	UTI, endocarditis, biliary infections
Clostridium tetani	Gram-positive rod; spore-forming; tetanospasmin toxin	Tetanus — risus sardonicus, trismus, opisthotonus
Clostridium botulinum	Flaccid paralysis; blocks ACh release at NMJ	Botulism — descending paralysis, diplopia, dysphagia
Clostridium perfringens	Alpha toxin — lecithinase	Gas gangrene, food poisoning
Clostridium difficile	Toxin A and B; pseudomembranous colitis	Post-antibiotic diarrhoea — treat with oral vancomycin or fidaxomicin
Bacillus anthracis	Anthrax toxin; polypeptide capsule	Cutaneous anthrax — painless black eschar; pulmonary — woolsorter's disease
Listeria monocytogenes	Tumbling motility; intracellular; cold growth	Neonatal meningitis, meningitis in immunocompromised, unpasteurised dairy
Corynebacterium diphtheriae	Pseudomembranous pharyngitis; ADP-ribosylation of EF-2	Diphtheria — grey membrane, bull neck, myocarditis, neuropathy

⚠ **Clostridium botulinum vs tetanus toxin** — both affect neuromuscular transmission but in opposite directions. Botulinum = flaccid paralysis (blocks ACh release). Tetanus = spastic paralysis (blocks inhibitory neurotransmitters). This distinction is a classic FCPS-1 MCQ trap.

BOOK SELECTION

Gram-Negative Organisms

Organism	Key Features	Classic Disease
Neisseria meningitidis	Maltose and glucose fermenter; polysaccharide capsule	Bacterial meningitis, Waterhouse-Friderichsen syndrome — bilateral adrenal haemorrhage
Neisseria gonorrhoeae	Glucose fermenter only; no capsule; IgA protease	Gonorrhoea, PID, septic arthritis, ophthalmia neonatorum
E. coli	Most common cause of UTI; ETEC — traveller's diarrhoea; EHEC O157:H7 — HUS	UTI, neonatal meningitis, traveller's diarrhoea, haemolytic uraemic syndrome
Klebsiella pneumoniae	Mucoid colonies; currant jelly sputum	Pneumonia in alcoholics and diabetics; UTI
Pseudomonas aeruginosa	Blue-green pigment; fruity odour; oxidase positive	Burn wound infections, cystic fibrosis pneumonia, hot tub folliculitis, malignant otitis externa
Haemophilus influenzae	Requires factors X and V; unencapsulated — most comm ↓ now post-vaccine	Otitis media, sinusitis, meningitis in unvaccinated children
Bordetella pertussis	Filamentous haemagglutinin; pertussis toxin	Whooping cough — inspiratory whoop, lymphocytosis, paroxysmal cough
Helicobacter pylori	Urease positive; curved rod	Peptic ulcer disease, gastric carcinoma, MALT lymphoma
Salmonella typhi	Intracellular; rose spots; Widal test	Typhoid fever — relative bradycardia, rose spots, splenomegaly
Shigella	Low infectious dose; Shiga toxin; dysentery	Bloody diarrhoea, HUS — does not invade beyond intestinal mucosa
Vibrio cholerae	Rice-water stools; cAMP elevation; comma-shaped	Cholera — profuse watery diarrhoea, severe dehydration

BOOK SELECTION

Atypical & Intracellular Bacteria

Organism	Key Features	Classic Disease
Mycobacterium tuberculosis	Acid-fast; cord factor; PPD test; Ghon complex	Tuberculosis — upper lobe cavitation, night sweats, haemoptysis
Mycobacterium leprae	Grows at cool temperatures; cannot be cultured in vitro	Leprosy — tuberculoid vs lepromatous; glove and stocking anaesthesia
Chlamydia trachomatis	Obligate intracellular; elementary vs reticulate body	Trachoma, urethritis, PID, neonatal conjunctivitis and pneumonia, LGV
Rickettsia	Obligate intracellular; arthropod vector	Rocky Mountain spotted fever — rash starts on wrists/ankles and spreads centrally
Treponema pallidum	Spirochaete; cannot be cultured; dark-field microscopy	Syphilis — primary chancre, secondary rash on palms/soles, tertiary gummas
Borrelia burgdorferi	Spirochaete; Ixodes tick vector	Lyme disease — erythema migrans, facial palsy, arthritis, cardiac block
Mycoplasma pneumoniae	No cell wall; smallest free-living organism; cold agglutinins	Walking pneumonia — gradual onset, dry cough, bilateral infiltrates

> ⚠ **Mycoplasma has no cell wall** — this means it is intrinsically resistant to all beta-lactam antibiotics. Treat with macrolides or tetracyclines. This is a high-yield FCPS-1 pharmacology-microbiology crossover question.

BOOK SELECTION

Section 2 — Virology

DNA Viruses

Virus	Key Features	Disease
HSV-1	Latency in trigeminal ganglion	Oral herpes, encephalitis, keratitis
HSV-2	Latency in sacral ganglion	Genital herpes, neonatal herpes
VZV	Latency in dorsal root ganglion	Chickenpox (primary), shingles (reactivation)
EBV	Infects B cells via CD21; heterophile antibodies	Infectious mononucleosis — atypical lymphocytes; associated with Burkitt lymphoma, nasopharyngeal carcinoma
CMV	Owl-eye inclusions; TORCH infection	Pneumonitis in immunocompromised, congenital CMV — periventricular calcifications
HBV	Dane particle; HBsAg, HBeAg, HBcAg	Hepatitis B — serology patterns are directly tested in FCPS-1
HPV	Types 6 and 11 — condylomata; Types 16 and 18 — cervical carcinoma	Genital warts, cervical cancer, squamous cell carcinoma
Adenovirus	Non-enveloped; can be used as vaccine vector	Pharyngitis, conjunctivitis, pneumonia, intussusception in children
Parvovirus B19	SsDna; infects erythroid progenitors	Fifth disease — slapped cheek rash; aplastic crisis in sickle cell disease

BOOK SELECTION

RNA Viruses

Virus	Key Features	Disease
HIV	Retrovirus; CD4+ T cell tropism; reverse transcriptase	AIDS — opportunistic infections by CD4 count thresholds
Influenza	Haemagglutinin and neuraminidase antigens; antigenic shift vs drift	Influenza — antigenic shift causes pandemics
Measles	Koplik spots; morbilliform rash; giant cell pneumonia	Measles — SSPE as late complication
Mumps	Parotitis; orchitis; meningitis	Mumps — leading cause of unilateral deafness in children
Rubella	TORCH infection — congenital rubella syndrome	Cataracts, PDA, deafness, blueberry muffin rash
Poliovirus	Faecal-oral; destroys anterior horn motor neurons	Poliomyelitis — asymmetric flaccid paralysis
Rabies	Negri bodies in Purkinje cells and hippocampal neurons	Rabies — hydrophobia, aerophobia, ascending encephalitis
Dengue	Aedes mosquito; 4 serotypes; secondary infection causes DHF	Dengue — breakbone fever, thrombocytopaenia, haemorrhagic fever
Hepatitis A and E	Faecal-oral transmission; no chronicity	HAV = shellfish; HEV = dangerous in pregnancy — fulminant hepatitis
Hepatitis C	Blood-borne; most common cause of chronic hepatitis worldwide	Cirrhosis, hepatocellular carcinoma — most common indication for liver transplant

⚠ **Hepatitis serology is a perennial FCPS-1 favourite.** Know every HBV marker — HBsAg, anti-HBs, HBeAg, anti-HBe, anti-HBc IgM and IgG — and what each indicates about disease phase, infectivity, and immunity.

BOOK SELECTION

🍄 Section 3 — Mycology

Organism	Key Features	Disease
🍄 Candida albicans	Pseudohyphae + germ tube at 37°C	Thrush, oesophagitis, vulvovaginitis, systemic candidiasis in immunocompromised
🍄 Aspergillus fumigatus	Dichotomous branching at 45°; fruiting bodies	Aspergilloma — fungus ball in pre-existing cavity; invasive aspergillosis in neutropaenics
🍄 Cryptococcus neoformans	India ink — clear halo; polysaccharide capsule; pigeon droppings	Cryptococcal meningitis in HIV — latex agglutination test diagnostic
🍄 Histoplasma capsulatum	Dimorphic; bat/bird droppings; intracellular in macrophages	Ohio/Mississippi River valley; flu-like illness; mediastinal lymphadenopathy
🍄 Coccidioides immitis	Dimorphic; spherules in tissue; inhaled arthroconidia	Coccidioidomycosis — San Joaquin Valley; erythema nodosum
🍄 Mucor/Rhizopus	Right-angle branching hyphae	Rhinocerebral mucormycosis — diabetic ketoacidosis patients; aggressive invasion
🍄 Pneumocystis jirovecii	Formerly classified as protozoan; disc-shaped cysts	PCP pneumonia — HIV patients with CD4 below 200; bilateral ground-glass opacities

🦠 Section 4 — Parasitology

Organism	Vector/Transmission	Disease	Key Fact
🦟 Plasmodium falciparum	Anopheles mosquito	Malaria — most severe; cerebral malaria	No dormant liver stage — no hypnozoites
🦟 Plasmodium vivax/ovale	Anopheles mosquito	Benign tertian malaria	Hypnozoites — treat with primaquine to eliminate
🦠 Toxoplasma gondii	Cat faeces; undercooked meat	Toxoplasmosis — ring-enhancing brain lesions in HIV; congenital — periventricular calcifications	TORCH infection

Entamoeba histolytica	Faecal-oral; cysts	Amoebic dysentery, liver abscess — anchovy sauce pus	Trophozoites with ingested RBCs
Giardia lamblia	Faecal-oral; cysts in water	Giardiasis — foul-smelling, fatty diarrhoea; no blood	Most common intestinal parasite globally
Taenia solium	Undercooked pork	Neurocysticercosis — seizures, ring-enhancing lesions	Distinguish from Taenia saginata — beef tapeworm
Leishmania	Sandfly	Visceral — kala-azar; cutaneous — oriental sore	Amastigotes in macrophages — Donovan bodies
Trypanosoma cruzi	Reduviid bug	Chagas disease — dilated cardiomyopathy, megaoesophagus, megacolon	South America

IMMUNOLOGY — Complete High-Yield Breakdown

Section 1 — Innate vs Adaptive Immunity

The distinction between innate and adaptive immunity is foundational — and FCPS-1 tests it in both direct and scenario-based formats:

Feature	Innate Immunity	Adaptive Immunity
Speed	Immediate — hours	Delayed — days
Specificity	Non-specific	Highly specific — antigen-specific
Memory	None	Yes — basis of vaccination
Key Players	Neutrophils, macrophages, NK cells, complement, barriers	T lymphocytes, B lymphocytes, antibodies
Recognition	Pattern recognition receptors — TLRs	Antigen receptors — TCR, BCR

BOOK SELECTION

Section 2 — Lymphocytes & Cell-Mediated Immunity

Cell Type	Origin	Function
🔵 CD4+ T Helper	Thymus	Activates macrophages (Th1), stimulates B cells (Th2), coordinates adaptive response
🔵 CD8+ Cytotoxic T	Thymus	Kills virus-infected cells and tumour cells via perforin and granzymes
🔵 Regulatory T cells	Thymus	Suppresses immune response — prevents autoimmunity
🟡 B Lymphocytes	Bone marrow	Produces antibodies; differentiates into plasma cells and memory B cells
🟢 NK Cells	Bone marrow	Kills cells lacking MHC I — virally infected and tumour cells

⚠ **MHC Class I vs Class II** — MHC I presents endogenous antigens to CD8+ T cells; MHC II presents exogenous antigens to CD4+ T cells. HLA associations with diseases are directly tested — HLA-B27 and ankylosing spondylitis, HLA-DR3/DR4 and Type 1 diabetes.

Section 3 — Antibody Classes & Functions

Antibody	Key Function	Special Feature
IgG	Most abundant; crosses placenta; opsonisation	Only antibody providing neonatal passive immunity
IgA	Mucosal immunity; dimeric in secretions	Found in breast milk, saliva, tears, GI secretions
IgM	First antibody produced in primary response; pentameric	Best at complement activation; ABO blood group antibodies
IgE	Binds mast cells and basophils	Mediates Type I hypersensitivity; elevated in allergies and parasitic infections
IgD	Found on naive B cell surface	Antigen recognition — functions as B cell receptor

BOOK SELECTION

Section 4 — Hypersensitivity Reactions

These are among the most heavily tested Immunology topics in FCPS-1 — know every type cold:

Type	Mechanism	Classic Examples
⚡ Type I — Immediate	IgE mediated; mast cell degranulation	Anaphylaxis, asthma, allergic rhinitis, urticaria
🩸 Type II — Cytotoxic	IgG/IgM against cell surface antigens; complement activation	Autoimmune haemolytic anaemia, Goodpasture syndrome, haemolytic disease of newborn, myasthenia gravis
🔗 Type III — Immune Complex	Antigen-antibody complexes; complement activation; vasculitis	SLE, post-streptococcal glomerulonephritis, serum sickness, Arthus reaction
💊 Type IV — Delayed	T cell mediated; no antibody; macrophage activation	Contact dermatitis, TB skin test, transplant rejection, multiple sclerosis

> ⚠ **Type II vs Type III** — both involve IgG/IgM but the target differs. Type II targets cell-bound antigens; Type III involves soluble circulating immune complexes. This distinction is a classic FCPS-1 differentiator question.

Section 5 — Immunodeficiency Disorders

Disorder	Defect	Classic Presentation
🚫 X-linked Agammaglobulinaemia (Bruton)	No B cells — BTK gene mutation	Recurrent bacterial infections after 6 months; no tonsils or lymph nodes
🚫 CVID	Normal B cells; failure to differentiate into plasma cells	Late onset antibody deficiency; recurrent sinopulmonary infections; Giardia

IgA Deficiency	Low IgA only	Most common primary immunodeficiency; recurrent mucosal infections; anaphylaxis with blood transfusion
DiGeorge Syndrome	22q11 deletion; thymic aplasia — no T cells	Tetany, conotruncal heart defects, recurrent viral/fungal infections — CATCH-22
SCID	Combined B and T cell deficiency	Recurrent infections with all organisms; Omenn syndrome variant
Wiskott-Aldrich	WASp protein defect	Triad — thrombocytopaenia, eczema, recurrent infections; IgM low
Chronic Granulomatous Disease	NADPH oxidase defect — no respiratory burst	Recurrent infections with catalase-positive organisms — Staph, Aspergillus, Candida
Chediak-Higashi	Microtubule polymerisation defect — no phagolysosome fusion	Oculocutaneous albinism, recurrent pyogenic infections, giant granules in neutrophils

Section 6 — Complement System

Pathway	Activators	Function
Classical	Antigen-antibody complexes — IgG and IgM	Initiated by C1q binding
Alternative	Bacterial surfaces, LPS	Spontaneous C3 hydrolysis
Lectin	Mannose residues on pathogens	MBL binding

BOOK SELECTION

Key complement components and their functions:

- **C3a and C5a** — Anaphylatoxins — mast cell degranulation, chemotaxis
- **C3b** — Opsonisation — coats bacteria for phagocytosis
- **C5-C9 — MAC** — Membrane Attack Complex — kills Gram-negative bacteria
- **C1 esterase inhibitor deficiency** — Hereditary angioedema
- **C3 deficiency** — Recurrent encapsulated bacterial infections
- **C5-C9 deficiency** — Susceptibility to Neisseria specifically

Section 7 — Vaccines

Type	Mechanism	Examples
Live Attenuated	Weakened organism — strongest immunity, best memory	MMR, BCG, oral polio, varicella, yellow fever
Killed/Inactivated	Dead organism — safer in immunocompromised	Influenza (injectable), rabies, hepatitis A, IPV
Toxoid	Inactivated toxin	Tetanus, diphtheria
Subunit	Purified antigen	Hepatitis B, HPV, pertussis (acellular)

> ⚠ **Live vaccines are contraindicated in immunocompromised patients and pregnancy** — this is a direct and frequently tested FCPS-1 clinical application.

Final Word on Microbiology & Immunology

Microbiology and Immunology are subjects where preparation translates almost directly into marks. The organisms are finite. The immune pathways are fixed. The clinical presentations are predictable. There is very little ambiguity — which means there is very little excuse for losing marks here.

First Aid Micro and Immuno, revised repeatedly and applied clinically, is the complete package for FCPS-1.The organisms do not change. The immune mechanisms do not change. Your revision frequency is the only variable — make it count.

BOOK SELECTION

Pro Tips for Micro & Immuno

- Link organisms to their virulence factors — FCPS-1 increasingly asks why a pathogen causes a specific disease. Knowing the toxin, the mechanism, and the consequence is far more powerful than knowing the disease alone.
- Know your diagnostic tests — Gold standard test for each organism is a recurring question type. Culture medium, staining method, serological marker — these must be automatic.
- Pharmacology crossovers are high yield — Antibiotic mechanisms, resistance patterns, and treatment of choice appear repeatedly as Micro-Pharmacology hybrid questions.
- Immunology is not just theory — Frame every immune concept through a clinical scenario. What happens when this pathway fails? Which disease results? Which organism exploits this gap?
- Pathology candidates must go deeper — For FCPS-1 Pathology, expand your Micro preparation beyond First Aid where necessary — particularly for HIV-associated infections, TB pathology, and immune-mediated tissue injury.

Dua for Exams

اَللّٰهُمَّ لَا سَهْلَ إِلَّا مَا جَعَلْتَهُ سَهْلًا،
وَأَنْتَ تَجْعَلُ الْحَزْنَ إِذَا شِئْتَ سَهْلًا

Allahumma la sahla illa ma ja'altahu sahla,
wa 'anta taj-alul hazna idha shi'ta sahla

O Allah! There is nothing easy except what You make easy, and You make the difficult easy if it be Your Will

BOOK SELECTION

Neurology & Neuroanatomy for FCPS-1 — The Subject That Demands Respect

Why Neurology Cannot Be Underestimated

Neurology and Neuroanatomy are among the most consistently tested and most feared subjects in FCPS-1. The fear is understandable — the content is vast, the anatomy is intricate, and the clinical presentations can be deceptively similar. But here is the truth: Neurology is one of the most pattern-rich subjects in the entire exam. Once you understand the pathways, the localisation logic, and the classic syndromes, questions that once seemed impossible become entirely predictable. It is tested across both papers, spans pure anatomy, physiology, pathology, and clinical medicine simultaneously, and rewards candidates who invest in understanding — not just memorisation.

Book & Resource Selection

Neurology for FCPS-1 does not require a single rigid source. The strongest preparation strategy uses a combination of:

Ninja Nerd Lectures — The Best Starting Point

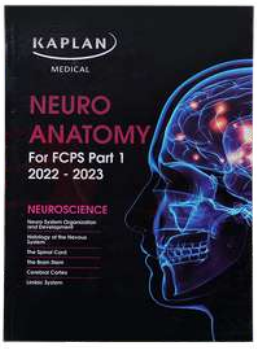
Ninja Nerd Science — Neurology & Neuroanatomy Series

For conceptual clarity and visual learning, Ninja Nerd Lectures are unmatched. If you have struggled to understand neuroanatomy from a textbook, watching Ninja Nerd first will transform the subject. The whiteboard-style, mechanism-driven teaching style breaks down complex neural pathways, tract anatomy, and clinical localisation in a way no written resource can replicate.

Watch Ninja Nerd first — then read. The sequence matters.

Kaplan Lecture Notes — The Primary Text

Kaplan Lecture Notes — Neurology & Neuroanatomy



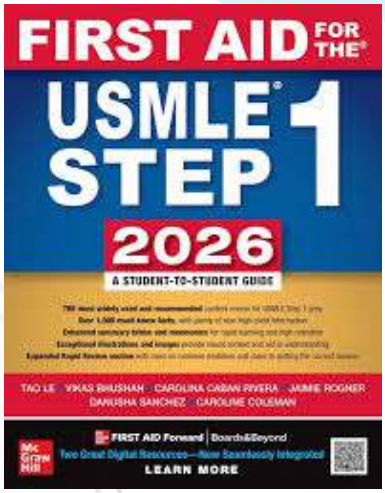
Kaplan is the go-to written resource for FCPS-1 Neurology. It covers neuroanatomy and clinical neurology at exactly the right depth — detailed enough to answer exam questions, concise enough to revise efficiently. It is structured, well-organised, and aligns closely with the kind of localisation-based and scenario-driven questions that FCPS-1 presents.

BOOK SELECTION

THEORY

Neurology & Neuroanatomy for FCPS-1 — The Subject That Demands Respect

First Aid Step 1 — The High-Yield Supplement



First Aid for the USMLE Step 1 — Neurology & Neuroanatomy Sections
First Aid serves as an excellent supplementary resource — particularly for high-yield tables, reflex arcs, dermatome charts, and neuropharmacology associations. It is not sufficient as a standalone Neurology source for FCPS-1, but used alongside Kaplan, it fills gaps and reinforces key facts efficiently.

🎯 High-Yield Neurology Topics for FCPS-1

Topic	Must-Know Focus
🧠 Cortical Localisation	Motor and sensory cortex mapping, Broca vs Wernicke aphasia, neglect syndromes
Ascending Tracts	Dorsal columns vs spinothalamic tract — pathways, decussation levels, and lesion deficits
Descending Tracts	Corticospinal tract — UMN vs LMN lesion features, signs, and clinical distinction
Visual Pathways	Lesion localisation from retina to occipital cortex — each level produces a specific field defect
Cranial Nerves	All 12 cranial nerves — origin, function, foramina, and classic palsy presentations
Brainstem Syndromes	Wallenberg, Weber, locked-in syndrome — know the level and the crossed deficits

BOOK SELECTION

Stroke	Anterior, middle, and posterior cerebral artery territory strokes — territory-specific deficits
Neurodegenerative Diseases	Parkinson's, Alzheimer's, Huntington's, ALS — mechanisms, features, and differentials
Epilepsy	Seizure classification, first-line drugs by seizure type, status epilepticus management
Demyelinating Diseases	Multiple sclerosis — relapsing-remitting pattern, oligoclonal bands, MRI findings
Meningitis	Bacterial vs viral vs TB — CSF profile interpretation is a high-frequency exam target
CSF Analysis	Pressure, protein, glucose, cells — know the profile for every major CNS condition
Neuropharmacology	Antiepileptics, Parkinson's drugs, drugs for dementia — mechanisms and side effects

The Optimal Revision Strategy

- Step 1 — Watch Ninja Nerd for each system before reading anything. Build the visual framework first.
- Step 2 — Read Kaplan with the visual framework already in place. The content will stick significantly better.
- Step 3 — Annotate with First Aid to capture any high-yield associations Kaplan does not explicitly emphasise.
- Step 4 — MCQ practice to convert anatomical knowledge into exam performance. Neurology MCQs are almost always scenario and localisation based

BOOK SELECTION

Pro Tips for Neurology

- Master tract anatomy before anything else — if you can localise a lesion based on deficits, you can answer the majority of Neurology questions regardless of the specific disease
- Learn cranial nerves systematically — origin, course, foramen, function, and palsy. Do not skip a single one.
- CSF profiles are direct exam marks — memorise bacterial, viral, TB, fungal, and subarachnoid haemorrhage profiles as a table
- UMN vs LMN — this distinction underpins dozens of questions. Know it instinctively.
- Re-watch Ninja Nerd before each revision cycle — even a 20-minute refresher on a complex pathway before reading Kaplan dramatically improves retention

Final Word on Neurology

Neurology rewards the candidate who takes time to understand it — and punishes the one who tries to brute-force memorise it. The pathways have logic. The syndromes have patterns. The lesions have signatures.

Watch Ninja Nerd. Read Kaplan. Supplement with First Aid. Revise the patterns — not the paragraphs. Master the anatomy of the nervous system, and Neurology transforms from your biggest fear into your most reliable source of marks.

BOOK SELECTION

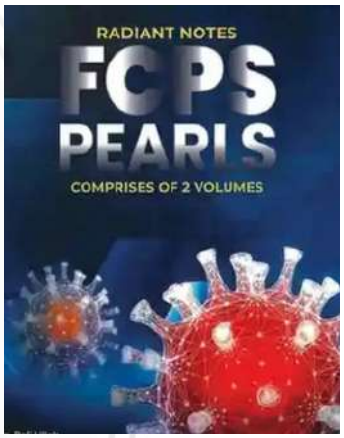
THEORY

Biostatistics & Public Health Sciences for FCPS-1 — Small Investment, Guaranteed Returns

Where Do These Subjects Stand in FCPS-1?

Biostatistics and Public Health Sciences are classified as minor subjects in FCPS-1 — and unlike some "minors" that have crept up in difficulty, these genuinely remain manageable, predictable, and highly scoreable with the right preparation. The question pool is limited, the topics are repetitive, and the calculations follow fixed formulas every single time.

The Only Book You Need



Rafiullah Golden Points — Biostatistics & Public Health Sciences. No other book is required. No supplementary atlas, no lengthy epidemiology textbook, no community medicine manual. Rafiullah Golden Points covers everything tested in FCPS-1 for both subjects — concisely, clearly, and in an exam-oriented format that makes revision fast and effective.

One book. Done thoroughly. Revised repeatedly. That is the entire strategy.

🎯 High-Yield Topics — Know These Cold

📐 Section 1 — Biostatistics & Calculations

These topics are directly and repeatedly tested in FCPS-1 — often as direct calculation questions or definition-based MCQs:

Topic	What to Know
📊 Mean, Median & Mode	Definitions, how each is affected by outliers, which measure is used for skewed vs normal distributions
📉 Normal Distribution	Bell curve properties, standard deviations, and percentile associations
📏 Standard Deviation & Variance	Calculation logic and interpretation — spread of data
🔢 Sensitivity & Specificity	Definitions, formulas, and clinical application — SnNout and SpPin rules

BOOK SELECTION

🎯 PPV & NPV	How prevalence affects positive and negative predictive values — this is a classic MCQ trap
⚖️ Odds Ratio & Relative Risk	When each is used, how to calculate from a 2x2 table, and how to interpret them
📉 Confidence Intervals	What a 95% CI means, how width relates to sample size
❌ Type I & Type II Errors	Alpha vs beta errors, p-value interpretation, statistical power
🔗 Correlation & Regression	Positive vs negative correlation, r-value interpretation
📋 2x2 Contingency Table	Master this — sensitivity, specificity, PPV, NPV, OR, and RR all derive from it

> ⚠️ **The 2x2 table is the single most important calculation tool in this entire section. If you can fill it in and extract every formula from it, you will not drop a single calculation mark.**

🌍 Section 2 — Study Types & Epidemiology

Study design questions are among the most frequently tested Public Health topics in FCPS-1. Know every design, its features, its strengths, and when it is used:

Study Type	Key Features	Classic Use
🔬 Randomised Controlled Trial	Gold standard for causation; intervention assigned randomly	Testing new drug or treatment
📋 Cohort Study	Follows exposed vs unexposed forward in time; calculates Relative Risk	Establishing disease incidence and causation
🔍 Case-Control Study	Compares cases vs controls retrospectively; calculates Odds Ratio	Rare diseases; efficient and quick
📸 Cross-Sectional Study	Snapshot in time; measures prevalence	Prevalence studies; hypothesis generation

BOOK SELECTION

Ecological Study	Population-level data; cannot establish individual causation	Public health planning and trends
Case Report / Case Series	Describes individual cases; no control group	Hypothesis generation; rare presentations

Case Report / Case Series	Describes individual cases; no control group	Hypothesis generation; rare presentations

Systematic Review & Meta-Analysis	Highest level of evidence; pools multiple studies	Evidence-based clinical decisions

Section 3 — Community Medicine & Public Health

Topic	High-Yield Facts
Levels of Prevention	Primary — prevent disease; Secondary — early detection; Tertiary — limit disability
Incidence vs Prevalence	Incidence = new cases; Prevalence = all existing cases; Prevalence = Incidence x Duration
Mortality Rates	Crude death rate, infant mortality rate, maternal mortality ratio — formulas and definitions
Herd Immunity	Threshold concept, formula, and its role in vaccination programmes
Screening Criteria	Wilson and Jungner criteria — know all 10; frequently tested as a list

Bias Types	Selection bias, information bias, confounding — definitions and how to control them
Healthcare Levels	Primary, secondary, and tertiary care — definitions, examples, and referral pathways
EPI Programme Pakistan	Expanded Programme on Immunisation — schedule, target diseases, and cold chain concept

BOOK SELECTION

Revision Strategy

Because these are minor subjects, revision should be targeted and time-efficient:

- 1st Revision — Read Rafiullah Golden Points cover to cover for both subjects. Focus on definitions, study designs, and understanding what each formula measures.
- 2nd Revision — Work through every calculation type with a pen and paper. Do not just read the formula — practice deriving it from the 2x2 table until it is automatic.
- 3rd Revision — Past paper MCQs exclusively. Biostatistics and Public Health questions in FCPS-1 are highly repetitive — past papers will show you exactly what is asked and how it is framed.

Pro Tips

- Practice calculations by hand — sensitivity, specificity, OR, RR, and PPV/NPV must be calculated under exam conditions without a calculator. Speed comes from repetition.
- Memorise study design hierarchy — Meta-analysis → RCT → Cohort → Case-Control → Cross-Sectional → Case Report. The examiner tests where each sits.
- p-value below 0.05 = statistically significant — this appears in almost every statistics-themed question either directly or embedded in a scenario.
- EPI Pakistan schedule is directly tested — know which vaccines are given at birth, 6 weeks, 10 weeks, 14 weeks, 9 months, and beyond.
- Never confuse Relative Risk with Odds Ratio — RR is used in cohort studies; OR is used in case-control studies. This distinction appears repeatedly.

Final Word

Biostatistics and Public Health Sciences are the most forgiving subjects in FCPS-1. The formulas are fixed. The study designs are finite. The community medicine topics are predictable. There is no ambiguity — only preparation.

Rafiullah Golden Points is all you need. Master your 2x2 table, know your study designs, and collect every mark this section offers. In an exam where every mark is contested, these subjects are among the most reliable sources of guaranteed scores — if you prepare them.

BOOK SELECTION

SPECIALTY WISE BOOK SELECTION

MEDICINE AND ALLIED:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: RAFIULLAH/DOUBLE AA
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
SK: SK Medicine And Allied 1-20, SK 21, 22

> PAPER 2:
> SPECIAL PATHOLOGY
> GENERAL PATHOLOGY
> PHYSIOLOGY

SURGERY AND ALLIED:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: RAFIULLAH/DOUBLE AA
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
Clinical: Gen Surgery Plabable OR Dogars
SK: SK Surgery And Allied 1-20, SK 21, 22

> PAPER 2:
> ANATOMY
> NEUROANATOMY

BOOK SELECTION

GYNEA AND OBS:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **HIGH YIELD EMBRYO**
HISTOLOGY: RAFIULLAH/DOUBLE AA
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
SK: SK Pink, SK 21, 22

> PAPER 2:
> ANATOMY, ENDO, REPRO, EMBRYO, HISTOLOGY

- ANATOMY: SNELL REVIEW IN DETAIL ESPECIALLY PELVIS, PERINEUM AND ABDOMEN
- REPRODUCTION + ENDOCRINOLOGY: BRS PHYSIOLOGY + FIRST AID STEP 1
- EMBRYOLOGY OF REPRODUCTION AND ENDOCRINOLOGY: FIRST AID + HIGH YIELD EMBRYOLOGY
- HISTOLOGY OF REPRODUCTIVE AND ENDO FROM HIGH YIELD

IN LAST FEW ATTEMPTS: CLINICAL QUESTIONS HAVE COME RELATED TO GYNEA AND OBS: REFER TO SK Gynea Obs Theory Book or PrepXperts One Liner Notes

BOOK SELECTION

RADIOLOGY:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: RAFIULLAH/DOUBLE AA
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
SK: SK Radiology 1-18, SK 21, 22

> PAPER 2:
> ANATOMY WORD FOR WORD!

PATHOLOGY:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY/ GOLJAN
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: HIGH YIELD HISTOLOGY
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
SK Pathology and Latest two attempts Pathology Papers, SK 21,22

> PAPER 2:
> SPECIAL AND GENERAL PATHOLOGY, HISTOLOGY, MICRO + IMMUNO

BOOK SELECTION

ANESTHESIA

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY
SPECIAL PATHOLOGY: **NOT NEEDED**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **KAPLAN**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: RAFIULLAH/DOUBLE AA
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
SK ANESTHESIA AND ASIM & SHOHAIB

> PAPER 2:
> PHARMA! GAS LAWS AND PHYSIOLOGY.

EYE:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY/ GOLJAN
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: HIGH YIELD HISTOLOGY
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
RAMAYS NOTES

> PAPER 2:
> SPECIAL EMPHASIS ON ANATOMY OF EYE, PATHOLGIES, SPECIAL SENSES, VISUAL TRACTS

IN LAST FEW ATTEMPTS: CLINICAL QUESTIONS HAVE COME RELATED TO OPTHALMOLOGY: CLINICAL: OPHTHALMOLOGY PLABABLE NOTES, PREPLADDER NOTES

BOOK SELECTION

ENT:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY/ GOLJAN
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: HIGH YIELD HISTOLOGY
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA
NIGAR NOTES, SK 21, 22

> PAPER 2:
> SPECIAL EMPHASIS ON ANATOMY OF EAR, NOSE, THROAT, PATHOLOGYS,

IN LAST FEW ATTEMPTS: CLINICAL QUESTIONS HAVE COME RELATED TO ENT: REFER TO PREPLADDER NOTES, PLABABLE NOTES

BOOK SELECTION

PSYCHIATRY:

ANATOMY: SNELLS REVIEW OR **FIRST AID**/FAST AID
PHYSIOLOGY: BRS PHYSIOLOGY
GENERAL PATHOLOGY: BRS PATHOLOGY/ GOLJAN
SPECIAL PATHOLOGY: **FIRST AID STEP 1**
MICRO + IMMUNO: **FIRST AID STEP 1**
NEUROLOGY: KAPLAN/**FIRST AID STEP 1**
BIOCHEMISTRY: **FIRST AID STEP 1**
PHARMACOLOGY: **FIRST AID STEP 1**
EMBRYOLOGY: **FIRST AID STEP 1**
HISTOLOGY: HIGH YIELD HISTOLOGY
BIOSTAT + PUBLIC HEALTH: RAFIULLAH/ DOUBLE AA ZEESHAN MASOOD

> PAPER 2:
> CNS, PHYSIOLOGY, PSYCHIATRIC PHARMACOLOGY,

- Start with neuroanatomy. It takes most of your time. Revise it at least twice before your exam. Solve BCQs too with each chapter.
- Physiology is the next most important subject. Give it proper time and keep on solving BCQs with each chapter, alongside correcting the keys.
- CNS and psychiatric pharmacology make up at least 1/3 of Paper-II hence, cannot be ignored.
- General pathology is asked in exam but system wise pathology is not asked in detail. Its revision can be skipped (in my opinion) due to lack of time.
- Must solve psychiatry past papers. They will help you a lot with Paper-II. You'll be better prepared for Part-II if you solve them but then again, theory cannot be neglected.