

Part 2 Examination (Clinical Radiology) Policy



The Royal Australian and New Zealand
College of Radiologists®

The Faculty of Clinical Radiology

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Faculty of Clinical Radiology Council and the Clinical Radiology Education and Training Committee

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The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street
Sydney NSW 2000 Australia

Email: ranzcr@ranzcr.edu.au
Website: www.ranzcr.edu.au
Telephone: +61 2 9268 9777
Facsimile: +61 2 9268 9799

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About the College

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit association of members who deliver skills, knowledge, insight, time and commitments to promote the science and practice of the medical specialties of clinical radiology (diagnostic and interventional) and radiation oncology in Australia and New Zealand.

The Faculty of Clinical Radiology (FCR), RANZCR, is the peak bi-national body advancing patient care and the specialty of clinical radiology through setting of quality standards, producing excellent clinical radiology specialists.

Vision

RANZCR leading best practice in clinical radiology and radiation oncology for the benefit of our patients and society.

Purpose

To drive the safe and appropriate use of radiology and radiation oncology to optimise health outcomes through leadership, education and advocacy.

Values

Commitment to Best Practice

Exemplified through an evidence-based culture, a focus on patient outcomes and equity of access to high quality care; an attitude of compassion and empathy.

Acting with Integrity

Exemplified through an ethical approach: doing what is right, not what is expedient; a forward thinking and collaborative attitude and patient-centric focus.

Accountability

Exemplified through strong leadership that is accountable to members; patient engagement at professional and organisational levels.

Leadership

Exemplified through a culture of leadership where we demonstrate outcomes.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

1. INTRODUCTION

1.1 Approval and Commencement

- a. commences operation on 30 November 2018.
- b. replaces the *RANZCR Eligibility to Attempt the Radiology Part 2 Examination and Successful Completion of the Part 2 Examination Policy (2016)* which will cease operation on 29 November 2018.
- c. replaces part of the *RANZCR Format, Marking and Pass Fail Criteria for the Part 1 and Part 2 Radiology Examinations, Version 2.4* which will cease operation on 29 November 2018.
- d. replaces the *RANZCR Release of Results to Candidates and Directors of Training for the Part 1 and Part 2 Radiology Examinations* which will cease operation on 29 November 2018.

1.2 Purpose and scope

- a. The purpose of the Part 2 Examination (Clinical Radiology) Policy and the associated procedures is to achieve coordinated and consistent examination practices across The Royal Australian and New Zealand College of Radiologists® (ABN 37 000 029 863) (the College). This policy describes the Part 2 Examination requirements for trainees in the clinical radiology training program.
- b. This policy applies to all trainees undertaking the current clinical radiology training program ('the program') irrespective of the date they commenced their training.
- c. This policy applies to specialist International Medical Graduates (IMG's) undertaking the clinical radiology Part 2 examinations.

1.3 Definitions

In this Part 2 Examination (Clinical Radiology) Policy:

College means The Royal Australian and New Zealand College of Radiologists, being a company limited by guarantee under the Corporations Act.

Chief Censor means the person appointed to oversee all aspects of training and assessment conducted as part of the clinical radiology training program.

Chief Executive Officer (CEO) means the person appointed to the position of Chief Executive Officer of the College.

Director of Training (DOT) means the person who has overall responsibility for the structure and quality of training in a hospital or department, in line with the College policies and the specific arrangements within their training network, and for providing trainees with information and feedback on their progress.

Head of Department (HOD) means the person responsible for the administrative running of a hospital department or practice.

Member means a member of the College.

Clinical Radiology means the clinical practice of performing and interpreting diagnostic image tests and carrying out interventional procedures and treatments.

Clinical Radiology Education and Training Committee (CRETC) means the body responsible for the training, education and examination conduct and structures.

E-exam means a timed, supervised, summative assessment conducted using each candidate's own computer running a standardised operating system.

Examination opportunity means the number of times a candidate may take an examination in any given course within the prescribed examination timeframe.

Examination timeframe refers to the requirement that a trainee must pass all components of the part 2 examination within two years of commencement of the first sitting of the examination, which are undertaken consecutively.

International Medical Graduate (IMG) means a graduate who received their primary medical degree from a medical school outside of Australia or New Zealand.

Overseas Training Specialist means a doctor who received their primary medical degree from a medical school outside of Australia or New Zealand and undertaken at least a portion of further training outside of Australia or New Zealand.

Remediation refers to the processes/procedures contained within the Remediation in Training (Clinical Radiology) Policy which occur during/in training. This is in contrast to 'remediation' under the 'unsuccessful completion' clause of the Part 2 Examination (Clinical Radiology) Policy i.e. clause 7.2, which refers to remediation after training.

RANZCR Accredited Training Position means training position recognised by the College within the RANZCR training program. A post that enables trainees to acquire the competencies to complete the specialist training program and become a consultant radiation oncologist or clinical radiologist.

The Radiodiagnosis Curriculum means the program that is covered in the clinical radiology training program.

Viva exam means an oral **examination (viva voce)**.

Written exam means written sections which include multiple choice and short answer questions.

2. POLICY GUIDELINES

- 2.1 The policy guidelines (where issued) form part of this policy and prescribe the processes to be followed and the forms to be used.
- 2.2 In the event of an inconsistency between the policy and the guidelines, the intent of the policy is to prevail.

3. ELIGIBILITY AND APPLICATION

3.1 About the Examinations

There are two major examinations in the clinical radiology training program: Part 1 and Part 2 examinations, each held twice a year: Series 1 and Series 2.

The Part 1 exams consist of four written electronic examinations in anatomy and applied imaging technology (AIT) and must be successfully completed within two years from the date of commencement of the training program.

The Part 2 examinations consists of two written electronic examinations in clinical radiology and one written electronic examination in pathology, and seven vivas (oral examinations) and is usually taken in Year 4 or 5.

The exams are undertaken within an electronic platform environment delivered on an easy to use e-Examination interface. The e-Examinations are not a test of candidate's typing skills and sufficient time has been allocated to answer all questions. If required, the following may be useful to improve typing skills: <http://www.powertyping.com>. Further information on the examination platform can be obtained from the examination section of the College website.

Claims raised in relation to a candidate's difficulty/deficiency with typing are not sufficient grounds for a reconsideration, review or appeal under the Reconsideration, Review and Appeal of Decisions Policy.

3.2 Eligibility requirements

The following examination eligibility requirements apply to trainees in the clinical radiology training program.

3.2.1 Trainees in the clinical radiology training program

In order to sit the Part 2 examinations in clinical radiology, trainees in the training program:

- must be in an accredited training position by the date of the examination;
- must have passed Part 1 examination in clinical radiology;
- must have completed all assessments and portfolio requirements for phase 1 of training;
- must be up to date with current assessments and portfolio requirements for phase 2 of training at the time of application;
- must submit their examination application prior to the submission deadline (late applications will not be accepted);
- must pay their examination application fees prior to sitting the Part 2 examination;
- must be a financial member of the College (all subscription and training fees must be up to date or not overdue where the due date is after the examination date); and
- must have completed at least 3 years of accredited training.

3.2.2 Trainees in the clinical radiology training program whom are subject to a Remediation Plan

Trainees in the training program who are subject to a Remediation Plan in accordance with the College's Remediation in Training (Clinical Radiology) Policy (per Clause 4.3) and for whom a decision has been made that their training time during the remediation process is not to count towards the requirements of the training program, are not permitted to sit the Part 2 examination.

Pre 2010 trainees not currently in an accredited training position must have completed at least five years of accredited training.

3.2.3 International Medical Graduates (IMG) / Overseas Trained Specialists (OTS)

In order to sit the Part 2 examination in clinical radiology applicants must:

- be an overseas trained specialist;
- be deemed eligible by the College to sit the Part 2 examination; and
- must commence sitting the Part 2 examinations within three years of the specialist assessment outcome.

3.3 The Application Process

3.3.1 Application to Sit the Part 2 Examination

Applications to sit the Part 2 examination must be made in writing on the appropriate form. The application form must be signed by the Director of Training or Head of Department. The form must be submitted prior to the submission deadline. Late applications will not be accepted.

An IMG must attach the College's specialist recognition outcome letter to the examination application.

Candidates will receive e-mail notification acknowledging receipt of their application within 10 business days (where reasonably practical) from the Clinical Radiology Education Officer. Confirmation of receipt of application will not be given verbally (i.e. via telephone).

3.3.2 Examination Fees

Candidates pay an examination fee to cover the costs of operating the examinations. Examination fees must be paid prior to sitting the Part 2 examinations. For details on examination fees refer to the College Fees page on the College website.

3.3.3 Withdrawal from Examination

Candidates who believe that their circumstances have the potential to impact on their performance, should consider deferment of the assessment or examination. Candidates who wish to defer their next consecutive examination opportunity, are required to submit an application for consideration of special circumstances for determination of remaining opportunities. Trainees who have applied for the examination have the option to withdraw from the examination (within the current stipulated timelines).

Examination Fee Refunds

Candidates may choose to withdraw from the Part 2 examination, without financial penalty, if they do so not less than four weeks in advance of the examination date.

Candidates who withdraw within four weeks of the examination will receive a 50% refund of the fees paid.

Candidates who fail to attend the examination will forfeit the examination fee.

Candidates who fail to attend the examination without a valid reason and supporting documentation will be deemed to have had failed that examination.

3.4 Examination Conduct

3.4.1 Infringements

The College may refuse to admit to the examination, or to proceed with the examination, any candidate who infringes a regulation of the examination or is considered to be guilty of behaviour prejudicial to the proper management and conduct of the examination.

3.4.2 Examination Rules

3.4.2.1 e-Examination Rule

The following regulations apply to the e-Examinations:

- candidates will be asked to leave all personal belongings, including all electronic devices (e.g. mobile phones, laptops, tablets, etc.), at the front of the examination room. Candidates will be required to keep their photo ID visible at all times on the desk throughout the examination.
- candidates will be asked to sign the confidentiality and special circumstances form.

3.4.2.2 Viva Rules

The following regulations apply to the viva examinations:

- no electronic communication or recording devices are to enter the examination room with candidates.
- all electronic communication devices are to left in designated lockers for the duration of the examinations.
- bags of any description are not to be taken into examination rooms.
- equipment of any description is not to be taken into the examination rooms.
- candidates will be asked to sign the confidentiality and special circumstances form.

Any candidate in possession of an electronic communication device at the time of the examination, or found with or giving information to other candidates recorded or otherwise, during, or after, the examination, will be deemed to have failed the entire examination series.

4. RESPONSIBILITIES

4.1 Clinical Supervisors (CS) (including DOTs and/or HODs)

(at the local level) are required to take all reasonable steps to:

- a. monitor the health and well-being of trainees enrolled in the program
- b. monitor a trainee's:
 - performance (during training)
 - progression (through training), and
 - timeliness in
 - completing their training assessments
 - sitting and passing their Part 1 and 2 examinations
- c. manage a trainee's training as required by the program
- d. ensure trainees are supported in their training to practise safely
- e. respond to any adverse events or circumstances concerning a trainee that are brought to their attention.

4.2 Trainees

are responsible for:

- a. monitoring their health and well-being
 - b. their training performance and progression
 - c. practising safely
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- d. regularly checking TIMS to:
 - ensure their place of training and other data is current and correct
 - monitor and manage their training performance against their expected rate of progression through training
 - manage assessment requirements and completion timeframes
 - respond to College reminders and/or requests
- e. the timely completion of their training assessment
- f. sitting and passing their Part 1 and 2 examinations as and when required
- g. meeting their training obligations and requirements (training level and College)
- h. acting professionally and responsibly within the training site setting
- i. their behaviour as a member of the profession
- j. maintaining their College Membership, recency of practice, medical registration and compulsory insurances as required by the College and their relevant jurisdiction
- k. meeting any reporting, notification or other obligations under the relevant National Laws and registration bodies of Australia, New Zealand and/or Singapore.

5. OVERVIEW OF THE PART 2 EXAMINATION

5.1 Aims

The content of the Part 2 examination is derived from the Radiodiagnosis Curriculum. The objective of the Part 2 examination is to assess a candidate's competency and required level of knowledge and understanding of clinical radiology and pathology and film reading as they relate to clinical radiology. Each examination component has a unique and targeted approach to assessing a candidate's knowledge and ability.

5.2 Structure of the Part 2 examination

The Part 2 examinations consist of three written examinations, two in clinical radiology and one in pathology, and seven vivas, six in clinical radiology and one in pathology:

5.2.1 Clinical radiology component

The Part 2 examinations in **clinical radiology** consists of:

- a. e- Film Reporting – eight long cases with some consisting of one long case of more than one imaging modality. Each case is of equal weighting;
- b. Clinical Radiology e-MCQ – 100, five part non-penalty single best answer multiple choice questions in 2 hours;
- c. Six viva examinations, each of 25 minutes duration in the following areas:
 - (i) Abdominal Radiology (includes gastrointestinal system, hepatobiliary and pancreatic systems, genito-urinary system)
 - (ii) Thoracic and Cardiovascular Radiology (includes respiratory, cardiac and vascular radiology)
 - (iii) Neuroradiology, Head and Neck Radiology (includes spinal canal and contents)

- (iv) Breast Imaging and Obstetrics and Gynaecology Radiology (refer section 5.5.4)
- (v) Paediatric Radiology
- (vi) Musculoskeletal Radiology

5.2.2 Pathology component

The Part 2 examination in **pathology** consists of:

- a. Pathology e-MCQ – 100, five part non-penalty single best answer multiple choice questions in 2 hours;
- b. One viva examination – 25 minutes duration. Pathological images are used as a guide for discussion for the candidates to demonstrate their knowledge.

Candidates should identify the organs involved and briefly describe the main abnormalities, suggest the likely disease process or types of processes, add any relevant description / findings, and provide a likely diagnosis or short differential.

Each component of the Part 2 examination is assessed and scored independently. There is no compensation between the components.

5.3 Examination components

The Part 2 examinations are made up of four components:

- e-Film Reading
- Radiology e-MCQ
- Pathology e-MCQ
- Viva examinations (including the Pathology viva examination)

5.3.1 Condition Categories

All components of the Part 2 examination are written and selected, in accordance with the following condition categories from the Radiodiagnosis Curriculum:

Category 1 cases comprise approximately 40-60% of cases used in each viva series.

Common Conditions	Those that would be encountered in a differential diagnosis several times a year in a clinical practice. Ignorance of these conditions would seriously affect the radiologist's status as a peer or useful member of a multidisciplinary team.
Conditions in which the radiology has a major impact on patient management	These are conditions that either could be potentially fatal or could have major clinical consequences if not diagnosed in timely fashion. They may not be as common as Category 1.2 conditions.
Less common conditions in which the radiological appearance has an important role in diagnosis	These include rarer conditions with specific or characteristic appearances where the patient and clinician would be significantly assisted by their inclusion in a report. The vast majority of truly rare conditions are not included in this category, but a few rare pathologies (e.g., Osteogenic sarcoma) are included because of

	their clinical importance and characteristic imaging findings.
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Category 2 cases comprise approximately 20-40% of cases used in each viva series.

Category 2	<p>Conditions which are clinically relevant but of lesser importance due to:</p> <p>(a) Less urgency in their diagnosis</p> <p>(b) Less frequency in their occurrence</p> <p>The passing candidate should be able to suggest the correct disease type and /or diagnosis; however, a lesser level of knowledge is still acceptable. Findings should NOT be diagnosed incorrectly as other unrelated conditions.</p>
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Category 3 cases comprise approximately 0-20% of cases, used in each viva series.

Category 3	<p>Conditions which are rare, but which should be known to prevent a more serious diagnosis being considered e.g. mesoblastic nephroma is the most common renal mass in a neonate (rather than Wilm's tumour). For most Category 3 conditions the candidate need only know few facts. It is not a default category; conditions given in 3 should have clinical relevance in a practical setting, and it is fully accepted that many rare conditions will not be included.</p>
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5.4 Standard Setting

5.4.1 Examination Passing Standards

The passing standard required for each examination is set by the relevant examination review panel using formalised standard setting procedures. These 'Pass Standard' scores are reviewed each examination series and may be adjusted to account for differences in examination difficulty and maintain the standards. A minimum score required to pass may be obtained by applying an error width around the 'Pass Standard' score. Candidates who reach the minimum score required to pass but do not reach the pass standard are granted a PASS. For the written examinations, the requirement to pass includes achieving the overall minimum score required to pass, as well as achieving the minimum score required to pass in a minimum number of questions/cases (component result).

5.5 Determination of Pass Marks

In order to pass the Part 2 Radiodiagnosis Examinations, candidates must pass all the elements of the examination within the timeframe prescribed within this policy. This includes:

1. Radiology e-MCQ
2. E- Film Reading

3. All Radiology Subspecialty viva examinations
4. Pathology e-MCQ examination
5. Pathology Viva Examination

5.5.1 Radiology e-MCQ

Radiology e-MCQ Paper	<p>The Radiology e-MCQ paper is marked according to the strategy of one mark per correct answer and no marks for an incorrect answer; that is, there is no penalty marking for a wrong answer. Since penalty marking is not employed, the nominal pass mark is set at 60%, although some minor scaling may be used to adjust the marks depending on the overall average (median) mark achieved.</p> <p>At the conclusion of each Radiology e-MCQ examination, item analysis is conducted on each question. This analysis identifies questions that are 'very easy' or 'very hard', those questions that have a high facility rate (i.e. 80-100% of candidates answered the questions correctly), and those questions that have an extremely low facility rate, i.e. 0-20% of candidates answered the questions correctly. The item analysis may be taken into consideration when setting the MCQ paper for the subsequent examination sitting, and when revising previously used MCQ questions.</p>
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5.5.2 e-Film Reading

e- Film Reading Eight cases consisting of one long case of more than one imaging modality.	<p>Examiners mark out of a maximum of 10 marks per case:</p> <p>(a) The passing standard for each case is nominally set at 6/10, and for each station is set at 6/10. Examiners may adjust the passing scores depending on the specific cases involved.</p> <p>(b) The total examination mark is out of 80 (eight cases x 10 marks each) and is scaled to 100%.</p> <p>(c) The overall passing score is nominally set at 60%; the passing standard for each case may vary from this percentage.</p> <p>(d) In order to pass this examination, candidates must reach the overall passing score AND must reach the overall passing standard in at least 5/8 cases.</p>
e- Film Paper	<p>For the e-Film paper, the overall standard and minimum standard for each question may be modified based on review by the relevant examination review panel to account for differences in examination difficulty.</p> <p>Each case is double marked. Cases used in the examination are scored using a template to explain the particular case and assign points as required to ensure the total reaches 10, and that appropriate weighting occurs for the diagnosis and descriptive elements is used. Marks are allocated for: findings, likely diagnosis, differentials and further management. A marking template is set by examiners at the time of setting the examination. Both examiners will mark according to the pre-set marking template.</p> <p>If the primary reason for presenting the case is to extract a particular diagnosis, that diagnosis will carry a maximum of 3/10 marks (30%), depending on the case.</p>

5.5.3 Clinical Radiology Viva Examinations

<p>Radiodiagnosis Viva Examinations</p> <p>Six oral (viva) examinations, each of 25 minutes duration in the following areas:</p>	<p>The clinical radiology viva examinations consists of a series of six viva voce examinations using radiological cases, each of 25 minutes duration.</p> <p>Each viva is conducted by two examiners. Vivas are conducted in specific subspecialty areas, including:</p> <ol style="list-style-type: none"> 1. Abdominal Radiology 2. Thoracic and Cardiovascular Radiology 3. Neuroradiology, Head & Neck Radiology 4. Breast Imaging, O&G Imaging (see also 5.5.4) 5. Paediatric Radiology 6. Musculoskeletal Radiology <p>Observers may be present during the viva voce examination. This observer may be a new examiner, Lead Examiner, Chief Censor or Deputy Chief Censor. No more than two observers will be present in any given viva. These people are there to observe the conduct of the examination, the standards reached and expected, and the scoring approaches used, and are <i>not</i> to provide any guidance or feedback to the candidate or the examiners. Observers do not contribute in any way to the score that the candidate receives.</p> <p>Examiners will collate cases into sets for use in differing time blocks throughout the viva series. Within each time block (e.g., the session before morning tea), all candidates are shown cases from the same set, though not necessarily in the same sequence. The examiners in every team will each present cases to the candidate for about 12 minutes, while the other examiner scores the candidate's response to each case as described below. In the case of vivas where more than one body system is being examined, examiners may choose to mix the systems together, or for each to present different systems.</p> <p>After the 25 minute viva is complete the examiners will have nine minutes to determine the overall score for the candidate for that viva, based on the individual case scores and the scoring criteria in this policy.</p>
<p>Determination of INDIVIDUAL CASE scores</p>	<p>Numerical scores are not awarded for the Radiology Oral Examination.</p> <p>Each case is scored using Radiology Oral score sheets</p> <p>Examiners will provide scores of Pass +, Pass, Borderline or Fail for EACH CASE attempted as described in the table at Appendix A.</p>
<p>Determination of OVERALL VIVA score</p>	<p>In order to pass the individual viva, the candidate must:</p> <ol style="list-style-type: none"> (a) Pass a majority of all cases presented (i.e., >50% of cases) at Pass, Pass + or Pass Honours level (e.g., 9 of 15, 5 of 8 etc) (b) The minimum number of cases for the 25 minute viva must have been presented and/or discussed as described below: <ol style="list-style-type: none"> I. Without any specific quality/safety/protocol/clinical discussions, at least 7 cases should be presented over 25 minutes in order to judge a pass; 8-12 cases is considered appropriate for most candidates. II. With specific quality/safety/protocol/clinical discussions, at least 5 cases should be presented over 25 minutes in order to judge a pass; 6-8 cases is considered appropriate for most candidates.

	<p>At the end of each viva, the examiners will provide an OVERALL SCORE for the candidate using the Radiology Oral Score Sheet, which includes space for additional comments about the candidate's overall performance and examiners' impressions. Overall rankings include:</p> <ul style="list-style-type: none"> • Pass Honours • Pass + • Pass • Fail • Fail – <p>In cases where an examiner notes significant concerns about a candidate, the examiner opinion (provided it is well documented in the score sheets) outweighs the 50% rule.</p>
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5.5.4 Breast/Obstetrics and Gynaecology (O&G) Viva Examination

<p>Breast/Obstetrics and Gynaecology (O&G) Viva</p>	<p>The following applies to eligible candidates from Series 2 2019*:</p> <p>Where a candidate* meets the passing standard in either the Breast Imaging segment or O&G Imaging segment, the passed segment will be recorded as a pass and the candidate will therefore carry an exemption for their passed segment into future sittings, if the following conditions are met:</p> <ul style="list-style-type: none"> • Candidates must attempt both segments at the first sitting and are required to continue to sit both segments concurrently until one or both segments are passed. • Under no circumstances can a candidate elect to split the segments before being granted a pass in either one of the segments. • Where a candidate has passed either one of the segments, and where eligible to sit, will resit only the segment that they have previously failed, and their viva examination will last for 12.5 minutes with conditions and cases remaining consistent to candidates sitting both segments. • Where a candidate has passed one segment previously, at the completion of the 12.5 minutes (at the halfway buzzer), the candidate will conclude the sitting segment and leave the examination room. • Candidates must pass a majority of all cases presented (i.e., >50% of cases) for each segment. <p>* Part 5.5.4 of this Policy will be applied to Series 2 2019 onwards. A candidate's performance in the Breast/O&G Viva (taking into account the Breast Imaging segment and the O&G Imaging segment) in Series 1 2019 only, will be used to determine eligibility. Candidates who have been assessed by the College as being on their 1st, 2nd or 3rd sitting of the Part 2 Examinations during Series 1 2019 will be eligible under 5.5.4 of this Policy. Candidates who have exhausted all examination opportunities in Series 1 2019 are not eligible under 5.5.4 of this Policy.</p>
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5.5.5 Pathology e-MCQ

<p>Pathology e-MCQ Paper</p> <p>Multiple choice questions</p>	<p>The Pathology e-MCQ paper is marked according to the strategy of one mark per correct answer and no marks for an incorrect answer; that is, there is no penalty marking for a wrong answer. Since penalty marking is not employed, the nominal pass mark is set at 60%, although some minor scaling may be used to adjust the marks depending on the overall average (median) mark achieved.</p> <p>At the conclusion of each Pathology e-MCQ examination, item analysis is conducted on each question. This analysis identifies questions that are 'very easy' or 'very hard', those questions that have a high facility rate (i.e. 80-</p>
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	100% of candidates answered the questions correctly), and those questions that have an extremely low facility rate, i.e. 0-20% of candidates answered the questions correctly. The item analysis may be taken into consideration when setting the MCQ paper for the subsequent examination sitting, and when revising previously used MCQ questions.
5.5.6 Pathology Viva Examination	
Oral examination	<p>The pathology oral is a viva voce examination of 25 minutes' duration. It is conducted by two examiners, one of whom is a pathologist and the other a radiologist.</p> <p>Cases are presented in the form of a photographic colour image of a macroscopic pathology specimen. Cases are selected by the Chief Pathology examiner and/or other senior Pathology examiners and are collated into sets that are used for each time block in the viva series. All candidates in the same block are shown the same cases.</p> <p>Typically, five cases are presented to the candidates for diagnosis and discussion. Typically, examiners will take turns to present cases to the candidates, and once the nature of the pathology has been elucidated, will explore the candidate's knowledge about the specific diagnosis, its clinical significance, epidemiology and clinico-pathologic significance, particularly as is relevant to medical imaging.</p>
Scoring	<p>Examiners will provide an overall score for the candidate using the Pathology Overall Score Sheet, which includes space for additional comments about the candidate's overall performance and the examiners impression. Overall rankings include:</p> <ul style="list-style-type: none"> • Pass Honours • Pass + • Pass • Fail • Fail – <p>In cases where an examiner notes significant concerns about a candidate the examiner option (provided it is well documented in the score sheets) outweighs the 50% rule.</p>
Discussion of Pathology cases within the viva	<p>Extensive discussion about each case is the norm in the Pathology viva. As a result, not as many cases are usually shown as in the Radiodiagnosis vivas. A minimum of five cases should be presented in 25 minutes in order to judge a pass. Five cases are considered appropriate for most candidates.</p>

6. EXAMINATION OPPORTUNITIES AND PROGRESSION

6.1 Examination Conditions

The following conditions apply to all trainees regardless of which training program they are in or if the candidate is an IMG:

- a. Candidates must sit all components on their first sitting.
- b. Candidates must pass all components within two years of their first opportunity.

- c. An opportunity means sitting for any component of the Part 2 examination (including written or viva components).
- d. Candidates who successfully complete a component at their first (or subsequent) sitting, but fail another component on that same sitting, do not need to re-sit the successfully completed component on their later sittings at the Part 2 examination (maximum of four opportunities inclusive of first opportunity).
- e. Candidates are not permitted to split components and must re-sit all components not passed at their previous opportunity at their next opportunity.
- f. Candidates will carry an exemption in all passed components at their next and future examination opportunity, where applicable.
- g. Candidates may have up to four opportunities over two years of training. Not sitting at an examination opportunity within the two years will be considered and recorded as a missed opportunity. Sittings are recommended sequentially but not required.
- h. A candidate must legitimately obtain a pass mark, the College does not amend or upgrade examination marks.

Additional requirements:

International Medical Graduates (IMGs) must apply for the first sitting within three years of specialist assessment.

6.2 Successful Completion

In order for candidates to successfully complete the Part 2 examination the candidate must:

- a. sit all components at their first sitting; and
- b. pass all components of the examination within two years from the date of the first sitting of the examination.

The successful completion of Phase 2 of the clinical radiology training is when all examination, assessment and project requirements have been completed.

6.3 Written Advice

Candidates will be advised in writing of:

- a. the outcome of each component of the Part 2 examination that they sit (where reasonably practical) by close of business hours Australian Eastern Time on the 5th business day following last viva examination date;
- b. their status regarding any exemptions they will carry into the next sitting;
- c. the number of remaining permitted Part 2 examination opportunities;
- d. Information on the College's Reconsideration, Review and Appeal of Decisions Policy.

Should candidates only be sitting the e-Film Reading and MCQ components and not the oral components, the examination results will not be released any earlier than identified above. All results for all components will be provided to candidates at the same time.

Candidates are to retain written records of opportunities and successful completion of the Part 2 examination.

Supervisors and any other authorised representatives are provided with result notifications within five business days of the release of results to candidates (where reasonably practical) unless otherwise determined by the Chief Censor.

6.4 Distribution of Results

6.4.1 Candidates

Candidates will be provided with examination results in writing. Examination results will be distributed via the email address provided on the examination application form. Results will be posted via mail using the candidates postal address on the College data base should an email address not be provided. Candidates are responsible for providing the most appropriate legible email address at the time of examination application. Only one email address can be used for the distribution of results.

Candidates will be advised, in writing wherever possible, prior to sitting the examinations of the official release date for notification of examination results.

6.4.2 Supervisors and other authorised representatives

Supervisors of candidates will be provided with examination results in writing. Examination results will be distributed to the Director of Training or Supervisors as identified on the examination application form and via the email address provided. Candidates and DoT/supervisors are responsible for ensuring that the most appropriate legible email address is provided on the application form. Only one email address can be used for the distribution of results.

Examination result information may also be distributed to RANZCR Branch Education Officers, Network Training Directors and any other training committee, representative or personnel as deemed appropriately related to a candidate's training and progression as determined by the Chief Censor or the Clinical Radiology Education and Training Committee.

6.5 Results

The following examination result information is provided to candidates:

- Passing Standard
- Minimum Score to Pass
- Minimum number of questions/cases required to pass (component)
- Candidates overall mark
- Candidates component result

Candidates are not provided with:

- Breakdown of marks

Reconsideration of an examination outcome is only available in demonstrated cases of breach of College policy and/or obvious mis-scoring or miscalculation of marks.

6.6 Examination Feedback

6.6.1 Failed Components

Candidates may request feedback on failed components, directly from the Program Officer (Clinical Radiology). A feedback request must be sent to the Program Officer

(Clinical Radiology) in written communication within 28 days of receipt of their examination result notification. A request for reconsideration of examination results is different to a request for feedback on examination performance. Feedback will be provided to candidates following the cessation of the Reconsideration, Review and Appeal of Decisions Policy pathway. Where requested, feedback will only be provided to candidates on failed components, feedback will not be provided to candidates on passed components.

Candidates are provided with the following feedback:

- The questions in which a passing standard was not achieved only (Part 2 e-Film reporting)
- Examiner comments
- Viva examiner generic feedback on performance only.

Candidates are not provided with the following:

- Copy of the MCQ examination papers or feedback
- Specific diagnosis of cases or any information on the cases failed or presented cases during a viva.

6.6.2 Accessing Recordings

Recordings are not available for reconsideration or review. Candidates in examinations have no automatic right to access to video recordings for any purpose including feedback. The recordings are made principally for the purposes of quality control of the examinations and education and training of examiners. Recordings may be able to be used in an Appeal, solely with the prior consent of the Appeals Committee, if the Appeals Committee determines that it is relevant and of assistance to the Appeals Committee for its deliberations. The recordings will be released to the candidate at such time and subject to such conditions and directions as the Appeals Committee may, in its discretion, determine. Only recordings of the candidates' performance in the examinations (or excerpts) are available under this policy.

6.7 Preparing to become a Fellow

Trainees are eligible to apply for Fellowship **up to two months** prior to their completion of training date. All assessment requirements including final Trainee Assessment of Training Site (TATS) which will generate on a trainee's final day, must be submitted and finalised prior to completion of training date in order to receive a Fellowship confirmation letter. Further information about Fellowship and application forms can be found on the College website.

7. WITHDRAWAL FROM THE TRAINING PROGRAM

7.1 Withdrawal from Training

The RANZCR Withdrawal from Training (Clinical Radiology) Policy enables the College to withdraw a trainee from the clinical radiology training program and to withdraw their College membership.

Four categories of withdrawal apply:

- Category One: Voluntary
- Category Two: Competence
- Category Three: Compliance
- Category Four: Professional Misconduct/Professional Misbehaviour
- Category Five: Capacity

Trainees will be at risk of being withdrawn from training if they fail to meet their responsibilities under this policy, the Performance and Progression (Clinical Radiology) Policy or the Remediation in Training (Clinical Radiology) Policy.

The decision to withdraw a trainee from the program under Category Two, Three, Four or Five can only be made by the:

- a. Chief Censor and/or CRETC or by the
- b. CEO of the College.

Decisions made under this policy must:

- a. be in accordance with the policy guidelines
- b. afford procedural fairness to trainees
- c. be evidenced-based, and
- d. be supported with the written reasons for the decision.

7.2 Unsuccessful Completion

A candidate who has not successfully met the requirements outlined in section 6.2 is deemed to have not successfully met the examination requirements of the training program.

Trainees who commenced the training program or any IMG who undertook assessment prior to 30 November 2018 are provided with an opportunity to undertake a minimum of 12 months, up to a maximum of two years of remediation (after training) and/or further training as approved by the Clinical Radiology Education and Training Committee. Such a candidate may then apply to sit the Part 2 examination again but must pass all components within two sittings in a 12-month period.

IMG's on remediation (after training) must do so within a RANZCR accredited training department for the duration of remediation.

Trainees on remediation (after training) must do so within a RANZCR accredited training position for the duration of remediation.

Candidates who have not met the requirements outlined in section 6.2 and do not undertake remediation are **no longer eligible to sit the Part 2 examination or continue in the clinical radiology training program.**

Trainees no longer working at a RANZCR accredited training position will not be eligible for RANZCR Student Membership which will be withdrawn until the trainee resumes work within an accredited training position.

Trainees who commenced the training program after 30 November 2018 are provided with an opportunity to undertake remediation in training as set out within the RANZCR Remediation in Training (Clinical Radiology) Policy.

Trainees on remediation in training must do so within a RANZCR accredited training position for the duration of remediation. Training time is not accumulated while on remediation.

Trainees no longer working at a RANZCR accredited training position will not be eligible for RANZCR Student Membership which will be withdrawn until the trainee resumes work within an accredited training position.

Refer to the RANZCR Remediation in Training (Clinical Radiology) Policy for further information and application.

IMG's who are assessed under the Specialist Recognition Pathway after 30 November 2018 are not eligible to undertake remediation. IMGs who have been unsuccessful in

completing all components of the Part 2 Examinations within four opportunities will be referred to the Medical Board of Australia for other pathways towards medical registration in Australia.

7.2.1 Request for Reconsideration, Review and Appeal

Candidates seeking a reconsideration of their results must do so within seven days of their notification of examination results. Trainees who have exhausted all available opportunities and have applied for reconsideration of their examination results will not receive notification of removal from the training program until the reconsideration, review and appeals process has been concluded. Candidates should consider carefully when submitting their application and should state what grounds their request for reconsideration of examination results is based.

For further information, see the Reconsideration, Review and Appeal of Decisions Policy located on the College website. Candidates must include in their letter the grounds on which they are requesting reconsideration of the result. If the application for Reconsideration, Review or Appeal is unsuccessful, the trainee will receive a letter advising of their removal from the training program.

Refer to the Reconsideration, Review and Appeal of Decisions Policy for further information and application.

7.2.2 Notification of withdrawal

The following process for notification of withdrawal will occur:

Any trainee, who **has not met** the requirements of section 6.2, will after seven days of notification of their examination results, be sent a letter advising of their removal from the training program. This decision may be appealed under the College's Reconsideration, Review and Appeals of Decisions Policy and any such application should be made in writing to the Chief Executive Officer within seven calendar days of the notification of removal.

8. RE-ENROLEMENT INTO THE TRAINING PROGRAM

- 8.1 Trainees who have been removed or withdrawn from the clinical radiology training program during Phase 2 of training are not eligible to make further applications for the training program. Refer to the RANZCR Withdrawal from Training (Clinical Radiology) Policy.

9. EXCEPTIONS

9.1 Special Circumstances

9.1.1 Consideration of Special Circumstances and Reasonable Adjustment for Disability

Each candidate is responsible for determining his/her physical and/or mental fitness to participate in an examination. A candidate has the opportunity to withdraw from sitting the examination should any circumstance have the potential to impact adversely on their performance and failure to do so, where there was an opportunity, will be taken into account when considering applications for special circumstances and reasonable adjustment.

9.1.2 Consideration of Special Circumstances

Consideration of Special Circumstances may be granted to a candidate who has undertaken or is about to undertake a College examination where disability, illness,

misadventure or other serious cause beyond the control of the candidate has had an adverse effect, or has the potential to have an adverse effect on his/her result.

9.1.3 **How can I apply for Consideration of Special Circumstances?**

Candidates must refer to the RANZCR Consideration of Special Circumstances Policy for full details on how to apply. All applications must be submitted to the College within the required timeline as specified in the Policy.

9.1.4 **Timing**

Applications for Consideration of Special Circumstances will not be considered once results have been released.

9.1.5 **What if something happens during an examination?**

An application for Consideration of Special Circumstances which relates to an incident that occurred during an examination must provide details of an incident. The incident must also have been brought to the attention of an Examiner or College staff member at the examination venue at the time it occurred.

9.1.6 **Reasonable Adjustment for Disability**

A reasonable adjustment may be granted prospectively to a candidate who has applied to present for a College examination where a disability of the candidate had an adverse effect on the candidate's ability to participate in the examination under normal examination conditions.

9.1.7 **How can I apply for Reasonable Adjustment?**

Candidates must refer to the RANZCR Consideration of Special Circumstances Policy for full details on how to apply. All applications must be submitted to the College within the required timeline as specified in the Policy.

9.2 **Applications for Consideration of Special Circumstances**

9.2.1 The Chief Censor in Clinical Radiology will consider exceptions to the conditions of successful completion, as set out in 6.2 above, on a case-by-case basis. This review will NOT result in amendment or upgrade of examination marks. In general, an exemption from this policy will only be granted in exceptional circumstances as set out in the Consideration of Special Circumstances Policy. Consideration of Special Circumstances may apply to any form of College assessment. Consideration may be given to a candidate where disability, illness, misadventure or other serious cause beyond the control of the individual has had an effect on performance or attendance as set out in the RANZCR, Consideration of Special Circumstances Policy.

9.2.2 The grounds for which applications for Consideration of Special Circumstances can be made are fully detailed in the Consideration of Special Circumstances Policy. Applications for Consideration of Special Circumstances must be made in writing to the Chief Censor in Clinical Radiology as set out in the Consideration of Special Circumstances Policy. Applications must be submitted on the relevant application form which is appended to the Consideration of Special Circumstances Policy.

Refer to the Consideration for Special Circumstances Policy for further information and application.

9.3 **Interrupted and Part-Time Training**

9.3.1 The College recognises that trainees in certain circumstances may need to vary their training time. Trainees can apply to vary their training time whilst maintaining their professional obligations; ongoing commitment to training; clinical knowledge and procedural skills; currency of training; and recency of practice. Trainees in the clinical radiology training program may apply to the College to vary their training time. Trainees may apply for a period of interrupted training, or to train part-time. This provision also extends to maternity leave requirements.

9.3.2 Trainees that are on interrupted training time will not be eligible to sit College examinations. Examinations can only be sat by trainees who are in an accredited training position at the time of the examinations.

Refer to the Interrupted and Part-Time Training Policy for further information.

9.4 Extended Absences from the Training Program

If a trainee is absent from the training program for an extended period of time the Chief Censor will determine whether the trainee is permitted to retain credit for previous examination passes. An extended absence from the training program would be considered to be one year or more of continuous absence from the training program.

9.5 Appeals

Any decisions made under this policy are subject to the College's Reconsideration, Review and Appeals of Decision Policy (with exception to clause 3.1.1). A copy of this policy is available on the College's website. Candidates are provided with advice regarding the College's Reconsideration, Review and Appeals of Decision Policy in the result letters.

10. RESOURCES

10.1 Preparing for the Part 2 Examinations

The College provides resources to support trainees prepare for the components to the Part 2 examinations, including user guides, curriculum and past examination papers.

10.2 Related Policies

The policy operates in conjunction with the following (as might be amended from time to time), namely

- RANZCR Part 1 Examination (Clinical Radiology) Policy
- RANZCR Interrupted and Part-time Training Policy
- RANZCR Performance and Progression (Clinical Radiology) Policy
- RANZCR Remediation in Training (Clinical Radiology) Policy
- RANZCR Withdrawal from Training (Clinical Radiology) Policy
- RANZCR Reconsideration, Review and Appeal of Decisions Policy
- RANZCR Consideration of Special Circumstances Policy

11. APPENDICES

- A. Radiology Part 2 Examination: Individual Viva Case Grading Table
- B. Radiology Part 2 Examination: Overall Viva Grading Table
- C. Pathology Examination: Overall Grading Table

Appendix A: Radiology Part 2 Examination: Individual Viva Case Grading Table

The following Case Grading criteria should apply to each case presented by one or both of the examiners.

<p>Pass +</p>	<ul style="list-style-type: none"> • Very good presentation • Very good descriptions and analysis • Made key observations and correct diagnosis or appropriate differential in a timely fashion • Very good integration knowledge of condition, case and imaging tests • Able to justify the diagnosis or differential reached and to explain the differences between differential diagnoses • Is appropriately confident in his/her diagnosis • Very good systematic approach • Very good knowledge about relevant findings, imaging techniques, differentials and clinical aspects of case presented • Makes appropriate recommendations
<p>Pass (P)</p>	<ul style="list-style-type: none"> • Good or satisfactory presentation • Good or satisfactory descriptions and analysis • Makes most key observations and reaches the correct diagnosis or appropriate differential • Reasonable ability to integrate knowledge of condition, case and imaging tests • Able to at least partly justify the diagnosis or differential reached • Is reasonably confident in his/her diagnosis • Reasonably systematic approach • Fair to reasonable knowledge about relevant findings, techniques, differentials and clinical aspects of case presented • Makes reasonable and safe recommendations
<p>Borderline</p>	<ul style="list-style-type: none"> • Unimpressive presentation • Fair to satisfactory descriptions with only minor or limited analysis • Makes some key observations • Limited ability to integrate knowledge of condition, case and imaging tests • Correct diagnosis may be mentioned or reached but not spontaneously • Limited ability to justify diagnosis or differential reached • May make incorrect diagnosis but is able to recover • Is not inappropriately confident • Partly systematic approach • Limited knowledge of relevant findings, associated features, techniques, differentials and clinical aspects of the condition • Makes limited recommendations

Appendix A: Radiology Part 2 Examination: Individual Viva Case Grading Table

Fail (F)	<ul style="list-style-type: none">• Poor presentation• Limited or poor descriptions and minimal or no analysis• May confabulate about non-existent findings• Weak integration of condition, case and imaging tests• Makes inappropriate or incorrect diagnosis• Appears inappropriately confident, though may respond to examiner comments• Limited or inappropriate differentials• Shows poor systematic organisation of approach and knowledge• Poor knowledge of relevant findings, associated features, techniques, differentials and clinical aspects of the case presented• Unclear or weak clinical/management recommendations
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Appendix B: Radiology Part 2 Examination: Overall Viva Grading Table

<p>Pass Honours</p>	<ul style="list-style-type: none"> • Exceptional, outstanding and excellent presentation • Concise, clear descriptions and analysis • Makes all key observations and correct diagnosis or appropriate differential rapidly and accurately • Is highly and correctly confident in his/her diagnosis • Strong ability to integrate knowledge of condition, case and imaging tests • Easily able to justify the diagnosis or differential reached, and to clearly explain key differences between differential diagnoses • Highly and impressively systematic approach • Impressive knowledge about relevant findings, techniques, differentials, and clinical aspects of case presented • Decisive and highly appropriate recommendations • Candidates scoring at this level consistently will be considered for the Part 2 Radiodiagnosis Prize (Medal)
<p>Pass +</p>	<ul style="list-style-type: none"> • Very good presentation • Very good descriptions and analysis • Makes most key observations and correct diagnosis or appropriate differential in a timely fashion • Good ability to integrate knowledge of condition, case and imaging tests • Able to justify the diagnosis or differential reached and to explain some of the differences between differential diagnoses • Is appropriately confident in his/her diagnosis • Good systematic approach • Good knowledge about relevant findings, imaging techniques, differentials and clinical aspects of case presented • Makes appropriate recommendations
<p>Pass (P)</p>	<ul style="list-style-type: none"> • Good or satisfactory presentation • Good or satisfactory descriptions and analysis • Makes most key observations and reaches the correct diagnosis or appropriate differential • Reasonable ability to integrate knowledge of condition, case and imaging tests • Able to at least partly justify the diagnosis or differential reached • Is reasonably confident in his/her diagnosis • Reasonably systematic approach • Fair to reasonable knowledge about relevant findings, techniques, differentials and clinical aspects of case presented • Makes reasonable and safe recommendations

Appendix B: Radiology Part 2 Examination: Overall Viva Grading Table

<p>Fail (F)</p>	<ul style="list-style-type: none"> • Poor presentation • Limited or poor descriptions and minimal or no analysis • May confabulate about non-existent findings • Weak integration of condition, case and imaging tests • Makes inappropriate or incorrect diagnosis • Appears inappropriately confident, though may respond to examiner comments • Limited or inappropriate differentials • Shows poor systematic organisation of approach and knowledge • Poor knowledge of relevant findings, associated features, techniques, differentials and clinical aspects of the case presented • Unclear or weak clinical/management recommendations
<p>Fail Minus (F-)</p>	<ul style="list-style-type: none"> • Very poor presentation • Very limited or poor descriptions • No analysis of significance • Misses key observations consistently • Confabulates about non-existent findings consistently • Lack of integration of condition, case and imaging tests • Makes highly inappropriate and incorrect diagnoses • Is inappropriately confident, despite examiner comments • Very poor differentials, unable to justify diagnosis or differentials satisfactorily • Marked lack of systematic organisation of approach and knowledge • Minimal knowledge of relevant findings, features, techniques, differentials and clinical aspects • Very poor or inappropriate clinical/management recommendations

Appendix C: Pathology Examination: Overall Grading Table

<p>Pass Honours</p>	<ul style="list-style-type: none"> • Exceptional, outstanding and excellent presentation • Concise, clear descriptions and analysis • Makes all key observations and correct diagnosis or appropriate differential rapidly and accurately • Strong ability to integrate knowledge of condition, case and relevant imaging tests • Readily able to discuss in depth the epidemiology, aetiology, pathophysiology, complications and pathologic classification (if relevant) of the condition presented • Deep and broad knowledge of related or relevant conditions discussed or raised by the examiners, and the pathologic differentiating factors between them • Highly and impressively systematic approach • Examiners find it difficult to find the limits of the candidate's pathology knowledge even after extensive questioning • Candidates scoring at this level consistently will be considered for the Part 2 Pathology Examination prize (medal)
<p>Pass +</p>	<ul style="list-style-type: none"> • Very good presentation • Very good descriptions and analysis • Makes most key observations and correct diagnosis or appropriate differential in a timely fashion • Good ability to integrate knowledge of condition, case and relevant imaging tests • Good to very good ability to discuss the epidemiology, aetiology, pathophysiology, complications and pathologic classification (if relevant) of the condition presented • Good to very good knowledge of related or relevant conditions discussed or raised by the examiners, and the pathologic differentiating factors between them • Good systematic approach • Examiners reach the limits of the candidate's pathology knowledge after extensive questioning
<p>Pass (P)</p>	<ul style="list-style-type: none"> • Good or satisfactory presentation • Good to satisfactory descriptions and analysis • Makes most key observations and reaches the correct diagnosis or appropriate differential • Reasonable to good ability to integrate knowledge of condition, case and relevant imaging tests • Reasonable to good ability to discuss the epidemiology, aetiology, pathophysiology, complications and pathologic classification (if relevant) of the condition presented • Reasonable to good knowledge of related or relevant conditions discussed or raised by the examiners, and the pathologic differentiating factors between them • Reasonably systematic approach • Examiners reach the limits of the candidate's pathology knowledge after some questioning

Appendix C: Pathology Examination: Overall Grading Table

<p>Fail (F)</p>	<ul style="list-style-type: none"> • Poor presentation • Limited or poor descriptions and minimal or no analysis • May confabulate about non-existent findings • Slow to detect findings, may not reach the correct diagnosis or differentials at all • May make highly inappropriate or incorrect diagnosis • Unable to integrate knowledge of condition, case and relevant imaging tests • Minimal or no ability to discuss the epidemiology, aetiology, pathophysiology, complications and pathologic classification (if relevant) of the condition presented • Minimal knowledge of related or relevant conditions discussed or raised by the examiners, and the pathologic differentiating factors between them • Non-systematic approach • Examiners reach the limits of the candidate's pathology knowledge almost immediately
<p>Fail Minus (F-)</p>	<ul style="list-style-type: none"> • Very poor presentation • Poor descriptions with little anatomical or pathological analysis • Struggles to make key observations • Cannot make the correct diagnosis • Makes significant anatomical errors • May make highly inappropriate or incorrect diagnosis • Unable to provide basic information regarding the diagnosis • Unable to answer basic questions regarding related or relevant conditions discussed or raised by the examiners • Unable to demonstrate a logical approach to disease patterns • Candidate's knowledge on the topic is severely limited