

# Phase 2 Examinations

(Clinical Radiology)

Policy

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## About the College

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit professional organisation for clinical radiologists and radiation oncologists in Australia, New Zealand, and Singapore. RANZCR is a membership organisation led by clinicians who are elected by the membership, with oversight from a Board of Directors.

We are the leaders in medical imaging and cancer care. We enable the best practice of clinical radiology, radiation oncology and associated subspecialty areas through engagement, education, and advocacy; and by supporting clinical excellence. Our Fellows play a critical role in the diagnosis and monitoring of disease, provide interventional treatments and targeted treatments for cancer.

Our evidence-based culture focuses on best practice outcomes for patients and equity of access to high quality care, underpinned by an attitude of compassion and empathy. As an organisation we are committed to diversity and inclusion, and to the training and professional development of our Fellows and Trainees throughout their career. We are dedicated to enhancing the health outcomes of Māori, Aboriginal and Torres Strait Islander peoples and to increasing their participation in the professions of clinical radiology and radiation oncology by ensuring our educational programs support best outcomes for them. This includes a commitment to cultural safety in our organisation, for staff and members.

### Purpose

To enable the safe and appropriate use of clinical radiology and radiation oncology to optimise health outcomes for our patients and society.

### Values

Our leadership values underpin all that we do and embody our focus on quality patient outcomes:

#### Integrity

We maintain the confidence and trust of our stakeholders through our honesty, transparency, and authenticity.

#### Accountability

We take responsibility for all our actions, behaviours, performance, commitments, and decisions.

#### Inclusivity

We foster an inclusive workplace and clinical environments for people in Australia and New Zealand.

#### Innovation

We constantly strive to reimagine excellence in everything we do.

### 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

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## 1.1 Approval and Commencement

This policy:

- (a) Commences operation on **XXXX 2023**.
- (b) Replaces the Part 2 Examination (Clinical Radiology) Policy, Version 1.2 which will cease operation on 31 January 2023.

## 1.2 Purpose

The purpose of the Phase 2 Examinations (Clinical Radiology) Policy is to achieve coordinated and consistent Clinical Radiology examination practices across the College. This policy describes the requirements for the Phase 2 Examinations for trainees in the Clinical Radiology Training Program and for International Medical Graduates (IMGs) undertaking the Clinical Radiology Phase 2 Examinations.

## 1.3 Transition to new Clinical Radiology Training Program

Noting the commencement of the new Clinical Radiology Training Program in February 2022, trainees who commenced training prior to 6 February 2022 are to refer to Appendix 1 for details on the applicable examination requirements in conjunction with the transition arrangements outlined under the Clinical Radiology Training Program Handbook.

Noting the transition to the new Phase 2 Examinations, IMGs who commenced sitting the Part 2 Examinations prior to 1 February 2023 are to refer to Appendix 1 for details on the applicable examination requirements in conjunction with the transition arrangements outlined under the Clinical Radiology Training Program Handbook.

## 1.4 Scope

This policy:

- (a) Applies from **XXXX 2023**, to all trainees undertaking training within the Clinical Radiology Training Program, irrespective of the date they commenced training.
- (b) Applies from 1 February 2023 to all IMGs on the Specialist Recognition pathway, irrespective of the date in which they were assessed for Specialist Recognition.
- (c) Details the requirements to be eligible to sit the Phase 2 Examinations.
- (d) Prescribes the format and structure of the Phase 2 Examinations.
- (e) Outlines the requirements for successful completion of the Phase 2 Examinations.

## 1.5 Definitions

In this Phase 2 Examinations (Clinical Radiology) Policy:

**Accredited Training Time** means the duration of time a trainee is required to accrue in an accredited training position in order to complete all Clinical Radiology Training Program requirements.

**Assessment** means an activity used to gauge a trainee's progression through the Clinical Radiology Training Program and/or their competency against the requirements of the Training Program. Note: for the purpose of this Policy, the term 'assessment' is distinct to the term 'examination'

**Branch Education Officer (BEO)** is a member of the Clinical Radiology Education and Training Committee which is a standing Committee of the Faculty of Clinical Radiology. The BEO monitors and supports the training programs within their own branch, liaises regularly with Directors of Training (DoTs), Network Training Directors (NTDs) and the Chief Accreditation Officer (CAO) regarding any significant training issues

**Candidate** means a trainee or IMG who has had their examination application accepted by the College

**Chief Censor** means the clinician appointed under the Faculty By-laws to oversee all aspects of training and assessment conducted as part of the Clinical Radiology Training Program or the Radiation Oncology Training Program

**Clinical Radiology** means the clinical practice of performing and interpreting diagnostic imaging tests, and carrying out interventional procedures or treatments

**Clinical Radiology Education and Training Committee (CRETC)** means the governing body under the Faculty By-laws that develops the educational content, assessments and accreditation mechanisms that ensure that trainees can become competent clinical radiologists

**Clinical Radiology Examination Advisory Committee (CREAC)** means the advisory committee to the Clinical Radiology Education and Training Committee which is responsible for overseeing Clinical Radiology Phase 1 and Phase 2 Examinations

**College** means The Royal Australian and New Zealand College of Radiologists

**Director of Training (DoT)** means the clinician/s appointed by the College, with overall responsibility for the structure and quality of training in a College-accredited training site in line with College policies and the specific arrangements within their training network. The Director of Training is also responsible for providing trainees with information and feedback on their progress

**DoT Review** means the process whereby the Director/s of Training (DoT/s) and the trainee jointly evaluate a trainee's progress with learning and assessment requirements for the phase of training or the training program

**ePortfolio System or ePortfolio** means the online system which serves the purpose of managing a trainee's assessments and progression in the Clinical Radiology Training Program and Radiation Oncology Training Program

**Examination Proctoring** means a process by which proctoring software monitors a candidate's computer's desktop, webcam video and audio during an examination which is held digitally.

**Examination** means a form of assessment as defined in the College's Examination Policies

**Examination opportunity** means sitting for any examination which forms part of the Phase 2 Examinations (in their totality), irrespective of the number of examinations sat in a single sitting

**Examination Review Panel** means a panel of content experts guided by formal processes as set out in their relevant Terms of Reference. These panels work closely with educational assessment experts engaged by the College to ensure that the correct processes are followed appropriately at each stage of the examination cycle

**Fellow** means a College member admitted to Fellowship of the Royal Australian and New Zealand College of Radiologists

**Head of Department (HoD)** means the person responsible for the administrative running of a clinical radiology or radiation oncology hospital department or practice

**International Medical Graduate (IMG)** means International Medical Graduates who have completed their primary and specialist medical training overseas

**IMG Committee** means the College body tasked with addressing all matters relating to International Medical Graduates (IMGs) including administering International Medical Graduate Specialist Recognition assessment and Area of Need assessments.

**Member** means a member of the College as specified under the RANZCR Articles of Association

**Network Training Director (NTD)/ Training Network Director (TND)** means the person responsible for providing coordination of, and leadership to the Network and is a central point of contact to the College and health jurisdictions regarding training delivery matters in that Network

**OSCE** means Objective Structured Clinical Examination in Radiology, a capstone assessment to assess competence to practice autonomously as a clinical radiologist, incorporating clinical reasoning, clinical judgement, medical skills, and knowledge as well as broader intrinsic roles including communication and professionalism

**Pathology Viva Examination** means a supplementary oral examination which examines pathology, which will be facilitated for a limited time for candidates transitioning from the Part 2 examinations to the Phase 2 examinations.

**Phase 1 of Training** means the phase spanning from a minimum of 12 months of accredited training time to a maximum of 24 months of accredited training time in the Clinical Radiology Training Program

**Phase 2 of Training** means the phase spanning from a minimum of 48 months of accredited training time (Phase 1 + Phase 2) to a maximum of 60 months of accredited training time (Phase 1 + Phase 2) in the Clinical Radiology Training Program

**Phase 2 Written Examinations** means the Pathology Examination and the Clinical Radiology Examinations (which consists of the MCQ Examination and the Case Reporting Examination)

**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

**Remediation** refers to the processes/procedures contained within the Remediation in Training Policy which occur during/in training. This is in contrast to 'remediation' (after training) which is outlined under the College's Examination Policies

**Specialist Recognition** means the pathway for international medical graduates who are overseas-trained specialists applying for assessment of comparability to the standard of a specialist trained in that specialty in Australia

**Staff Member** means any person appointed by the CEO or delegate who is working in a permanent, temporary, casual, termed appointment or honorary capacity for the College and for the avoidance of doubt includes contractors, consultants, and other workers at the College, including all personnel associated with third parties

**Student Member** means a person who has been granted student membership of the College in accordance with the Articles of Association. Student Members are also referred to as trainees

**The Clinical Radiology Curriculum Learning Outcomes (Learning Outcomes)** articulates the competencies a trainee must achieve by the end of the Clinical Radiology Training Program

**Trainee** means a College member actively participating in either the Clinical Radiology Training Program or the Radiation Oncology Training Program and is considered a student member under the RANZCR Articles of Association

**Training Site** means an organisation that actively engages and is responsible and accountable for the delivery of training in Clinical Radiology or Radiation Oncology. These organisations may be public or private entities who are accredited by the College and are required to follow the relevant training curriculum and accreditation standards as set out by the College

**Written Examinations** means an examination as defined under this policy consisting of questions delivered in an electronic format which a candidate completes independently

## 2. POLICY GUIDELINES

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- (a) The policy guidelines (where issued) form part of this policy and prescribe the processes to be followed and the forms to be used.
- (b) To the extent that there are any inconsistencies between this policy or the Clinical Radiology Training Program Handbook or the guidelines, the intent of this policy prevails.

## 3. ABOUT THE EXAMINATIONS

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The Phase 2 Examinations comprise of one examination in Pathology, the Clinical Radiology Examinations (which are made up of the MCQ Examination and the Case Reporting Examination) and the Objective Structured Clinical Examination in Radiology (OSCER). For trainees, all examinations must be successfully completed by the end of Phase 2 of training.

For IMGs required to undertake the Phase 2 Examinations, all examinations must be successfully completed and within the specified time limited to meet the Specialist Recognition pathway requirements.

## 4. EXAMINATION ELIGIBILITY AND APPLICATION

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### 4.1 Trainee Eligibility Requirements

- a) In order to apply for the Phase 2 Examinations in Clinical Radiology, trainees in the Clinical Radiology Training Program must:
  - be within Phase 2 of training (at the time of sitting the examination);
  - be a trainee in a RANZCR accredited training position;
  - be a financial member of the College (all annual member subscription and annual training fees must be up to date or not overdue where the due date is after the examination date).

All Phase 2 Written Examinations must be successfully completed before a trainee is eligible to present for the OSCER Examination.

- b) Trainees who are subject to a Remediation Plan in accordance with the College's 'Remediation in Training Policy' are not permitted to sit the Phase 2 Examinations during a remediation plan period.

***Refer to the Remediation in Training Policy for further information.***

- c) Trainees who are on interrupted training ('Break in Training') are to refer to the College's 'Interrupted and Part-Time Training Policy' for requirements related to sitting the Phase 2 Examinations during their interrupted training ('Break in Training').

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

### 4.2 International Medical Graduate (IMG) Eligibility Requirements

- (a) In order to apply for the Phase 2 Examinations in Clinical Radiology, IMGs must:
  - be an overseas trained specialist;

- have been assessed and found partially comparable on the Specialist Recognition assessment pathway;
- where applicable, have successfully completed any upskilling requirements as detailed in the Specialist Recognition outcome assessment;
- be deemed eligible by the College to sit the Phase 2 Examinations; and
- have a valid Specialist Recognition assessment outcome. IMGs assessed prior to September 2022, not requiring upskilling prior to sitting the Phase 2 examinations, Specialist Recognition assessment outcome must still be valid. NZ IMGs must be an overseas trained specialist and have gained vocational scope of practice pathway.

### 4.3 The Application Process

#### (a) Application to Sit the Phase 2 Examinations

Applications for all candidates to sit the Phase 2 Examinations must be made via the appropriate application form (available on the College website), prior to the submission deadline (late applications will not be accepted).

Applicants may indicate an intention to sit both the Writtens and OSCERs within the same application form.

Applicants will receive an email notification acknowledging receipt of the examination application within 10 business days (where reasonably practical). Confirmation of receipt of application will not be given verbally (i.e., via telephone).

Applicants applying to sit both the Writtens and OSCERs will be notified following the successful completion of the Written examinations about their OSCER sitting application.

#### (b) Examination Fees

Examination fees must be paid prior to sitting the Phase 2 Examinations, examination results will not be released until all outstanding fees are paid in full.

Applicants applying to sit both the Writtens and OSCERs will be invoiced initially for the Written examinations. Following successful completion of the Written examinations an invoice for the OSCER examinations will be issued.

***For details on examination fees refer to the 'Fees' page of the College website.***

#### (c) Examination Fee Refunds

Candidates may withdraw from the Phase 2 Examinations, without financial penalty, if they withdraw at least four weeks prior to the examination date.

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

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

## 5. OVERVIEW OF THE PHASE 2 EXAMINATIONS

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### 5.1 Aims

The content of the Phase 2 Examinations is derived from the Clinical Radiology Curriculum Learning Outcomes (Learning Outcomes). The objective of the Phase 2 Examinations is to assess a candidate's competency and required level of knowledge and understanding of clinical radiology and pathology (as it relates to clinical radiology). Each examination has a unique and targeted approach to assessing a candidate's knowledge and ability.



## 5.2 Pathology Written Examination

### (a) Format and Delivery

One three-hour examination to assess a candidate's core and advanced knowledge of pathology as applied to current radiological practise. Five minutes reading time is also provided.

There are two item formats (styles of question):

1. Multiple Choice Questions (MCQs) (100 MCQs, 1 mark per question, total 100 marks), (approx. 2 hrs).
2. Short Answer Questions (SAQs) (10 SAQs, 6 marks per question, total 60 marks), (approx. 1 hr).

The Phase 2 Pathology Examination is delivered on an electronic proctored format twice a year.

### (b) Examination Components

There are nine topic areas covered in the examination which are aligned to the Learning Outcomes. Please note, these percentages only provide approximate weightings of examination content and will vary slightly between examinations:

- A. Genetic Syndromes/Multi-system conditions 5%
- B. Brain 15%
- C. Head and Neck 15%
- D. Spine 5%
- E. Cardiothoracic 15%
- F. Abdomen and Pelvis 20%
- G. Musculoskeletal System 5%
- H. Breast 5%
- I. Obstetrics and Gynaecology 15%

### (c) Examination Standardisation

Each of the 100 MCQs will have only one correct answer and 4 incorrect answers (or 'distractors').

Some MCQs may have longer scenarios that relate to the question.

The estimated time to answer an SAQ is dependent on the total marks per question. These SAQs are worth six marks each, therefore, totalling six minutes per SAQ.

Each MCQ and SAQ are reviewed by the panel to ensure it meets educational standards.

Psychometric analysis of the MCQs and SAQs occur prior to finalising results, to ensure that each item is functioning according to modern item-response theory models.

### (d) Examination Blueprinting

Each of the 100 MCQs and 10 SAQs are blueprinting to a range of different categories. Please note, these percentages are only meant to be a guide, and provide approximate weightings of examination content, which will vary slightly between examinations:

The domains and approximate weightings are:

- i. Medical Expert – 100%

The categories and approximate weightings for each station are:

- i. Category 1 (common condition) – 70%
- ii. Category 2 (clinically relevant) – 30%
- iii. Category 3 - 0%

Each examination will have a range of straightforward (easy), moderate (medium) and difficult (hard) questions, as determined by the expert panel.

### 5.3 Clinical Radiology Written Examinations (MCQ Examination and Case Reporting Examination)

#### (a) Format and Delivery

##### MCQ Examination

One two-hour examination to assess a candidate's core and advanced knowledge of diagnostic and interventional radiology as applied to current radiological practice. Five minutes reading time is also provided.

1. Multiple Choice Questions (MCQs) (100 MCQs, 1 mark per question, total 100 marks).

##### Case Reporting Examination

One three-hour examination to assess a candidate's competencies in perception, interpretation, diagnosis, and communication via the written report. Five minutes reading time is also provided.

1. Short Cases (20 questions, 3 marks per question, total 60 marks).
2. Medium Cases (10 questions, 6 marks per question, total 60 marks).
3. Long Cases (5 questions, 12 marks per question, total 60 marks).

The Phase 2 Clinical Radiology Examinations are delivered in an electronic proctored format twice a year.

#### (b) Examination Components

##### MCQ Examination

There are 9 topic areas covered in the examination aligned to the Learning Outcomes. Please note, these percentages only provide approximate weightings of examination content and will vary slightly between examinations:

- A. General Radiology (inc. Safety) 5%
- B. Brain / Head and Neck / Spine 15%
- C. Cardiothoracic 15%
- D. Abdominal (Gastrointestinal, Genitourinary, Hepato-Pancreato-Biliary) 15%
- E. Musculoskeletal System 15%
- F. Breast 5%
- G. Obstetrics and Gynaecology 10%
- H. Paediatric 15%
- I. Interventional Radiology 5%

##### Case Reporting Examination

The cases cover content across seven topic areas, aligned to the Learning Outcomes. Please note, these percentages only provide approximate weightings of examination content and will vary slightly between examinations:

- Abdominal 20%
- Breast 9%
- Musculoskeletal 12%
- Neuroradiology/Head and Neck 20%
- Obstetrics and Gynaecology 9%
- Paediatrics 10%
- Thoracic and Cardiovascular 20%

(c) **Examination Standardisation**

**MCQ Examination**

Each of the 100 MCQs will have only one correct answer and four incorrect answers (or 'distractors').

Some MCQs may have longer scenarios that relate to the question.

Each MCQ is reviewed by the panel and is subjected to a rigorous process to ensure quality.

Psychometric analysis of the MCQs occurs prior to finalising results, to ensure that each MCQ is functioning according to modern item-response theory models.

**Case Reporting Examination**

For each case, candidates are provided with a clinical history and relevant plain films, MRI, CT, US, mammography, nuclear medicine, fluoroscopic or DSA images.

Each question (findings, likely diagnosis, differential, management) within each case will have a defined number of marks.

Short cases will only ask for the most likely diagnosis and use one modality e.g., X-ray plain film, mammogram, one or two images from a fluoroscopic examinations such as contrast swallow of HSG. In general, one or two images will be provided to a maximum of three (eg ankle X-ray).

Medium cases will most commonly ask for findings and likely diagnosis, and where relevant, differential and management. These cases will likely use one or two modalities. e.g., one or two series of ultrasound, CT and MRI; single X-ray plus a short series of CT etc.

Long cases will likely include all four answer categories of findings, likely diagnosis, differential and further investigation and management. There could be up to three modalities.

Please note that in all cases, the answer categories will be indicated. The majority of medium cases will have findings and likely diagnosis only, indicating that the other categories are not required. Where, for example, the examining panel feels that a differential is appropriate in an individual case, this will be indicated.

(d) **Examination Blueprinting**

**MCQ Examination**

Each of the 100 MCQs is blueprinting to a range of different categories. Please note, these percentages are only meant to be a guide, and provide approximate weightings of examination content, which will vary slightly between examinations.

The categories and approximate weightings for each station are:

- i. Category 1 (common condition) – 70%
- ii. Category 2 (clinically relevant) – 20%
- iii. Category 3 (rare, but should be known) – 10%

Each examination will predominantly assess the Medical Expert domain. Although Intrinsic Roles are implicitly assessed in many questions, a small number of questions may assess the Intrinsic Roles more explicitly.

Each examination will predominantly assess Diagnostic Radiology (Learning Outcomes Chapter 6), but a small number of questions may assess Procedural Radiology (Learning Outcomes Chapter 7).

Each examination will have a range of straightforward (easy), moderate (medium) and difficult (hard) questions, as determined by the expert panel.

All relevant imaging modalities may appear in the questions.

### **Case Reporting Examination**

Each case will be blueprinted to topics, categories, and anticipated difficulty. Please note, these percentages are only meant to be a guide, and provide approximate weightings of examination content, which will vary slightly between examinations:

Each examination will predominantly assess the Medical Expert domain. Although Intrinsic Roles are implicitly assessed in many questions, a small number of questions may assess the Intrinsic Roles more explicitly.

The categories and weightings for the overall exam are:

- i. Category 1 (60%)
- ii. Category 2 (30%)
- iii. Category 3 (10%)

Each examination will have a range of straightforward (easy), moderate (medium) and difficult (hard) questions, as determined by the expert panel.

## **5.4 Objective Structured Clinical Examination in Radiology (OSCER)**

The OSCER is a capstone assessment to assess a candidate's competence to practice autonomously as a clinical radiologist, incorporating clinical reasoning, clinical judgement, medical skills, and knowledge as well as broader intrinsic roles including communication and professionalism.

### **(a) Format and Delivery**

Standardised digital cases will be used to align with the contemporary practice. Structured and standardised questions will be presented to ensure candidates have the same opportunity to display proficiency.

There will be seven OSCER stations across seven topic areas. The stations are:

1. Abdominal
2. Breast
3. Musculoskeletal
4. Neuroradiology/Head and Neck
5. Obstetrics and Gynaecology
6. Paediatrics
7. Thoracic and Cardiovascular

The format:

- Each station will be 25 minutes long.
- Each station will have a maximum of 10 cases.
- Each case will have a maximum of 10 marks.
- Each station will have a maximum of 100 marks.
- The whole exam will have a maximum of 700 marks.
- Candidates will receive percentage scores.
- Candidates will be assessed by two examiners at each station.

The OSCER Examination is delivered using an electronic examination system, twice a year at appropriate venues as determined by the Clinical Radiology Examination Advisory Committee (CREAC).

Candidates sit the examination over half a day and are sequestered for the duration of their time at the OSCER.

(b) **Examination Components**

For each of the seven OSCER stations, each question within each case will be blueprinted to domains. Please note, these percentages only provide approximate weightings of examination content and will vary slightly between examinations:

The domains and approximate weightings for each station are:

- i. Observation (25%)
- ii. Interpretation (including diagnosis) (30%)
- iii. Management (15%)
- iv. Pathology (15%)
- v. Anatomy (5%)
- vi. AIT/Patient Safety (5%)
- vii. Intrinsic roles (communicator, collaborator, leader, health advocate, professional, scholar, cultural competency) (5%)

(c) **Examination Standardisation**

The same cases are shown on each day of the examination, with the following standardisation applied:

- Each case will have no more than two imaging modalities.
- Relevant history and laboratory results will be provided.
- Pertinent images will be shown.
- Each case will have a series of structured questions (at least three).
- Each question within each case will have a defined number of marks (between one and five).

(d) **Examination Blueprinting**

Each question within each case will be blueprinted to categories, and anticipated difficulty.

The categories and suggested weightings for each station are:

- i. Category 1 (60%)
- ii. Category 2 (30%)
- iii. Category 3 (10%)

Each examination will have a range of straightforward (easy), moderate (medium) and difficult (hard) questions, as determined by the expert panel.

(e) **Examination Marking**

Each case will have a marking guide with a rubric describing how marks should be awarded for each question.

Each case will also have a global rating, which captures the examiner's global judgment of candidate performance for each specific case (not the station as a whole).

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## 6. PASSING STANDARD

### 6.1 Examination Passing Standards

The *passing standard* required for each examination is set by the relevant examination review panel using formal standard setting procedures which are not subject to challenge.

The *passing standard* scores for each examination are reviewed every examination and may be adjusted with consideration to minor differences in the difficulty between examination sittings in order to maintain the standards.

A *minimum score required to pass* (or minimum 'cut score') is obtained by applying an error adjustment to the 'passing standard score' and is the lower bound of the error adjustment,

which is derived from formal methods to account for the variability in the standard setting procedures.

Each examination is mapped (blueprinted) to the Learning Outcomes. Questions are distributed across the topic areas to examine a fair and wide distribution of relevant knowledge.

*Examination components* are outlined in 5.2(b), 5.3(b) and 5.4(b). The *minimum component standards* are also determined by the relevant examination review panels and may be modified based on review by the relevant examination review panel to account for differences in exam difficulty.

- Candidates who reach the *passing standard* are granted a PASS.
- Candidates who reach the *minimum score required to pass* but who do not reach the *passing standard* are granted a CONCEDED PASS.
- As well as achieving the overall *passing standard*, candidates must achieve minimum standards in a determined number of examination components (*'minimum component standards'*) in order to pass the examination overall. The Examination Panel decides on the determined number of examination components.
- Candidates who meet the *overall minimum score required to pass* but fail to meet the *minimum component standards* receive a COMPONENT FAIL result.

A candidate must legitimately meet the passing standards. The College does not amend or upgrade examination marks following the release of confirmed results.

### 6.1.1 Written Examinations

Candidates must achieve the overall examination passing standard AND achieve the minimum component standards, to PASS each of the written components, to PASS the written examination.

### 6.1.2 OSCER Examination

- (a) Candidates will receive a total percentage score, and percentage scores for each Station.
- (b) The Borderline Regression standard setting methodology will be used to determine the overall passing standard (percentage) score for each exam sitting. The minimum score required to pass (or minimum 'cut score') will be obtained by applying an error adjustment to the passing standard score. These scores will shift slightly as it will take into account the differences in difficulty of the cases and stations.
- (c) Station cut scores will also be set using borderline regression.
- (d) To PASS the OSCER, candidates need to reach the overall cut score, AND all seven station cut scores. Candidates must also meet the minimum component standards in the domains across all stations.

Outcomes:

- (e) Candidates who pass less than five of the seven OSCER topic areas will be required to undertake a further full OSCER examination across all topic areas at a subsequent sitting, at the next available opportunity. Any passed stations will not be carried forward.
- (f) Candidates who failed one or two stations will be required to repeat those stations that were failed at the next available opportunity.
- (g) The CREAC will give additional consideration to candidates who achieve an overall OSCER score above the passing standard score, but do not meet the minimum score in one or two stations in a single sitting.

- (h) The CREAC will review performance in the Written examinations as well as all Work-Based Assessments (WBA) in the ePortfolio in the one or two topic areas that were failed in the OSCER. Candidates may be granted a CONCEDED PASS in the OSCERs where there is evidence of strong performance in the failed topic areas in these assessments. Where there is no such evidence candidates will be required to repeat only the failed stations in the next available OSCER sitting. IMG candidates who are above the overall examination score but below the Standard in one or two stations will have their examination performance reviewed. If there is sufficient evidence to demonstrate competence in those areas, they may be awarded a conceded pass.

## 7. EXAMINATION OPPORTUNITIES AND PROGRESSION

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- (a) A candidate may apply to sit both the Pathology Examination and Clinical Radiology Written Examinations together or independent of each other.
- (b) The MCQ Examination and the Case Reporting Examination (which together form the Clinical Radiology Written Examinations), must be sat together.
- (c) A candidate must successfully pass the Pathology Examination and the Clinical Radiology Written Examinations (collectively, 'the Phase 2 Clinical Radiology Written Examinations') before they can present to sit the OSCER Examination.
- (d) Candidates may have up to a maximum of six consecutive opportunities from the commencement of their first sitting, with a maximum of three consecutive opportunities for each examination:
1. Pathology Examination – maximum three opportunities
  2. Clinical Radiology Examinations – maximum three opportunities
  3. OSCERs – maximum three opportunities
- (e) The maximum number of examination opportunities is irrespective of the:
- candidate's Full Time Equivalent (FTE) status; and
  - number of examinations sat at an opportunity.
- (f) Not sitting an examination opportunity will be recorded as a missed opportunity.
- (g) Candidates must (at their next opportunity) re-sit an examination not passed at their previous opportunity.
- (h) Candidates will be deemed to have lost their examination opportunity if they fail to attend the examination/s on the examination date (irrespective of whether the candidate applies for the examination/s or does not apply for the examination/s) and/or have not been approved by the College:
- to defer/withdraw under the Consideration of Special Circumstances Policy; or
  - to engage in interrupted training ('Break in Training') under the Interrupted and Part-Time Training Policy (*for trainees only*); or
  - for a remediation plan period under the Remediation in Training Policy (*for trainees only*).

## 8. CANDIDATE CONDUCT IN EXAMINATIONS

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- (a) For all Phase 2 Examinations, candidates are expected to conduct themselves in accordance with the instructions outlined in the examination verification letter, invigilator instructions or any other examination guideline or instruction that the College deems necessary for the examinations at all times.

- (b) Candidates who are deemed to be non-compliant with any examination guidelines or instructions may have their examination sitting voided and recorded as a failed examination.

## 9. RESULTS AND FEEDBACK

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### 9.1 Content/Distribution of Results and Feedback

(a) **Candidate Results**

All candidates will be provided with information in their examination results letters relating to the passing standard for the relevant examination, their performance in relation to the overall passing standard and the minimum component standards.

Candidates will also be advised of the number of opportunities associated with their examination sitting.

Email notification will be sent to candidates when results are available. Where applicable results will be uploaded within the ePortfolio system.

(b) **Candidate Feedback**

All candidates will receive feedback on their specific performance in examination components as part of their examination results letter in such format as determined by the College.

Candidates should also refer to the Examination Reports for additional feedback from the relevant panels including general comments on cohort performance.

Candidates are not provided with:

- correct responses to questions;
- personal responses to questions;
- a copy of the examination papers;
- data pertaining to standard setting procedures;
- copies of marking criteria/rubric/template; or
- scoresheets.

Requests for remarking will not be entertained.

No other feedback can be requested by candidates.

(c) **Directors of Training (DoTs) and other Authorised Representatives**

Examination result information may be distributed to DoTs, authorised representatives, Branch Education Officers, Network Training Directors, IMG Committee and any other training committee, representative or person as deemed appropriately related to a candidate's training and progression, as determined by the College.

## 10. COMPLETION OF THE PHASE 2 EXAMINATIONS

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### 10.1 Successful Completion of the Phase 2 Examinations

- (a) All candidates must successfully pass the Phase 2 Written Examinations within the permitted number of opportunities to present for the OSCER examinations.
- (b) All candidates may have up to a maximum of six consecutive opportunities from the commencement of their first sitting, with a maximum of three consecutive opportunities for each examination:



1. Pathology Written Examination – maximum three opportunities
  2. Clinical Radiology Written Examinations – maximum three opportunities
  3. OSCERs – maximum three opportunities
- (c) In order for a trainee to successfully complete the Phase 2 Examinations, the Trainee must pass both the Written Examinations and the OSCER Examinations by the end of Phase 2 of training and within:
1. the maximum number of individual examination opportunities.
  2. the maximum duration of Phase 2 (Phase 1 + Phase 2 combined equates to a maximum of 60 months of accredited training time).
- (d) In order for an IMG to successfully complete the Phase 2 Examinations, the IMG must pass both the Written Examinations and the OSCER Examinations within:
1. the maximum number of examination opportunities.
  2. the maximum duration of 36 months (3 years).

## 10.2 Unsuccessful Completion of the Phase 2 Examinations

- (a) Candidates who are unable to successfully pass the Phase 2 Written Examinations within the stipulated maximum number of opportunities, will not be able to present for the OSCER Examination and will be withdrawn from the Clinical Radiology Training Program or IMG Specialist Recognition pathway, whichever is applicable.
- (b) A candidate who does not successfully complete the Phase 2 Examinations as referred to in Part 10.1 of this policy will be withdrawn from the Clinical Radiology Training Program or IMG Assessment Pathway, whichever is applicable.
- (c) Candidates who are deemed to have been unable to successfully pass the OSCER Examination within the stipulated maximum number of opportunities or timeframe will be withdrawn from the Clinical Radiology Training Program or IMG Specialist Recognition pathway, whichever is applicable.

**Trainees refer to the Withdrawal from Training Policy for further information.**

**Australian IMGs refer to the 2022 IMG Assessment Policy (Australia). IMGs working in New Zealand would be referred to the Medical Council of New Zealand (MCNZ).**

- (d) Trainees who commenced the Clinical Radiology Training Program or any IMG who undertook assessment prior to 30 November 2018, who commenced sitting the examinations but were unsuccessful in completing within the permitted attempts 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 Chief Censor and/or the Clinical Radiology Education and Training Committee. See Appendix **Two** for more information.

## 11. RECONSIDERATION, REVIEW AND APPEAL OF DECISIONS

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- (a) **Request for Reconsideration, Review and Appeal of Examination Results**
- Candidates seeking a reconsideration of their examination results must submit a Reconsideration Application Form and pay the associated Reconsideration Fee within 10 calendar days of their notification of examination results. Candidates who have exhausted all available examination opportunities and have applied for reconsideration of their examination results will not receive notification of withdrawal from the Clinical

Radiology Training Program until the Reconsideration, Review and Appeals process has been concluded.

If the application for Reconsideration, Review or Appeal is unsuccessful, the candidate will receive a letter advising of their withdrawal from the Clinical Radiology Training Program or the IMG Specialist Recognition pathway, whichever is applicable, under Category 2 ('Competence').

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

**Refer to the Withdrawal from Training Policy for further information.**

**Australian IMGs refer to the 2022 IMG Assessment Policy (Australia). IMGs working in New Zealand would be referred to the Medical Council of New Zealand (MCNZ).**

(b) **Difficulty/Deficiency with Typing**

The examinations are not a test of candidate's typing skills and sufficient time has been allocated to answer all questions. 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.

## **12. RELATED POLICIES AND DOCUMENTS**

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- Clinical Radiology Curriculum Learning Outcomes
- Clinical Radiology Training Program Handbook
- Interrupted and Part-Time Training Policy
- Remediation in Training Policy
- Withdrawal from Training Policy
- Consideration of Special Circumstances Policy
- Reconsideration, Review and Appeal of Decisions Policy
- 2022 IMG Assessment Policy (Australia)
- Part 2 Examinations (Clinical Radiology) Policy

These policies can be downloaded from the College website.

## **13. APPENDICES**

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Appendix 1 – Pathology Supplementary Viva Examination

Appendix 2 – Remediation After Training

## Appendix 1 - Pathology Supplementary Viva Examination

The following applies for candidates sitting the Pathology Viva Examinations.

### 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"><li>• Pass Honours</li><li>• Pass +</li><li>• Pass</li><li>• Fail</li><li>• Fail –</li></ul> <p>In cases where an examiner notes significant concerns about a candidate the examiner determination option (provided it is well documented in the score sheets) outweighs the 50% rule.</p>
<b>Discussion of Pathology cases within the viva</b>	<p>Extensive discussion about each case is the norm in the Pathology viva. 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>

## Appendix 2 - Remediation After Training

To be finalised.

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