How to Survive and Thrive in the Part 2 FRCPath (Histopathology) Exam

Dr James Henry
Consultant Cellular Pathologist
Queen Elizabeth Hospital
Gateshead

DIFFICULT EXAMS

“Perisher” Submarine Command Course and Exam

- Royal Navy
- 24 week course
- Exam: ability to command a submarine under war-like conditions
- 30% failure rate

Perisher

"Perisher's tradition for handling an unsuccessful student is not to make him aware of his failure until a small boat approaches to remove him from the submarine. Unknown to the unfortunate officer, his sea bag has already been packed by a member of the crew and brought up for the transfer. Upon departure, he is presented with his personal gear and a bottle of whisky, never again to return to submarine service".

The Knowledge

- London taxi drivers
- 25,000 streets within a 6 mile radius of Charing Cross
- 2-10 years
- 66% drop out rate
- Multiple “appearances”

Maguire (2000) Navigation-related structural changes in the hippocampi of taxi drivers.

PART 2 FRCPATH (HISTOPATHOLOGY)

Part 2 FRCPath (Histopathology)

- Two day exam
- £1175 fee
- 35%-50% pass rate
- No small boats in the night
- No free whisky
- No known structural brain changes

What is the Part 2 FRCPath?

- Major summative assessment towards the end of Stage C
  - Summarises candidate's knowledge and ability at a point in time
  - Necessary for CCT/ CESR (CP)
- Comments relate mainly to new curriculum (2010)
- Histopathology

Aims of Part 2 FRCPath

- To confirm pathologists close to the end of training who are ready for independent practice.
- Cases “will be representative of the material encountered in a district general hospital”
- A (very) bad day on biopsies
- Standardised approach to minimise variation between exam centres.

When to sit part 2 FRCPath?

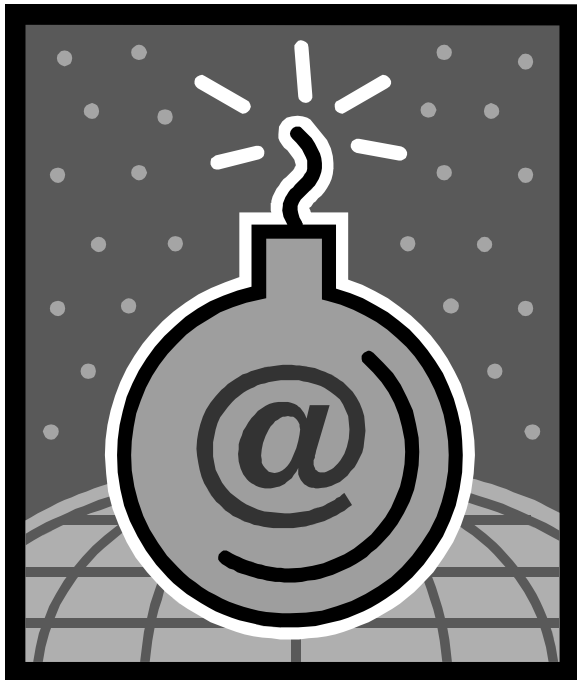
- Stage C
- “Candidates should apply only when they are ready”
  - Guidance from educational supervisor
  - Deanery perspective
  - Mindful of anticipated CCT date
- After at least 3 years of speciality training in Histopathology
  - At least one year after passing Part 1 FRCPath

APPENDIX 4 ILLUSTRATIVE TIMETABLE OF HISTOPATHOLOGY TRAINING (WITHOUT A NECESSARY EXTENSION OF TRAINING)

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
ST1	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	Begin Stage A. NTN awarded							RCPath Year 1 Assessment		RCPath Year 1 Assessment		Earliest opportunity to end Stage A
ST2	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24
	Earliest opportunity to begin Stage B								Part 1 FRCPath opportunity	Part 1 FRCPath results		Earliest opportunity to exit Stage B
ST3	Month 25	Month 26	Month 27	Month 28	Month 29	Month 30	Month 31	Month 32	Month 33	Month 34	Month 35	Month 36
	Earliest opportunity to begin Stage C		Part 1 FRCPath opportunity	Part 1 FRCPath results		Second opportunity to exit Stage B	Second opportunity to begin Stage C		Part 1 FRCPath opportunity	Part 1 FRCPath results		
ST4	Month 37	Month 38	Month 39	Month 40	Month 41	Month 42	Month 43	Month 44	Month 45	Month 46	Month 47	Month 48
			Part 1 FRCPath opportunity	Part 1 FRCPath results					Part 2 FRCPath opportunity	Part 2 FRCPath results		
ST5	Month 49	Month 50	Month 51	Month 52	Month 53	Month 54	Month 55	Month 56	Month 57	Month 58	Month 59	Month 60
			Part 2 FRCPath opportunity	Part 2 FRCPath results		First opportunity to exit Stage C	First opportunity to begin stage D		Part 2 FRCPath opportunity	Part 2 FRCPath results		
ST6	Month 61	Month 62	Month 63	Month 64	Month 65	Month 66	Month 67	Month 68	Month 69	Month 70	Month 71	Month 72
			Part 2 FRCPath opportunity	Part 2 FRCPath results		First opportunity to exit stage D						

Top Tip 1: Optimal Timing

- Advice from educational supervisor/ training programme director/ ARCP panel
- Avoid peer pressure
- What else is going on in your life?
- Deanery pressures
- Rotational pressures
  - Specialist experience?
  - Commuting?



Format of exam

- Two day exam
- Elements of interpreting and writing reports on histology and cytological slides
  - Frozen sections
  - Special stains/ immunoperoxidase/ molecular techniques
- Macroscopic interpretation
- Objective structured practical examinations (OSPE)
- Must pass all elements of the exam

Marking System

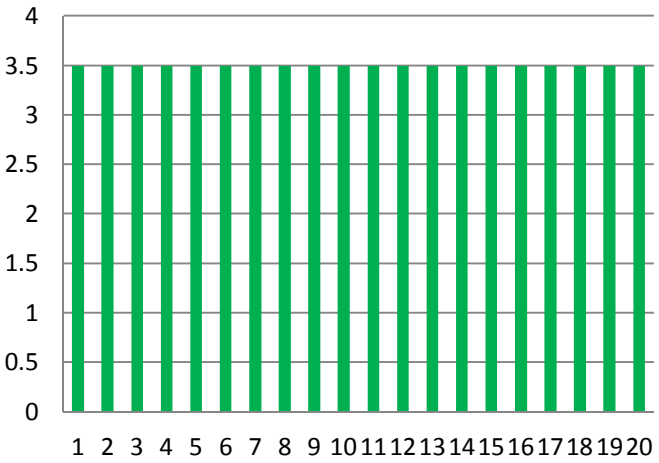
- Each part of the exam marked separately
- Must pass all sections of the exam
- Only a certain level of inaccuracy is allowed
- Errors affecting patient management are penalised
  - Benign/malignant or other serious errors
- Serious errors in 15-25% of cases in a section will result in a fail.

Closed Marking System

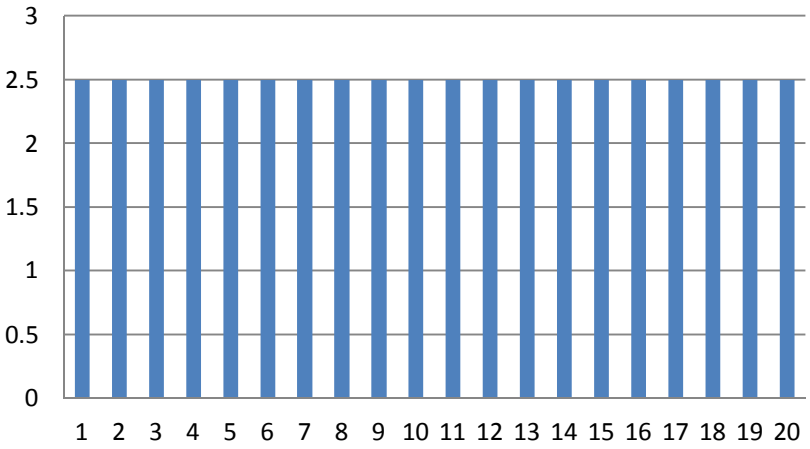
- Surgical short cases
  - Possible 5 marks for each case
  - 20 cases total

- *5 marks: never awarded*
- *4 marks: maximum*
- *3.5 marks: very good answer*
- *3 marks: good answer*
- *2.5 marks: adequate answer with correct diagnosis*
- *2 marks: wrong answer but not dangerous*
- *1-1.5 marks: dangerous error/ no answer*

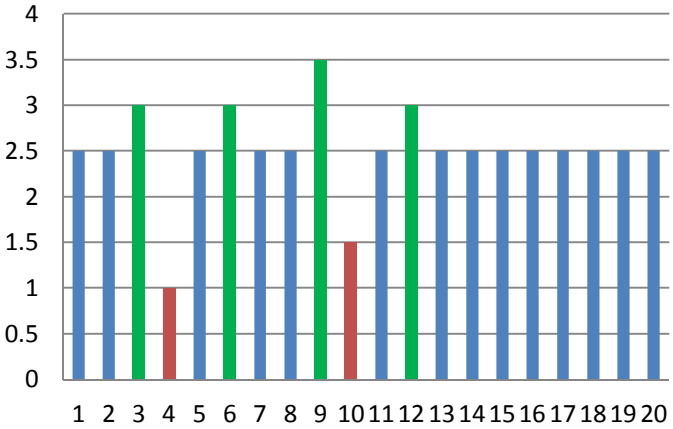
Dr Clever 70/100: pass



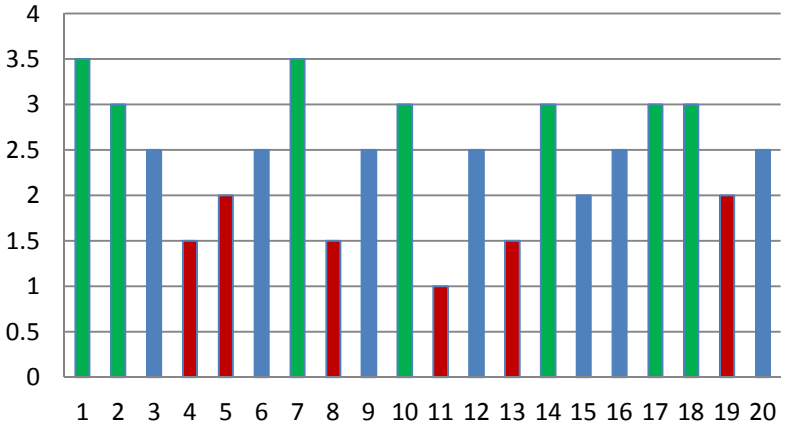
Dr Safe-Boring 50/100: pass



Dr Lucky 50/100: pass



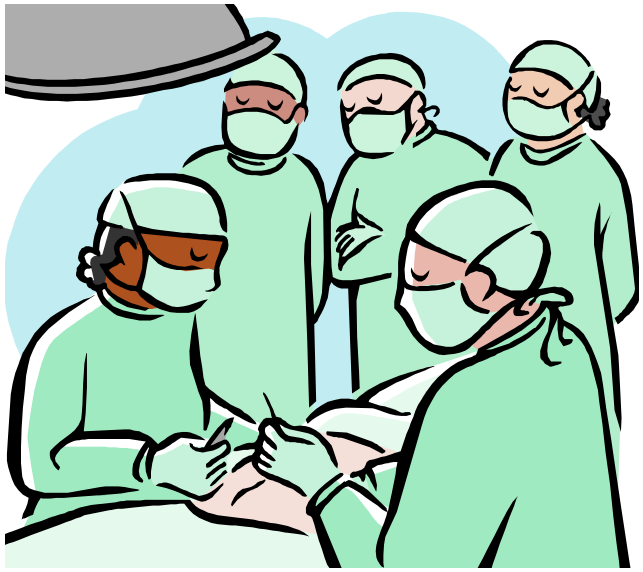
Dr O'Deary 48.5/100: fail



Short cases

Why Closed Marking?

- Histopathology and cytopathology have a special place in diagnosis
- As far as patients are concerned there is no margin for error in diagnosis.
- 15-25% error rate is generous



Adding Value

- A safe adequate answer gets you 50%
  - Competent description, right diagnosis
- Good answers require added value
  - Clinical associations
  - Useful advice to clinicians
  - Prognostic information
  - Additional investigations to confirm diagnosis/ guide treatment
- You need a few good answers in the bank

I put 10p in my Piggy Bank
To save for a rainy day.
It rained the *very next morning*!
Three cheers, Hip Hip Hooray!

Elements of the exam

- Surgical histology
  - 20 short cases
- Non-gynaecological cytopathology
- OSPES x 2
- Macros (x4)
- Frozen sections (x 6)
- Long cases (x4)
- (Gynaecological cytology)
- (Autopsy)

Timetable

Timings to be confirmed

Top Tip 2: Rest and Relaxation

- Arrive rested, stay rested
  - Two long gruelling days
- Exam usually Tuesday/Wednesday
  - Calm weekend beforehand
  - Travel Monday
  - Find something nice to do on Tuesday evening
  - Perhaps leave Ackermann and Silverberg at home!

Frozen sections

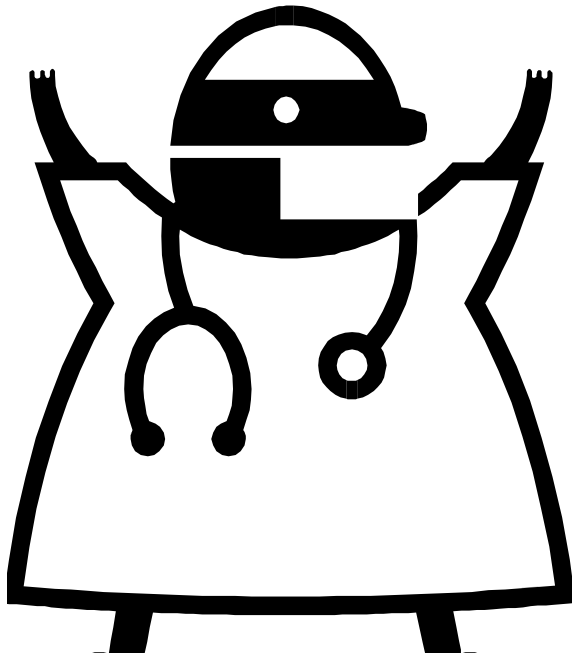
- 6 cases: simple history
  - Cases provided by the exam centre
- 40 minutes to view
  - Two sets of 3
  - Form opinion
  - Write notes to help you in the viva
  - What would you tell the surgeon?
- 20 minute oral
  - Two examiners

Frozen Sections

- Benign/ malignant/ margin involved?
  - Proportions will vary: no formula
- Will all be real cases
  - Parathyroid, lymph nodes, liver nodules, biliary bits, peritoneal nodules, ovarian tumours, skin tumour margins……..

Top Tip 3: Frozen Sections

- Preparation- see as much as possible in training
- Form an opinion and stick to it
- Be able to justify your opinion
- Understand the consequences of your opinion to the patient



Long Cases

- Four long cases
  - History
  - Representative H&E
  - Tinctorial special stains
  - Immunohistochemistry
  - Immunofluorescence (photographs)
  - Molecular genetic investigations (FISH/CISH)
  - Electron micrographs
- 20 minutes each case
- Written answers

Long cases

- Centrally provided
- What kind of case?
  - Cases where additional investigations are required to reach a diagnosis
  - Liver, kidney, lymphoreticular, poorly differentiated tumour, paediatric malignancy, metastatic disease……..

Top Tip 4: Long Cases

- Read the history carefully
  - Clues? (LFTs, renal function, serology etc)
  - Age and sex of the patient
- Make notes as you go along
- Clear, logical order to your answer
- Indicate your understanding of the significance of each stain
  - “CD20 positivity indicates…….”
- Arrive at a diagnosis
- Add value
  - Prognostic information
  - Additional investigations
  - Clinical questions
- Watch your time
  - Microscopy → Thinking → Writing

Surgical Short Cases

- 20 H&E cases with short history
- Single slide each
- 3 hours 20 minutes
  - Two cases at a time
  - 10 minutes each case
- Rest period: 20 minutes
  - Cannot write in answer book during rest period

Surgical Short Cases

- Common set for all centres
- Contributed by consultants all over the UK….
- Biopsies/ resections
- Cases blueprint the curriculum
  - Most organ systems represented
  - Proportionate
  - Unpredictable
- Aiming for high technical quality

Surgical Short Cases

- Benign/ malignant
- Neoplastic/ inflammatory/ infective/ reactive
- Cases with a specific diagnosis
- “Grey cases”
  - Definite diagnosis not possible on H&E alone
  - Outline realistic and appropriate steps needed to confirm a diagnosis
    - Specials/ immunos/ clinical history

Top Tip 5: Surgical Short Cases

- Read the history
  - Age and sex of the patient.
  - Clues and distractors.
- Neat tidy answers
  - Concise accurate description
  - Diagnosis/Differential
  - Where relevant, clear statement benign/ malignant
- Always add value
  - Clinical significance/ prognosis/ associations
  - Additional history
  - Extra tests to confirm
  - MDT discussion
  - Referral

OSPES

- Objective Structured Practical Examination
- OSPE 1: viva voce
- OSPE 2: written

OSPE 1

- Situation/ scenario
- Management/ clinical governance
  - Transposed specimens/ colleague's pub lunches/ error by colleague/ difficult surgeon at MDT/ BMS staff strike/ processor failure……..
- Brief time to read and digest scenario
  - Structured questions from examiners

Top Tip 6: OSPE 1

- Don’t panic
- Think before you speak
- Look confident, speak up
- Preparation
  - Departmental meetings
  - College bulletin
  - Media
  - Think “What would I do..?”
  - Look, listen, question at work.
- If in hole, stop digging

OSPE 2

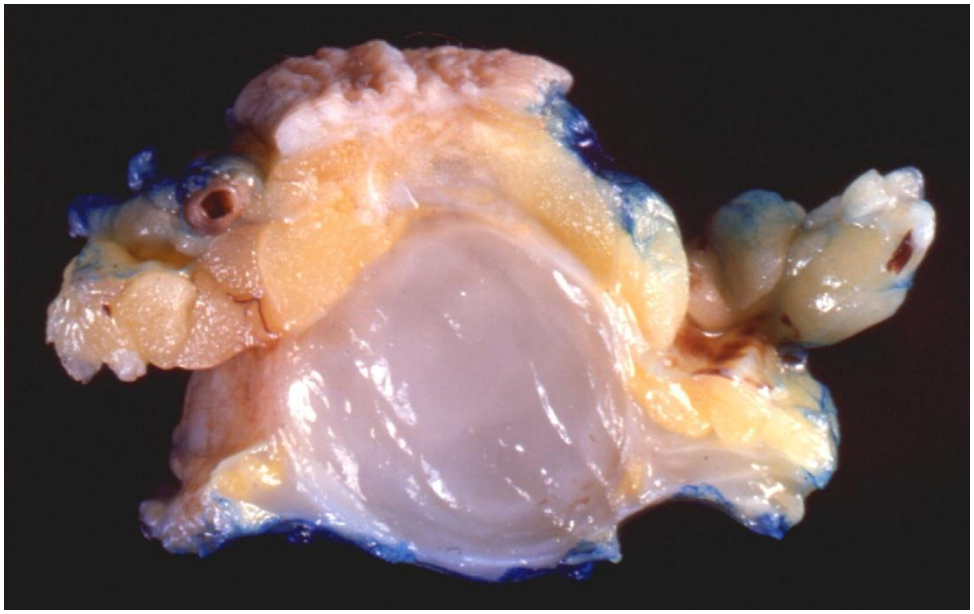
- Written exercise
- Often RCPath Minimum Data Set based
- Know your MDS!!!!!
- Understand the logic behind each major MDS
- Concise, neat, logical answers

Macros

- Capabilities in gross pathology
- 4 macroscopic photographs of resected lesions + clinical information
  - 40 minutes to view pictures and mark blocks on photographs
  - 20 minute viva

Top Tip 7: Macros

- Take time to orientate the photograph
- Know your minimum data sets
- Be able to give a logical reason for every block you take
- Don’t over block
- Don’t under block
- Add value where possible
  - Clinical relevance
  - Other tests



Other Stuff

- Microscopes
  - Bring a good microscope that you are comfortable with.
  - Know how to set it up
  - Spare bulb
  - Power lead, UK plug
  - Tools
  - Insurance?
  - Carrying case?
- Limited number to borrow at venues: arrange in advance

- Dress code
  - Common sense
  - Smart
  - Comfortable
  - Decent

GOOD LUCK