

# FRCPATH PART 2

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# Overall Layout

- ▣ Exam over 2 days
- ▣ Consists of ...parts
  - Surgical pathology
  - Non-gynae cytology
  - Macro pathology
  - OPSEs
  - Long Cases
  - Frozen section
- ▣ You must pass all components to obtain a pass
- ▣ The pass rate is 50% in all components

# Surgical Pathology (1)

- ▣ 20 cases
- ▣ Complete range of systems; 1 or 2 cases from each
- ▣ Mixture of malignant, non-malignant and infectious cases
- ▣ Cases come in pairs, 20mins per pair
- ▣ Cases are matched one easy and one hard in each pair
- ▣ Paediatrics and neuropathology can be included but will be relevant to DGH pathology

# Surgical Pathology (2)

## ▣ Approach

- Read the history provided very carefully – this will give you lots of hints and a differential before you look at the slides
- Look at both slides quickly
- Decide which is easy and which is hard
- Take no more than 1-2 minutes to screen each case
- Make an appropriate list of the micro features
- Think of a differential list and exclude or include depending on the features on the slide
- Start writing as soon as possible – 10mins goes very fast

# Surgical Pathology (3)

- ▣ Important things to remember
  - Cases that have been chosen require consensus
  - Common things are common
  - All cases should be classical examples
  - All cases would be common in DGH setting
  - All the slides have been centrally checked and everyone sees exactly the same material
  - There are no tricks, no complicated cases and they have been selected appropriate to the level of an ST4
  - If you have seen enough cases in your preparation then you would have seen these before

# Surgical Pathology (4)

- ▣ How to lay out your answer
  - Write out the history in short form
  - Micro description
  - Diagnosis or differential with a preferred (and highlight)
  - Extra work
  - Pearls or comments relevant to the diagnosis or preferred diagnosis
  
- ▣ Please write clearly, set out the answer carefully and limit the writing to 1 or 2 pages

# Surgical Pathology (5)

- ▣ Marking scheme
  - Centrally marked
  - Closed marking i.e. there is a set marking scheme for every question and candidate
  - Marked out of 5
  - Never score higher than 4
  - 2.5 is the pass mark
  - 2 is borderline fail – wrong answer but safe
  - 1 or 1.5 is fail – unsafe
  - 3 or 3.5 – correct answer or differential and added value

# Surgical Pathology (6)

## ▣ Marking

- Pass mark is 50
- All papers are double marked independently
- Every question is marked by the same person
- Anyone who achieves 47.5 to 49.5 is quadruple marked
- There is a strict marking scheme which is the same for every candidate
- Remember that there is only 70-80 points up for grabs
- Scores usually range from late 30s to low 60s



# Cytopathology

- ▣ 8 cases
- ▣ Paired with 20mins for two cases
- ▣ Usually easy with harder case
- ▣ Centrally set and marked
- ▣ 40 points in total although no score higher than 4 for each case
- ▣ Pass mark 20
- ▣ Strict marking scheme similar to surgical cases

# Macropathology

- ▣ Four cases
- ▣ Photographs provided
- ▣ 2 cases per slot – each slot 20mins
- ▣ In 20mins must prepare responses to specific questions and mark on the photographs which blocks you would take
- ▣ Followed by 20mins discussion with 2 examiners
- ▣ Marked at each centre
- ▣ Designed to test gross pathology and working knowledge of minimum datasets

# OSPEs

- ▣ 2 x 20min stations
- ▣ One is face to face with examiners – usually management/ clinical governance
- ▣ One is written only and usually bases around datasets, TNM and MDT
- ▣ Marked locally with set marking scheme

# Long cases

- ▣ 4 x 20min cases
- ▣ Renal
- ▣ Liver
- ▣ Soft tissue/ lymphoma
- ▣ Other
- ▣ H&E slide with immuno, molecular and EM
- ▣ Set out answer as per short surgicals
- ▣ Marked locally with set marking scheme
- ▣ Written only – no viva

# Frozen

- ▣ 6 cases
- ▣ In groups of 3 with 20 mins per set
- ▣ Followed by 20min via with 2 examiners
- ▣ Centrally set with specific marking scheme
- ▣ Should be common cases seen in DGH setting
- ▣ Provide a bottom line diagnosis only
- ▣ Cases have been chosen so differing should be avoided

Any Questions

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