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

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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’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”
PART 2 FRCPATH
(HISTOPATHOLOGY)
Part 2 FRCPPath (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

Å To confirm pathologists close to the end of training who are ready for independent practice.

Å Cases “will be representative of the material encountered in a district general hospital”

Å A (very) bad day on biopsies

Å Standardised approach to minimise variation between exam centres.
When to sit part 2 FRCPath?

Å Stage C
Å “Candidates should apply only when they are ready”
   ï Guidance from educational supervisor
   ï Deanery perspective
   ï Mindful of anticipated CCT date
Å After at least 3 years of speciality training in Histopathology
   ï At least one year after passing Part 1 FRCPath
## APPENDIX 4
### ILLUSTRATIVE TIMETABLE OF HISTOPATHOLOGY TRAINING
(WITHOUT A NECESSARY EXTENSION OF TRAINING)

<table>
<thead>
<tr>
<th></th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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</thead>
<tbody>
<tr>
<td><strong>ST1</strong></td>
<td>Begin Stage A, NTN awarded</td>
<td>Month 1</td>
<td>Month 2</td>
<td>Month 3</td>
<td>Month 4</td>
<td>Month 5</td>
<td>Month 6</td>
<td>Month 7</td>
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<td>Month 10</td>
<td>Month 11</td>
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<tr>
<td><strong>ST2</strong></td>
<td>Earliest opportunity to begin Stage B</td>
<td>Month 13</td>
<td>Month 14</td>
<td>Month 15</td>
<td>Month 16</td>
<td>Month 17</td>
<td>Month 18</td>
<td>Month 19</td>
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<td>Month 22</td>
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<tr>
<td><strong>ST3</strong></td>
<td>Earliest opportunity to begin Stage C</td>
<td>Month 25</td>
<td>Month 26</td>
<td>Month 27</td>
<td>Month 28</td>
<td>Month 29</td>
<td>Month 30</td>
<td>Month 31</td>
<td>Month 32</td>
<td>Month 33</td>
<td>Month 34</td>
<td>Month 35</td>
</tr>
<tr>
<td><strong>ST4</strong></td>
<td>Part 1 FRCPaPath opportunity</td>
<td>Part 1 FRCPaPath opportunity</td>
<td>Part 1 FRCPaPath results</td>
<td>Second opportunity to exit Stage C</td>
<td>Second opportunity to begin Stage D</td>
<td>First opportunity to begin stage D</td>
<td>First opportunity to exit stage D</td>
<td>Part 2 FRCPaPath opportunity</td>
<td>Part 2 FRCPaPath results</td>
<td>Part 2 FRCPaPath opportunity</td>
<td>Part 2 FRCPaPath results</td>
<td>Part 2 FRCPaPath results</td>
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<tr>
<td><strong>ST5</strong></td>
<td>Part 2 FRCPaPath opportunity</td>
<td>Part 2 FRCPaPath results</td>
<td>First opportunity to exit Stage C</td>
<td>First opportunity to begin stage D</td>
<td>First opportunity to exit stage D</td>
<td>Part 2 FRCPaPath opportunity</td>
<td>Part 2 FRCPaPath opportunity</td>
<td>Part 2 FRCPaPath results</td>
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<tr>
<td><strong>ST6</strong></td>
<td>Part 2 FRCPaPath opportunity</td>
<td>Part 2 FRCPaPath results</td>
<td>First opportunity to exit stage D</td>
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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

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

**Morning 1**
Non-gynaecological cytology
(Gynaecological cytology)
- **09.00-12.20**

**Afternoon 1**
- Frozen section microscopy (40 minutes)
- Frozen section viva (20 minutes)
- Long cases (80 minutes)
- OSPE 1 viva (20 minutes)
- **13.20-17.20**

**Morning 2**
- Surgical short cases
- 20 slides, 3 hours
- **09.00-12.20**
- Rest period

**Afternoon 2**
- Macro viewing (40 minutes)
- Macro viva (20 minutes)
- OSPE 2 (20 minutes)
- **13.30-15.30**
- Rest period

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

Â Benign/ malignant/ margin involved?
  ï Proportions will vary: no formula

Â Will all be real cases
  ï Parathyroid, lymph nodes, liver nodules, biliary bits, peritoneal nodules, ovarian tumours, skin tumour margins..................................
Top Tip 3: Frozen Sections

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

Â Four long cases
  ï History
  ï Representative H&E
  ï Tinctorial special stains
  ï Immunohistochemistry
  ï Immunofluorescence (photographs)
  ï Molecular genetic investigations (FISH/CISH)
  ï Electron micrographs

Â 20 minutes each case
Â Written answers
Long cases

Å Centrally provided
Å 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

Â Read the history
   ï Age and sex of the patient.
   ï Clues and distractors.

Â Neat tidy answers
   ï Concise accurate description
   ï Diagnosis/Differential
   ï Where relevant, clear statement benign/ malignant

Â Always add value
   ï Clinical significance/ prognosis/ associations
   ï Additional history
   ï Extra tests to confirm
   ï MDT discussion
   ï 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