



The Royal Australian
and New Zealand
College of Radiologists®

Clinical Radiology Training Program Phase 2 Examinations Information Session

February 2023

ACKNOWLEDGEMENT OF COUNTRY

The Royal Australian and New Zealand College of Radiologists



RANZCR acknowledges the Traditional Owners of Country throughout Australia. We recognise the continuing connection of Aboriginal and Torres Strait Islander people to the sky, lands, waters and culture and we pay our respect to their Elders past, and present and emerging.

RANZCR acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.



PRESENTING TEAM

Dr Mark Phillips

Deputy Chief Censor, Examinations Chair CREAC

Dr David Lisle

Chair, Clinical Radiology Case Reporting Examination Panel

Dr Jacob Pearce

Principle Research, Fellow Specialist and Professional Assessment, Australian Council for Educational Research (ACER)



OVERVIEW

This session will cover:

Phase 2 Written Examinations Overview

Examination Delivery

Examination Question and Answers

Transitioning Training Information

Phase 2 Examinations Overview

Dr Mark Phillips

Deputy Chief Censor, Examinations

EXAMINATIONS - OVERVIEW

In the Clinical Radiology Training Program there is Phase 1 and Phase 2 Examinations. This presentation will focus on the Phase 2 Examinations.

Phase 2: Written components, assess the depth and breadth of a trainee's core and advanced knowledge in Pathology and Clinical Radiology through written examinations.

The OSCER is 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.

EXAMINATIONS – PHASE 2

Phase 2 Examination consists of two separate written examinations and an OSCER examination.

Written Examinations will be the focus for today.

1. **Pathology Examination** – one three hour paper
2. **Clinical Radiology Examination** – two papers
 1. MCQ Examination – two hour examination
 2. Case Reporting Examination – three hour examination

MCQ and Case Reporting Examination must be sat together.



Trainees may apply to sit Pathology and Clinical Radiology Examinations together or independently of each other.

All written papers have 5 minutes reading time.



EXAMINATIONS – PHASE 2

1. Pathology Examination – one three hour paper

Assesses candidate's core and advance knowledge of pathology as applied to current radiological practise.

There are two item formats (styles of question):

- 100 Multiple Choice Questions – 1 mark per question, total 100 marks.
- 10 Short Answer Questions – 6 marks per question, total 60 marks.

The examination will be delivered in electronic proctored format twice a year.



EXAMINATIONS – PHASE 2

There are nine topic areas covered in the Pathology examination aligned to the Curriculum Learning Outcomes:

1. Genetic Syndromes/Multi-system conditions 5%
2. Brain 15%
3. Head and Neck 15%
4. Spine 5%
5. Cardiothoracic 15%
6. Abdominal and Pelvis 20%
7. Musculoskeletal System 5%
8. Breast 5%
9. Obstetrics and Gynaecology 15%



EXAMINATIONS – PHASE 2

2. Clinical Radiology Examination – two papers

Assesses a candidate's core and advanced knowledge of clinical radiology as applied to current radiological practice.

1. MCQ Examination – two hour examination

- 100 Multiple Choice Questions worth 1 mark per question

2. Case Reporting Examination – three hour examination (total 180 marks)

- 20 Short cases worth 3 marks each
- 10 Medium cases worth 6 marks each
- 5 Long cases worth 12 marks each

This examination will be delivered in electronic format twice a year.



EXAMINATIONS – PHASE 2

Clinical Radiology Examination – MCQ

The questions cover content across the following topics:

1. General Radiology (Inc Safety) 5%
2. Brain, Head and Neck, Spine 15%
3. Cardiothoracic 15%
4. Musculoskeletal System 15%
5. Abdomen (Gastrointestinal, Genitourinary, Hepato-Pancreato-Biliary) 15%
6. Breast 5%
7. Obstetrics and Gynaecology 10%
8. Paediatrics 15%
9. Interventional Radiology 5%



Once an examination has been successfully passed, trainees are only required to sit the failed examination/s at the next opportunity.



EXAMINATIONS – PHASE 2

Clinical Radiology Examination – Case Reporting

The cases cover content across the following topics:

1. Abdominal 20%
2. Neuroradiology/Head and Neck 20%
3. Thoracic and Cardiovascular 20%
4. Breast 9%
5. Obstetrics and Gynaecology 9%
6. Musculoskeletal 12%
7. Paediatrics 10%



Once an examination has been successfully passed, trainees are only required to sit the failed examination/s at the next opportunity.



PHASE 2 EXAMINATION

Passing standards:

- The passing standard required for each examination is set by the relevant examination review panel using formal standard setting procedures.
- The passing standard scores for each examination are reviewed every examination.
- 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.

PHASE 2 EXAMINATION

Passing standards:

- 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.
- Candidates who meet the overall minimum score required to pass but fail to meet the minimum component standards receive a COMPONENT FAIL result.
- Candidates must achieve the overall examination passing standard AND also achieve the minimum component standards.

EXAMINATIONS – PHASE 2

EXAMINATION SCHEDULE

Phase 2 Written Examinations		
	Sitting 1	Sitting 2
Applications Open / Close	October / November (the year prior)	April / May
Examinations Held	February	July
Release of Results	April	September

A specific date of release of the exam results will be communicated once determined.



EXAMINATIONS – RESULTS AND FEEDBACK

Candidates receive a result letter from the College, this letter will provide information on:

- Examination sitting
- Opportunity number
- Examination result



The College uploads the outcome of examinations into a trainee's ePortfolio.



The Royal Australian and New Zealand
College of Radiologists®

Dr [REDACTED]

Member ID: [REDACTED]

Dear Dr [REDACTED]

Phase 1 FRANZCR Examination
Series 1 2022
Opportunity Number: 1 of 4

I am pleased to inform that you were successful at the above examination series.
Please find below a summary of your performance.

Exam	Result
Applied Imaging Technology (AIT)	PASS
Anatomy	PASS

Congratulations on your success.

Yours sincerely,

Dr Barry Soans
Chief Censor in Clinical Radiology
31 May 2022

Phase 1 Result Letter Example Shown

EXAMINATIONS – RESULTS AND FEEDBACK

The results letter will be adjusted for the new examinations, to provide a summary of performance, highlighting:

Overall performance

The passing standard required for each examination is set by the relevant examination review panel using formal standard setting procedures.

Performance by topic area

This feedback is designed to support all trainees in determining their areas of strength and weakness, and to aid further learning.

Well above	Below standard
Above standard	Well below standard
At standard	

Scores by question format

This feedback is designed to support trainees in determining whether they should focus on specific types of questions in future examination preparation.



The Royal Australian and New Zealand
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Dr [REDACTED]

Member ID: [REDACTED]

SUMMARY OF PERFORMANCE — Phase 1 written examinations, Series 1 2022

Overall Performance		Performance by topic area		Scores by question format	
Applied Imaging Technology					
Passing standard	64.9%	Imaging Technology	Above standard	CRQ	82%
Minimum cut score	61.0%	Theoretical Principles	Above standard	MCQ	88%
		Radiation Protection and Patient Safety	Above standard		
Your total score	84.5%				
Outcome	Pass				
Anatomy					
Passing standard	64.9%	Abdomen & Pelvis	At standard	Labelling	75%
Minimum cut score	59.3%	Brain	Above standard	MCQ	73%
		Head & Neck	At standard	SAQ	74%
Your total score	75.2%	Spine	Above standard	VSAQ	82%
Outcome	Pass	Thorax	Above standard		
		Upper & Lower Limbs	At standard		

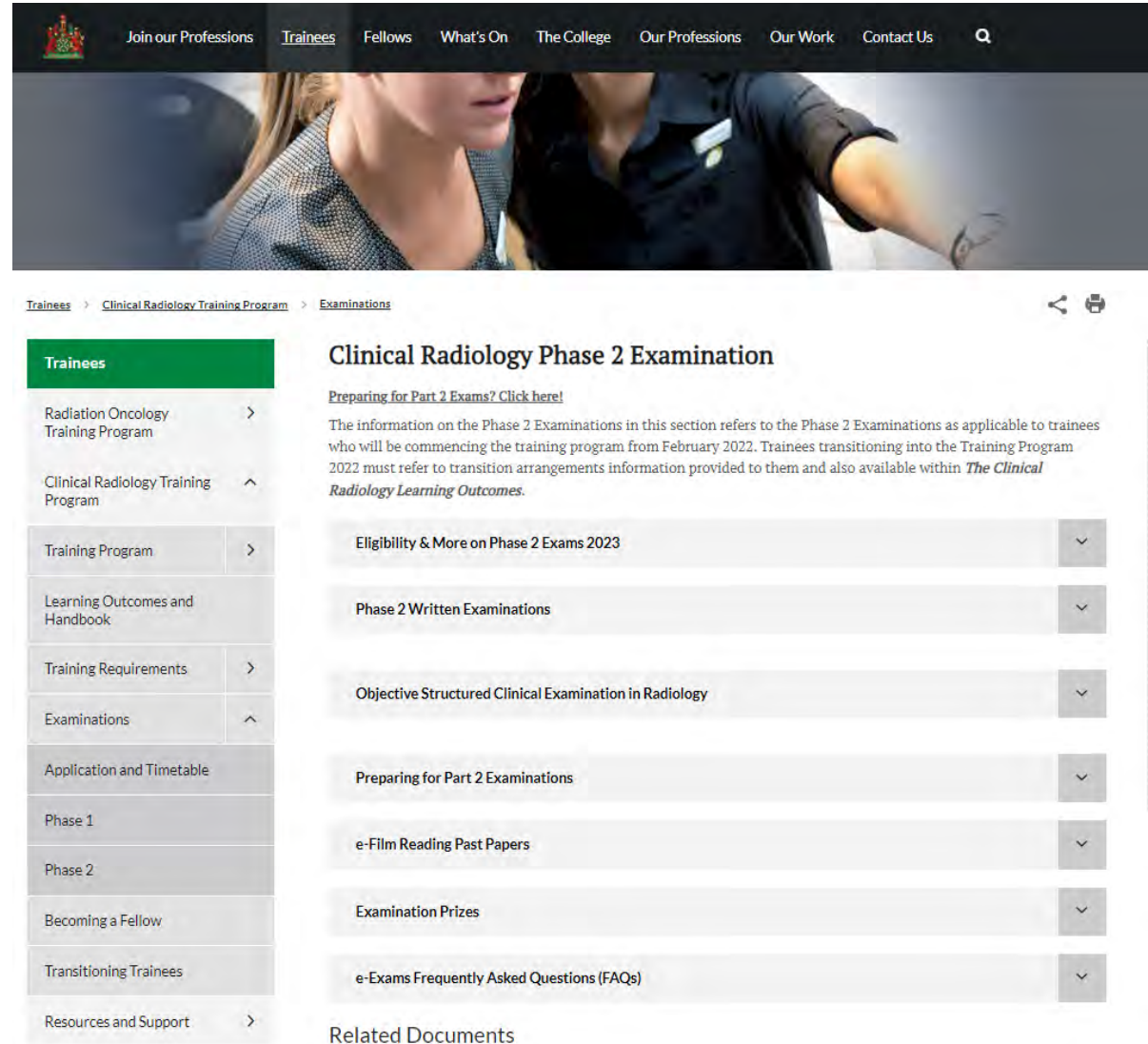
Phase 1 Result Letter Example Provided Above



Examination Resources

There is a range of examination resources available on the College website to support trainees, these include:

- Demonstration site
- Online practice exam
- Instructional videos
- Reading lists and sample questions
- FAQs
- Webinars



The screenshot displays the website's navigation menu at the top, including links for 'Join our Professions', 'Trainees', 'Fellows', 'What's On', 'The College', 'Our Professions', 'Our Work', and 'Contact Us'. Below the navigation is a header image of two individuals in a clinical setting. The main content area features a breadcrumb trail: 'Trainees > Clinical Radiology Training Program > Examinations'. A left-hand sidebar menu is visible, with 'Trainees' highlighted in green. The main content area is titled 'Clinical Radiology Phase 2 Examination' and includes a link for 'Preparing for Part 2 Exams? Click here!'. Below this, a paragraph explains that the information applies to trainees starting in February 2022. A list of dropdown menus provides access to various resources: 'Eligibility & More on Phase 2 Exams 2023', 'Phase 2 Written Examinations', 'Objective Structured Clinical Examination in Radiology', 'Preparing for Part 2 Examinations', 'e-Film Reading Past Papers', 'Examination Prizes', and 'e-Exams Frequently Asked Questions (FAQs)'. At the bottom, there is a section for 'Related Documents'.

Examination Delivery

Dr Mark Phillips

Deputy Chief Censor, Examinations

PHASE 2 WRITTEN EXAMINATIONS

Delivery:

- in an electronic proctored format twice a year.
- proctoring, is a process by which proctoring software monitors candidate's computer's desktops, webcam video and audio during an examination.
- A sophisticated examination software system is used to deliver the examination content.
- The examination system monitors and logs all candidate activity and continually saves data.
- The exam system and proctoring will be supported in real time by an online invigilator, the College Examinations and IT teams who will offer candidates immediate assistance if required.
- A telephone hotline will be provided for the day of the exams



PHASE 2 WRITTEN EXAMINATIONS

Delivery:

- candidates sit the examination in a location that is not their training site or practice.
- required to review the Practique/ProctorExam system hardware and software requirements to ensure computer suitability
- Candidates receive a verification email that explains how to access the examinations
- The timing within the examination system will count down.



PHASE 2 WRITTEN EXAMINATIONS

Before exam day:

- Candidates receive an email from ProctorExam with a link to complete system checks in Proctor Exam
- all candidates **MUST** complete and return a ProctorExam system check at **least 24 hrs** before the examination or they will not be able to sit.
- This ensures that the candidate can access and log into the system and that the correct hardware/software for the examination.
- Instructions for the ProctorExam check will be distributed shortly.



PHASE 2 WRITTEN EXAMINATIONS

On day of exam:

- The examination Proctor will:
 - Take your photo and a photo of your ID
 - Review your desk and room to ensure there are no other persons or material in the room
 - See your scrap paper
 - Read examinations instructions to candidates
 - Provide examination terms and conditions
 - Re-confirm that all specification IT testing has been successfully completed.
 - Start the examination

PHASE 2 WRITTEN EXAMINATIONS

On day of exam:

- Candidates may have bottled water, plain paper and pen which the Proctor will view before and after the examination
- 5 minutes reading time is provided for each examination. Questions can be read but no answers can be written or entered.
- Candidates may go to the bathroom. The Proctor is to be advised and will log the activity.
- Contact the Proctor through the system if any assistance is required. There is a chat box icon (bottom right of screen) where you get help.
- When you have finished your examination – End the examination

PHASE 2 WRITTEN EXAMINATIONS

During the exam:

- The Proctor can hear you but will NOT talk to you, they will use the Chatbox.
- The session is recorded and the chat is recorded and will be available for review after the exam.
- If you need to use the bathroom or have an emergency and need to leave your desk – for example a fire alarm sounds, and you have to evacuate the building – inform the proctor in the chat and speak clearly as this will be recorded. You DO NOT have to wait for a reply but please inform the proctor when you return.

PHASE 2 WRITTEN EXAMINATIONS

Sitting 1, 2023

Timing of the examinations:

All times are AEDT:

- | | | |
|--------------------|----------------------------|---------------|
| • 23 February 2023 | Case Reporting Examination | 10 am – 1 pm |
| • 24 February 2023 | Radiology MCQ Examination | 10 am – 12 pm |
| • 24 February 2023 | Pathology Examination | 2 pm – 5 pm |

PHASE 2 WRITTEN EXAMINATIONS

- Should a candidate experience some uniquely challenging issue that presents difficulty with sitting the examination in the proposed format or be unable to sit for any reason or are experiencing other difficulties, they should apply for a [Consideration of Special Circumstances](#) under the relevant policy.
- Each application will be assessed on its own merits.



Examination Questions and Answers

Dr Mark Phillips
Deputy Chief Censor, Examinations

Dr David Lisle
Chair, Clinical Radiology Case Reporting Examination Panel

PHASE 2 EXAMINATION

Multiple Choice Questions

- Candidates select a correct answer from the choices presented.
- Does not consist of images.
- Consist of a stem and multiple answers to choose from.
- For each MCQ there will be one correct answer (which is known as the key) and multiple incorrect answers (which are known as distractors).
- The correct answers equal one mark, and incorrect answers equal no marks.
- Only one answer can be selected.
- 1 Mark per question



PHASE 2 EXAMINATION

Pathology MCQ Sample Question

- Which of the following is **MOST** correct regarding melanomas?
 - A) 10–15% of melanomas are inherited
 - B) Inherited melanomas are autosomal recessive
 - C) Melanoma is caused by cumulative infra-red radiation damage from years of sun exposure
 - D) Nodal spread is late, and nodal involvement at biopsy is a favourable prognostic factor
 - E) Melanoma evades immune systems and checkpoint therapies offer little benefit



PHASE 2 EXAMINATION

Pathology MCQ Sample Question

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 - E) Melanoma evades immune systems and checkpoint therapies offer little benefit



PHASE 2 EXAMINATION

Radiology MCQ Sample Question

- A 65-year-old woman with weight loss undergoes a CT which shows a single enhancing liver mass. A cholangiocarcinoma is suspected. Which of the following additional radiological signs is most likely to be present? (1 Mark)
 - A) Avid central enhancement
 - B) Calcification
 - C) Capsular retraction
 - D) High attenuation on unenhanced CT
 - E) Venous compression



PHASE 2 EXAMINATION

Radiology MCQ Sample Question

- A 65-year-old woman with weight loss undergoes a CT which shows a single enhancing liver mass. A cholangiocarcinoma is suspected. Which of the following additional radiological signs is most likely to be present? (1 Mark)
 - A) Avid central enhancement
 - B) Calcification
 - C) Capsular retraction**
 - D) High attenuation on unenhanced CT
 - E) Venous compression



PHASE 2 EXAMINATION

Pathology Short Answer Questions (SAQ)

- Candidates construct a response to a question.
- There will be a lead in question and sub questions.
- All sub questions need to be answered
- Questions should be answered in a concise and focused response that is factual, interpretive or a combination of both.
- Typically, very short – no more than 3 – 4 sentences.
- 6 Marks per question, approx. 6 minutes per SAQ.



Exam system does not support Greek alphabet symbols. These are to be represented by using the first letter of those words in an uppercase format. For example, Alpha (α) use A, Beta (β) use B, Delta (Δ) use D, Omega (Ω) use O



PHASE 2 EXAMINATION

Pathology Sample SAQ Question

- **Question 1 - A 35 year old Indigenous man presents with haemoptysis, fever and weight loss. (maximum marks 6)**
 - Sub question 1 - List four main risk factors for pulmonary mycobacterial tuberculosis (TB).
 - Sub question 2 - Define primary and secondary TB.
 - Sub question 3 - Compare and contrast primary and secondary TB in terms of location, cavitation and nodal involvement.
 - Sub question 4 - Discuss the local progression of primary and secondary TB.
 - Sub question 5 - Describe two local and two systemic complications of TB.



PHASE 2 EXAMINATION

Pathology Sample SAQ Question

- **Question 1 - A 35 year old Indigenous man presents with haemoptysis, fever and weight loss.**
Sub question 1 - **List four** main risk factors for pulmonary mycobacterial tuberculosis (TB). (2 marks)
 - Diabetes (0.5)
 - Malnutrition/Poverty/ Overcrowding (0.5)
 - Immunosuppression/HIV (0.5)
 - Comorbidities (Lung, Renal, Lymphoma) (0.5)
 - Travel history/Exposure (0.5)
 - Alcohol (0.5)



PHASE 2 EXAMINATION

Pathology Sample SAQ Question

- Question 1 - A 35 year old Indigenous man presents with haemoptysis, fever and weight loss.

Sub question 2 - Define **primary** and **secondary** TB. (0.5 marks)

- In unexposed patients (P)
- Reactivation of primary when host resistance is weakened (S)

(both marks must be give to receive 0.5 marks)



PHASE 2 EXAMINATION

Pathology Sample SAQ Question

- Question 1 - A 35 year old Indigenous man presents with haemoptysis, fever and weight loss.

Sub question 3 - Compare and contrast primary and secondary TB in terms of **location**, **cavitation** and **nodal involvement**. (maximum 1.5 marks)

- Location - Starts in lungs – no apical/ upper lobe predilection (P), Lung apices / upper lobes (S) (0.5)
- Cavitation - Less cavitation (P), More cavitation (S) (0.5)
- Nodal involvement - Primary has more nodal involvement than secondary (0.5)



PHASE 2 EXAMINATION

Pathology Sample SAQ Question

- **Question 1 - A 35 year old Indigenous man presents with haemoptysis, fever and weight loss.**

Sub question 4 - Discuss the local progression of primary and secondary TB. (maximum 1 mark for any four of below (0.5 mark if only three marks given))

Progression:

- Ghon focus in lungs or Ghon complex with lymph nodes (P)
- Progressive secondary TB (S)
- Resolution/dormancy/progression (P)
- Calcification (S) Caseating granuloma (P/S)



PHASE 2 EXAMINATION

Pathology Sample SAQ Question

- **Question 1 - A 35 year old Indigenous man presents with haemoptysis, fever and weight loss.**

Sub question 5- Describe **two local** and **two systemic** complications of TB. (max 1 mark)

Local - (Must provide min 2 for max 0.5 marks):

- Local - Abscess
- Bleeding/Haemorrhage (Rasmussen aneurysm)
- Pleural effusion/ empyema necessitans
- Fungal colonisation/secondary infection

Systemic – (must provide both for 0.5 marks):

- Miliary TB
- Organ system involvement (e.g., Pott disease of spine, brain abscess, meningitis)



PHASE 2 EXAMINATION

Case Reporting Questions

- Consist of short, medium, and long case questions.
- 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.



Exam system tools available when viewing the images are: magnifying Glass, Zoom In, Zoom Out, Zoom to Window, Pan Image, Window Width & Window Level, Cine on Mouse, Invert, Rectangular ROI, Elliptical ROI, Angle Measurement, Distance Measurement, Rotate Left, Rotate Right, Flip Horizontal and Flip Vertical.



PHASE 2 EXAMINATION

Case Reporting Questions

- **Short case answers** require the candidate to give the likely diagnosis.
 - will consist of one or two images, most commonly radiographs, mammograms, or images from a fluoroscopic study.
 - No scrolling images, typically jpegs and montages.
 - will require a single likely diagnosis based on the findings correlated with the provided clinical history.



PHASE 2 EXAMINATION

Case Reporting Short Case Sample Question

- Question 1 - A 30-year-old male with severe right midfoot pain following a twisting injury (maximum 3 marks)

Imaging Series 1 provided - Weight-bearing frontal X-ray of both feet

- Likely Diagnosis: **Lisfranc ligament tear/ rupture**



PHASE 2 EXAMINATION

Case Reporting Questions

- **Medium cases** usually require a short list of findings and a likely diagnosis based on these findings correlated with the provided clinical history
- Usually, one or two series of images e.g., short scroll, ultrasound, X-ray plain films.
 - Maybe two separate modalities e.g. Chest X-ray plus a single CT series; or
 - Two series of a single modality e.g. transverse and sagittal MRI of body region
- In some cases, there may be a short differential diagnosis required, which will be indicated as appropriate.



PHASE 2 EXAMINATION

Case Reporting Short Sample Question

- **Question 1 - A 43-year-old female with a 2-month history of slowly worsening left sciatica. (Marks 6)**

Imaging Series 1 - T2 sagittal lumbar spine

Imaging Series 2 - T2 transverse L5/S1 disc level Maximum

Findings:

- Severe osteoarthritis of left facet (zygo-apophyseal) joint (1)
- Round lesion on medial surface of left facet joint (0.5)
- Lesion has a thin wall and high T2 signal (0.5)
- Lesion projects into the left subarticular spinal canal (0.5)
- Lesion is impinging on/ compressing/ displacing the left S1 nerve root (origin) (1)
- No disc herniation/ protrusion (0.5)

Likely Diagnosis: Synovial cyst (2)



PHASE 2 EXAMINATION

Case Reporting Questions

- **Long cases have 4 categories:** a) findings, b) likely diagnosis, c) differential and further investigation, and d) management.
 - Not all four categories are necessarily used in all cases eg an MRI showing a complex knee injury may only allocate marks for the list of findings
 - Some cases may only have one possible diagnosis based on imaging findings and history; in such cases a differential diagnosis is not relevant.
- For 'Further investigation and management' marks are allocated for recommendations relevant to the particular case e.g. 'further staging with PET-CT', 'refer to neurointervention',
- Marks are not automatically given for simple statements like 'notify referrer or treating team'.
- Exceptions to this may occur if there are unexpected or urgent findings in the context of the provided history e.g., pulmonary embolism in a cancer staging scan.



PHASE 2 EXAMINATION

Case Reporting Short Sample Question

- **Question 1 - A 35-year-old female with 3 months of headache and painful left sixth cranial nerve palsy. No history of trauma. (12 Marks)**

Imaging Series 1 - Axial CTA Orbits 29 Images

Imaging Series 2 - Coronal CTA Circle of Willis 45 Images

Imaging Series 3 - Axial CTA Circle of Willis 34 Images

Findings:

- Contrast filling/opacification of both cavernous sinuses on arterial phase (2)
- Bilateral enlargement of cavernous sinuses (1)
- Dilated bilateral ophthalmic veins (1)
- Bilateral proptosis (1)
- No aneurysm (1)
- Bony erosion/remodelling (1)

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PHASE 2 EXAMINATION

Case Reporting Short Sample Question

Findings Continued:

- 0.5 for each anatomical site of bony remodelling, max 1 mark:
 - sella turcica (0.5)
 - posteromedial sphenoid sinus (0.5)
 - clinoid processes (0.5)
 - left carotid canal (0.5)
- Likely Diagnosis
- Bilateral carotico-cavernous fistula (2) If "chronic" mentioned (1)

Continues next slide



PHASE 2 EXAMINATION

Case Reporting Short Sample Question

Likely Diagnosis:

- Bilateral carotico-cavernous fistula (2) If "chronic" mentioned (1)

Differential Diagnosis: None

Further Investigation and Management (max 1 mark):

- Contact referring doctor and recommend Neurosurgical referral (1) Neurointerventional referral/consultation (1)

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Information about the OSCER Examination and is available for viewing from the College website within the following presentation:

OSCER Examination

Dr Gabriel Lau

Chair, OSCER Examination Review Panel



Transitioning Trainees and International Medical Graduates (IMGs)

PHASE 2 EXAMINATION TRANSITIONING TRAINEES

Trainees who have completed < 24 months of training by Feb 2022

i.e., transitioned into 1st or 2nd year in 2022 sit with the new rules, and commence sitting from Series 1 2023, new format. He must pass writtens before presenting for OSCER.

Trainees who have completed \geq 24 months of training in Feb 2022

- Sit with the old exam rules, irrespective of format, e.g. able to sit OSCER without passing written examination, with 4 opportunities to sit.
- A 6 month extension of training time for all transitioning trainees and an additional consecutive opportunity if required.

If sitting with current Part 2 rules, a 5th opportunity at all remaining components

If sitting with new exam rules, a 7th opportunity to complete all components



PHASE 2 EXAMINATION TRANSITIONING CANDIDATES

- Transitioning candidates who commenced sitting the Vivas prior to Series 1 2023 and have successfully passed one or more of the Vivas will be exempt from that station at the OSCER (*see Pathology Viva).
- A 6 month extension of training time for all transitioning trainees and an additional consecutive opportunity of required.
 - If sitting with current Part 2 rules, a 5th opportunity at all remaining components
 - If sitting with new exam rules, a 7th opportunity to complete all components
- Additional examination transition information is available within the Appendices section of the **Clinical Radiology Training Program Handbook**, and in the Transitioning Trainee section of the website.



PHASE 2 EXAMINATION TRANSITIONING TRAINEES

Part 2 Pathology Viva

There will not be a pathology “station” within the OSCER. Pathology will be incorporated into the body systems stations.

Transitioning trainees who have commenced sitting the Part 2 vivas prior to Series 1, 2023 and have been unsuccessful in the pathology viva will be required to sit a pathology “supplementary” viva which will be held at the time of the OSCER.

Trainees will have a maximum of four consecutive attempts at the pathology viva and supplementary pathology vivas will be held in Series 1, and Series 2, 2023, and Series 1 2024 if required.

PHASE 2 EXAMINATION WITHDRAWING FROM TRANSITIONING TRAINEES

Part 2 Pathology Viva

There will not be a pathology “station” within the OSCER. Pathology will be incorporated into the body systems stations.

Transitioning trainees who have commenced sitting the Part 2 vivas prior to Series 1, 2023 and have been unsuccessful in the pathology viva will be required to sit a pathology “supplementary” viva which will be held at the time of the OSCER.

Trainees will have a maximum of four consecutive attempts at the pathology viva and supplementary pathology vivas will be held in Series 1, and Series 2, 2023, and Series 1 2024 if required.

PHASE 2 EXAMINATION TRANSITIONING IMGs

- A transitioning IMG is a candidate **who commenced** the Clinical Radiology Part 2 Examinations prior to Sitting 1, 2023.
- IMGs who commenced sitting the Part 2 Examinations **prior to Sitting 1 2023** will sit with the old examination rules, irrespective of format, e.g. able to sit OSCER without passing written examination, with 4 opportunities to sit.
- Each OSCER station will be considered as a separate Viva.
- For those who failed pathology in 2022, a separate pathology 'supplementary viva' will be provided up to Sitting 1, 2024 and **MUST** apply to sit the pathology viva.
- Transitioning IMGs are provided with a 5th consecutive opportunity if needed.
- IMGs who commence sitting **from Sitting 1 2023** will sit with the new examination rules and new format. I.e. must pass writtens before presenting for OSCER.

For More Information

Visit the webpage at
www.ranzcr.com/trainees

Email us at:
CRtraining@ranzcr.edu.au

Trainee Help Desk:
Ph: +61 2 9268 9700



The Royal Australian
and New Zealand
College of Radiologists®