Phase 2 Examinations (Clinical Radiology) Policy v1.1

8 June 2023

The Royal Australian and New Zealand College of Radiologists®

The Faculty of Clinical Radiology

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The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street
Sydney NSW 2000 Australia

New Zealand Office: Floor 6, 142 Lambton Quay, Wellington 6011, New Zealand

Email: ranzcr@ranzcr.edu.au
Website: www.ranzcr.edu.au
Telephone: +61 2 9268 9777

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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 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 diagnosing and monitoring disease, providing 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 the training and professional development of our Fellows and Trainees throughout their careers. 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 the best outcomes for them, which includes a commitment to cultural safety for staff and members of our organisation.

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 environment 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

1.1 Approval and Commencement

This policy commences operation on and applies to Phase 2 examinations after 1 February 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 the 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 Part 2 Examination (Clinical Radiology) Policy v1.2 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 Part 2 Examination (Clinical Radiology) Policy v1.2 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 1 February 2023 to all trainees

(i) who had completed fewer than 24 months accredited training prior to 31 January 2022.

(ii) who commenced in the training program from February 2022 and onwards.

(b) applies from 1 February 2023 to all IMGs who commence sitting the Phase 2 examinations from Series 1 2023.

(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 a trainee is required to accrue in an accredited training position 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 this Policy, the term 'assessment' is distinct from 'examination'.

Branch Education Officer (BEO) is a member of the Clinical Radiology Education and Training Committee, a standing Committee of the Faculty of Clinical Radiology. The BEO monitors and supports the training programs within their branch and regularly liaises 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 in 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) is 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) is the advisory committee to the Clinical Radiology Education and Training Committee 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 also provides trainees with information and feedback on their progress.

DoT Review is 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 is a process by which proctoring software monitors a candidate's computer's desktop, webcam video and audio during a digital examination.

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

Examination attempt means attending any examination that forms part of the Phase 2 Examinations (in their totality), irrespective of the number of examinations in a single sitting.

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

Examination Sitting means a single cycle of exams that occurs twice a year, the first and second halves of the year.

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

Head of Department (HoD) is responsible for the administrative running of 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 is the College body tasked with addressing all matters relating to International Medical Graduates (IMGs), including administering the International Medical Graduate Specialist Recognition 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) is responsible for coordinating and leading the Network and is a central point of contact with the College and health jurisdictions regarding training delivery matters in that Network.

OSCER 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 that examines pathology, which will be facilitated for a limited time for candidates transitioning from Part 2 to the Phase 2 examinations.

Phase 1 of Training spans at least 12 months of accredited training to 24 months in the Clinical Radiology Training Program.

Phase 2 of Training means a minimum of 36 months and a maximum of 48 months of accredited training time. Note, Phase 1 plus Phase 2 spans a maximum of 72 months of accredited training 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 a 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 in the Remediation in Training Policy that occur during/in training, which is in contrast to 'remediation' (after training), which the College's Examination Policies outline.

Specialist Recognition means the pathway for international medical graduates who are overseas-trained specialists applying for comparability assessment 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 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 the College has granted student membership of the College per the Articles of Association. This policy also refers to student Members 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 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 delivering training in Clinical Radiology or Radiation Oncology. These organisations may be public or private entities accredited by the College and must follow the relevant training curriculum and accreditation standards set out by the College.

Written Examinations mean an examination defined under this policy consisting of questions delivered in an electronic format that a candidate completes independently.

2. POLICY GUIDELINES

(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

The Phase 2 Examinations comprise one Pathology examination, the Clinical Radiology Examinations (which include the MCQ Examination and the Case Reporting Examination) and the Objective Structured Clinical Examination in Radiology (OSCER). Trainees must complete all examinations successfully by the end of Phase 2 of training.

To meet the Specialist Recognition pathway requirements, IMGs must complete the Phase 2 Examinations successfully and within the specified time limit.

4. EXAMINATION ELIGIBILITY AND APPLICATION

4.1 Trainee Eligibility Requirements

(a) To apply for the Phase 2 Examinations in Clinical Radiology, trainees in the Clinical Radiology Training Program must:

(i) have submitted an eligible Phase 2 progression application and received an 'Approved to Progress' notification or be within Phase 2 of training (when sitting the examination.

(ii) be a trainee in a RANZCR-accredited training position and have completed 24 months accredited training;

(iii) be a financial member of the College (all annual member subscriptions and annual training fees must be up to date or not overdue where the due date is after the examination date).

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

(c) Trainees subject to a Remediation Plan per 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.

(d) Trainees on interrupted training can sit Phase 2 Examinations provided they meet the eligibility requirements.

4.2 International Medical Graduate (IMG) Eligibility Requirements

(a) To apply for the Phase 2 Examinations in Clinical Radiology, IMGs must:

(i) be an overseas trained specialist with current medical registration;

(ii) have been assessed and found partially comparable on the Specialist Recognition assessment pathway;

(iii) where applicable, have commenced in an approved upskilling position;

(iv) be deemed eligible by the College to sit the Phase 2 Examinations: and

(b) IMGs assessed before September 2022, not requiring upskilling before sitting the Phase 2 examinations, must have a valid Specialist Recognition assessment outcome. NZ IMGs must be overseas trained specialists and have gained vocational scope of practice pathways.

4.3 The Application Process

4.3.1 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) before the submission deadline (late applications will be addressed on a case-by-case basis but may not be accepted).

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

Applicants applying to sit both the Writtens and OSCER within one sitting will be notified after completing the Written examinations about their OSCER sitting application.

4.3.2 Examination Fees

Trainees must pay examination fees in full before 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 OSCER will be invoiced initially for the Written examinations. An invoice for the OSCER examinations will be issued after completing the Written examinations successfully.

Refer to the 'Fees' page of the College website for further information.

4.3.3 Examination Fee Refunds

Candidates may withdraw from the Phase 2 Examinations without financial penalty if they withdraw at least four weeks before 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

5.1 Aims

The content of the Phase 2 Examinations derives 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 practice. Five minutes of reading time is also provided.

There are two item formats (styles of questions):

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 in an electronic proctored format twice a year.

(b) Examination Components

Nine topic areas covered in the examination are aligned with the Learning Outcomes. Please note that 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 more extended scenarios that relate to the question.

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

The panel reviews each MCQ and SAQ to ensure it meets educational standards.

Psychometric analysis of the MCQs and SAQs occurs before finalising results to ensure each item functions according to modern item-response theory models.

(d) Examination Blueprinting

Each of the 100 MCQs and 10 SAQs is blueprinted to various categories. Please note that 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:

- Medical Expert – 100%

The categories and approximate weightings for each station are:

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

Each examination will have a range of straightforward (easy), moderate (medium) and complex (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 assesses a candidate's core and advanced knowledge of diagnostic and interventional radiology as applied to current radiological practice. Five minutes of 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 of 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 that 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-Pancreatico-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 that 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 more extended 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 before finalising results to ensure that each MCQ functions according to modern item-response theory models.

Case Reporting Examination

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

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, mammogram, or one or two images from a fluoroscopic examination such as contrast swallow or HSG. Generally, one or two images will be provided to a maximum of three (e.g., ankle X-ray).

Medium cases will most commonly ask for findings and likely diagnosis and differential diagnosis and management where relevant. 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 diagnosis, and further investigation and management. There may be up to three modalities.

Please note that in all cases, the answer categories will be indicated. Most medium cases will only have findings and likely diagnoses, indicating that the other categories are not required. This will be indicated when the examining panel feels that a differential diagnosis is appropriate in an individual case.

(d) Examination Blueprinting

MCQ Examination

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

The categories and approximate weightings for each station are:

- Category 1 (common condition) – 70%
- Category 2 (clinically relevant) – 20%

- 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 complex (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 that 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 entire exam are:

- Category 1 (60%)
- Category 2 (30%)
- Category 3 (10%)

Each examination will have a range of straightforward (easy), moderate (medium) and complex (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, and broader intrinsic roles, including communication and professionalism.

(a) Format and Delivery

Standardised digital cases will be used to align with contemporary practice. Structured and standardised questions will be presented to ensure all 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

Format:

- Each station will be 25 minutes long.
- Each station will have between 8 and 10 cases.
- Each case will have a maximum of 10 marks.
- Each station will have a maximum of 80 to 100 marks.
- The complete examination will have a maximum of 560 to 700 marks.
- Candidates will receive percentage scores.
- Two examiners will assess candidates at each station.

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

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

(b) Examination Components

For each of the seven OSCER stations, each question within each case will be blueprinted to domains. Please note that 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 to all candidates 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). As this examination is an OSCER, the number of marks per question will not be apparent to the candidate as they progress through each case.

(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 complex (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 examiners' global judgment of candidate performance for each specific case (not the station as a whole).

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 to minor differences in the difficulty between examination sittings 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. This is derived from formal methods to account for the variability in the standard-setting procedures.

The Passing Standards are:

- ***Well above standard*** represents outstanding performance on the questions in the topic area.
- ***Above standard*** represents a strong performance on the questions in the topic area.
- ***At standard*** means a candidate's score is between the lower and upper bounds of the error adjusted to the *passing standard* score for this topic.
- ***Below standard*** means a candidate's score is below the minimum cut score for a topic area.
- ***Well below standard*** represents a candidate's score is below the minimum cut score and inferior performance on the questions in this topic area.

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 *relevant examination review panels also determine the minimum component standard*s and may be modified based on review by the relevant examination review panel to account for differences in exam difficulty.

- ***PASS*** is granted to candidates who reach the *passing standard*.
- ***CONCEDED PASS*** is granted to candidates who reach the *minimum score required to pass* but do not reach the *passing standard*.

As well as achieving the overall *passing standard*, candidates must achieve minimum standards in a determined number of examination components (*minimum component standards*) to pass the overall. The Examination Panel decides on the determined number of examination components.

- ***COMPONENT FAIL*** is given to candidates not meeting the minimum component standards. This will occur when a candidate's score is above the minimum score required to pass the examination, but their score in one or more topic areas is *well below standard. A COMPONENT FAIL may be applied in the Case Reporting and OSCER examinations.*

A candidate must legitimately meet the passing standards. The College, under no circumstances, will 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 the minimum component standards to pass each of the written components to pass the written examination.

6.1.2 OSCER

(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 as it will consider the differences in the difficulty of the cases and stations.

(c) Station cut scores will also be set using borderline regression.

(d) To *PASS* the OSCER, candidates must reach the overall *minimum cut score* AND all seven station *minimum cut scores*. Candidates must also meet the minimum component standards in the domains across all stations.

(e) **Outcomes:**

(i) Candidates who pass fewer than five of the seven OSCER topic areas will be required to undertake a further full OSCER across all topic areas at a subsequent sitting. Any passed stations will not be carried forward.

(ii) Candidates who failed one or two stations will be required to repeat those failed at a subsequent sitting.

(iii) 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 cut score* in one or two stations in a single sitting. 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 OSCER 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.

(iv) IMG candidates who score above the *passing standard* in the overall examination score but below the *passing standard* in one or two stations will have their examination performance reviewed. If sufficient evidence demonstrates competence in those areas, they may be awarded a *CONCEDED PASS*.

7. EXAMINATION ATTEMPTS AND PROGRESSION

(a) Candidates have the following maximum number of attempts:

1. Pathology Examination – maximum three attempts
2. Clinical Radiology Written Examinations – maximum three attempts
3. OSCER – maximum three attempts

(b) The maximum number of examination attempts is irrespective of the:

- candidate's Full Time Equivalent (FTE) status; and
- number of examinations sat at a sitting

(c) The Clinical Radiology Written Examinations comprise the MCQ and Case Reporting Examination.

(d) A candidate may apply to sit both the Pathology Examination and Clinical Radiology Written Examinations together or independently of each other.

(e) A candidate may sit the MCQ Examination and the Case Reporting Examination (which together form the Clinical Radiology Written Examinations) at any point during Phase 2 Training.

(f) 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.

8. CANDIDATE CONDUCT IN EXAMINATIONS

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

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

9. RESULTS AND FEEDBACK

9.1 Content/Distribution of Results and Feedback

(a) Candidate Results

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

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

An 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 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 on the website 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 about standard setting procedures;
- copies of marking criteria/rubric/template; or
- scoresheets.

Requests for remarking will not be entertained.

Candidates can request no other feedback.

(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 deemed appropriately related to a candidate's training and progression, as determined by the College.

10. COMPLETION OF THE PHASE 2 EXAMINATIONS

10.1 Successful Completion of the Phase 2 Examinations

(a) All candidates must pass the Phase 2 Written Examinations successfully within the permitted number of attempts to present for the OSCER.

1. All candidates have the following number of maximum attempts: Pathology Written Examination – maximum of three attempts.
2. Clinical Radiology Written Examinations – maximum three attempts
3. OSCER – maximum three attempts

(b) For a trainee to complete the Phase 2 Examinations successfully, the Trainee must pass both the Written Examinations and the OSCER by the end of Phase 2 of training and within the following:

1. The maximum number of individual examination attempts.
2. The maximum duration of Phase 2 (Phase 1 + Phase 2 combined equates to 72 months of accredited training time).
3. The maximum duration of Phase 2 is 48 months.

(c) For an IMG to complete the Phase 2 Examinations successfully, the IMG must pass both the Written Examinations and the OSCER within:

1. The maximum number of examination attempts.
2. The maximum duration of 48 months (4 years) from the commencement of any upskilling position. IMGs found partially comparable via a Specialist Recognition assessment before September 2022 and not requiring any upskilling have a maximum of 48 months from the first examination attempt.

10.2 Unsuccessful Completion of the Phase 2 Examinations

(a) Candidates who cannot successfully pass the Phase 2 Written Examinations within the stipulated maximum number of attempts will not be able to present for the OSCER 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 deemed unable to successfully pass the OSCER within the stipulated maximum number of attempts 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 before 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 2 for more information.

11. CONSIDERATION OF SPECIAL CIRCUMSTANCES

a) An application for Consideration of Special Circumstances will be considered where circumstances or conditions may significantly impact or disadvantage a candidate's ability to complete an assessment or examination within the standard procedures and timing.

b) A reasonable adjustment may be granted prospectively to a candidate who has applied to present for a College examination where a disability has an adverse effect on the candidate's ability to participate in the examination under normal examination conditions and must be applied for at the time of application or no less than 60 days before the examination.

c) Each candidate is responsible for determining his/her/their physical and/or mental fitness to participate in an examination. A candidate can withdraw from sitting the examination should any circumstance have the potential to impact adversely on their performance. Withdrawal fees will apply as set out in 4.3 (C) of this policy. If appropriate, a candidate may apply for consideration of special circumstances to have any withdrawal fees waived.

d) Candidates must refer to the RANZCR Consideration of Special Circumstances Policy for full details on how to apply. All applications must be submitted to the College within the required timeline as specified in the Policy.

e) An application for special consideration in relation to any effect on a candidate before or during an examination must be made before publication of the results of that examination. Otherwise, a candidate will not be entitled to special consideration under the Consideration of Special Circumstances Policy.

f) The College cannot determine in advance all circumstances that might lead to the granting of Consideration of Special Circumstances. Each case will be considered on its merits per the policy.

Refer to the Consideration of Special Circumstances Policy for further information.

12. RECONSIDERATION, REVIEW AND APPEAL OF DECISIONS

(a) Request for Reconsideration, Review and Appeal of Examination Results

Candidates seeking 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 attempts and have applied for reconsideration of their examination results will not be notified of withdrawal from the Clinical Radiology Training Program until the Reconsideration, Review and Appeals process has concluded. Suppose the application for Reconsideration, Review or Appeal is unsuccessful, and the candidate has exhausted all attempts. In that case, the candidate will receive a letter advising 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 do not test a candidate's typing skills, and sufficient time has been allocated to answer all questions. Claims raised about a candidate's difficulty/deficiency with typing are not sufficient grounds for reconsideration, review or appeal under the Reconsideration, Review and Appeal of Decisions Policy.

13. RELATED POLICIES AND DOCUMENTS

- 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.

14. APPENDICES

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	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. 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. 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.
Scoring	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: • Pass Honours • Pass + • Pass • Fail • Fail – 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.
Discussion of Pathology cases within the viva	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.

Appendix 2 - Remediation After Training

This is a legacy arrangement only applicable to candidates who meet the criteria outlined below.

Additional Information for trainees who commenced the Clinical Radiology Training Program or any IMG who undertook assessment prior to 30 November 2018.

A candidate who has not successfully met the requirements outlined in Part 10.1 is deemed to have not successfully met the Phase 2 Examination requirements of the Clinical Radiology Training Program.

Trainees who commenced the Clinical Radiology Training Program or any IMG who undertook assessment before 30 November 2018 are provided with an opportunity to undertake a minimum of 12 months, up to a maximum of two years of remediation (after training) as approved by the Chief Censor and/or the Clinical Radiology Education and Training Committee, with the following requirements:

(a) Such a candidate must commence remediation within 24 months of unsuccessful completion of the Part 2/Phase 2 Examination requirements and undertake a minimum of 12 months and a maximum of two years of remediation (after training).

Any candidate who has not completed the examinations successfully in the allowable attempts AND whose most recent attempt was more than 24 months and less than 72 months is eligible to request the Chief Censor review their circumstances. The Chief Censor may confer with relevant Committees and decide to approve a trainee or IMG to embark on the remediation (after training) pathway and apply conditions, restrictions or limitations on the trainee or IMG embarking on this pathway. Applications greater than 6 years after the most recent attempt will not be considered. Applications must be in writing, addressed to the Chief Censor, and submitted to CRTraining@ranzcr.edu.au.

(b) Such a candidate may then apply to sit the Phase 2 Examination again and must pass all components.

(c) All candidates have the following number of maximum attempts from the commencement of their first sitting:

i. Pathology Written Examination – maximum three attempts
ii. Clinical Radiology Written Examinations – maximum three attempts
iii. OSCER – maximum three attempts

(d) Such a candidate must commence sitting the examinations within 6 months of completion of the remediation period. Due to application deadlines, a candidate may need to submit an examination application during the remediation period to sit at the first available Sitting after completing remediation. Remediation must be completed before the date of the first exam Sitting.

(e) IMGs on remediation (after training) must do so within a RANZCR-accredited training department for the duration of remediation.

(f) Trainees on remediation (after training) must do so within a RANZCR-accredited training position for the duration of remediation and while sitting examinations.

(g) Trainees or IMGs who are eligible to embark on the remediation (after training) pathway must write to the Chief Censor:

(i) outlining their circumstances;
(ii) evidencing that they have been offered a position within a RANZCR-accredited training site;
(iii) submitting a detailed remediation plan and position description for approval; and
(iv) providing any other supporting documentation requested by the College (e.g., documentation evidencing recency of practice).

(h) The Chief Censor and/or the Clinical Radiology Education and Training Committee may, if determining to approve a trainee or IMG to embark on the remediation (after training) pathway, apply conditions, restrictions or limitations on the trainee or IMG embarking on this pathway.

(i) Remediation plans will commence on the date of approval by the Chief Censor and/or the Clinical Radiology Education and Training Committee or on the agreed date of commencement set out in the plan or any other date deemed appropriate as determined by the Chief Censor and/or the Clinical Radiology Education and Training Committee.

(j) Candidates who have not met the abovementioned requirements and do not undertake remediation are no longer eligible to sit the Phase 2 Examination, continue in the Clinical Radiology Training Program, or complete the IMG Specialist Recognition Pathway.

(k) Trainees no longer working in a RANZCR-accredited training position will not be eligible for RANZCR Student Membership which will be withdrawn until the trainee resumes work within an accredited training position.

Refer to the Training Requirements (Clinical Radiology) Policy for further information.

Trainees who commenced the Clinical Radiology Training Program after 30 November 2018 are allowed to undertake remediation in training as set out within the RANZCR Remediation in Training Policy.

Trainees on remediation in training must do so within a RANZCR-accredited training position for the duration of remediation. Training time is not accumulated while on remediation.

Trainees no longer working in a RANZCR-accredited training position will not be eligible for RANZCR Student Membership which will be withdrawn until the trainee resumes work within an accredited training position.

Refer to the RANZCR Remediation in Training Policy and the Training Requirements (Clinical Radiology) Policy for further information and application.

I**MGs who are assessed under the Specialist Recognition Pathway after 30 November 2018** are not eligible to undertake remediation. IMGs who have been unsuccessful in completing all components of the Part/Phase 2 Examinations within the allowable attempts will be referred to the Medical Board of Australia for other pathways towards medical registration in Australia.