

Introduction to FRCPath examination

Pathology 'E' Learning platform for FRCPath

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FRCPath examination: Introduction

- FRCPath (histopathology) is a two-part exam; part 1 is a theory paper conducted online and part 2 is a practical examination.
- The examination is designed to assess knowledge of common and uncommon lesions (including detailed knowledge of immunohistochemistry, basic

understanding of genetics, direct immunofluorescence and electron microscopy for kidney biopsies) and test independent histopathology reporting ability of a candidate at a district level hospital.

FRCPath Part 1 - theory

- **125 questions in 3 hours**
 - Picture based MCQs
 - Single best option descriptive written MCQs
 - Extended matching questions: Multiple options are provided in the beginning followed by 5 questions

- ✚ Pre-Covid: Center in India was ILBS, New Delhi
- ✚ Since autumn 2020, the exam is conducted online (twice a year: March & September)

What is included in FRCPath part 1?

- **Part1 is common for 4 specialties**
 - ⑦ histopathology, neuropathology, pediatric pathology, and forensic pathology
- Autopsy, neuropathology and cervical cytology are **not included in FRCPath part 2** practical examination

What is assessed in the part 1 exam?

- Questions are analytical and long
- Requires a candidate to be well acquainted with morphology, diagnostic IHC as well as common genetic mutations and syndrome
- Equal emphasis to neoplastic and non-neoplastic diseases
- Very focused on prognosis and treatment implications

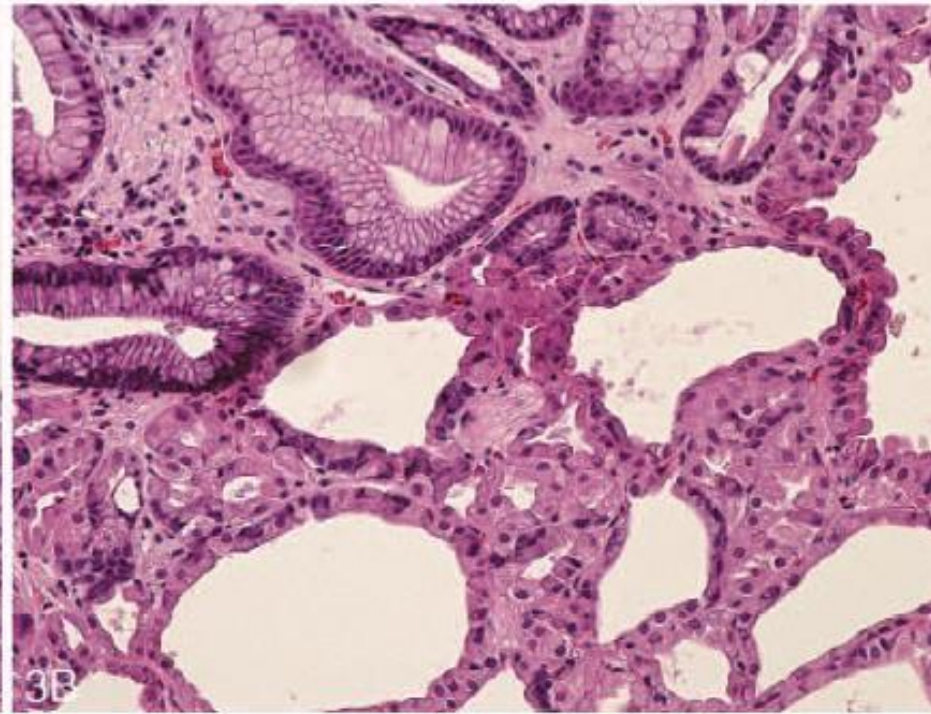
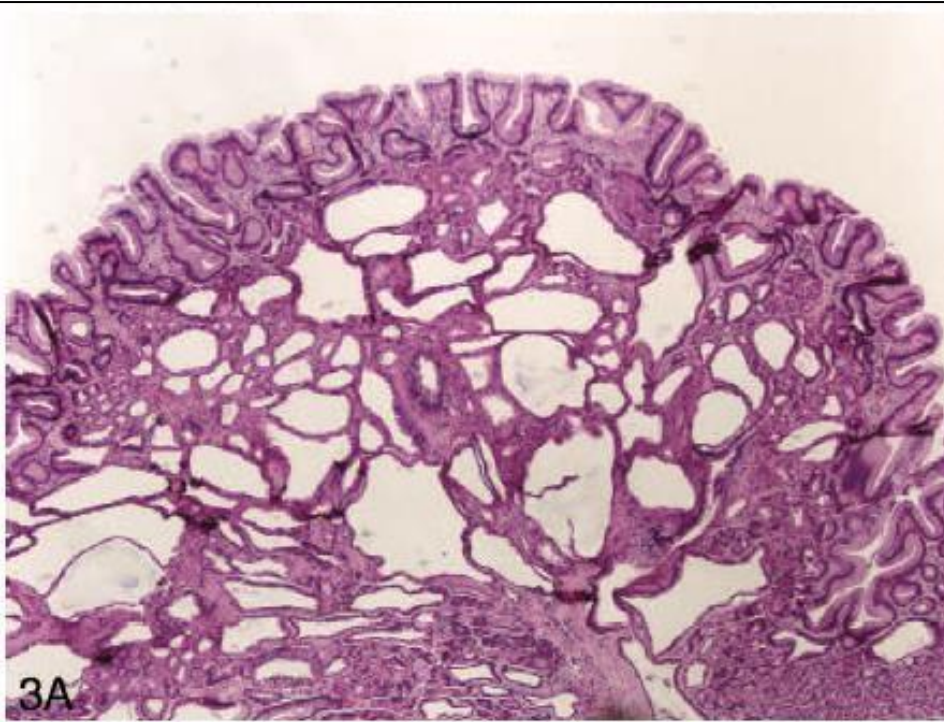
- Candidate should also be well versed with
 1. AJCC 8th edition **TNM classification** of tumors
 2. Updated **WHO classifications and grading** (e.g. updated Gleason grade)
 3. Newer **reporting systems** like the Paris system, the Milan system, the Thy system for thyroid reporting, the updated NHS cervical screening guidelines

Examples of pattern of questions

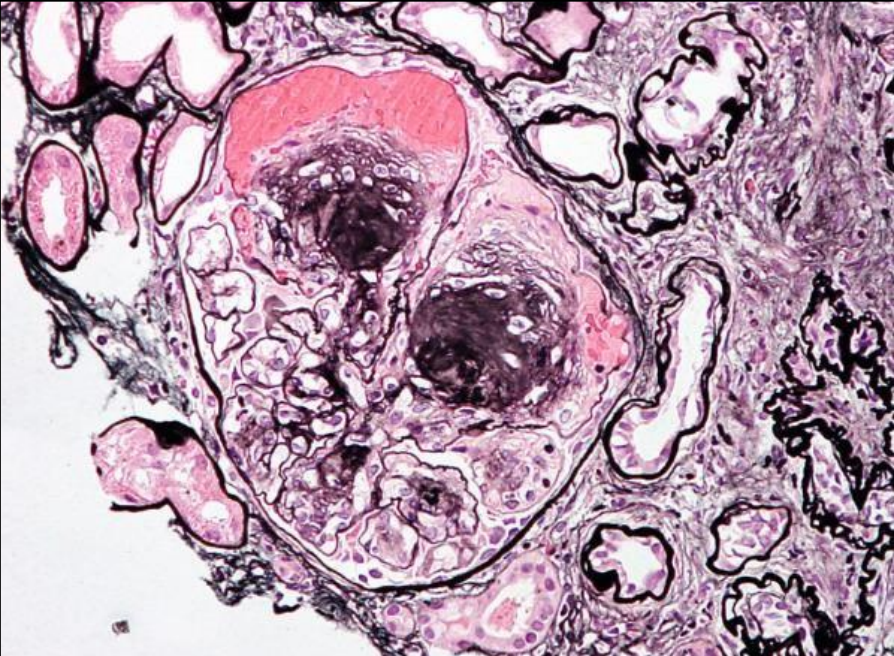
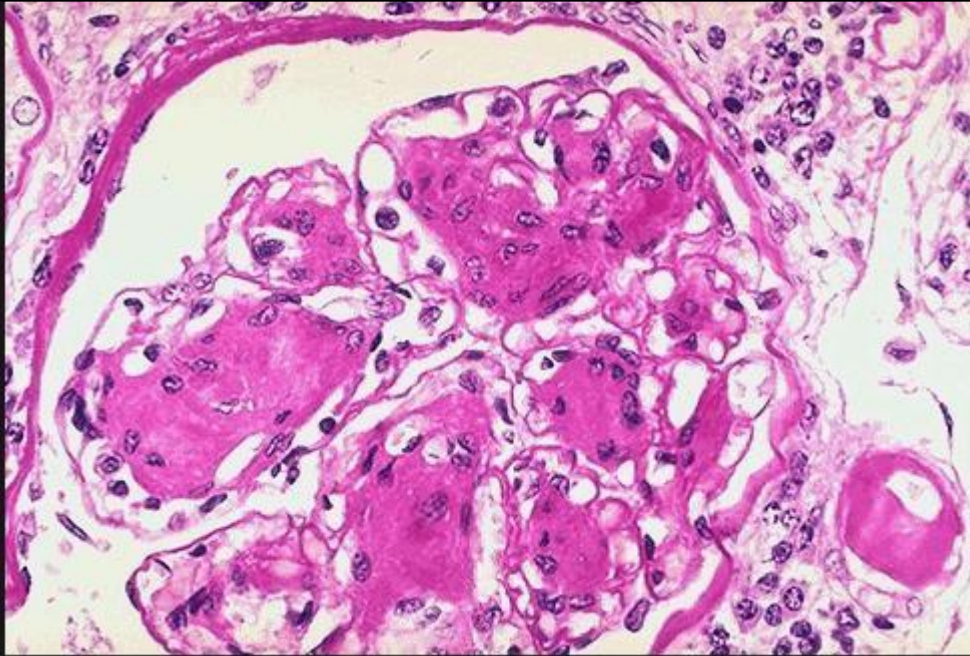
- Picture based questions (~15 to 25)
- Single best option descriptive questions (~50 to 60)
- Extended matching questions (~50)

[#strategy for frcpart1 exam](#)

Picture based question

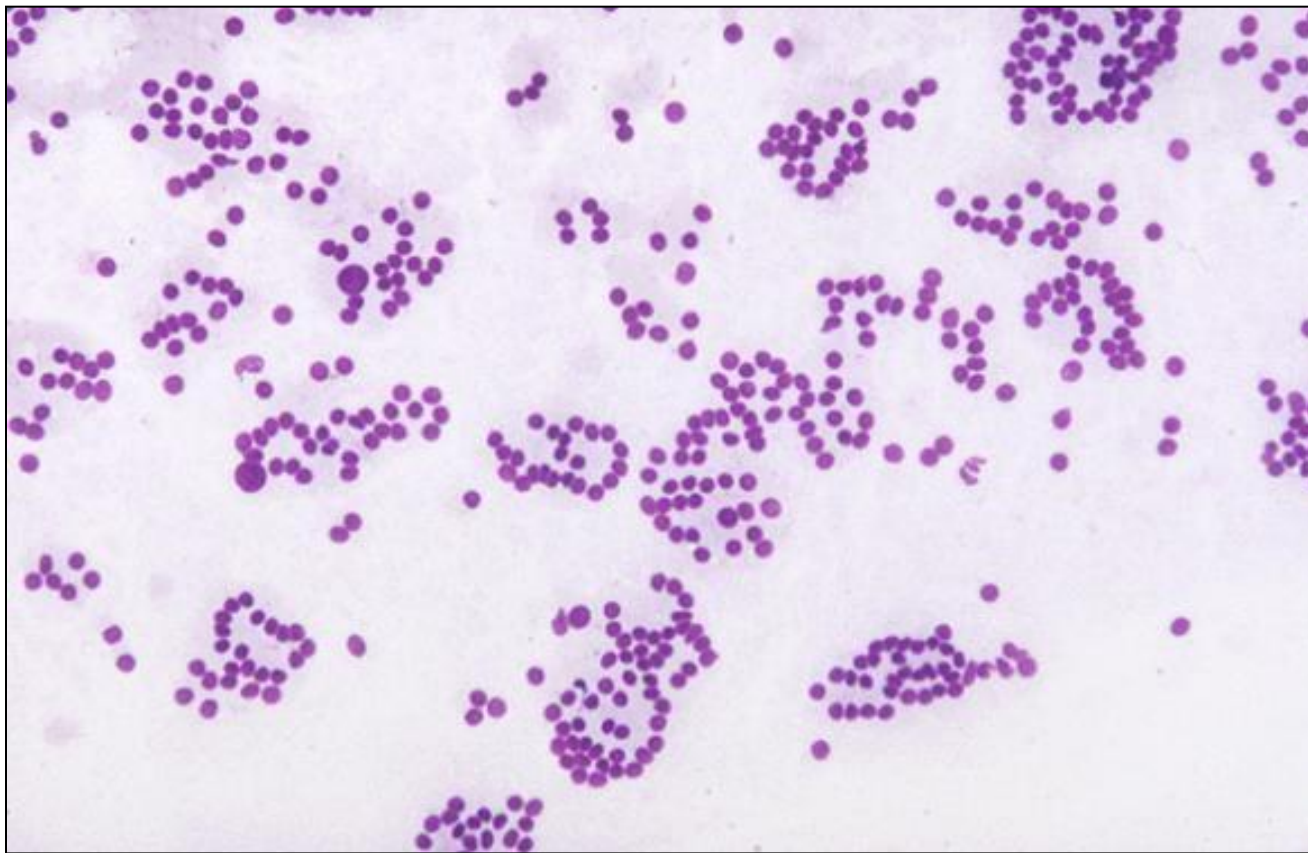


- 1. Gastric polyp biopsy. This gastric polyp can be seen in which of the following syndromes ?**
- A. Lynch syndrome
 - B. Peutz-Jegher syndrome
 - C. Familial adenomatosis polyposis (FAP) syndrome
 - D. Juvenile polyposis syndrome
 - E. Cowden syndrome



13. 55 years/ diabetic female. Nephrotic range proteinuria. Kidney biopsy; HE and silver stain. The histological picture corresponds to which probable diagnosis

- A. Amyloidosis
- B. Diabetic nodular glomerulosclerosis
- C. Membranous glomerulonephritis
- D. Focal segmental glomerulosclerosis
- E. Crescentic glomerulonephritis



A 35 years female; right lobe of thyroid mass FNAC. Most likely FNAC Thy category is ?

- A. Thy2
- B. Thy 3a
- C. Thy 3f
- D. Thy 4
- E. Thy 5

Single best option matching question

60 years/ male. Diagnosed with nodular melanoma of forearm. The depth of invasion is 1.0 mm with presence of ulceration of epidermis. What is the pT stage ?

- A. pT1a
- B. pT1b
- C. pT2a
- D. pT2b
- E. pT3a

Luminal type B breast cancers are characterized by following immunophenotype

- A. ER +, PR+, Her2 neu-, AE1/AE3 +, Ki 67 low
- B. ER+, PR+, Her2neu +, AE1/AE3 +, Ki67 high
- C. ER+, PR-, Her2neu -, AE1/AE3 -, Ki67 low
- D. ER-, PR-, Her2neu-, CK5/6+, Ki67 high
- E. ER-, PR-, Her2neu+, Ki67 high

Extended matching questions

Round cell tumor

- A. Monophasic synovial sarcoma
- B. Ewing sarcoma/PNET
- C. Alveolar rhabdomyosarcoma
- D. Desmoplastic small round cell tumor
- E. Round cell liposarcoma
- F. Nephroblastoma
- G. Neuroblastoma
- H. Hepatoblastoma
- I. Small cell neuroendocrine carcinoma

1. 60 years/male. Growth in forehead. Tumor cells have salt and pepper chromatin. Synaptophysin +, chromogranin +, CK 20 dot +, Ki67 labeling index high
2. 15 years/female. Mass in abdomen. CK+, Desmin +, CD 56 +, t(11;22)EWSR1-WT1
3. 25 years/male. Mass in left lower extremity. EMA +, CD 99 +, BCL2 +, CD 34-, Myogenin -, Synaptophysin-
4. 5 years/female. Tumor arising from adrenal medulla. Synaptophysin +, chromogranin+, N-MYC amplification
5. Tumor associated with Denys Drash syndrome

J. Merkel cell carcinoma K.
 Mesenchymal
 chondrosarcoma

Strategy for FRCP part 1 examination

- Questions are lengthy, layered and analytical
- Despite 3 hours time, candidates sometimes struggle to finish towards the end
- Practice to read and comprehend quickly
- **It is not a competitive exam, but a screening test**
- **Consensus marking is done and the cut off is different every time** (generally varies between 65 and 80)

Strategy for FRCP part 1 examination

- Don't worry if you cannot answer some questions !

- An useful strategy would be to aim for at least 80 correct answers out of 125
- **No negative marking ⑦** so do not leave any question unattended

FRCPath part 2 (practical) exam: Brief introduction

7 sections

1. Non-gynaec cytology – 8 cases --- each 5 marks (2 to 3 FNAC and 5 to 6 Fluid cytology)
2. Short cases (20 cases --- each 5 marks)

3. Long cases (4 cases ---- each 20 marks)
4. Frozen sections (6 cases ----each 5 marks)
5. Gross/ Macros (4 cases image based ---- each 5 marks)
6. OSPE 1 (viva – 20 marks)
7. OSPE 2 (written – 20 marks)

Part 2 - practical

- 2 days examination in UK and some middle east nations (if adequate candidate)
- A year of preparation is recommended after part 1 by royal college but not mandatory

- Part 2 does not include neuropathology, pediatric pathology, forensic pathology and cervical cytology.

Part 2 - practical

- Again it is a screening examination
- **Required to pass each section independently**
- Pass percentage is between 30 to 55%
- Cytology, Histology long and short cases, OSPE 2
 - ⑦ Centralized marking

- Frozen, gross and OSPE 1 ⑦ Local marking

Thank you

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