

Royal College of Pathologists

Candidate Information

ORAL PATHOLOGY

This document must be read in conjunction with the current Regulations & Guidelines available on the College website and the material sent to candidates in response to an application to sit an examination. In the event of any difference in information or guidance the current Regulations and Guidelines will apply.

Introduction

Oral pathology in the UK is a dental specialty. Responsibility for the dental specialties lies with the General Dental Council (GDC). The curriculum for specialist training programmes in oral pathology is approved by the GDC.

Definition

The discipline of 'oral pathology' is a clinical specialty, undertaken by laboratory-based dentists, which is concerned with the diagnosis and assessment of diseases of the oral and maxillofacial region. It is a branch of histopathology and, in common with medical histopathologists, oral pathologists provide reports based on interpretation of tissue biopsies of varying types and of surgical resection material. The main method of examination of specimens is by light microscopy, but this is supplemented by other techniques as appropriate, such as immunocytochemistry and electron microscopy.

This document indicates the breadth and depth of the specialty of oral pathology. The majority of specialists are senior academics with honorary consultant status, based in dental schools, and the majority of trainees will be competing for such posts. Academic trainees will require for their advancement to obtain higher academic degrees related to proficiency in research, as well as specialist training in oral pathology.

Distinctive features of oral pathology

The recognised higher specialist qualification in oral pathology is the Membership of The Royal College of Pathologists (MRCPATH), obtained by examination. Holders of the MRCPATH who have held the diploma for eight years are offered the Fellowship of The Royal College of Pathologists.

Oral pathology is a dental specialty. Formal recognition of the status of specialist oral pathologists is the responsibility of the GDC and this allows inclusion of individuals on the oral pathology specialist list. The GDC delegates responsibility for specialist training to the Joint Committee for Specialist Training in Dentistry (JCSTD). This responsibility is exercised through Specialty Advisory Committees (SACs) for the individual dental specialties and these SACs report to the JCSTD. The SAC for the Additional Dental Specialties is constituted to take responsibility for the four additional dental specialties, these being oral medicine, oral pathology, dental and maxillofacial radiology, and oral microbiology.

The award of the MRCPATH in oral pathology, by examination, to dentally qualified candidates is critical in maintaining the training and standards of oral pathology as the equivalent of all other

branches of pathology. The conduct of examinations for Membership of The Royal College of Pathologists in oral pathology is the responsibility of The Royal College of Pathologists.

The responsibility for educational approval of oral pathology training programmes and posts is exercised by the SAC for the Additional Dental Specialties. There is College representation on the SAC for the Additional Dental Specialties. Approval of training programmes by The Royal College of Pathologists is essential in order to ensure that approved programmes meet the requirements for entry to the MRCPATH examination. The appointment of the educational supervisor for individual trainees is the responsibility of the SAC for the Additional Dental Specialties, taking advice from the relevant Postgraduate Dental Dean as necessary.

The Dental Postgraduate Deanery, which is responsible for the appointment of trainees to training programmes, is responsible for the annual assessment of trainees through the Record of In-Training Assessment (RITA) process.

Enrolment

All candidates for recognised specialist training in oral pathology in the UK and Ireland must hold a registrable dental qualification and hold current registration with the GDC or registration with the Irish Dental Council, as appropriate. Candidates must have completed a minimum of two years' general professional training in dentistry and have obtained the FDS, MFDS/MFD (or equivalent).

Enrolment for specialist training in oral pathology requires:

- approval of a training programme by the SAC for the Additional Dental Specialties
- approval of the post and allocation of a Training Number (NTN/FTN/VTN) by the Lead Dean for the Additional Dental Specialties in England and Wales, the Dental Postgraduate Dean in Scotland or the Postgraduate Dental Dean in Northern Ireland, as appropriate.

Objectives

On completion of training, the trainee must be capable of:

- providing an independent oral pathology diagnostic service at the level required for the award of a Certificate of Completion of Training (CCT) in the specialty. This includes providing specialist advice to clinicians with direct responsibility for the treatment of patients
- running a diagnostic oral pathology laboratory, with appropriate knowledge of the spectrum of staffing issues, laboratory procedures and safety issues.

The curriculum

The requirements for the award of a CCT in oral pathology are to complete an SAC-approved training programme and obtain the MRCPATH in oral pathology by examination.

The detailed specification of training for the MRCPATH is published by The Royal College of Pathologists. In essence, this consists of a five-year period of training. After a minimum of 2½ years of approved training, candidates can become eligible to sit the Part 1 examination. This training must include one year of experience in a general histopathology laboratory. The training period in general histopathology need not be a continuous period of secondment, but can be achieved flexibly to accumulate the equivalent of one year of full-time training. The Part 1 MRCPATH examination is a wide-ranging written test in oral and general pathology. On completion of Part 1 MRCPATH, candidates require to undertake a further period of training in oral pathology before becoming eligible to sit the Part 2 examination, which can be sat after a minimum of 4½ years of approved training. The Part 2

examination consists of practical and oral examinations, which test the full range of professional competence in oral pathology. This includes knowledge of the wider issues of running a specialist oral pathology laboratory.

Trainees in oral pathology are likely to have significant teaching and research commitments, in addition to their specialist pathology training. These will be complementary to their training. It is not practicable to specify detailed targets and time periods required for different aspects of training, although individual trainees are required to develop a coherent programme in conjunction with their educational supervisor. Candidates are required to maintain a Record of Specialist Training in histopathology and this will be used in the annual assessments conducted through the Postgraduate Deanery.

Over the minimum five-year training period, the trainee should acquire and develop:

- an understanding of the scientific basis of histopathology, based on a sound knowledge of anatomy and histology, cell biology and the principles of pathology
- sound working knowledge and understanding of general histopathology
- specialised factual knowledge of diseases of the oral and maxillofacial region
- interpretative skills in the diagnosis of diseases of the oral and maxillofacial region, at both macroscopic and microscopic levels
- the capability to provide accurate and complete reports on biopsy and resection material, taking account of all relevant specialist reporting guidelines
- knowledge and understanding of laboratory technology to allow appropriate selection of techniques for specific diagnostic situations and so that quality control and quality assurance procedures are properly implemented
- detailed knowledge of health and safety, as applied to a histopathology laboratory
- management skills required for the independent running of an oral pathology laboratory.

On successful completion of the MRCPATH by examination, the SAC in Histopathology will normally recommend to The Royal College of Pathologists that the academic requirements for award of a CCT in oral pathology have been met. The Royal College of Pathologists will appraise the SAC for the Additional Dental Specialties of this examination success. It will then be the responsibility of the SAC for the Additional Dental Specialties in liaison with the relevant Postgraduate Dental Deanery, through the RITA process, to ensure that all required training has been completed.

Award of CCT

The SAC for the Additional Dental Specialties will notify the JCSTD of the successful completion of training of candidates in oral pathology and will recommend to the JCSTD that the GDC be invited to award a CCT in oral pathology.

The scope of oral pathology

The designation 'oral pathology' has traditionally referred to all aspects of the pathology of the mouth and related tissues. This general description, which has remained unchanged for many years, reflected the academic and service responsibilities of most oral pathologists based within university dental schools. In recent years, there has been a significant increase in the scope and complexity of diagnostic work undertaken by oral pathologists. This has arisen partly because of the range of surgery now undertaken by specialists in oral and maxillofacial surgery (OMFS), blurring of some boundaries between OMFS and ear, nose and throat (ENT) surgery, the development of head and neck cancer services and the trend for increasing specialisation within diagnostic histopathology.

Following from this has been an increasing awareness of the need for specialist posts in head and neck pathology within some NHS Trusts, particularly those with cancer centres, for which trainees in oral pathology should be well-qualified to apply. The breadth of experience of trainees in oral pathology is not well understood by those outside the specialty.

For these reasons, it was felt timely to review the scope of oral pathology and the levels of competency expected of an oral pathologist on the award of a CCT. It is intended that this information should be useful to those planning specialist training programmes in oral pathology as well as to trainees, other histopathologists and employing authorities.

With regard to the level of competency, this must be sufficient so that, on completion of training, the trainee is capable of providing an independent oral pathology diagnostic service at the level required for the award of a CCT in the specialty, be able to offer a specialist opinion on referred cases and be able to provide specialist advice to clinicians with direct responsibility for the treatment of patients.

Because of differences in the structure of training programmes, case mix between centres and special interests of trainers and/or trainees, some variation in experience in the different fields of histopathology in the head and neck region is to be expected.

For this reason, the following phrases have been used to describe the levels of competency expected in different aspects of head and neck pathology for the award of a CCT:

- ‘to be able to diagnose’ – material for which accurate and complete reports are expected, taking account of all relevant specialist reporting guidelines
- ‘to be able to offer at least a working diagnosis’ – material with which trainees will be familiar and will have had experience of reporting, but for which discussion with a specialist is considered best practice before issuing a definitive report (e.g. neoplasia of the lymphoreticular system)
- ‘to be able to offer at least a differential diagnosis’ – material that the trainee will be aware of, but may have had only limited or no experience of directly reporting. This material will include some rare or uncommon lesions diagnosable after personal research and lesions for which a specialist opinion will be required (e.g. the rarer types of odontogenic tumours; neoplasms of bone or soft tissue).

For the award of a CCT in oral pathology, a trainee will be required to demonstrate professional competency, at the levels specified, in the diagnosis of disorders of the tissues specified below. The MRCPATH Part 2 examination in oral pathology will take account of these requirements. This will allow employing authorities to determine the areas and extent of competency of oral pathologists on completion of training.

Oral cavity

Trainees will be expected to be able to diagnose disorders of the teeth and supporting structures and lesions derived from odontogenic tissues. They will be expected to be able to recognise structural abnormalities of the dental hard tissues of developmental origin, be able to diagnose the main types affecting dentine and to offer at least a differential diagnosis of rarer disorders including those of cementum. They will be expected to be aware of and be able to advise on developmental disorders of enamel but, since experience of these is likely to be limited and facilities for ground sections may not be routinely available, competency in the histopathological diagnosis on ground sections will not be expected. The ability to diagnose dental caries, pulpitis and its periapical sequelae will be expected.

Trainees will be expected to be able to diagnose all odontogenic and non-odontogenic cysts of the jaws and all odontogenic tumours (or to be able to offer at least a working or, in some cases, a differential diagnosis of rarer types). They will be expected to be able to diagnose all developmental, inflammatory, preneoplastic and neoplastic disorders of the oral mucosa (or at least give a working/differential diagnosis of rarer types including malignant lymphomas) and to be capable to providing accurate and complete reports on resection specimens for oral cancer, in accordance with relevant specialist reporting guidelines.

Major and minor salivary glands and other mucosal glands

Trainees will be expected to be able to diagnose all inflammatory and cystic disorders of the major and minor salivary glands and of sinonasal, pharyngeal and laryngeal minor glands. They will be expected to offer at least a working or differential diagnosis of lymphoid infiltration of the major and/or minor glands and of malignant lymphomas involving lymph nodes associated with the major glands.

They will be expected to be able to diagnose all primary epithelial neoplasms of these glands (or at least offer a working or differential diagnosis of rare types), developmental disorders relevant to histopathology and common mesenchymal tumours, (for example polycystic disease of the parotid; haemangiomas and lymphangiomas). At least a working or differential diagnosis of other mesenchymal tumours (including malignant lymphomas) and of metastatic tumours to the major glands will be expected.

An awareness and ability to advise on similar disease processes affecting the lacrimal gland will be required, but since experience of these is likely to be limited, competency in their diagnosis is not expected.

Jaws, craniofacial bones and temporomandibular joint

Trainees will be expected to be able to diagnose inflammatory and reactive lesions involving bone, bone marrow or periosteum and, in association with appropriate radiographic and biochemical data, fibro-osseous and cemento-osseous lesions of the jaws and craniofacial bones, Paget's disease of bone and giant cell lesions of bone, including cherubism (in the absence of adequate radiographic/biochemical data, a working or differential diagnosis will be expected).

They will be expected to be able to diagnose benign neoplasms of bone and cartilage, to offer a working diagnosis of the main types of malignant neoplasms and to be able to offer at least a differential diagnosis of rarer types.

They will be expected to be able to offer a working or differential diagnosis of abnormal lymphoreticular or haemopoietic proliferation in the bone marrow and of Langerhans cell histiocytosis and metastatic malignant disease.

They will be expected to be aware of and be able to advise on other generalised disorders of bone that may involve the jaws, including developmental and acquired osteodystrophies, but diagnosis of these is not expected on biopsies from the jaws or craniofacial bones.

They will be expected to be able to diagnose or offer at least a working diagnosis of non-neoplastic disorders of the temporomandibular joint and at least a working or differential diagnosis of benign and malignant neoplasms involving the joint.

Ear, sinonasal tract and nasopharynx

Trainees will be expected to be able to diagnose inflammatory, reactive and neoplastic disorders of the skin (at levels of competency described under skin) and cartilage of the external ear, and of the external auditory meatus (or at least provide a working or differential diagnosis of rare types).

They will be expected to be able to diagnose or offer at least a working diagnosis of inflammatory disease of the middle ear and mastoid air cells, particularly cholesteatoma and aural polyps.

An awareness of other disorders and tumours of the middle ear will be required, but as experience of these is likely to be limited, competency in their diagnosis is not expected. Detailed knowledge of disorders of the inner ear is not expected.

Trainees will be expected to be able to diagnose all inflammatory and neoplastic diseases of the mucosa and associated minor glands of the sinonasal tract and nasopharynx (or at least offer a working or differential diagnosis in rarer cases) and to offer at least a working or differential diagnosis for malignant lymphomas, tumours of soft tissues and bone and other rare tumours of neuroectodermal/central nervous system origin such as neuroblastoma, chordoma, meningioma that may present in this area.

Pharynx and larynx

Trainees will be expected to be able to diagnose all inflammatory and neoplastic disorders arising from the pharyngeal mucosa and underlying glands and all inflammatory, reactive and other non-neoplastic disorders of tonsillar and other pharyngeal lymphoid tissue. They will be expected to be able to give at least a working or differential diagnosis of malignant lymphomas and other soft tissue tumours.

They will be expected to be able to diagnose all inflammatory, reactive and neoplastic disorders arising from laryngeal mucosa and underlying glands. They will be expected to be able to diagnose and interpret laryngeal epithelial dysplasia and to be able to provide accurate and complete reports on resection specimens for pharyngeal and laryngeal cancer, in accordance with relevant specialist reporting guidelines.

Trainees will be expected to offer at least a working or differential diagnoses of other neoplasms that may involve the laryngeal soft tissues and cartilages.

Facial and neck skin

Trainees will be expected to be able to diagnose neoplastic and preneoplastic lesions of keratinocyte origin (or at least offer a working or differential diagnosis in rarer cases) and to offer at least a working or differential diagnosis for benign melanocytic disorders and common benign adnexal tumours. A working or differential diagnosis only will be expected for malignant melanoma of skin and for malignant adnexal tumours.

They will be expected to be able to diagnose common dermal cysts and inflammatory lesions of pilosebaceous follicles. They will be expected to be aware of and recognise other inflammatory and neoplastic processes in the dermis and subcutaneous tissues, but since experience of these is likely to be limited, competence in their diagnosis is not expected.

Neck and thyroid gland

Trainees will be expected to be able to diagnose non-neoplastic disorders of lymph nodes (or at least offer a working or differential diagnosis in appropriate cases, such as granulomatous inflammation) and to offer at least a working or differential diagnosis of malignant lymphomas and of metastatic malignant disease. They will be expected to be capable of providing accurate and complete reports on cervical lymph node dissection specimens in accordance with relevant specialist reporting guidelines.

They will be expected to be able to diagnose all developmental cysts in the neck and to offer at least a working or differential diagnosis of soft tissue tumours.

They will be expected to be aware of disorders of the thyroid gland and to be able to distinguish between inflammatory and hyperplastic/neoplastic lesions. They will be expected to be able to offer at least a differential diagnosis of the main types of thyroid carcinomas, including their metastatic deposits. They will be expected, at least, to be aware of the principles of handling thyroidectomy specimens and of relevant specialist reporting guidelines. However, since experience of such specimens may be limited, competence in providing accurate and complete reports without further opinion is not expected.

Cytology, fine needle aspiration (FNA), core biopsies and frozen sections

It is expected that trainees will be familiar with these techniques, their applications and limitations. It is expected that they will be able to interpret such material from salivary tumours and cervical masses as a triage to identify the presence of carcinoma, or at least of squamous cell carcinoma, but it is not expected that they will be competent to offer differential or working diagnoses on such material from the head and neck, on the award of a CCT.

MRCPath examinations in Oral Pathology

1 Part 1 examination

The Part 1 is a written test of core knowledge. This will usually be sat after a minimum of 2½ years of training, which must include one year of experience in general histopathology in addition to oral pathology training. The examination will comprise two papers with a combination of essay questions and short notes.

Paper 1 will cover general pathological principles and will include aspects of general histopathology relevant to oral pathology.

Paper 2 will be slanted to oral pathology.

2 Part 2 examination

The Part 2 examination will usually be taken after a minimum of 4½ years of training. It comprises practical and oral components. The examination will be conducted as specified in the following guidelines.

Guidelines to examiners and candidates

MRCPath in Oral Pathology Part 1

1 Introduction

1.1 The examination is a written test of core knowledge appropriate to 2½ years of pathology training.

2 Written examination

2.1 There are two three-hour papers; each paper will require candidates to answer two out of three essay questions (nominally 45 minutes each) and six out of eight short notes questions (nominally 15 minutes each).

2.2 Paper 1 is mainly devoted to general pathology. Questions on organisation and management of a histopathology laboratory, health and safety, quality assessment and audit are also appropriate for this part of the examination. Paper 2 will comprise questions on the oral and maxillofacial tissues.

3 Examiners

3.1 For each diet of the examination, two members of the Oral Pathology Examiner Panel will be nominated by the Chair of the Oral Pathology Examiner Panel.

4 Preparation of examination papers

- 4.1 For each diet of the examination, the appointed examiners should consult in the preparation of questions. They should then submit the agreed questions, along with a bullet-point outline of the expected answer, to the Chair of the Oral Pathology Examiner Panel for approval.

5 Marking system

- 5.1 The appointed examiners will mark each paper independently and will forward their completed mark sheets to the Examinations Department. If there is a discrepancy between the marks of the two examiners such that one examiner recommends a pass and the other a fail for an individual candidate, the Examinations Department will consult with the Chair of the Oral Pathology Examiner Panel. The relevant papers will be re-assessed by the Chair, or if the Chair was one of the examiners, by another senior examiner nominated by the Chair.

- 5.2 The College operates a 'close' marking system for essay and short notes questions as follows:

Excellent pass – 15

Clear pass – 14

Pass – 13

Borderline fail – 12

Clear fail – 11

Bad fail – 10 (minimum).

If a candidate writes a nominal paragraph, 10 marks are given

- 5.3 In both papers, each essay question is nominally worth 75 marks and each short notes question is nominally worth 25 marks, but both question formats are marked using the College's 'close' marking system and the final mark for each paper is adjusted to a percentage. The minimum pass mark is 50%. A total mark of less than 48% in either paper is a recommendation to fail. A mark of 48 or 49 in one paper can be compensated by a corresponding surplus of marks in the other paper.

6 Reports

- 6.1 Examiners are requested to provide a general report on the questions answered and forward this to the Chair of the Oral Pathology Examiner Panel.
- 6.2 For each failed candidate, the examiners are requested to prepare an individual report that can be used for counselling of the candidate. This might include recommendations for further training and experience. Reports should be forwarded to the Chair of the Oral Pathology Examiner Panel.
- 6.3 The Chair of the Oral Pathology Examiner Panel is responsible for forwarding reports to the Examinations Department.

Guidance to examiners and candidates

MRCPath in Oral Pathology Part 2 examination

1 Introduction

- 1.1 The examination is designed to test the capability of the candidate to be an independent specialist in diagnostic oral pathology.

2 Conduct of the examination

- 2.1 The examination is held in a pathology department. The candidate may request the use of a microscope from the department or may provide their own microscope.
- 2.2 The examination is conducted in five sections (designated A, B, C, D and E) with specified objectives. The instructions to candidates for Sections A, B and D are shown in Appendix 1. These are to be provided to the candidates at the same time as the details of individual cases are provided.
- 2.3 The venue for the examination is selected on the advice of the Chair of the Oral Pathology Examiner Panel.
- 2.4 Each of the five sections of the examination is scored out of 100, with the pass mark in each section being 50%. The details of the marking system are shown in Appendix 2. The overall pass mark for the examination is 50%. Candidates must pass Section A in order to be eligible for a pass. The aggregation of the scores in the different parts of the examination and any compensation between parts is at the discretion of the three examiners, who will take into account the entire performance of the candidate over the two days in reaching their agreed final decision of pass or fail.

3 Examiners

- 3.1 The examiners are selected by the College from the published lists of oral pathology examiners and taking account of the advice of the Chair of the Oral Pathology Examiner Panel. They comprise the oral pathology examiner at the selected venue, one further oral pathology examiner and an external examiner.
- 3.2 The external examiner is an experienced medical histopathology examiner. The principle role of the external examiner is to ensure that the standards set are comparable with other histopathology examination standards. The external examiner is consulted about the slide selection for the examination, particularly in Section A. He/she can elect to participate in any or all of the sections of the examination, but is specified as the main examiner in the oral examination (Section E).

4 Examination timetable

- 4.1 The examination is conducted over two days. Sections A and B are held on the first day and the remaining three sections are on the second day.

- 4.2 The objective of Section A is to test the candidate's competence to diagnose a wide range of the lesions that might present to an oral pathologist, taking cognisance of the specifications in the above section, 'The scope of oral pathology'. Section A comprises not more than 20 cases for diagnosis. These are mainly H&E sections, with one or at most two sections per case. The material includes a spectrum of difficulty, designed to ensure that the candidate can diagnose simple or common lesions accurately as well as including more difficult cases, such as uncommon salivary or odontogenic lesions. Up to two head and neck FNA or cyst aspirates may be included in this section.

Candidates are provided with patient details and a brief clinical history to place the material in context. Candidates are expected to write a description of the salient features of the case and provide either a diagnosis or a differential diagnosis. Where appropriate, it will be reasonable to indicate what further tests would be required to reach a definitive diagnosis.

The duration of Section A is three hours.

- 4.3 Section B lasts three hours. The objective is to test the ability of the candidate to report complex cases. Six cases will be used. These may include a large resection, cases with multiple biopsies or cases requiring special stains, immunocytochemistry or molecular biology investigations for diagnosis. Relevant radiographs or scans will be available.

For cases 1 and 2, the candidate is provided initially with H&E stained sections. Special stains and other investigations, or relevant results, are provided on request by the candidate. Sufficient information will be available to the candidate to make a definitive diagnosis and the candidate is required to prepare final reports on the two cases that they would be prepared to sign out.

Cases 3–6 are in the form of structured questions. Candidates are provided with all available material at the outset.

- 4.4 Section C is conducted on the morning of day 2 and is not more than 45 minutes. The objective is to test the candidate's ability at specimen dissection, cut-up, selection and preparation of tissue blocks for histopathological examination. Candidates should expect to be required to dissect, at least partially, an appropriate resection specimen as well as smaller biopsy material.
- 4.5 Section D is not more than two hours. The objective is to assess the candidate's ability to communicate the results and interpretation of histopathological findings in the context of a consultation using a multi-headed microscope.

The candidate is given one hour to examine and prepare to discuss two cases. The candidate is then asked to present these cases in the manner that might be appropriate for the consultant who submitted the case, including discussing questions that might be asked about interpretation of features, advice on prognosis, further investigations and treatment.

The examiners act as the consultant submitting the case. In order not to be too stressful for the candidate, only two of the examiners should participate at one time.

- 4.6 Section E is the oral examination and should last not more than one hour. The external examiner should take the lead and one of the oral pathology examiners should also participate. The second oral pathology examiner may attend the oral examination as an observer. The subject matter of the oral examination may include any aspect of the examination. It also includes areas not covered earlier in the examination, such as health and safety, the regulatory framework of laboratory practice, responsibilities of consultants and aspects of laboratory management.

5 Results

- 5.1 All results are confirmed by the Examinations Committee before the candidates are informed. Examiners are instructed not to convey results to candidates at the time of the examination.

6 Reports on unsuccessful candidates

- 6.1 Examiners are requested to prepare a report on unsuccessful candidates, specifying areas of weakness and strength. Recommendations of additional training or experience that could make good the deficiencies should be made. These should be forwarded to the Examinations Department as soon as possible after completion of the examination and will be used in counselling candidates.
- 6.2 Examiners may, on occasion, feel that even though a candidate has passed the examination, they would benefit from additional experience in a part of the syllabus in the interval between passing the examination and the designated CCT date. In such cases, this information should be provided to the candidate and also forwarded to the Specialty Adviser in Oral Pathology who will liaise with the Chairman of the SAC for the Additional Dental Specialties, the candidate's educational supervisor and the Deanery in taking forward the recommendation.

APPENDIX 1: Instructions to oral pathology candidates

These instructions are to be given to each candidate when they are given the histological sections for Sections A, B and D of the examination.

MRCPath Part 2 – Section A

This section is of three hours' duration. The objective is to test your ability to diagnose a range of lesions that might present to an oral pathologist. There are 20 cases, with a wide spectrum of difficulty. You should provide a description of the salient features of each case and give either a diagnosis or a differential diagnosis. Where appropriate, you may indicate what further tests would be required to reach a definitive diagnosis.

You are not required to write the full histopathological report you might provide for the case. This is frequently not possible on a single section. The aim is to test your ability to recognise and interpret sections. Your ability to write reports is tested in Section B of the examination.

It is important that you examine and comment upon all of the cases. This will require you to allocate your time sensibly.

MRCPath Part 2 – Section B

This section is of three hours' duration. The objective is to test your ability to report six more complex cases or cases requiring additional information or tests.

For cases 1 and 2, you are provided with H&E sections. You should examine these sections first and determine what additional information, special stains, etc. you require. You should make a list of these and let the examiner know, preferably before the end of the first hour, what you require. These will then be provided for you, or an indication of the appropriate result will be given. You should then prepare a full report, which should be as near as possible to the report you would provide for the submitting consultant.

For cases 3–6 you are provided with a structured questionnaire, together with all of the material that is available in each case. No further information may be requested for these cases, although it may be appropriate in your reports to refer to the need for additional information for a particular case.

MRCPath Part 2 – Section D

This section is of two hours' duration. The objective is to test your ability to communicate the results and interpretation of pathological findings in the context of a consultation using a multi-headed microscope.

You are provided with material for two cases. You have one hour to examine the cases and prepare. You will then have one hour for the presentation of the cases.

APPENDIX 2: Marking of the Oral Pathology Part 2 examination

Section A

A 'closed' marking system is used. Examiners will be required to determine what constitutes an adequate answer for each case. In some cases, this will be essentially a description of the main features and a diagnosis. In other cases, there may be a requirement to note additional features beyond those expected for the main diagnosis.

The marking scheme is as follows:

- 1.0 A very poor performance or answer, such as benign to malignant reversal
- 1.5 Definitely incorrect or poorly constructed answer
- 2.0 Unnecessarily indecisive or potentially misleading answer
- 2.5 An adequate answer
- 3.0 An adequate answer with some additional relevant information
- 3.5 A good and comprehensive answer
- 4.0 An exceptionally good answer.

If any case is omitted or has a minimal answer, a nominal mark should be awarded, but other than this, marks in the ranges 0–1 and 4–5 are not used.

The marks in this section should be a consensus view of the two oral pathology examiners and the external examiner, who should assess the candidate's responses independently. If the marking system is applied rigidly, it is unlikely that any candidate scoring three or more serious fail marks in the total of 20 cases would achieve a pass. However, examiners should use their discretion and experience in awarding marks. It is recommended that any issues arising from potentially serious errors are discussed with the candidate during Section E (oral examination). If the examiners are still concerned about serious deficiencies in a candidate's performance, this should be reflected in the marks for Section E.

Section B

Each case should be marked using the 'closed' marking system described for Section A and the examiners should agree an overall percentage mark for the section.

Sections C, D and E

The examiners should agree a percentage mark for each section.

Interpretation of the marking system

A pass mark in Section A is essential. Isolated failure in one of the other sections is retrievable and the candidate's overall performance in the examination should be taken into account when awarding marks for the Section E.

The overall mark for each candidate following Section E should be as follows:

50% or more = pass

49% or less = fail.