SPECIFIC INFORMATION REGARDING THE ROYAL COLLEGE
DIAGNOSTIC RADIOLOGY EXAMINATION

The comprehensive objective diagnostic radiology examination assesses candidates' competence to function as a diagnostic radiologist consultant across the CanMEDS domains of medical expert, communicator, collaborator, manager, health advocate, scholar and professional. The topics covered on the exam have been aligned with the Diagnostic Radiology Objectives of Residency training document.

The comprehensive objective examination in Diagnostic Radiology is composed of:
- Written Component
- Objective Structured Clinical Examination (OSCE)
- Oral Component

During the examination the candidate will need to demonstrate to the board that one is ready to practice Diagnostic Radiology independently. The entire examination board takes the responsibility of making this assessment very seriously and each candidate will be given every opportunity to demonstrate that they have achieved the requisite level.

Minimum scores on all components of the exam must be achieved in order to pass the comprehensive examination.

The candidate may not take any study material or electronic devices, for example, PDA, cell phone, Blackberry, or other electronic devices into the examinations. Candidates may encounter other candidates in the corridor between room changes or in the waiting room area. It is imperative that one does NOT communicate any information regarding the exam content and/or imaging with each other during the examination process. Communication between candidates, in the corridor, or in the waiting room area may be construed as irregular behaviour and may result in an invalid examination for the candidate, as well as potential denial of entry to future examinations.

It is important that the candidate arrives prior to the designated registration time. All candidates must be registered, debriefed and prepared to start at the designated start time. An introduction will be given prior to the examination explaining procedures.

WRITTEN COMPONENT:
The written component consists of one 3-hour multiple choice question (MCQ) paper which will be completed at regional centres across Canada. The exam comprises of 150 to 180 questions, each having a stem, followed by four options, one of which must be chosen as the best answer. Note that marks are only given for correct answers; no marks are deducted for incorrect responses.

OSCE COMPONENT:
The OSCE component consists one session either in the morning or the afternoon. There are ten OSCE stations that will test the candidate's knowledge of a wide range of subject material. Further instructions will be given to the candidate during the station to understand the task. Candidates are encouraged to remain calm during the OSCE, and if difficulty arises with a particular item, try to complete the other questions, within the station, and then come back to it.
ORAL COMPONENT:
The oral component consists of one session either in the morning or the afternoon. The oral exam is run on one or two days. The examination content is identical within a given day, for this reason the morning candidates are sequestered. The examination content is changed between days but is at an equivalent difficulty level.

Click here for an example of how the images will be presented during the oral examination.

After registration, an official invigilator will direct the candidates to the appropriate waiting areas before the examination. The session lasts approximately 3 hours (6 – 30 minute stations) plus breaks:

- Abdomen and Pelvis 1 - which may include
  - Gastrointestinal
  - Genitourinary
  - Obstetrics
- Abdomen and Pelvis 2 - which may include
  - Gastrointestinal
  - Genitourinary
  - Obstetrics
- Thorax 1 - which may include
  - Chest
  - Breast
  - Cardiac
- Thorax 2 - which may include
  - Chest
  - Breast
  - Cardiac
- Musculoskeletal
- Neuroradiology

In this component the examiners are testing the candidate’s ability to act as a consultant. A good approach is for the candidate to act as if they are providing consultation to a referring clinician in a hospital setting. Keep differentials brief and pertinent. Candidates may be asked for management and/or other questions related to the cases by the examiners.

Following are some tips for exam “behavior”:

a. The examinations are conducted in a cordial and respectful fashion. After introductions, the candidates are allowed to look at the examiners, however; they will be writing notes during your examination (this does not carry any performance connotation) and obviously require privacy while doing this.

b. The examination will be in electronic format. Please do not touch the computer monitor screen. The examiners will assist in navigating through the examination material.

c. The examiners will offer no feedback on candidate’s performance, and will not try to deliberately mislead. The examiner may speak during a case; listen carefully as they may be trying to redirect the candidate’s thoughts.

d. Examiners will answer any questions and offer any studies that are available, but only if it is part of the protocol for a given case. If the question or study is not part of the protocol, the examiner will simply tell candidate that the answer is not available or the study has not been provided.

February 2013