FINAL FRCR PART B EXAMINATION FOR THE FELLOWSHIP IN CLINICAL RADIOLOGY

AUTUMN 2019

The Examining Board has prepared the following report on the Autumn 2019 sitting of the Final Examination for the Fellowship in Clinical Radiology. It is the intention of the Fellowship Examination Board that the information contained in this report should benefit candidates at future sittings of the examinations and help those who train them. This information should be made available as widely as possible.

General comments

This sitting of the Final FRCR 2B examination was the largest ever delivered, for the first time with over 300 candidates and all UK Trainees or NHS contributors. The examiners met the extra demand with their usual professionalism and commitment.

Delivery of the written components of the exam on the Practique platform is now established and occurred without major incident.

Comments in previous reports for each component of the exam are still relevant, so please refer to the Autumn 2018 Examiners' Report for these, but please pay particular attention to the items below.

Rapid Reporting Session

Candidates are reminded that normal variants that can cause symptoms will not be included in the rapid reporting component, e.g. accessory navicular, supracondylar spur. Normal variants that do not cause symptoms may be included and the correct response for such images would be "normal".

Candidates are reminded to keep comments regarding the site and nature of the abnormality identified on an image considered abnormal short and precise in order to maximize the opportunity to score full marks (see Spring 2019 report for more detail.

Reporting Session

Candidates should ensure they make use of the full resolution capacity of the system during the written components delivered on the Practique platform (Rapid Reporting and [Long Case] Reporting).

For plain images, particularly in the Rapid Reporting component but also the Reporting component, it is essential to enlarge the image(s) to full screen and sometimes further enlarge (zoom) the image to achieve maximum spatial resolution. This is achieved by double-clicking on the image window in the middle of the question/answer screen. All image manipulation parameters in the drop-down box (top left of screen) remain functional. Double-clicking on the full screen image will return to the question/answer screen.

This aspect of using the Practique platform is included in the demonstration site and pre-exam video, and is now reiterated in the verbal instructions from the invigilator immediately prior to the start of the exam component. It is important that candidates do this to provide them with the best chance of giving a correct response.

Candidates are reminded that continuing keyboard entry after the end of the examination period can lead to possible disqualification from the exam and that all keyboard entries by all candidates are logged (time and

content).

Enquiries subsequent to the written components regarding keyboard entry and upload of responses (or not) are easily checked.

Upload of all submitted answers from all computers at all venues is confirmed before the examination components are closed and available for marking.

Candidates are strongly encouraged to visit the Practique demonstration site to familiarise themselves with the exam delivery platform.

Feedback/Advice for Candidates

In the rapid reporting at this sitting, hands, feet, abnormal spines, mediastinal abnormalities on plain chest images and skull images caused candidates the most difficulties, particularly the hands and feet. Greater experience in reporting these types of images from the Emergency Department should help candidates with this component of the examination.

In the reporting component, neuroimaging continues to be challenging. At this sitting, cardiothoracic CT was also poorly reported. For both areas, it was mainly the failure to make secondary observations that lost candidates marks. In the neuro question it was an important (potentially life-threatening) observation that was commonly missed. In the cardiothoracic question, secondary findings to distinguish acute from chronic pathology were not made.

In the oral components, candidates continue to not get the maximum information from plain images, either compromising their interpretation or leading to inappropriate further investigations. Poor anatomical and clinical knowledge also remains a feature of poorer candidate performance.