



FINAL FRCR PART B EXAMINATION FOR THE FELLOWSHIP IN CLINICAL RADIOLOGY

AUTUMN 2020

The Examining Board has prepared the following report on the Autumn 2020 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

An extraordinary sitting!

Despite the challenges posed by COVID19 restrictions, the phenomenal efforts of the RCR Examinations, IT and Facilities teams, the Board of Examiners and all Exam Board Chairs, ensured delivery of this sitting of the Final FRCR 2B examination.

Delivery of the written components of the exam on the Practique platform occurred without major incident.

The delivery of the Oral components of the exam was a new experience for us all but the fundamental process was unchanged. Although the experience for the candidates was not always ideal despite extensive testing and piloting prior to the exam sitting, at least all candidates completed the examination, with rescheduling on the same day required for one candidate only. Feedback comments from all aspects of the process have been gratefully received, are being collated and will be considered to improve the delivery of the next exam sitting in January.

Comments in previous reports for each component of the exam are still relevant, so please refer to the Autumn 2018 Examiners' Report for these. Important and more recent comments are repeated below.

Written Components

Candidates are reminded to view the pre-exam video and visit the Practique demonstration site to familiarise themselves with the exam delivery platform for the written components.

To provide the best chance of giving a correct response, it is essential that plain images, particularly in the Rapid Reporting component but also the Reporting component, are enlarged to full screen and sometimes further enlarged (zoomed) 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.

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

Oral components

Candidates are reminded that plain images are the starting point for several patients shown in the oral components of the exam, so as much information as possible should be extracted from these before requesting another modality. The information obtained from the plain image or any other initial imaging modality should inform the observations and interpretation of any subsequent modality.

Anatomy and clinical aspects relevant to the images shown are important components of the oral assessment. Discussion of patient management should go beyond referral to an appropriate MDT, and the candidate should provide the advice they would give to that MDT.

Barely pausing for breath and talking incessantly does not easily give an examiner the opportunity to guide candidates to summarise, discuss patient management or assess the depth of their knowledge by additional questions as appropriate.

Finally candidates are encouraged to speak clearly. If examiners cannot hear you clearly, they do not know if what you are saying is correct.