



FINAL FRCR PART B EXAMINATION FOR THE FELLOWSHIP IN CLINICAL RADIOLOGY

SPRING 2019

The Examining Board has prepared the following report on the Spring 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

Once again, I am delighted that the written components of the exam were successfully delivered to all candidates at this sitting using the automated Practique platform, and the entire exam sitting was without major incident.

There are three numbered items of new advice for candidates in this report. Please read carefully.

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

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".

Feedback/Advice for Candidates

At this sitting, knowledge of normal appearances on paediatric plain images and the observation and interpretation of abdominal plain images was particularly poor in the rapid reporting.

The reporting section demonstrated women's imaging to be a challenge for many candidates, neuroimaging less so.

However, neuroimaging, plain images and vascular findings and interpretation were noticeable areas of difficulty in the oral components.

Written Components - General

1. For the written components delivered on the Practique platform (Rapid Reporting and (Long Case) Reporting), it became apparent during this sitting of the exam that many candidates were not making use of the full resolution capacity of the system. This probably accounts for comments by some candidates about poor image quality following this and previous exam sittings.

For the Rapid Reporting component and Reporting plain images particularly, 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 on line demonstration site and pre-exam video but will be emphasised for future examination sittings.

2. Candidates are reminded that continuing keyboard entry after the end of the examination period can lead to disqualification from the exam.

All keyboard entries by all candidates are logged (time and content).

Any keyboard entries made after the end of the exam will be discarded and not contribute to the candidate's examination performance, notwithstanding the risk of disqualification.

Subsequent to the written components, enquiries about answers not submitted/uploaded are easily verified.

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

The keyboard entries of candidates who enquire are checked. There have been instances when the claimed "lost" keyboard entry was deleted by the candidate, though could be seen from earlier entries, and worse, the "lost" entry was never made at any time, raising questions about the candidate's honesty and probity.

Rapid reporting

3. The comments provided by candidates when a case has been considered abnormal have become longer with the use of Practique and an unlimited text box. This has contributed to less concise and less accurate descriptions for an abnormality (if correctly identified) and an increase in the number of half marks awarded for responses. As a consequence, a greater number of candidates do not achieve the passing mark for this component of the exam.

The FRCR 2B Exam Board has reviewed this and made an appropriate small adjustment to the closed-marks awarded for raw scores, but candidates are strongly advised to keep their comments short and precise to maximize the opportunity to score full marks.