

First Examination for the Fellowship in Clinical Radiology

Anatomy Module FAQs

Q. Who marks the examination papers?

A. Each paper is hand-marked by two First FRCR examiners. The examiners are all UK consultant radiologists.

Q. Examiners are human. How can I be sure they do not make mistakes?

A. Each paper has a pre-determined marking proforma that is rigorously adhered to. Each paper is checked twice for discrepancies between markers. When a discrepancy is identified, a third examiner arbitrates.

Q. Is there a fixed pass rate?

A. Each examination paper has been prospectively standard set well in advance. The criterion-referenced technique we use is the modified Angoff method, one of the more valid methods in common usage. The standard setting process is performed with knowledge of the marking scheme. Therefore the pass mark varies depending on the questions; each paper will have an individual pass mark.

Q. How are marks awarded?

A. Marks are awarded for precision of anatomical description, rather than purely descriptive terms. This is a core skill for a clinical radiologist and should be mastered at an early stage. However, we recognise that the anatomical accuracy is not absolutely black and white; some answers are more accurate than others. Hence each question is marked on a scale of 0, 1 or 2. A totally accurate answer will gain 2 marks, whereas a less accurate but still correct answer may gain 1 mark. Incorrect answers will be awarded 0 marks.

Q. What other measures does the RCR take to ensure this is a fair examination?

A. Each examination paper is blueprinting. This ensures coverage of the curriculum. We also take great care to ensure that individual radiographic modalities and different body parts are given equal weight. In each examination, roughly one-third of questions will be on images from cross-sectional techniques, plain radiographs and contrast studies (including those acquired by cross sectional means). Similarly, one-quarter of questions will be on anatomy of the head, neck and spine; one-quarter on chest and cardiovascular, one-quarter on the abdomen and pelvis, and one-quarter on musculoskeletal structures.

Q. Is there anything else can I expect to be tested on?

A. As per the curriculum, each examination will also cover paediatric aspects of radiological anatomy, as discussed below. We also test normal variants too. Whilst there are limitless variations of what might be considered normal, we seek to test knowledge of variations that are either common and/or have 'clinical significance'. By this, we mean that the normal variant may be mistaken for pathology or can predispose to certain diseases.

Q. What degree of detail is necessary in my answers?

A. We seek the degree of detail that would be appropriate for a written radiology report. We are very careful about arrow placement on the examination questions, indicating a single structure or a specific part of a larger structure. We therefore seek accuracy and precision, with most marks being awarded to specific and accurate details. Some questions are clearly indicating a relatively simple structure and hence excessive detail is unnecessary.

Q. Will I be asked to recognize pathology?

A. No. The images show demonstrating normal features. Occasionally minor age-related degenerative changes may be present on some images, but as the features of ageing are highly variable, this will not be tested.

Q. Previous versions of the First FRCR examination tested radiology techniques. Do I need to know anything about techniques for this examination?

A. Not specifically, no. Questions will not be asked about how the images were acquired or anything specific about the imaging technique. All arrows are intended to indicate anatomical structures, and are not indicating radiographic artefacts, instruments, catheters or the contrast agent itself. Obviously, enough needs to be known about the modality to recognize the radiological anatomy as demonstrated by that particular technique. For example, when looking at an arterial-phase contrast-enhanced CT, the candidate should be able to distinguish between an unenhanced vein and an enhanced artery.

Q. I'm not a UK trainee and am worried that the anatomical terms that I use may not be recognised by a UK-based examination

A. The mark scheme takes into account the differences of terminology across the world. We expect answers in English (rather than Latin), using accepted anatomical terms. We explicitly recognize the Terminologia Anatomica, an international standard for anatomical terminology.

Q. Are acronyms and abbreviations acceptable in my answers?

A. Always avoid these in your answers. What is commonplace in one institution may not be so elsewhere. Many clinical errors have arisen from the use of acronyms, so their use is strongly discouraged in this examination.

Q. Is it important to use to left and right in my answers?

A. Where a paired structure is illustrated, it is absolutely critical to denote if the left and right is being illustrated. This is crucial to safe clinical practice. Marks will be deducted if left or right is not specified on a labelled paired structure. However, if a single structure is presented (e.g. the left hand), it is unnecessary to denote left or right.

Q. My spelling isn't great. Does this matter?

A. The First FRCR examination is not a spelling test and the examiners may overlook minor spelling mistakes. However, certain anatomical structures have similar names, sometimes differing by only one letter. Care should be taken over these; confusion could arise in clinical practice. Hence, mistakes over similar-sounding structures will be penalised.

Q. My handwriting is awful. Does this matter?

A. Examiners try hard to read all manner of writing but if the answer is fundamentally illegible, it will be marked incorrect. Do write legibly and keep your writing within the boxes provided.

Q. Are there any common mistakes that candidates make?

A. Many errors relate to failing to read the question.

- Whereas most questions relate to simply naming the indicated structure, some questions are not written in this format. They ask application of knowledge or about a piece of information related to that particular structure.
- Some questions very specifically ask for a single piece of information - candidates that provide two will be marked down.
- The question paper will state what the study is. This mimics the detail that would be supplied in clinical practice. Occasionally, further information is provided. Most images are self-explanatory. Occasionally, information is provided on what sort of image has been provided. This is typically when certain MRI sequences have been used, which may affect the appearance of certain anatomical structures. Or occasionally, help with orientation of a particular image (e.g. ultrasound).

Q. I have only just started my training and I have not done any paediatrics – how much paediatric radiology do I need to know?

A. Every examination will contain some paediatric radiology. This may be in the form of radiographs, fluoroscopy, ultrasound or cross sectional imaging.

For this examination it is important to know the anatomy of the growing skeleton and to be able to recognise common normal variants. It is also important to be able to recognise the appearances of the growing skeleton on the different imaging modalities.

You must be able to identify all the different parts of the growing bone and you should be able to distinguish between the epiphysis, apophysis and an accessory ossicle. During the examination, however, it is acceptable to define any of these areas as a secondary ossification centre.

Q. I can handle the paediatric radiology, but I have never done any foetal imaging. Will there be any foetal imaging in the examination?

A. Foetal imaging is not on the syllabus and will not be included in the examination.

Q. What about neonatal cranial ultrasound?

A. Cranial ultrasound is not on the syllabus and will not be included in the examination.