

Final Examination for the Fellowship in Clinical Radiology (Part B)

Scoring System

1 Context

The Final FRCR (Part B) Examination consists of three scoring components; two orals (from which scores are combined to give one score for the purposes of results presentation), a reporting session and a rapid reporting session. The resultant sets of marks are considered as a whole to generate a pass or fail. There is no concept of passing one part (e.g. orals) only. There is no ranking of candidates, other than for the purpose of awarding the Rohan Williams medal as described below.

2 Preparation

In advance of each examination sitting, the Senior Examiners meet to agree marking schemes for the sets to be used in the reporting and rapid reporting sessions. All examiners will have prepared their images for the oral assessment in advance, with guidelines on the features and scoring.

3 Scoring

3.1 Rapid Reporting

Candidates report on 30 images and have the opportunity to attain one mark per image, so a maximum of 30 marks. Candidate answer sheets are double marked for QA purposes with any adjudication required provided by the Senior Examiner.

Marks are allocated as shown below (dependent upon the type of image):

Image type	Candidate response	Mark
Normal Image	Correctly classified	+1
	Incorrectly classified (appropriate false positive)	+½
	No answer given	0
Abnormal Image	Correctly classified and correctly identified	+1
	Correctly classified but incorrectly identified	0
	Incorrectly classified (false negative)	0
	No answer given	0

Following the marking exercise each candidate will have a score between 0-30. An overall rapid reporting mark is then awarded on the basis of total marks achieved using the scale below:

Total marks	Overall mark
00-24	4
24½	4½
25-25½	5
26-26½	5½
27	6
27½-28	6½
28½-29	7
29½	7½
30	8

3.2 Reporting

Candidates report on six cases and have the opportunity to attain a maximum 8 marks for each case, so a maximum of 48 marks. The answer booklets are double marked for QA purposes with any adjudication required provided by the Senior Examiner.

Marks are allocated to each case as shown below:

Candidate response	Mark
No answer offered	3
Fail: significant observations missed; correct diagnosis not made	4
Borderline: appropriate if there are two main diagnoses in the case but only one is mentioned; some observations missed	5
Pass: most observations made correctly; principal diagnoses correct	6
Good Pass: additional relevant material included in a "pass" grade answer	7
Excellent: a perfect answer, clear and confident	8

Half marks may be awarded.

Following the marking exercise each candidate will have a score between 18-48. An overall reporting mark is then awarded on the basis of total marks achieved using the scale below:

Total marks	Overall mark
18-25	4
25½-28	4½
28½-31	5
31½-34	5½
34½-37	6
37½-40	6½
40½-43	7
43½-46	7½
46½-48	8

3.3 Orals

Candidates are scored on images shown by two pairs of examiners and have the opportunity to attain a maximum 8 marks from each pair.

Marks are allocated from each pair as shown below:

Performance Description	Comments	Score
Very Poor Answer	Key findings missed even with help Wrong or dangerous diagnosis	4
Poor Answer	Slow to spot abnormality Poor differential diagnosis Needed help to get correct answer	5
Principal findings seen	Some abnormalities seen with help Principal diagnosis correct Limited differential	6
Good Answer	Key findings spotted quickly Correct deductions made and correct diagnosis Good differential offered	7
Excellent answer – all findings seen	Correct diagnosis and deductions No errors Succinct/accurate report Excellent differential	8

4 Pass mark

Following the compilation of marks each candidate will have a score of 4-8 in each component of the examination (two orals, the reporting session and the rapid reporting session). The pass mark in each component is 6, making the overall pass mark 24.

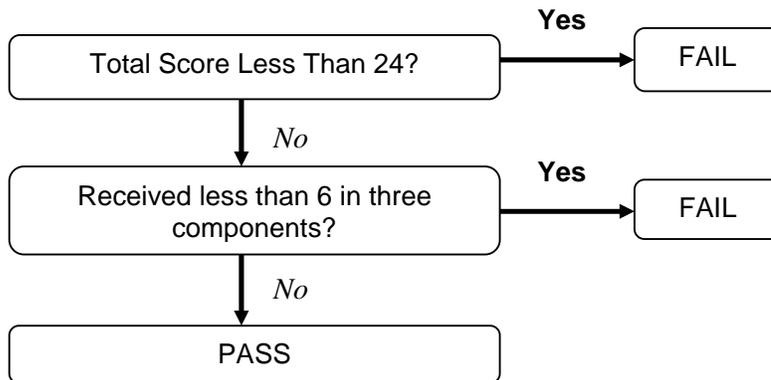
In addition to achieving a score of 24 or above, candidates must obtain a mark of 6 or above in a minimum of two of the four components (i.e. candidates must not have a score of less than 6 in three components). Any candidate not achieving 6 or above in two or more components will be deemed to have failed the examination even if the required score of 24 is attained overall.

5 Borderline candidates

A mark of 23½ represents a borderline fail. Any candidate achieving this result automatically has their scores from all components reviewed. The purpose of this review is not to alter the marks but to revisit the reasons for the marks that have been awarded in order to ensure that failure by half a mark is appropriate.

6 Exam Pass / Fail Decisions

In order to determine the outcome of the examination the following criteria will be applied to each candidate's scores:



7 Rohan Williams Medal

This medal was endowed by donations in memory of Dr Rohan Williams. It can be awarded to an outstanding candidate on recommendation of the Examining Board, based on performance, at each sitting of the examination.

To be considered for the medal, a candidate must be making their first attempt at the examination and have obtained the highest score overall. In the event of a tie, the candidate with the highest scores in the oral component will be awarded the medal.