FINAL FRCR PART B EXAMINATION FOR THE FELLOWSHIP IN CLINICAL RADIOLOGY

SPRING 2016

The Examining Board has prepared the following report on the Spring 2016 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.

EXAMINERS' REPORT – SPRING 2016

Rapid Reporting Session

Candidates should be aware that there is considerable variation in the number of normal cases between papers, and that trying to assess whether they have found sufficient abnormal cases to determine whether the remainder are normal is unlikely to be a successful strategy.
There has been a growing tendency for candidates to lose marks by incompletely or inaccurately identifying an abnormality such that they can only be awarded a half-mark for their response.

For example:

- Identifying a fracture but failing to identify that this is a **pathological** fracture. If an underlying lesion is visible this should be stated, and if possible, characterised e.g." fracture through simple bone cyst"
- Identifying a fracture but failing to accurately describe its anatomic position e.g. if there is a fracture through the base of the fifth metatarsal on a radiograph of the foot, the following responses would not score any marks, as the Examiners cannot be certain that the candidate has identified the correct area of abnormality:
  - Fracture
  - Lucent line through metatarsal
  - Fracture through metatarsal

  The following responses would gain a half-mark:
  - Fracture fifth metatarsal
  - Fracture metatarsal base

  The following response would gain a full mark:
  - Transverse fracture base of fifth metatarsal
  - Fracture base fifth metatarsal

- Identifying a single fracture in a well-recognised fracture complex, where a second fracture would be expected e.g.:
  - Noting only one fracture in paired bones which normally fracture together (radius and ulna, tibia and fibula)
  - Noting only one fracture in a ring structure (mandible, pelvis)

- Identifying an abnormality but failing to accurately localise it e.g. identifying a posterior mediastinal mass, but calling it anterior, or identifying a renal tract calculus but mistakenly stating this lies in the kidney instead of the ureter or vice-versa.

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Candidates at recent sittings have been particularly poor in their interpretation of cervical spine radiographs. Where they have identified an abnormality, they have frequently mis-classified it. Candidates need to distinguish between unilateral and bilateral facet dislocation, fracture-dislocations and isolated fractures.

Reporting Session

There has been a general improvement in the way in which candidates allocate their time between cases. Some candidates still appear to devote too much time to the first two or three cases, to the detriment of their remaining responses. It is far easier to achieve a passing mark overall by providing adequate answers to all six cases rather than giving a detailed response in one or two cases in the hope that this compensates for poor answers in the remaining questions.

Candidates should use their experience and knowledge of disease patterns to ensure that they look for features to confirm or refute their proposed diagnosis. Although limited, the clinical information provided with a case should assist the candidate in narrowing down their differential diagnoses. For example, they should ensure that the diagnosis they offer is appropriate for the age of the patient. Whether the patient presents with acute or chronic symptoms should also affect candidates' analysis of the most likely underlying cause.

Examiners have noted that candidates often omit pertinent negatives: for example, where a diagnosis of malignancy is made, examiners would generally expect candidates to positively mention the absence of evidence of metastatic disease in the areas to which that malignancy frequently spreads.

The Examiners encourage the use of bullet points in preference to long-winded prose, particularly where candidates are listing their observations. Candidates may also find it helpful to consider, having made a primary diagnosis, what other features they should look for that might affect the patient's subsequent management.

Oral Examinations

It has been noted that candidates' knowledge of anatomy is frequently limited, and that many candidates struggle with the interpretation of paediatric imaging – even for common paediatric pathologies. Candidates should be prepared to discuss the management of conditions that they have identified.

With regard to the general approach to the oral cases, candidates should ensure that they complete their analysis of the image that they are shown before requesting to see further investigations. If multiple modalities are shown to a candidate for a given case, each modality is separately marked, and should be seen as an opportunity to gain marks. The Examiners have noted that candidates often ask for the clinical history before even looking at the image that they have been shown, and some candidates have a tendency to look at the examiner for the answer or for visual clues rather than looking at the image.

A good general scheme when presenting a case is to describe the findings, provide an interpretation of the observations, offer a short and pertinent differential diagnosis, and suggest a primary or preferred diagnosis.

Candidates are requested not to start every interpretation with fundamental observations such as: "This is a PA radiograph of a skeletally mature patient…" particularly where the candidate is confident of the diagnosis.

When viewing cross-sectional images, the Examiners advise candidates to be careful not to use the scroll button on the mouse as a stress-reliever! Repeatedly scrolling through the same series of images rarely reveals the answer.

Finally, candidates should be aware that Examiners will be writing throughout the oral examinations: this does not mean that they are not listening to the candidates' responses.