

THE FACULTY OF CLINICAL ONCOLOGY

**TO: TRAINING PROGRAMME DIRECTORS  
REGIONAL POST-GRADUATE EDUCATION ADVISERS**

**COLLEGE TUTORS**

**EXAMINATION CANDIDATES**

**FIRST EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY  
SPRING 2016**

The Examining Board has prepared the following report on the Spring 2016 sitting of the First Examination for the Fellowship in Clinical Oncology. It is the intention of the Specialty Training 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.

**Dr Seamus McAleer**  
Medical Director, Education and Training

**FIRST EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY  
EXAMINERS' REPORT – SPRING 2016**

The pass rates achieved at the Spring 2016 sitting of the First Examination for the Fellowship in Clinical Oncology are summarised below.

	<b>All Candidates</b>		<b>UK-trained Candidates</b>		<b>UK First Attempt Candidates</b>	
<b>Overall*</b>	48/103	46.6%	29/54	53.7%	7/15	46.6%
<b>Cancer Biology &amp; Radiobiology</b>	50/80	62.5%	19/32	59.3%	10/17	58.8%
<b>Clinical Pharmacology</b>	51/87	58.6%	27/42	64.2%	8/17	47.1%
<b>Medical Statistics</b>	60/91	65.9%	29/40	72.5%	14/19	73.7%
<b>Physics</b>	45/81	55.5%	22/40	55.0%	9/18	50%

This examiners' report does not provide an in depth breakdown of performance on individual questions but is intended to guide trainers and candidates by highlighting particular areas of concern. Candidates are reminded that it is recommended that all modules are attempted at the first sitting, to maximise chances of success over the total of four permitted attempts.

### **Cancer Biology**

Some questions which reflected important core knowledge were very well answered by the candidates. Questions which candidates found challenging were on areas of the syllabus relating to normal chromosomal structure and function, normal gene transcription and its control. Other areas where candidate knowledge appeared relatively poor were in cancer stem cells and immunology. There appeared to be evidence of candidates making quick decisions in selecting answers rather than carefully reading the question stem and responses. Some precision was lacking also in the pairing of therapies and underpinning biological processes/targets.

### **Radiobiology**

Overall the candidates performed well and demonstrated a good understanding of radiation biology. Improvement is required with respect to acute whole body exposure, a greater understanding of clinical radio-sensitivity and tolerance dose of normal tissues, and also calculations and consequences of changes in fractionation schedules. Candidates are reminded to choose the 'single best answer'.

### **Clinical Pharmacology**

Overall the examination questions performed well with a good level of discrimination. Candidates performed well in most areas. Areas where candidates performed less well were palliative care prescribing, pharmacokinetics, and dose modifications.

### **Medical Statistics**

Questions that were not answered well related to the statistical principles underlying study design in particular randomised controlled trials. Specific areas of weakness related to the choice of randomisation strategy, early phase trials and sample size/power calculations.

### **Physics**

The following areas have been identified by the examiners as requiring improvement in candidate knowledge and understanding:

- ICRU recommendations
- General UK legislation including: IRR99, IRMER, ARSAC etc
- Practical planning knowledge
- Characteristics of photon beams and the definition of beam quality