

**FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY – PART B**  
**OCTOBER 2021**

The Examining Board has prepared the following report on the October 2021 sitting of the Final Examination for the Fellowship in Clinical Oncology. 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.

**FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY Part B**  
**EXAMINERS' REPORT – OCTOBER 2021**

<b>Categories</b>	<b>Number of passing candidates from total number taking the examination</b>	<b>%</b>
Overall	57 / 79	72%
UK	36 / 46	78%
UK 1 <sup>st</sup> attempters	29 / 34	85%
NHS Contributors	12 / 16	75%
Global	2 / 7	29%
HK	7 / 10	70%
Standalone Part B	23 / 40	58%

**Clinical Examination:**

<b>Total Score in clinicals (range)</b>	<b>Number of candidates (out of 79)</b>
10 – 15	0
16 - 20	4
21 - 25	17
26 - 30	33
31 - 35	22
36 – 40	3

**Oral Examination:**

<b>Total Score in orals (range)</b>	<b>Number of candidates (out of 79)</b>
0 - 25	0
26 – 30	1
31 – 35	3
36 – 40	4
41 - 45	18
46 – 50	27
51 – 55	18
56 – 60	7
61 – 64	1

The examination continues to be delivered online via the MS Team platform with the candidates at one of our remote venues and the examiners based at the RCR premises.

## **Clinical Examination:**

To function at the best level as an oncologist, it is important to have a methodical approach to clinical examination.

Even though the new examination delivery does not permit observing clinical examination and technique, the questions are structured to try to bring out the aspects of clinical examination that would be used in practice. Candidates are asked about interpretation of signs and details of how they might examine a patient.

Candidates should still ask their seniors to observe them examining patients in clinic and to ask for regular feedback on their abilities to detect clinical signs. This should help improve technique under the pressure of being observed, and help candidates feel more confident in this area for a future attempt.

The clinical has always focused on the more practical aspects of clinical oncology such as how to set up patients for radiotherapy. These aspects will continue to feature. The best way to prepare is to spend as much time as possible observing radiotherapy is delivery whilst thinking through the rationale behind patient positioning and beam arrangements.

Skin cases feature in the FRCR clinical, giving candidates an opportunity to demonstrate their knowledge of the various treatment modalities for this situation, such as surgery vs. radiotherapy or the advantages and disadvantages of various radiotherapy modalities.

At this sitting, some candidates seemed confused about the interaction between electrons and lead. It is important that candidates demonstrate a clear understanding of the practical aspects of kV photons or electrons based on first principles from physics.

Breast cases will feature in the FRCR clinical or oral. It remains concerning to the examiners that candidates continue to suggest management based on protocol rather than paying attention to the patient's age and performance status. Many candidates in this sitting advised toxic chemotherapy for a patient who would have been better served by an endocrine approach.

## **Oral Examination:**

The oral exam will feature image interpretation.

Candidates can waste time by starting every image interpretation answer by telling us what type of scan we are seeing.

For example, when an MRI scan image is shown and the question is... "describe the MRI scan," we would like the candidate to state any abnormalities seen and a small number of relevant negatives, if applicable. Candidates do not need to repeat back that this is an MRI scan nor to describe whether it is T1 or T2, we are simply interested in what would normally constitute the concluding lines of a typical radiological report.

## **Summary:**

We wish to acknowledge the way that candidates have coped with any technical issues during their examination. Should technical issues occur, candidates should be reassured that any time lost because of this, will be added back and there will be time for the examiner to check that you are ready to continue in the event of any interruption.

It is recommended that candidates spend as much time as possible on the treatment floor observing patients receiving treatment. They should ask questions of senior colleagues, physics staff and radiographers.

Questions in the FRCR clinical in particular will be set to assess the practical knowledge of patient positioning and set up as well as management of skin cancers. Most of this will be learnt by direct observation of patients undergoing their radiation treatment.

Candidates are reminded to read the question on the screen carefully so as not to lose time by failing to answer the question posed. The most effective way to deal with perceived time pressure will be focussing on understanding the question and answering accurately first time.