

FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY – PART B
OCTOBER 2022

The Examining Board has prepared the following report on the October 2022 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.

EXAMINERS' REPORT

Categories	Number of passing candidates from total number taking the examination	%
Overall	73 / 107	68%
UK	28 / 32	87.5%
UK 1 st attempters	22 / 26	85%
NHS Contributors	8 / 13	62%
Global (all)	37 / 62	60%
HK	17 / 18	94%
India	7 / 23	30%

Clinical Examination:

Total Score in clinicals (range)	Number of candidates (out of 107)
10 – 15	0
16 - 20	10
21 - 25	28
26 - 30	54
31 - 35	13
36 – 40	2

Oral Examination:

Total Score in orals (range)	Number of candidates (out of 107)
0 - 25	1
26 – 30	2
31 – 35	1
36 – 40	18
41 - 45	28
46 – 50	27
51 – 55	24
56 – 60	5
61 – 64	1

The examination continues to be delivered online via the MS Teams platform, with the candidates at our remote venues and the UK examiners based at the RCR premises in London. The October 2022 sitting was the largest ever conducted with 107 candidates examined not just from our UK venues but also remotely

from Hong Kong and India. Whilst India have hosted the First and Final Part A examinations previously, this was the first sitting where they were a Part B examination venue. We are grateful to the staff at Tata Medical Centre in Kolkata for their superb organisation resulting in the smooth running of the examination there.

We would like to thank the local examiners in both overseas centres for their help in examining and marking the candidates. It was a great pleasure to work with such motivated and conscientious colleagues.

During the exam the Board were grateful for all the administrative and IT support provided by the College staff. We would also want to thank the invigilators in the various regional facilities who made it possible. There appeared to be only minor IT issues during this sitting and it was possible to solve almost all of them within a short time.

Feedback :

As a Board we are keen to provide feedback that will prove helpful to future candidates and their trainers.

A common problem continues to be candidates failing to focus their attention on answering the specific question being asked. Examiners cannot award marks (and are reluctant to move on) until this is done. For instance, when asked what “their preferred modality of radiotherapy would be” for a skin case and “why?” then a candidate stating, “Electrons, because.....” will be able to move on quickly to the next slide.

We also spend a great deal of time making sure that we provide important information on key slides. Candidates are reminded to tailor their suggestions / answers to the specific patient described in the scenario. For instance, intensity of follow up will be influenced by age, co-morbidities, frailty and suitability for further treatment.

Good candidates will often finish with significant time to spare and high scores, but others struggle to answer efficiently in the time available. It is important for candidates to practice regularly under simulated time pressure that mimics the exam and learn to focus their answers on key points that are likely to score marks. For instance, when describing treatment with electrons the dose/fractionation, margins, energy, and set up (eg bolus thickness) are key pieces of information to specify in a prompt fashion.

The examiners are keen that every candidate is given an opportunity to score as many points as possible in the time available. If a candidate has taken a particularly long time to answer one question then it is in their interest to be moved on to see, and hopefully answer, later questions. Examiners are experienced in this and will always try to get candidates to the end if possible.

Several examiners commented that poor image interpretation let many candidates down. Clinical oncologists are required to be familiar with common imaging modalities when placing fields and contouring. It is therefore important to be able to identify cancer-related abnormalities in commonly used plain X-rays, CT images and MRI scans. Trainees are encouraged to focus on this in parallel with their planning work.

A final issue noted in this sitting of the exam was a reluctance to start chemotherapy in a patient presenting with cauda equina compression caused by a widely disseminated, highly chemo-sensitive cancer type such as stage IV diffuse large B-cell lymphoma (preferring instead to offer radiotherapy). Since such scenarios can happen as emergency cases on call it is felt important for trainees to be aware of, and manage, such scenarios correctly.

Finally, candidates are reminded that all their sessions are double-marked by experienced examiners against carefully considered mark schemes that can allow a range of acceptable answers depending on the scenario. Nevertheless, if candidates are concerned by something that occurs during their attempt then they are encouraged to approach the College directly and the necessary processes can be followed to investigate and respond.

Summary:

The Autumn 2022 sitting of the FRCR 2B exam was a significant challenge – examining more candidates than ever before, across three time zones and multiple sites simultaneously. We are delighted that it ran very smoothly and would like to thank all the many individuals that made it possible.