The Royal College of Radiologists

FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY – PART B
OCTOBER 2023

The Examining Board has prepared the following report on the October 2023 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	86 / 108	80%
UK	42 / 46	91%
UK 1st attempters	34 / 38	89%
NHS Contributors	16 / 16	100%
Global	28 / 46	61%
HK	13/13	100%
India	8 / 19	42%
Standalone Part B	42 / 55	76%

The examination was delivered online via the MS Teams platform, with the candidates at one of our remote venues, and the UK examiners based at the RCR premises in London. During this exam 108 candidates were examined in the UK, Hong Kong and India (the highest number ever examined in one sitting).

We would like to thank the local examiners in India and Hong Kong for their help in examining and marking the candidates. It was a great pleasure to work with them again.

During the exam the members of 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.

From an IT perspective, things ran very smoothly with only minor incidents. However, a previously noted problem where the “pen” produces an occasional “jump” in a smoothly drawn line occurred again and is to be investigated by the College.

This was the first sitting of the exam to introduce the new structure (particularly the new contouring and communications stations). Examiners were also using domain-based scoring and a system of borderline regression to determine a “sitting-specific” pass mark for the first time. The post-exam statistical analysis has necessitated a delay to the release of the results compared to previous sittings.

We would like to thank everyone involved in this project over the last few years (particularly Dr Rachel Cooper, who chaired the team, and May Elphinstone who provided tireless and very efficient administrative support).

We would also like to thank the role-players who spent a long day examining all the candidates.

Feedback :

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

The following are some general themes that were noted by members of the Board:

In modern radiotherapy it is standard to be given plan assessment forms for plans (prior to prescription) and clinical oncologists are required to decide how to proceed. Candidates are encouraged to be part of this process for plans they have been involved in, and to learn how to make decisions when dose constraints/ planning objectives are not met. For instance, you may need to know when to re-plan, or how to improve problems by changing the set up (eg breath hold techniques, bladder filling), changing prescribed dose or when to proceed whilst accepting risks of late toxicity. We raised this issue after the Spring 2023 sitting of the exam but noted that it remains an on-going issue, with candidates often very unsure how to address these issues.

The exam seeks to test clinical decision making as well as treatment delivery. In some situations, best supportive care can be the most appropriate option for the patient presented. As ever, candidates are advised to imagine the patient being described in their own clinic or ward and are encouraged to describe what they would do in everyday practice for the specific patient described.

In the new format of the exam, domains such as communications and patient centred care are tested throughout the exam. When this is the case, questions are phrased accordingly (e.g How would you discuss this with the patient?" or "How would you explain this to the patient?") and we are asking candidates to summarise the approach they would take to explaining the issues / treatment / situation to the patient described. Please bear this in mind when answering questions. For this sitting, given that this was a new development, examiners tended to adopt a more lenient approach to this but, going forwards, we will be looking to assess the language and medical accuracy of what you would say to a patient (rather than a medical colleague).

Despite advice after several previous sittings of the exam it was noticed that many candidates still seemed very unfamiliar and unsure about how to interpret cone beam images. This is a core skill in modern radiotherapy and, although radiographers often take a lead on it, clinical oncologists are often required to make on-treatment decisions related to image-guidance. Trainees are encouraged to gain experience of this during their attachments.

As always, remember to answer the specific question asked. If we ask how you would define your CTV and what the dose fractionation should be, these are the pieces of knowledge being tested (not patient set up / immobilization, other tests etc). Saying such things will not be scoring points and will simply be wasting your time. However, if we ask for "set up" or use a more general term such as "describe your radiotherapy treatment" then we will be wanting to know about immobilisation devices, bolus, mouth bites, patient position etc.

Communications station

This was new for the exam in this sitting. We were lucky to have 10 very experienced role-playing actors to help deliver the same scenario to all the candidates. We were conscious that this is more challenging for candidates who are doing the exam if English is not their first language and that the approach to certain situations may differ in various parts of the world. However, communications skills are considered a key skill in the RCR curriculum and UK patients expect to work with doctors that appreciate, respond to and acknowledge their views. This is the standard being set for this station.

We need candidates for the exam to demonstrate an ability to pick up on both verbal and non-verbal cues during consultations and respond accordingly. In the scenario used for this exam, candidates were being asked to explain the pros and cons of adjuvant chemotherapy for a patient who found percentages / numbers a difficult concept. The patient was also tempted to explore alternative therapies. We wanted candidates to adjust the way they explained things under these circumstances and wanted the medical information to be both accurate and yet also comprehensible to the patient. Obviously, we also wanted to see candidates being polite and courteous, listening carefully, and being able to pick up and adapt to the patient's specific issues.

Going forwards we are planning to arrange for videos to be posted online with more information on this. Hopefully, with some example consultations.

Contouring station

The examiners felt this station ran well. The more relaxed pace enabled candidates to demonstrate their skills under less time pressure. Most candidates managed to switch between the pen and navigating the image sets without difficulty, but it was noticed that, despite the chance to practice this before starting, some candidates still found this a bit difficult during the session. We are looking to have a downloadable version of a test case that allows candidates to practice more thoroughly prior to the exam. It is important to get used to navigating to a suitable slice in an image set and then being able to point out abnormalities with the cursor.

Additional General Points

Try to avoid stock phrases such as “a metastatic work up”. Instead, outline the specific test(s) you would request.

If scales are provided on a slide it is usually for your benefit – eg to judge tumour depth for electron treatments or to estimate the size of a lesion on a photograph when presenting findings.

Whilst we acknowledge that candidates are not radiologists, there is an expectation that candidates can recognise abnormalities on standard image sequences that would be used in planning sessions.

Image guidance techniques: be familiar with how these are done in your centre, since you may be expected to describe how you would do this for a treatment.

Summary:

The October 2023 sitting of the FRCR 2B exam was delivered successfully.

We were delighted that so many new developments were introduced smoothly and effectively.

The members of the Board would like to offer their thanks to everyone involved in making it happen and congratulate those candidates who have successfully passed.