

**FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY - PART B**  
**APRIL 2021**

The Examining Board has prepared the following report on the April 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.

**EXAMINERS' REPORT – APRIL 2021**

| <b>Categories</b>          | <b>Number of passing candidates from total number taking the examination</b> | <b>%</b> |
|----------------------------|--|----------|
| Overall                    | 54 / 79  | 68%      |
| UK                         | 39 / 55  | 71%      |
| 1 <sup>st</sup> attempters | 33 / 45  | 73%      |
| NHS Contributors           | 14 / 22  | 64%      |
| Global (Malta)             | 1 / 2  | 50%      |
| Standalone Part B          | 17 / 26  | 68%      |

**Clinical Examination:**

| <b>Total Score in clinicals (range)</b> | <b>Number of candidates (out of 79)</b> |
|---|---|
| 10 – 15                                 | 0                                       |
| 16 - 20                                 | 6                                       |
| 21 - 25                                 | 17                                      |
| 26 - 30                                 | 27                                      |
| 31 - 35                                 | 25                                      |
| 36 – 40                                 | 4                                       |

**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                             | 9                                       |
| 41 - 45                             | 16                                      |
| 46 – 50                             | 23                                      |
| 51 – 55                             | 20                                      |
| 56 – 60                             | 5                                       |
| 61 – 64                             | 2                                       |

The examination continued 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.

The clinical component would be examined using 5 clinical style oral questions on powerpoint. The content focused on interpretation of physical signs and practical management. The use of patient photographs and video made this a more realistic experience.

One question was devised in the form of 4 short cases which might arise in a palliative planning session. This was based on issues that arise in everyday practice, and was discussed and approved by the board. There was criticism from some candidates and trainers about the short notice given for the change in format. Whilst accepting that this was brought in a short time before the exam, the content and experience required to answer the question should be common to all suitably trained candidates.

All candidates would be examined on the same 13 questions – 5 for the clinical component and 8 for the orals (held over 2 days). The usual issues of quarantine applied.

Every candidate examination was recorded for second independent marking and review.

Candidates were asked to draw on images where required by giving control of the mouse drawing tool to the candidate remotely.

### **Change to the FRCR marking scheme due to the changes imposed by Covid**

Prior to the Covid-19 pandemic, the FRCR included a 5 station PACES carousel with a real patient in each room, it tested clinical skills, and patient interaction which could not be tested in the oral component.

The established FRCR Part B scoring scheme featured passing rules, notably that a candidate must score 71 marks across the entire 13 station exam (5 clinical and 8 oral), in addition they must pass at least 3 clinical and 5 oral stations to pass the exam overall. If a candidate received 2 or more scores of 1 those scores would be reviewed but to date no candidate has ever failed the exam as a result.

Since the Covid-19 pandemic, the clinicals do not allow candidates to be tested on their ability to find clinical signs and for examiners to get a sense of their approach to a patient. It now focuses on more practical aspects of oncology but delivered in the same Powerpoint format as the oral.

The point was made that the clinical and oral components seemed too similar to justify the passing rules we have used in the past.

This issue was debated with the entire exam board and selected college officers during the examination week.

### **Changes to the scoring were enacted at this sitting.**

- The Examination Board would NOT use the passing rules whilst the exam is in its present Covid secure format with no patient interaction.
- In order to pass the examination a candidate must score 71 and must not fail more than 4 questions across the entire 13 questions (a fail is a total score from 2 examiners of 4 or less).
- This will be to the advantage of candidates since a poor performance in the clinical or oral can be made up in other parts of the exam.

Analysis of the entire Spring 2021 examination has shown that by bringing in this ruling 4 candidates who would have failed by the previous rules, passed, and no candidate failed based on these rules who would have passed based on the previous rules.

### **Advantages of this format are becoming more evident.**

- Every candidate has had exactly the same set of questions to answer.

- The second marking of the interaction using the recording gives time to check what has been said if needed by replaying and allows entirely independent dual marking.
- The availability of the recording has been very valuable and has allowed detailed review of candidate and examiner performance when required.

### **Things to note**

Electrons: some candidates demonstrated poor understanding of the principles of radical treatment with electrons and how the treatment set up and planning might differ from a kV plan.

Practical aspects: As was often the case in the PACES style clinical candidates had difficulty when discussing how best to set up patients for treatment. It is important that these basic practical aspects are understood since they are still very relevant and can be learnt "on the job".

Despite the major changes required to facilitate the exam there remain common themes in the ways the candidates lose marks, it remains critically important to read the information on the slide and tailor your answer to the characteristics of the patient. There are still candidates who will give standard answers when the question demands that co morbidity and performance status are acknowledged even if a candidate may not know exactly how to modify the standard approach.