Clinical Oncology
The Royal College of Radiologists

FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY

SPRING 2017

The Examining Board has prepared the following report on the Spring 2017 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.

Part A

Categories	Number of passing candidates from total number taking the examination	%
Overall	24 / 51	47%
UK	13 / 23	57%
UK 1st Timers	10 / 16	63%
Non-UK trained	11 / 28	39%
Non-UK 1st Timers	8 / 20	40%

Part B

Categories	Number of passing candidates from total number taking the examination	%
Overall	28 / 51	55%
UK	22 / 29	76%
UK 1st Timers	7 / 11	64%
Non-UK trained	6 / 18	33%
Non-UK 1st Timers	2 / 6	33%
NHS Contributors	0 / 4	0%

Clinical Examination:

Total Score in clinicals (range)	Number of candidates (out of 51)
10 – 15	1
16 - 20	6
21 - 25	15
26 - 30	16
31 - 35	9
36 – 40	4

It should be remembered that there is no passing score for the clinicals but in order to pass the examination overall, candidates are required to pass 3 or more clinical stations.

This was the fourth sitting since the release of the instructional video and all candidates indicated that they had viewed it and feedback indicates that it is useful. It is also hoped that trainers will also view the video to understand the exam process better, and focus their teaching.

It should be noted that the clinical video was shot in an examination room whereas most of the clinical encounters will take place in larger rooms with only curtains dividing one station from another. This is not unlike the real life situation of a hospital ward.

Examiners were very concerned when a small number of candidates were considered to show a lack of respect to the patient. These candidates hurt the patient with their examination requiring intervention from the examiner. This is wholly unacceptable and is very likely to result in a fail for that station. Examiners are asked to comment on the candidate's maintenance of patient welfare, in the vast majority there are no issues at all so it is all the more striking and distressing when this does occur.

A few candidates were seen to apply pressure to the top of the head whilst examining for neck nodes. This is unnecessary and very uncomfortable for the patient.

Some candidates still palpate the nipple to look for discharge, once more this has no place in an oncology examination.

Once more there were some strange examples of breast examination. Candidates were seen to examine the breast with just one hand which does not represent best clinical practice.

There were stations where candidates were required to examine for lymph nodes and in many cases this was done in a cursory fashion which meant that nodes were missed. It is important to examine the full extent of a node basin.

Cranial nerve examination was poor from some candidates. Technique was haphazard in a number of cases, resulting in an inability to demonstrate simple signs such as homonymous hemianopia.

Head and neck examination was variable, a number of candidates were very poor at interpreting the intra oral appearance of the mouth for a patient on treatment. Candidates must take the opportunity to examine and review patients receiving radical radiotherapy so that they are familiar with the normal development of an acute radiation reaction.

Examiners have stated that candidates should NOT give a running commentary during their examination since their findings may be incorrect and thus confusing, or worse, distressing for the patient. Examination should be conducted silently as would be the case in the clinic.

Oral Examination:

Total Score in orals (range)	Number of candidates (out of 51)
16 – 20	0
21 - 25	0
26 – 30	1
31 – 35	6
36 – 40	9
41 - 45	9
46 – 50	13
51 – 55	10
56 – 60	4
61 – 64	0

It should be remembered that there is no passing score for the oral examination. Candidates are required to pass 5 or more oral questions.

Since all the information required to answer the question in the orals is on the slide, examiners do now prefer candidates to read the text out loud. This allows the examiner to be sure that the candidate understands the case and if there has been a reading error it can be corrected before the candidate

suggests incorrect management.

Palliative radiotherapy is increasingly planned by radiographers yet it is still important that candidates have a clear understanding of the principles of palliative radiotherapy and can effectively relieve symptoms whilst avoiding undue toxicity. There were a number of instances of fields being far too small to provide relief and others that were unnecessarily large. The patient's general condition as well as other factors such as previous treatment and comorbidity must be accounted for when planning this treatment.

Otherwise there were no specific issues raised by the examiners regarding the oral examination.

Trainers and trainees need to be aware that the Final FRCR Part B is an exam that requires practical understanding, clinical judgement and day to day skills in the practical aspects of radiotherapy and systemic therapy. The best place to learn and experience this is in the working environment rather than in private study.

It is also important that training schemes ensure that trainees have had the opportunity to rotate through all the tumour sites or at least to have been given the chance to "plug any gaps" by the time they attempt the examination.

There appears to be a perception that if a candidate scores more than two "1s" they are at risk of a fail. The published Final Examination for the Fellowship in Clinical Oncology (Part B) Scoring System on the website indicates that the candidate's scores will be reviewed at the final exam board for a decision. The purpose of this is as a final check that the candidate has not made a major error that would seriously compromise patient outcome and that this is not repeated in other parts of the examination. The board will assess performance in other parts of the examination. At the time of writing, no candidate has ever failed the examination as a result of scoring two "1s" having satisfied all other requirements, but examiners still find this a useful final check for such a candidate who has otherwise passed by the criteria of scoring 71 or more and passing 3 or more of 5 clinical stations and 5 or more of 8 oral questions.

It is also important for candidates and trainers to appreciate that the FRCR examiners do try as much as possible to reflect the typical range of problems encountered in regular oncology practice. We accept that oncology is a subject with areas of certainty and uncertainty. There are questions where there might be uncertainty about management and for these questions the right answer is to reflect that. Clearly within a summative examination efforts will be made to ask questions where there are at least clear 'wrong' answers as well as many where there is a clear correct answer. However candidates need to be aware that we are not always expecting a single correct answer, occasionally a discussion of options. Answers stating "I would take this to the MDT" will not be sufficient, candidates will need to have an idea of why they are doing so and the type of treatment options open as well as a view on what might be the preferred outcome.

In order to pass candidates do need to attend MDTs regularly and make sure that their training programme has enabled them to gain broad based experience. Some candidates may not have worked on a specific tumour site since their first rotation and therefore not fully appreciated the nuances of a particular topic area. This may apply to those attempting the examination for the first time.

It is important that candidates have acquired sufficient clinical knowledge and wisdom before they attempt the exam so that they are able to tailor their answers to the individual patient they are being asked about.

Candidates are likely to be asked about management of patients where comorbidity, age and performance status have a significant bearing on the final treatment decision. They are encouraged to discuss this with their training supervisors so that their examination preparation can be appropriately tailored.