



FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY

SPRING 2015

The Examining Board has prepared the following report on the Spring 2015 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 **EXAMINERS' REPORT – SPRING 2015**

Part A

Of the 62 candidates who had taken the examination, 39 were successful, giving an overall pass rate of 63%. 23 of the 33 UK candidates were successful, giving a pass rate of 70% and of the 20 UK 1st timers, 15 were successful giving a pass rate of 75%. 16 of the 29 non-UK trained candidates passed giving a pass rate of 55% and of the 16 non-UK 1st timers, 10 were successful giving a pass rate of 62.5%.

Part B

26 of the 51 candidates who attempted this sitting were successful, giving an overall pass rate of 51%. 24 of the 41 UK candidates were successful giving a pass rate of 58.5%. 13 of the 22 UK candidates attempting the examination for the first time were successful giving a pass rate of 59%. 2 of the 10 overseas trained candidates were successful giving a pass rate of 20%. None of the 6 overseas trained candidates attempting the examination for the first time were successful.

Clinical Examination: 61% of 51 candidates achieved the required standard for this component of the examination.

The examiners were pleased to report that there seemed to be an improvement in breast examination in general but some candidates still missed very obvious masses. The increasing use of neo adjuvant chemotherapy means that these clinical skills are more important now than ever and candidates should take every opportunity to examine patients in breast clinics under supervision.

It was noted that those candidates who successfully identified relevant findings tended to be those with a more systematic approach. A systematic approach should also allow the candidate to complete their examination in time to allow for questioning in the station and so gain maximum marks. This applies to many stations but notably breast, neurological and head and neck.

In general lymphoma knowledge was patchy. Whilst lymphoma patients are generally managed by haematologists it is important that clinical oncologists understand the principles behind lymphoma management, such as an outline of treatment and appropriate investigations at various stages in the disease process.

Lymphoma, head and neck and breast cases allow an assessment of the ability to detect the presence or absence of lymph nodes and this remains an important skill.

Candidates are reminded that this is a clinical examination and the treatments suggested must reflect the general health of the patient being discussed and not to give a textbook answer. The examination does test applied clinical wisdom as well as knowledge.

Oral Examination: 59% of 51 candidates achieved the required standard for this component of the examination.

In the oral examination there was still evidence of poor palliative radiotherapy technique. Attention needs to be paid to simple measures aimed at reducing toxicity, such as avoidance of exit beams through an organ at risk or simple adjustment of beam angles to reduce the volume of lung or bowel without being over complicated. Equally clinical judgement needs to be applied to a situation where an adjacent structure may or may not need to be included in the field to provide effective palliation.

Breast radiotherapy fields may be put on by radiographers according to protocol in many centres but it is still important that trainees take time to learn breast planning first hand. Time in the planning suite critically appraising plans will result in better understanding of most techniques and how to modify them as required.

There was relatively poor understanding of when and how to either retreat or to manage a patient with a previous radiotherapy treatment field.

Summary:

In Part A high pass rates were achieved for UK candidates at their first attempt. The advice remains the same as after the Autumn 2014 sitting that the Part A tests the required background knowledge but a lack of practical experience can be exposed in the Part B. This also applies to the overseas candidates when 62.5% of first time overseas candidates passed the Part A, yet none passed Part B.

In Part B the pass rate for UK trainees attempting the examination for the first time was 58.5%. At the Autumn 2014 sitting the pass rate for UK candidates at their first sitting was the lowest recorded. However on this occasion 10 of 14 UK candidates sitting the exam for the second time were successful giving a high pass rate for this group of 71%. Unfortunately none of the 6 overseas candidates attempting the exam for the first time were successful.

In order to pass candidates do need to attend MDTs regularly and must 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 particularly applies 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 co morbidity, 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.