

Final Exam for the Fellowship in Clinical Oncology – Part B

April 2024

The Examining Board has prepared the following report on the April 2024 sitting of the Final Exam for the Fellowship in Clinical Oncology (CO2B) exam. It is the intention of the Fellowship Exam Board that the information contained in this report should benefit candidates at future sittings of the exams and help those who train them. This information should be made available as widely as possible.

Examiners' Report

Categories	Number of candidates	% passing
Overall	83	61
UK trainee	39	90
NHS Contributors	9	33
Global (all)	35	37

The exam was delivered online via the Microsoft 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, 83 candidates were examined by examiners in the UK and India.

This was the second sitting of the exam using the new structure (with the new contouring and communication stations). The examiners used domain-based scoring and a system of borderline regression to determine the sitting-specific pass mark. This was followed by a post-exam statistical analysis.

From an IT perspective, the exam ran very smoothly with only minor incidents. The previously noted problem where the “pen” produces an occasional “jump” in a smoothly drawn line occurred again. This was investigated and appears to be related to an issue between Microsoft PowerPoint and Teams which is therefore outside the RCR’s control at present. Candidates can be reassured that the examiners are aware of this issue and take it into account when watching a contour being drawn.

Feedback

As an examining 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:

Generally, there was an encouraging feeling that many candidates are taking notice of advice from previous sittings and focussing their answers on the specific questions being asked on the slides. However, there remains a significant group of candidates that lose valuable time repeating information out loud or saying things unrelated to the question. Candidates are advised to practise under time pressure and to try to slim down what they say to the key information required to answer the specific question asked. For instance, if asked for a differential diagnosis, please keep in mind that the only

marks available on that slide will be based on the candidate's list of possible diagnoses. Having a structure to order thoughts can be helpful (e.g. benign and malignant), but the marks are for the diagnoses. If something is much more likely than other rarer options, then that is important to mention too.

In the new format of the exam, domains such as communication 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?". We are therefore 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. We are looking to assess the language and medical accuracy of what to say to a **patient**, not a medical colleague.

Succeeding in the CO2B exam requires a significant competence in spoken English. Candidates do not only require a knowledge of medical vocabulary, but also an ability to demonstrate empathy, understanding and to pick up on verbal cues. Although the College does not specify any particular language qualification, prospective candidates should reflect on this before applying.

Contouring station

Prior to the exam, the RCR emailed candidates a link to a practice site to allow candidates to become familiar with moving through image sets and activating / deactivating the pen for contouring. Examiners realise this is a little fiddly (and the time available for the station reflects this), and therefore advise candidates to practise this in advance to minimise wasted time during the exam. Some candidates were unfamiliar with what to expect, despite this opportunity to prepare in advance.

Oligometastases – these days it is common to treat single sites of metastatic disease in an aggressive way (e.g. with surgery, SABR or radical radiotherapy). In a previously unirradiated site, especially after a good response to chemotherapy, examiners would usually be looking for this sort of answer in the absence of any contraindication.

Some candidates were noted to revert to "protocol" answers in the exam that ignored important issues from the past medical history that had been clearly mentioned. For instance, a large number of candidates wanted to deliver high-dose, post-op, adjuvant pelvic radiotherapy in a pelvis previously treated with 25Gy / 5# and an anterior resection for rectal cancer. Candidates are strongly advised to concentrate on the specific question and scenario presented when reflecting on their treatment strategy.

A high number of candidates seemed to lack first-hand knowledge of how patients need to be positioned on the radiotherapy machine for treatment. Candidates seemed unaware of how to achieve an angled beam into a severely kyphotic upper spine by twisting the couch and altering the gantry angle. There was also uncertainty about positioning a leg for treatment of a lower limb tumour.

At points in the exam, patients were described with problematic symptoms (e.g. nausea, pain, reduced oral intake). It is important not to forget supportive measures such as analgesia, antiemetics, fluids or supported nutrition when answering.

In younger patients being started on chemotherapy it is important to remember fertility issues. A young man starting treatment for germ cell cancer should be offered sperm banking in addition to other pre-chemotherapy steps such as blood tests. Many candidates forgot this (even with a prompt).

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.

Communication station

The RCR Clinical Oncology [curriculum](#) states that candidates are expected to demonstrate that they can “communicate effectively and be able to share decision-making, while maintaining appropriate situational awareness, professional behaviour and professional judgement”.

The communication station in the CO2B exam aims to specifically assess this competency, i.e. to test the communications skills of a candidate over a 10-minute encounter with a skilled role-player. Although other questions in the CO2B exam test this domain, the communication station allows a more in-depth assessment of the key skills required for effective communication.

Candidates receive three separate domain scores (A1: general communication, A2: managing concerns, and A3: effectively communicating an appropriate management plan for the situation) from each of a pair of examiners independently watching the recording.

This station is designed to use common scenarios which are seen routinely in clinical practice in order to assess the candidate’s ability to sensitively handle those scenarios. Examples could include end-of-life discussions, discussion of best supportive care versus active treatment, discussions of the risks and benefits of adjuvant treatments, escalation of care/DNAR discussions and so on. However, there are a wide range of situations that are faced in clinics and on the wards that would be suitable.

Trainers and candidates are advised to consider such scenarios and the skills required for effective communication. These include:

- demonstrating empathy and respect for the patient/relative described in the situation outlined (e.g. under the circumstances, how might they be feeling, what might they want to understand?)
- responding appropriately to verbal and non-verbal cues
- gathering information effectively
- summarising information
- checking information gathered
- checking the patient’s or relative’s understanding
- delivering information in manageable 'chunks'
- avoidance of medical jargon and use of appropriate language which is accessible to the patient.

As mentioned, this station also includes an assessment of the accuracy of the medical information delivered. Therefore, effectively and sensitively delivered information that is actually incorrect or misleading will lose marks.

New videos will be added to the website, using simulated scenarios of effective and less effective consultations, ahead of the November 2024 exam. These will have summary overviews of the skills demonstrated and include discussions with the role players.

Summary and acknowledgements

The April 2024 sitting of the CO2B exam was delivered successfully. The members of the Board congratulate those candidates who have successfully passed.

The members of the Board offer their sincere thanks to everyone involved in this sitting. This includes the local examiners in India for their help in examining and marking the candidates, the administrative and IT support provided by RCR staff, the invigilators at each exam venue and the role players who spent a long day examining all the candidates in the communication station.