CO2A Examiner Report Spring 2026

Candidate	Number Sitting	% Pass
All	162	67.3
UK	61	75.4
UK First Sitting	43	74.4
Global	101	62.4
Exam KR20 = 0.91		

General

The examination was delivered online via the Speedwell platform, with candidates attending one of our remote venues. During this exam 162 candidates were examined with 38% being within the UK.

From an IT perspective, things ran very smoothly with no major incidents reported on the day.

We would like to thank all the exam and college staff, invigilators and centres as well as all the members on the CO2A board for their hard work and efforts. It is recognised and much appreciated and without you this exam would not have been possible.

Post Exam Analysis

Following the post exam review and results being posted, the RCR became immediately aware of an issue with one question that ran in the exam from an internal member of staff checking processes. This was due to an isolated human error and on re-calculating the results it did not affect any candidate pass/fail result. For this reason, candidates were informed via letter after the 2b exam sitting as we did not wish to stress or distract from their preparation and we have done a full internal investigation into this and put further safety checks in place to reduce further risk of this one-off event recurring. It has been reported to the regulatory body who were satisfied with our approach and actions and comfortable this is one-off event than issue with integrity or quality of exam. We apologise to all candidates affected for any stress caused.

Feedback

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

This was the first sitting with the revised breakdown. This had been updated on the RCR website with appropriate notice from 2025.

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EXAM BREAKDOWN (Section)	NUMBER (Total 240)
Breast	**24**
Respiratory	**24**
CNS	**12**
Head & Neck	**24**
Upper GI	**16**
Lower GI	**24**
Urology	**24**
Gynaecology	**24**
Haematology	**8**
Skin	**12**
Radiology & Imaging	**12**
Miscellaneous	**36**
Sarcoma = 8 *Paediatrics = 2* *Thyroid = 8* *Acute Oncology/CUP = 12* *Misc (e.g. Pharmacology, Regulations, palliative care) = 6*	

The reduction in the number of clinical oncologists involved in haematological malignancies and previous feedback from candidates and trainers has led to board instigating the change and reduction in number of haematology questions.

Staging:

Regarding staging – we are aware some centres have or are about to implement TNM 9 but this will take time to be properly embedded. We will continue to examine using TNM 8 for 2026. Changeover will be in unison with the other exams and the candidate guidance page updated with plenty of notice.

General Feedback:

The following comments are in response to questions raised from candidates following the exam sitting in order to aid trainee and trainers when preparing for the examination:

The board wish to remind candidates that the exam is formatted as a **SINGLE BEST ANSWER**. We recognise and appreciate there are variations in certain surgical techniques, radiotherapy techniques, and SACT approvals and practices. The board recruitment is deliberately focussed to try to get as much multi-consultant tumour presence as possible as well as wide range of representation from around the UK. We also have associate specialist representation on the board who are recently qualified FRCR fellows in order to aid with the question writing and question bank review processes

to ensure fairness. We cannot however account for all variations in practice and take care when designing the 5 stems that there is one Single Best Answer out the options. It may not be what your centre does but will be the most appropriate option related to the stem and out of the options given.

The board is also acutely aware, as practicing consultant oncologists, of the rapidly changing and advancing nature of the speciality, especially in regards to systemic anti-cancer therapy. The exam goes through a rigorous multi-step process from question selecting to standard setting in order to determine each exam sitting pass rate to internal and external proof reads. This process takes approximately 6-9 months from start to finish. The board reviews and takes into account what is not only licenced and internationally used but more importantly what is NICE and devolved nation approved (e.g. SMC) and so standard of care throughout the UK. There can be delays or differences between NICE and the other UK regions and these often lag behind European and FDA approvals. We are also aware that even when approved it can take time for local cancer centres approvals and protocols to be completed and variations in clinician uptake time.

We appreciate that candidates often only have 4-6 month rotations through tumour sites and the arduous length of time and effort they put in studying for this exam. For all those factors and most importantly fairness to all candidates, we are careful when it comes to incorporating new regimes or treatments into the live exam. We tend to not to edit to add anything "hot-off-the-press" that has been approved within the few weeks or couple of months leading up to the exam sitting. Although the new regime might not be an option there will be a Single Best Answer within the 5 options provided and in relation to the clinical stem for candidates to choose from.

With movement from static beams and field placement to more conformal radiotherapy, radiotherapy questions have had to adapt to take this into account. We encourage candidates to not only gain experience in voluming but also plan approval, dose constraints, on-treatment imaging and management of common set-up issues as part of their training. These are all competences and skills required for independent and safe radiotherapy treatment delivery.

We will continue to examine as per TNM 8 and will make it clear on website when the FRCR Clinical Oncology exams will move to the TNM 9 format.

Candidates are often excellent and focussed in attachments at learning staging and initial management as well as the toxicity associated. We encourage candidates to also appreciate that part of an informed discussion and consent process is also being able to explain the benefit e.g median survival benefit/prognosis. These are often asked and are most meaningful parts of the consultation for the patient to determine how they wish to proceed. Prognosis or median survival benefit questions perform variably despite stem and ranges being carefully written.

Summary:

The Spring 2026 FRCR CO2A exam sitting has performed similar to previous sittings and exam performance statistics were of a reliable and excellent standard. The members of the Board would like to offer their thanks to everyone involved in making it happen, apologises once more to candidates with the issue post results and wish to reassure once again this has not affected anyone's pass/fail and congratulate those candidates who have successfully passed and wish them all the best for FRCR 2B exam.