

The Faculty of Clinical Oncology

**TO: TRAINING PROGRAMME DIRECTORS
REGIONAL POST-GRADUATE EDUCATION ADVISERS
COLLEGE TUTORS
EXAMINATION CANDIDATES**

**FIRST EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY
SPRING 2026**

The Examining Board has prepared the following report on the SPRING 2026 sitting of the First Examination for the Fellowship in Clinical Oncology. It is the intention of the Specialty Training 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.

Dr Louise Hanna
Medical Director, Education and Training

**FIRST EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY
EXAMINERS' REPORT – SPRING 2026**

The pass rates achieved at the SPRING 2026 sitting of the First Examination for the Fellowship in Clinical Oncology are summarised below.

	All Candidates		UK-trained Candidates		UK 1 st attempt Candidates	
	Pass Rate	Number	Pass Rate	Number	Pass Rate	Number
Cancer Biology & Radiobiology	69%	116/167	80%	48/60	79%	31/39
Clinical Pharmacology	69%	119/172	72%	44/61	72%	31/43
Medical Statistics	60%	122/205	68%	47/69	70%	31/44
Physics	62%	116/188	66%	44/67	68%	26/38

This examiners' report does not provide an in-depth breakdown of performance on individual questions but is intended to guide trainers and candidates by highlighting particular areas of concern. Candidates are reminded that it is recommended that all modules are attempted at the first sitting, to maximise chances of success over the total of six permitted attempts.

Cancer Biology and Radiobiology

The examiners are pleased to report a high overall standard of achievement across candidate groups in Cancer Biology. This included strong performance among candidates undertaking the examination for the first time, indicating thorough preparation and a sound understanding of the core concepts.

Within Cancer Biology, certain areas were found to be more challenging. These included questions relating to the role of the immune system (1.5), particularly in the context of therapeutic interventions; the control of normal cell growth (1.3); and cancer stem cells (1.1.7). Future candidates are advised to place additional emphasis on these topics during their revision to support optimal performance.

While a different cohort will undertake the examination in the next sitting, these observations serve to highlight areas that have historically required closer attention. Candidates are also advised to read each question carefully to ensure that all components are addressed fully and appropriately.

The overall pass rate of the S26 exam is slightly lower compared to the A25 exam, but still higher compared to A24 and S25 exams. This seems to be mainly attributed to the lower pass rate of the non-UK participants, as the pass rate of UK and UK 1st attempt participants is at the same level compared to previous exams. This might indicate that non-UK participants were less prepared for the S26 exam.

The majority of the Radiobiology questions demonstrated good performance based on 33% discriminator and point biserial. Four questions were flagged as being too easy and therefore distractors have been reviewed. These questions however have been included in the exam only once. Therefore, it was decided not to change the questions, neither the distractors. Upon next performance, the questions/distractors can be reconsidered.

For one question, candidates went for a distractor rather than the correct answer. The question itself is a good question, as confirmed by the exam board, but shows variable performance between different exams, suggesting insufficient knowledge or understanding about the topic for this exam session.

Clinical Pharmacology

The examiners were pleased to see a good breadth of knowledge demonstrated by the candidates, particularly around mechanism of action of cytotoxic drugs.

Attention should be drawn to a deeper understanding of targeted agents and signalling pathways.

Candidates should ensure they understand underlying mechanisms of toxicity which can be dose or drug dependent, and the rationale behind treatment dose adjustments.

It remains important to have a working understanding of the analgesic ladder and opioid conversions.



Medical Statistics

Candidates need to be familiar with good clinical practice (GCP) guidance and aware of clinical trial directives.

They also need to be able to **calculate** positive predictive value and negative predictive value of tests when provided with their sensitivity and specificity, as well as the incidence of the underlying condition.

Candidates need a better understanding of the concept of source population as applied to patient recruitment for trial. Questions related to this topic have been answered poorly on more than one sitting.

Candidates need a better understanding of interim analysis as related to clinical trials.

Physics

Candidates performed particularly well on questions relating to principles of basic physics relevant to radiotherapy e.g. electrons shells/atomic structure, electro-magnetic radiation and beam characteristics. Candidates also performed well on principles of Dosimetry standards and calculation questions related to Half-life/Air Kerma Rates.

Candidates would benefit from a better understanding of the following: proton beam characteristics, particle interactions including Compton scatter /Pair production/Photoelectric effect, and calculations related to inverse square law.

Specifically, we encourage candidates to review electron beam particle physics relating to dose/energy, and treatment planning quality assurance processes including plan error detection methods.

We would also like to highlight again to candidates to ensure they remain up to date and familiar with guidance/legislation from relevant ICRU reports and IRR/IR(ME)R regulations.

