Clinical Oncology
The Royal College of Radiologists

FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY Part B

APRIL 2022

The Examining Board has prepared the following report on the April 2022 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 Part B EXAMINERS' REPORT – APRIL 2022

Categories	Number of passing candidates from total number taking the examination	%
Overall	44 / 87	51%
UK	27 / 32	84%
UK 1st attempters	17 / 21	81%
NHS Contributors	8 / 17	47%
Global	9 / 38	24%
Standalone Part B	30 / 52	58%

Clinical Viva Examination:

Total Score in clinicals (range)	Number of candidates (out of 87)
10 – 15	0
16 - 20	11
21 - 25	28
26 - 30	32
31 - 35	12
36 – 40	4

Oral Examination:

Total Score in orals (range)	Number of candidates (out of 87)
0 – 25	0
26 – 30	0
31 – 35	4
36 – 40	20
41 - 45	21
46 – 50	27
51 – 55	13
56 – 60	2
61 – 64	0

This was the fourth sitting of the FRCR Part 2B since the exam moved to an “online-only” format. At this sitting it was possible for many overseas candidates to finally participate after a period where UK trainees have had to be prioritised due to Covid restrictions.

During the exam the Board were grateful for all the administrative and IT support provided by the College staff. We would also want to thank the invigilators in the various regional facilities who made it possible. There appeared to be only minor IT issues during this sitting and it was possible to solve almost all of them within a short time.

Candidates will be aware that before starting each part of the exam there are some preparation slides to ensure that everything is ready, including good sound quality. It was noted that some candidates (perhaps through nerves) altered their position quite a lot during the exam and this could adversely affect sound quality. Clearly this can impede the smooth running of the exam, so staying reasonably still during the exam is ideal.

Clinical Viva Examination:

In the current format of the exam, this set of questions consists of cases that test observation of physical signs and also knowledge that is required to assess patients at the bedside or in the radiotherapy department.

Examination is considered an essential skill for oncologists working in the clinic and on the wards. The Board expects candidates to be familiar with assessing clinical signs and interpreting the results (eg using the information to determine the likely site of pathology).

In general, across the clinical part of the exam, there seemed to be a lack of knowledge around neurological examination and interpreting the signs correctly. This was perhaps most apparent in the case assessing neurology in the arm but also in the ocular palsy question.

The question testing image guidance also proved very discriminating. This is an integral component of modern radiotherapy and clinicians need to be able to interpret and make decisions based on such information. Although the majority of cone beam CTs are usually reviewed by radiographers it is common practice to be asked to review problem cases and decide on re-planning or whether to proceed. Candidates are strongly recommended to gain experience of this in their departments.

Oral Examination:

In the oral part of the exam great care is taken to phrase questions precisely. The examiners are conscious of the time pressure involved in sitting the exam and really want candidates to focus their time answering the specific question being asked. For instance, if asked to state radiotherapy dose and fractionation then that is the only information being tested on that slide and no marks are going to be given for anything else. Candidates should note that if final staging information is specifically provided (e.g. Stage T3N1M0) then

listing further staging investigations is no longer necessary and the question will most likely be moving on to treatment.

It should also be noted that great care is taken with the information presented about the specific case. Candidates are reminded that we are looking to judge what they would do in the circumstances presented. Factors like age, performance status and co-morbidities are there to enable informed decisions on treatment.

Candidates are also reminded that there are a wide range of scenarios in head and neck cancer that can be tested in the exam. It is important to prepare for the exam by considering the management of cancers in all parts of the head and neck region, with knowledge of how surgical and oncological treatments are chosen in different circumstances. There was a feeling that several candidates were unfamiliar with the management of the anterior tongue tumour in this exam.

Summary:

The Board want candidates to do well in the exam and pass it if they have reached the required standard. It is frustrating if candidates fail to answer the specific question being asked, for the specific patient described, and either run out of time or perform less well than they were capable of. We strongly recommend candidates practicing this carefully before the exam.