FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY

AUTUMN 2016

The Examining Board has prepared the following report on the Autumn 2016 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 – AUTUMN 2016

Part A

Of the 49 candidates who had taken the examination, 34 had been successful, giving an overall pass rate of 69%. 26 of the 33 UK candidates were successful, giving a pass rate of 79% and of the 28 UK 1st timers, 23 were successful giving a pass rate of 82%. 8 of the 16 non-UK trained candidates passed giving a pass rate of 50% and of the 8 non-UK 1st timers, 4 were successful giving a pass rate of 50%

Part B

Of the 57 candidates who had taken the examination, 24 had been successful, giving an overall pass rate of 42%. 19 of the 35 UK candidates were successful, giving a pass rate of 54% and of the 26 UK 1st timers, 14 were successful giving a pass rate of 54%. 4 of the 19 non-UK trained candidates passed giving a passed rate of 21% and of the 7 non-UK 1st timers, 2 were successful giving a pass rate of 29%. Of the 3 NHS contributors who took the examination, 1 was successful giving a pass rate of 33%.

Clinical Examination: 31 (54%) of the 57 candidates met the required standard for this component of the examination.

This was the third sitting since the release of the instructional video and all candidates indicated that they had viewed it and feedback indicates that it is useful. It is also hoped that trainers will also view the video to understand better the exam process and focus their teaching.

It should be noted that the clinical video was shot in an examination room whereas most of the clinical encounters will take place in larger rooms with only curtains dividing one station from another. This is not unlike the real life situation of a hospital ward. Some examiners commented that some of the candidates spoke extremely quietly, the examiners need to be able to hear the responses first time without having to ask for the answer to be repeated and so candidates are encouraged to speak clearly and directly to the questioning examiner.

The patients had clear physical signs and yet in one patient with a palpable liver this was missed by a number of candidates because of poor technique. Some signs were obvious on inspection if done carefully yet efficiently, this applied to a patient will a small but readily seen lump on the chest causing tethering of the skin.

Once more there were some strange examples of breast examination, candidates were seen to examine the breast with just one hand which did not seem to reflect the sort of technique used in clinic. Some looked for nipple discharge by squeezing the nipple. Whilst this might appear in some videos for new patient breast examination it is not appropriate for the patients volunteering to be examined in the FRCR.

There is still a lot of variation in the willingness to measure the size of lesions across all clinical stations, if this is relevant to the case or the design of treatment candidates are encouraged to measure lesions.

Oral Examination: 27 (47%) of the 57 candidates met the required standard for this component of the examination.

A common feature in the clinical and the oral examination was a poor understanding of the measures taken during treatment to account for changes in the patient's position during treatment as a result of weight changes or an unstable set up. It will be an advantage for candidates to spend time with the radiographers on the treatment floor to understand in practical detail, how they implement Image guided radiotherapy

Otherwise there were no specific issues raised by the examiners regarding the oral examination.

This element of the examination continues to be answered less well than the clinicals and may reflect candidate inexperience in all tumour sites. Ideally all candidates should have spent time covering all major tumour sites before attempting the Final Part B examination

Summary:

In Part A pass rates for UK candidates attempting the exam for the first time were consistent with previous years at 82%. The pass rate for UK candidates overall was 79% in the Part A. Pass rates amongst the non UK candidates attempting the exam for the first time were good at 50% although down on Spring 2016.

The pass rate for UK trainees attempting the Part B examination for the first time was 54%. The pass rate for those candidates from the UK attempting both Part A and Part B for the first time was 13 out of 23 (46.4%), with 5 candidates failing Part A and 10 of the 23 progressing to Part B failing the exam. The number of candidates passing Part A at the first attempt was particularly high.

The pass rate for the UK candidates attempting Part B for the first time but having required more than one attempt at Part A was 1 out of 3 (33%) whereas the pass rate for those UK trainees attempting the Part B for a second or subsequent time was low at 55%

The pass rate for overseas candidates was 4 out of 19 (21%) Two (29%) overseas candidates out of 7 attempting the Part B exam for the first time were successful, and both overseas candidates attempting both Part A and Part B for the first time were successful.

In order to pass candidates do need to attend MDTs regularly and 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 may apply 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.