

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 2015

The Examining Board has prepared the following report on the Spring 2015 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 Seamus McAleer Medical Director, Education and Training

FIRST EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY EXAMINERS' REPORT – Spring 2015

The pass rates achieved at the Spring 2015 sitting of the First Examination for the Fellowship in Clinical Oncology are summarised below.

	All Candidates		UK-trained Candidates		UK First Attempt Candidates	
Overall	40/76	52.6%	23/42	54.8%	6/15	40%
Cancer Biology & Radiobiology	49/68	72.1%	23/27	85.1%	14/17	82.4%
Clinical Pharmacology	38/63	60.3%	18/28	64.3%	13/19	68.4%
Medical Statistics	46/71	64.8%	30/40	75%	16/23	69.6%
Physics	43/72	59.7%	26/38	68.4%	12/20	60%

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. The Examining Board noted that few candidates attempted all modules of the examination. 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 four permitted attempts.

CANCER BIOLOGY

Overall the candidates performed well in this module. There was a lack of knowledge about protein structure which is an important component of how mutations can lead to changes in biology. The overall paper was deemed by the clinical examiners to test appropriate knowledge across the full range of topics.

RADIOBIOLOGY

Candidates showed good basic knowledge in a range of radiobiological areas including DNA damage and repair. Further understanding is needed around LET effects, Normal tissue effects and tolerances. Candidates also need to understand key aspects of sub lethal damage and doserate effects.

CLINICAL PHARMACOLOGY

This module was generally answered well by the candidates. Questions that were answered poorly concerned mechanisms of action of chemo- and targeted therapies, pharmacokinetics, and analgesics.

MEDICAL STATISTICS

In general the candidates performed well in this module. Areas where the candidates would benefit from more revision are as follows:

- Sensitivity & specificity need to understand changes in PPV and NPV when the proportion of patients with disease changes.
- Calculations around the effect of relative risk reduction were poorly done.
- Survival outcomes theoretical questions were well answered but the candidates also need to be able to apply the theory to "real life" situations.
- Emphasise different reporting requirements between expected and unexpected serious adverse events.

PHYSICS

Candidates performed well on brachytherapy, basic particle physics and machine QA questions.

Areas requiring improvement are as follows:

- Physics of proton beams
- Processes involved in Particle interactions
- Factors affecting surface dose for external beam radiotherapy
- Principles of IMRT planning and prescribing practice
- Verification imaging protocols and management of set-up errors

The examiners also recommend that candidates spend time with the radiographers treating patients (in order to improve their appreciation of the difficulties of patient set-up).