# Final Examination for the Fellowship in Clinical Oncology – Part B
## November 2024

The Examining Board has prepared the following report on the November 2024 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.

## Examiners' Report

| Categories | Number of candidates | % passing |
|---|---|---|
| Overall | 88 / 120 | 73% |
| UK trainee | 41 / 45 | 91% |
| NHS Contributors | 15 / 22 | 68% |
| Hong Kong | 10 / 10 | 100% |
| Global | 22 / 43 | 51% |

The examination was delivered online via the MS Teams platform, with the candidates at one of our remote venues, and the UK examiners based at the RCR premises in London.  During this exam 120 candidates were examined in the UK, Hong Kong and India.

We would like to thank the local examiners in India and Hong Kong for their help in examining and marking the candidates. It was a great pleasure to work with them again.

During the exam the members of 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 and the very professional role-players who spent a long day examining all the candidates in the communications station.

From an IT perspective, things generally ran very smoothly with only minor incidents. As mentioned in previous reports, the examiners are fully aware that the "pen" can produce an occasional "jump" in a smoothly drawn line when candidates use it to draw on slides. This has been investigated by the RCR IT team and seems to be related to an issue between Powerpoint and Teams which is therefore outside our control at present. Candidates can be reassured that the examiners understand the issue and take it into account when watching a contour being drawn.

## Feedback

The following are some general themes that were noted by members of the Board:

A recurring theme in previous reports has been the Board stressing the importance of candidates needing to focus their answers on the specific questions being asked on the slides. A lot of thought goes into the

wording of these and it is important to read these carefully before responding. Candidates who do this are more likely to score well and will avoid putting themselves under unnecessary time pressure. Even using just 5-10 seconds per slide to say unrelated things soon adds up to a wasted minute across a question and that is a significant proportion of the 5.5 minutes available.

There remains a significant group of candidates that disadvantage themselves by failing to do this. Candidates should practice under time pressure and really try to slim down what is said to the key information required to answer the specific question being asked.

In the new format of the exam, domains such as "communications" and "patient centred care" are tested throughout the exam. When this is the case, questions are phrased accordingly (e.g How would you discuss this with the patient?" or "How would you explain this to the patient?") and we are asking candidates to summarise the approach they would take to explaining the issues / treatment / situation to the patient described. Candidates should bear this in mind when answering these questions. We are looking to assess the language and medical accuracy of what you would say to a patient (rather than a medical colleague).

In this sitting standard palliative radiotherapy was not done well in many questions. This is considered a core skill that trainees need to learn. If this is done by radiographers in your centre then ensure you get adequate experience of how to do it prior to the exam.

## Communications station

Often the most effective communications occur when candidates very carefully watch and listen to the role player during the encounter. The role players are experienced actors and their body language, tone of voice and what they say are calibrated to the situation. Reacting to what they say, allowing them time to speak and checking they understand what you are saying are important. Try and use vocabulary that is clear and understandable to the individual you are speaking to. Try to avoid jargon or euphemisms that can simply be confusing. Remember you are being scored on how well you identify and address the role player's concerns. This is best achieved by picking up on both verbal and non-verbal cues from the actor. This is why listening and observing carefully are important. Candidates are also scored on the accuracy and clarity of the medical information being provided. Try and imagine the scenario is as real as possible and try to adopt an appropriate demeanour / manner that befits the topic being discussed.

## Contouring station

An instructional video and a means to practice using the pen and scrolling through image series will be available through the College website. This will allow candidates to become as familiar as possible with moving through image sets and activating / deactivating the pen for contouring before the exam. Examiners realise this is a little fiddly (and the time available for the station reflects this) but candidates would be wise to practice this in advance to minimise wasted time during the exam. There remains a feeling that some candidates were unfamiliar with what to expect on the day.

Bear in mind that if scrollable image sets are provided then using them for the requested task will usually help to do this more accurately eg establishing what is a blood vessel or confirming with a lung PET scan if an abnormality on the planning CT is active disease or lung atelectasis.

As much as possible please take care with what is drawn. The examiners will mark according to what is actually drawn (although allowance can sometimes be made depending on what is being said eg "I'm sorry but I meant to trim off the bone there")

Various solutions now exist for OAR drawing in planning systems (eg planning staff doing it or AI generated contours) but there is an expectation that candidates can do this themselves as required (after all, it is a clinician's job to ensure that these are correct when reviewing plans). Contouring cases may involve outlining of OARs as a result.

# Summary

The November 2024 sitting of the FRCR 2B exam was delivered successfully. The members of the Board would like to offer their thanks to everyone involved in making it happen and congratulate those candidates who have successfully passed.

Summary

marks available on that slide will be based on the candidate's list of possible diagnoses. Having a structure to order thoughts can be helpful (e.g. benign and malignant), but the marks are for the diagnoses. If something is much more likely than other rarer options, then that is important to mention too.

In the new format of the exam, domains such as communication and patient-centred care are tested throughout the exam. When this is the case, questions are phrased accordingly, e.g. "How would you discuss this with the patient?" or "How would you explain this to the patient?". We are therefore asking candidates to summarise the approach they would take to explaining the issues / treatment / situation to the **patient** described. Please bear this in mind when answering questions. We are looking to assess the language and medical accuracy of what to say to a **patient**, not a medical colleague.

Succeeding in the CO2B exam requires a significant competence in spoken English. Candidates do not only require a knowledge of medical vocabulary, but also an ability to demonstrate empathy, understanding and to pick up on verbal cues. Although the College does not specify any particular language qualification, prospective candidates should reflect on this before applying.

## Contouring station

Prior to the exam, the RCR emailed candidates a link to a practice site to allow candidates to become familiar with moving through image sets and activating / deactivating the pen for contouring. Examiners realise this is a little fiddly (and the time available for the station reflects this), and therefore advise candidates to practise this in advance to minimise wasted time during the exam. Some candidates were unfamiliar with what to expect, despite this opportunity to prepare in advance.

Oligometastases – these days it is common to treat single sites of metastatic disease in an aggressive way (e.g. with surgery, SABR or radical radiotherapy). In a previously unirradiated site, especially after a good response to chemotherapy, examiners would usually be looking for this sort of answer in the absence of any contraindication.

Some candidates were noted to revert to "protocol" answers in the exam that ignored important issues from the past medical history that had been clearly mentioned. For instance, a large number of candidates wanted to deliver high-dose, post-op, adjuvant pelvic radiotherapy in a pelvis previously treated with 25Gy / 5# and an anterior resection for rectal cancer. Candidates are strongly advised to concentrate on the specific question and scenario presented when reflecting on their treatment strategy.

A high number of candidates seemed to lack first-hand knowledge of how patients need to be positioned on the radiotherapy machine for treatment. Candidates seemed unaware of how to achieve an angled beam into a severely kyphotic upper spine by twisting the couch and altering the gantry angle. There was also uncertainty about positioning a leg for treatment of a lower limb tumour.

At points in the exam, patients were described with problematic symptoms (e.g. nausea, pain, reduced oral intake). It is important not to forget supportive measures such as analgesia, antiemetics, fluids or supported nutrition when answering.

In younger patients being started on chemotherapy it is important to remember fertility issues. A young man starting treatment for germ cell cancer should be offered sperm banking in addition to other pre-chemotherapy steps such as blood tests. Many candidates forgot this (even with a prompt).

Whilst we acknowledge that candidates are not radiologists, there is an expectation that candidates can recognise abnormalities on standard image sequences that would be used in planning sessions.

**Communication station**

The RCR Clinical Oncology curriculum states that candidates are expected to demonstrate that they can "communicate effectively and be able to share decision-making, while maintaining appropriate situational awareness, professional behaviour and professional judgement".

The communication station in the CO2B exam aims to specifically assess this competency, i.e. to test the communications skills of a candidate over a 10-minute encounter with a skilled role-player. Although other questions in the CO2B exam test this domain, the communication station allows a more in-depth assessment of the key skills required for effective communication.

Candidates receive three separate domain scores (A1: general communication, A2: managing concerns, and A3: effectively communicating an appropriate management plan for the situation) from each of a pair of examiners independently watching the recording.

This station is designed to use common scenarios which are seen routinely in clinical practice in order to assess the candidate's ability to sensitively handle those scenarios. Examples could include end-of-life discussions, discussion of best supportive care versus active treatment, discussions of the risks and benefits of adjuvant treatments, escalation of care/DNAR discussions and so on. However, there are a wide range of situations that are faced in clinics and on the wards that would be suitable.

Trainers and candidates are advised to consider such scenarios and the skills required for effective communication. These include:

- demonstrating empathy and respect for the patient/relative described in the situation outlined (e.g. under the circumstances, how might they be feeling, what might they want to understand?)
- responding appropriately to verbal and non-verbal cues
- gathering information effectively
- summarising information
- checking information gathered
- checking the patient's or relative's understanding
- delivering information in manageable 'chunks'
- avoidance of medical jargon and use of appropriate language which is accessible to the patient.

As mentioned, this station also includes an assessment of the accuracy of the medical information delivered. Therefore, effectively and sensitively delivered information that is actually incorrect or misleading will lose marks.

New videos will be added to the website, using simulated scenarios of effective and less effective consultations, ahead of the November 2024 exam. These will have summary overviews of the skills demonstrated and include discussions with the role players.

# Summary and acknowledgements

The April 2024 sitting of the CO2B exam was delivered successfully. The members of the Board congratulate those candidates who have successfully passed.

The members of the Board offer their sincere thanks to everyone involved in this sitting. This includes the local examiners in India for their help in examining and marking the candidates, the administrative and IT support provided by RCR staff, the invigilators at each exam venue and the role players who spent a long day examining all the candidates in the communication station.