

# Final Examination for the Fellowship in Clinical Oncology (Part B)

## Scoring System

### 1 Context

The Final FRCR (Part B) Examination consists of five clinical stations and eight structured oral assessments, each conducted and independently marked by two examiners. The 13 sets of marks are considered as a whole to generate a pass or fail. There is no concept of passing one part (e.g. clinical) only. There is no ranking of candidates, other than for the purpose of determining the recipient of the Gold Award as described below.

### 2 Preparation

At the start of each clinical session the Senior examiner will meet each pair of examiners and agree the specific features of the case that candidates will be expected to address and how these should be reflected in scoring. Questions for the oral assessment are prepared in advance, with guidelines to examiners on the features and scoring.

### 3 Marking Scheme

At the end of each station each examiner rates the candidate on a scale of 1 to 4 where:

- 1 = Clear fail
- 2 = Bare fail
- 3 = Bare pass
- 4 = Clear pass

A sheet of anchor statements describing the characteristics shown by candidates (regardless of specific case) that would lead to different ratings is provided to examiners for reference and shows below.

Any station where a candidate's total score is 6 or above is deemed to have been passed, 5 is borderline and less than 5 failed (but candidates can fail some stations and still pass the overall examination – see below).

Examiners must not confer before recording marks. After recording scores examiners may compare marks purely in order to identify any major discrepancies and misunderstandings – these must be brought to the attention of the Senior examiner before any marks are adjusted.

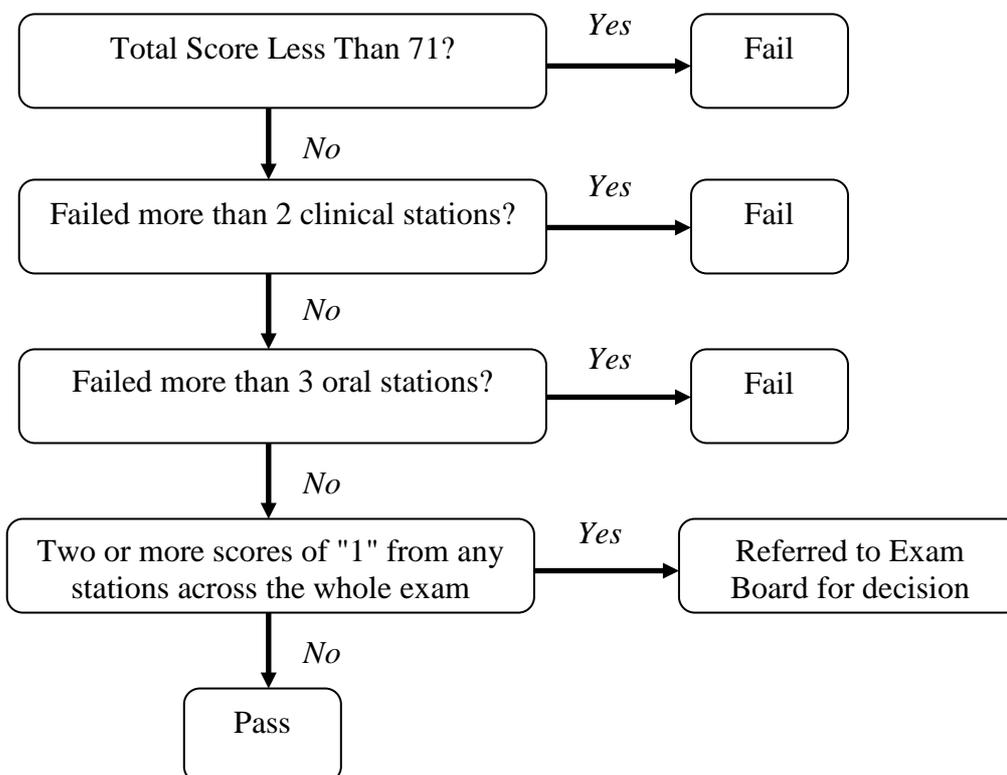
### 4 Calibration

At the end of the first round of clinical stations the Senior examiner will liaise with the five pairs of examiners to check if there is any consistent problem with the recommended scoring for the station being encountered. If a problem is encountered, such as a clinical sign which was interpreted in an un-anticipated way by all candidates, then the Senior examiner may give permission to adjust the recommendations and the score of candidates who have been through the station.

At the end of the first round of oral assessments the Senior examiner will liaise with the three pairs of examiners to check if any issues have arisen that had not been recognised at the start of the day.

## 5 Examination Pass / Fail Decisions

In order to determine the outcome of the examination the following criteria will be applied to each candidate's scores:



## 6 The Gold Award

It can be awarded to an outstanding candidate on recommendation of the Examining Board, based on performance, at each sitting of the examination. To identify the best placed candidate to be recommended, the criteria, applied in this order, will be:

- Candidates who have passed all sections of the Final FRCR at their first attempt and all in one round
- Candidates will be ranked according to score on each of the three components (Part A SBA paper, Part B clinicals and orals) and given a ranking number from 1 for the highest score. The candidate who has highest combined placing in the three components (ie the lowest combined ranking numbers) will be recommended.
- In the event of a tie, the tied candidate who achieved the highest combined score in Part B
- If still tied, the tied candidate who achieved the highest score in Part A

## ANCHOR STATEMENTS

Score	1	2	3	4
<b>GENERIC</b>	<p>Unsystematic approach</p> <p>Failed to give correct answers despite prompting</p> <p>Poor understanding</p>	<p>Unsystematic approach</p> <p>Needed to be prompted to give correct answers</p> <p>Superficial understanding</p>	<p>Systematic approach</p> <p>Gave correct answers with minimal prompting</p> <p>Good understanding</p>	<p>Systematic approach</p> <p>Gave correct answers promptly</p> <p>In depth understanding</p>
<b>INTERPRETATION</b>  Radiology Laboratory Histology RT plan evaluation & modification	Several major deficiencies	Some important deficiencies	Some minor deficiencies	No significant deficiencies, thorough & comprehensive
<b>DIFFERENTIAL</b>  Diagnosis Investigations Treatment options	Several major deficiencies	Some important deficiencies	Some minor deficiencies	No significant deficiencies, thorough & comprehensive
<b>RADIOTHERAPY</b> (Radical/Palliative/Retreat)	<p>Inappropriate RT dose &amp; technique</p> <p>Several major deficiencies</p> <p>Dose exceeds critical organ tolerance</p>	Some important deficiencies	Some minor deficiencies	<p>Appropriate RT dose &amp; technique</p> <p>No significant deficiencies</p>

<p><b>CHEMOTHERAPY</b> <b>SYSTEMIC TREATMENTS</b> <b>PALLIATIVE CARE</b></p>	<p>Inappropriate regime &amp; doses</p> <p>Several major deficiencies</p>	<p>Some important deficiencies</p>	<p>Some minor deficiencies</p>	<p>Appropriate regime &amp; doses</p> <p>No significant deficiencies</p>
<p><b>COMMUNICATION SKILLS</b></p>	<p>Unable to adapt language/ behaviour as needed, failed to communicate ideas clearly, made no effort to listen to patient</p> <p>Omitted <u>some essential</u> information</p>	<p>Superficial attempts to tailor language to patient, limited evidence of active listening or checking patient's understanding</p> <p>Included <u>all essential</u> but also <u>inappropriate information</u></p>	<p>Adapted language to the situation, able to communicate ideas, some evidence of active listening and/or use of open questions</p> <p>Included <u>all essential &amp; some relevant</u> information</p>	<p>Tailored communication style flexibly + appropriately, expressed ideas clearly &amp; inventively, actively checked patient's understanding</p> <p>Includes <u>all essential &amp; most relevant</u> information</p>
<p><b>CLINICAL SKILLS</b></p>	<p>Unsystematic and incomplete examination</p> <p>Missed critical signs</p> <p>Identified non-existent important signs</p> <p>Unable to interpret and integrate clinical signs</p>	<p>Some important deficiencies</p> <p>Missed several important signs</p> <p>Some difficulty interpreting and integrating clinical signs</p>	<p>Some minor deficiencies</p> <p>Missed some minor signs</p> <p>Interpreted and integrated clinical signs appropriately</p>	<p>Thorough and systematic examination</p> <p>Identified all relevant signs</p> <p>Interpreted and integrated clinical signs appropriately, comprehensive differential diagnosis</p>