

## Final FRCR Examination – Purpose of Assessment Statement

The various components of the Fellowship of the Royal College of Radiologists (FRCR) examinations have been designed to assess the knowledge and skills of clinical oncology trainees as they progress through a number of levels of competence and to demonstrate readiness to move to the next stage of training.

The Final FRCR Examination is in two parts: Part A and Part B. It focuses on how to manage patients with cancer and assesses the knowledge, skills and some of the behaviours required to complete intermediate clinical oncology training. It comprises three components: a single best answer examination (Part A) and a clinical examination and an oral examination (Part B). The syllabus for this examination is described in [Appendix 1](#). As the knowledge, skills and behaviours assessed in this examination are essential as a basis for developing advanced tumour site-specialist expertise; this examination must be completed before the trainee progresses to advanced clinical oncology training.

### ***Final FRCR Examination Part A***

This examination consists of two single best answer (SBA) papers which assess knowledge of a wide range of common and important disorders in oncology, as set out in the syllabus and the ability to apply clinical understanding and make clinical judgements.

**Paper 1** focuses on the following tumour types: respiratory, urology, head and neck, skin, central nervous system and gynaecology.

**Paper 2** focuses on the following tumour types: breast, lower gastrointestinal, upper gastrointestinal, haematology, miscellaneous and image-based.

The examination takes the format of a synoptic assessment as this ensures trainees are able to demonstrate coherence, integration and application of learning across the subject area concerned. The examination is blueprinted against the curriculum and the relative incidence of the diseases encountered in clinical practice.

The examination assesses the candidate's:

- core medical knowledge
- basic clinical problem solving skills
- management of common and important oncological emergencies.
- ability to process information to formulate a differential diagnosis
- requisition and interpretation of appropriate investigations
- application of medical knowledge in order to produce a management plan.

The examination assesses the candidate's competence in relation to:

- advanced problem solving skills
- prioritisation of diagnostic or problem lists
- planning investigations
- selecting a plan for immediate management
- selecting a plan for long-term management
- investigation, diagnosis, management and prognosis of a range of acute and chronic oncological conditions
- recognition and management of complications of a primary diagnosis
- recognition and management of complications of therapies

- evidence-based medicine and nationally/specialty-based approved management guidelines.

The SBA question format is used because, in addition to testing core knowledge and comprehension, it allows the candidate to demonstrate his application of knowledge, or his synthesis and evaluation of information. The candidate has to solve problems by applying acquired knowledge, facts, techniques and rules in a clinically relevant situation. The candidate has to make judgements about information, the most likely pathology or quality of work based on a set of criteria.

## ***Final FRCR Examination Part B***

The Final FRCR Part B is not designed as an exit examination, but instead marks an important step in the progression of a clinical oncology trainee towards the ability to use their knowledge and skills as an independent practitioner. At the same time the examination provides the public with an assurance that oncologists in training are being assessed to a consistently high standard and that the holders of the Fellowship have achieved a nationally recognised high quality of clinical performance.

The award of the Final FRCR (Part B) indicates that the candidate has attained the required level of competence across the components of the curriculum, and is ready to undertake special interest training.

The two components of the examination (clinical and oral) assess different aspects of a candidate's oncological skills, all of which are considered necessary for safe and effective clinical practice. These two components form part of the Final Part B examination as they can measure aspects of clinical competence which are perhaps not possible to examine in a written format.

### **Clinical examination**

This part of the Final FRCR Part B is designed to test those skills and competencies that are essential for safe and effective clinical practice.

It assesses the candidate's ability to:

- detect important clinical signs using effective examination techniques
- provide a rationale differential diagnosis
- order and interpret appropriate investigations
- identify the main treatment options
- select an appropriate, safe and sensible management plan
- recommend a safe radiotherapy technique and know the likely outcomes and side effects
- recommend a safe systemic treatment schedule and know their likely outcomes and side effects
- discuss a likely prognosis in the case presented
- demonstrate an ability to treat the patient sensitively, ensuring their comfort and dignity.

Patients with real clinical signs are used in the examination in order to test candidates' skills, thereby allowing them to demonstrate clinical wisdom and judgement. The use of real patients also allows for greater authenticity: the examination seeks to reflect what oncologists encounter in their clinical practice.

The clinical examination is an essential part of the examination and cases are selected to test common tumour types. It consists of five strictly timed clinical assessment 'stations' where a selection of core clinical skills is tested by pairs of examiners using an objective marking system. This minimises bias by offering a uniform marking scheme for examiners and ensuring consistent scenarios for candidates.

## **Oral examination**

The structured oral examination assesses in depth issues surrounding radiotherapy planning, diagnostic imaging and clinical decision making and case management. Communication skills and ethical problems are addressed.

This element of the examination mirrors the day-to-day clinical discussions and MDT meetings, which form an integral part of an oncologist's workload. Structured oral examinations allow the examiners the unique opportunity to explore the candidates' depth of knowledge and to test higher cognitive skills. The format of the oral examination allows for complexity to be built into the examiners questioning; there are several slides per question, and the candidate's answer to a question can lead to further questions on subsequent slides. The questions build on each other but the oral environment enables each step to be assessed as would be the case in clinical practice.

The structured oral examinations allow for fair, valid and reliable assessments due to:

- the uniformity of questions asked of candidates
- pairing of examiners (junior and more experienced) which allows for ongoing training and ensures data is captured accurately
- four independent judgements of candidate performance
- the competencies to be measured having been decided in advance
- the examination having been blueprinted against the curriculum and against the range of skills needed to be a competent oncologist
- the use of an objective marking scheme which details the essential points required to pass each question (derived for each subject using examination anchor statements).