Clinical Oncology
The Royal College of Radiologists

FINAL EXAMINATION FOR THE FELLOWSHIP IN CLINICAL ONCOLOGY – PART B AUTUMN 2020

The Examining Board has prepared the following report on the Autumn 2020 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 – AUTUMN 2020

Part B

Categories	Number of passing candidates from total number taking the examination	%
Overall	71 / 79	90%
UK	64 / 72	89%
UK 1st Timers	19 / 27	70%
Non-UK trained	16 / 41	39%
Non-UK 1st Timers	7 / 22	32%

The Covid-19 pandemic resulted in cancellation of the Spring 2020 sitting of the FRCR 2B exam.

This had distressing, immediate consequences for the trainees who had been working hard in preparation for the exam, potentially delaying progression through training.
Examiners and the RCR felt it was not acceptable to cancel another sitting.
A great deal of work by RCR staff and examiners took place in order to stage the Autumn 2020 examination.

There was admirable engagement from a large number of regional centres, providing venues, equipment and invigilators to run the exam at a time when everyone was very tired and stretched from months of disruption.

The fact that the exam ran effectively and successfully was a remarkable achievement for all concerned.

The guiding principles set for an examination taking place in the midst of the Covid restrictions were:

1. To maintain the structure of the exam as close as possible to the original. The scoring system and pass and fail rules exactly as per usual. Thus, there were 5 clinical stations and 8 oral stations.
2. No patients could be used in the exam
3. There would be no contact between candidates and examiners, so the exam would be conducted remotely.
4. Candidates would not be permitted to take the examination in their own homes due to the unpredictability of internet connections and lack of invigilation. Candidates had to take the examination in a UK venue or in Hong Kong, RCR has a longstanding relationship, delivering the FRCR examination in Hong Kong, every Autumn.
5. The lack of suitable overseas venues other than Hong Kong, coupled with Covid travel restrictions meant that we were unable to offer examination places to Global candidates on this occasion.

6. Candidate applications were prioritised so that UK trainees and local Hong Kong trainees were guaranteed a place as their training had been interrupted already. There were 2 cohorts of candidates in the UK fitting this criteria due to the cancellation of the Spring 2020 exam. Unfortunately the result of this meant there was no capacity to offer places to NHS contributors.
7. Examiners would be allowed to conduct the examination from their own homes rather than RCR Lincolns Inns Fields if they preferred to do so.

Autumn 2020 Examination Delivery

After much work and piloting, the examination was delivered using Powerpoint via the MS Teams platform with additional functionality enabling candidates to draw volumes and treatment fields in real time.

Candidates attended one of 15 hubs in the UK (Belfast, Bristol, Cardiff, Coventry, Edinburgh, Leeds, Leicester, London, Manchester, Newcastle, Norwich, Oxford, Sheffield, Southampton and Truro). Seven candidates were examined in Hong Kong for the joint RCR/HKCR fellowship examination.

Candidates were examined on the same 13 cases/questions – 5 for the clinical component and 8 for the oral component.

The use of patients was not possible and so instead of the conventional clinical examination, 5 clinical style oral questions were devised. These ran on powerpoint in the same way as the traditional oral examination but the content focused on interpretation of physical signs and practical management. The use of patient photographs and video made this a more realistic experience.

Obviously unlike in the exam with real patients we were unable to examine on detection of physical signs and to make any assessment of the interaction of the candidate with the patient to judge maintaining patient welfare and some degree of communication.

The oral examination was run in the same way. The scope and type of questioning in the oral examination was the same as for previous examinations.

In the previous form of the examination 8 questions were posed by 2 examiners in the room with the candidate on any one of 3 days thus requiring 3 sets of oral questions (one per day). In Autumn 2020, by splitting the oral up into questions 1-4 on Monday 12th October and questions 5-8 on Tuesday 13th October, all candidates were examined on Monday returning to complete the final 4 questions on Tuesday. There was only one examiner interacting with candidate and 16 examiners examining overall meant that 5 cycles of candidates were required.

Every candidate interaction was recorded and made available for second independent marking and review by another independent examiner.

The video recording was available in cases of score discrepancy greater than 1 mark (i.e 1 and 3 or 2 and 4). The use of the recording in this circumstance allowed the possibility of changing one or both scores, if mishearing an answer or other misinterpretation was identified.

Candidates were asked to draw on images where required by giving control of the mouse drawing tool to the candidate remotely.

Instructional videos and details of question format are on the website.

Despite the major changes required to facilitate the exam there remain common themes in the ways the candidates drop marks, it remains critically important to read the information on the slide and tailor your answer to the characteristics of the patient. There are still candidates who will give standard answers when the question demands that co morbidity and performance status are acknowledged even if a candidate may not know exactly how to modify the standard approach.

There was an extremely high pass rate and so it is difficult to draw conclusions on how candidates might have better answered the questions on this occasion.