

SPECIALTY TRAINING CURRICULUM
FOR
MEDICAL ONCOLOGY
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Joint Royal Colleges of Physicians Training Board

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1 Introduction

The origins of Medical Oncology lie in the haematological and paediatric malignancies. It began very much as a small research orientated specialty and clinical research remains an important feature of its activities. Over the last 20 years, enormous developments have taken place in the medical management of cancer and particularly in the development of orthodox therapies for the common solid tumours.

Today, Medical Oncology is a broad-based clinical specialty with the responsibility to ensure that state-of-the-art therapies of established efficacy for the common cancers are delivered on a national basis, within a framework of care for the patient as an individual. Medical oncologists nowadays with increasing frequency see patients at the outset of their disease for consideration of adjuvant and preoperative (neoadjuvant) therapies. They must therefore be trained to work as part of a multidisciplinary team, able to advise on all aspects of treatment including surgery and radiotherapy as well as having the skills in training to deliver specialist medical therapy.

Patients under the care of a consultant in Medical Oncology often have advanced, progressive, life-threatening disease for whom the focus of care is maximising their quality of life through expert symptom management, psychological, social and spiritual support as part of a multi-professional team. There are therefore close links with the specialty of Palliative Medicine and other specialist palliative care units.

2 Rationale

2.1 Purpose of the curriculum

The purpose of this curriculum is to define the process of training and the competencies needed for the award of a certificate of completion of training (CCT) and to be on the specialist register in Medical Oncology.

The curriculum covers training in all four nations of the UK.

2.2 Development

This curriculum was developed by the Specialty Advisory Committee for Medical Oncology with representation from the Association of Cancer Physicians under the direction of the Joint Royal Colleges of Physicians Training Board (JRCPTB). It replaces the previous version of the curriculum dated May 2007, with changes to ensure the curriculum meets GMC's standards for Curricula and Assessment, and to incorporate revisions to the content and delivery of the training programme. Major changes from the previous curriculum include the incorporation of Common, leadership and health inequalities competencies.

Contributors to the curriculum development include:

- Professor Poulam Patel, Consultant Medical Oncologist, SAC Chairman.
- Dr Daniel Stark, Senior Lecturer in Medical Oncology, Member of the SAC
- Dr Helena Earl, Senior Lecturer in Medical Oncology, SAC member.
- Dr Natalie Cook, Trainee Representative of the SAC
- Members of the Education Committee of the Association of Cancer Physicians
- Regional Speciality Advisors in Medical Oncology
- Trainee Members of Cancer Physicians in Training

2.3 Training Pathway

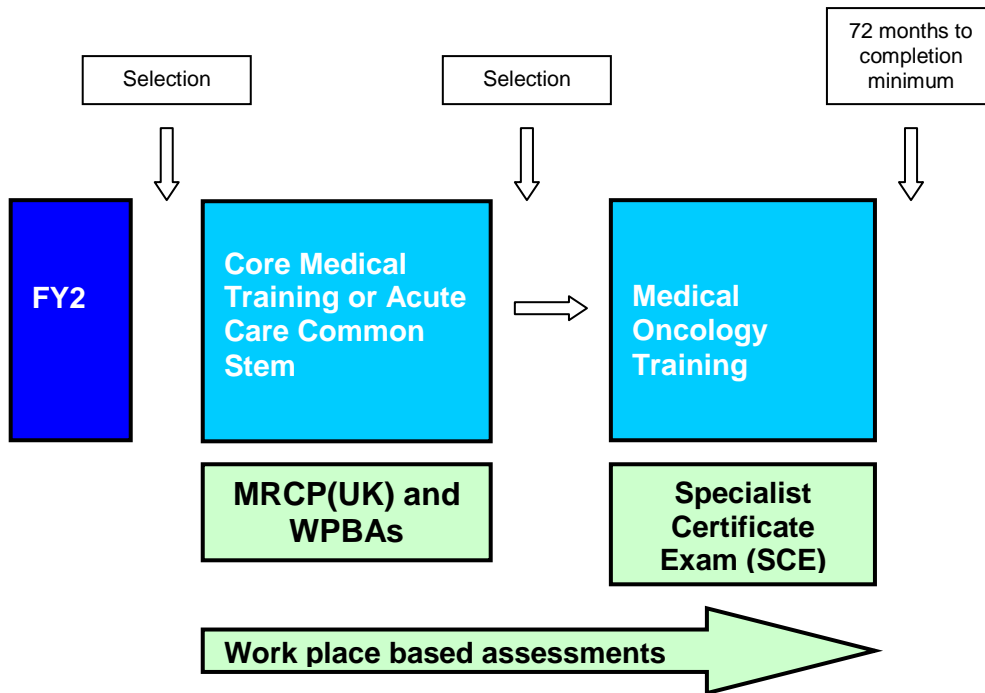
Specialty training in Medical Oncology consists of core and higher speciality training. Core training provides physicians with: the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms; and with high quality review skills for managing inpatients and outpatients. Higher speciality training then builds on these core skills to develop the specific competencies required to practise independently as a Medical Oncologist.

Core training may be completed in either a Core Medical Training (CMT) or Acute Care Common Stem (ACCS) programme. The full curriculum for specialty training in Medical Oncology therefore consists of the curriculum for either CMT or ACCS plus this specialty training curriculum for Medical Oncology.

Core Medical training programmes are designed to deliver core training for specialty training by acquisition of knowledge and skills as assessed by the workplace based assessments and the MRCP. Programmes are usually for two years and are broad based consisting of four to six placements in medical specialties. These placements over the two years must include direct involvement in the acute medical take. Trainees are asked to document their record of workplace based assessments in an ePortfolio which will then be continued to document assessments in specialty training. Trainees completing core training will have a solid platform of common knowledge and skills from which to continue into Specialty Training at ST3, where these skills will be developed and combined with specialty knowledge and skills in order to award the trainee with a certificate of completion of training (CCT).

There are common competencies that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career for example communication, examination and history taking skills. These are initially defined for CMT and then developed further in the specialty. This part of the curriculum supports the spiral nature of learning that underpins a trainee's continual development. It recognises that for many of the competences outlined there is a maturation process whereby practitioners become more adept and skilled as their career and experience progresses. It is intended that doctors should recognise that the acquisition of basic competences is often followed by an increasing sophistication and complexity of that competence throughout their career. This is reflected by increasing expertise in their chosen career pathway.

The approved curriculum for CMT is a sub-set of the Curriculum for General Internal Medicine (GIM). A "Framework for CMT" has been created for the convenience of trainees, supervisors, tutors and programme directors. The body of the Framework document has been extracted from the approved curriculum but only includes the syllabus requirements for CMT and not the further requirements for acquiring a CCT in GIM.



2.4 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a CCT. Trainees can enrol online at www.jrcptb.org.uk

2.5 Duration of training

Although this curriculum is competency based, the SAC has advised that training from ST1 will usually be completed in 6 (six) years in full time training (2 years core plus 4 years specialty training).

2.6 Less Than Full Time Training (LTFT)

Trainees who are unable to work full-time are entitled to opt for less than full time training programmes. EC Directive 2005/36/EC requires that:

- LTFT shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities.
- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

The above provisions must be adhered to. LTFT trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

EC Directive 2005/36/EC states that there is no longer a minimum time requirement on training for LTFT trainees. In the past, less than full time trainees were required to work a minimum of 50% of full time. With competence-based training, in order to retain competence, in addition to acquiring new skills, less than full time trainees would still normally be expected to work a minimum of 50% of full time. If you are

returning or converting to training at less than full time please complete the LTFT application form on the JRCPTB website www.jrcptb.org.uk .

Funding for LTFT is from deaneries and these posts are not supernumerary. Ideally therefore 2 LTFT trainees should share one post to provide appropriate service cover.

Less than full time trainees should assume that their clinical training will be of a duration pro-rata with the time indicated/recommended, but this should be reviewed during annual appraisal by their TPD and chair of STC and Deanery Associate Dean for LTFT training. As long as the statutory European Minimum Training Time (if relevant), has been exceeded, then indicative training times as stated in curricula may be adjusted in line with the achievement of all stated competencies.

2.7 Dual CCT

Trainees who wish to achieve a CCT in Medical Oncology and another specialty must have applied for and successfully entered a training programme which was advertised openly as a dual training programme. Trainees will need to achieve the competencies, with assessment evidence, as described in both specialty curricula. Individual assessments may provide evidence towards competencies from both curricula. Postgraduate Deans wishing to advertise such programmes should ensure that they meet the requirements of both SACs.

3 Content of learning

3.1 Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system for revalidation. The Framework can be accessed at http://www.gmc-uk.org/Framework_4_3.pdf_25396256.pdf

The Framework for Appraisal and Assessment covers the following domains:

Domain 1 – Knowledge, Skills and Performance

Domain 2 – Safety and Quality

Domain 3 – Communication, Partnership and Teamwork

Domain 4 – Maintaining Trust

The “GMP” column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

4 Learning and Teaching

4.1 The training programme

The organisation and delivery of postgraduate training is the statutory responsibility of the General Medical Council (GMC) which devolves responsibility for the local organisation and delivery of training to the deaneries. Each deanery oversees a “School of Medicine” which is made up of the regional Specialty Training Committees (STCs) in each medical specialty. Responsibility for the organisation and delivery of specialty training in Medical Oncology in each deanery is, therefore, the remit of the

regional Medical Oncology STC. Each STC has a Training Programme Director who coordinates the training programme in the speciality.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire curriculum is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided. However, the sequence of training should ideally be flexible enough to allow the trainee to develop a special interest.

What are the clinical modules?

Each trainee will spend a period of time attached to a team that will have a specialist interest. Therefore the clinical modules may be completed in a random order. By the end of training all required modules must have been assessed and the trainee certified as competent. By adopting a modular approach there is a different weighting of importance to each of the modules. These modules are:

Essential modules – all required for 6 months WTE (Whole-Time Equivalent)

- Breast cancer
- Colorectal and anal cancer
- Lung cancer and thoracic malignancies
- Intensive therapies (see below)

Essential modules – all required for minimum 4 months WTE

- Gynaecological cancer
- Upper GI cancer (including cancers of the liver, pancreas and biliary system)
- Urological cancers (renal, bladder, prostate)* [will become mandatory in 2-3 years]

Intensive therapies module – 6 months WTE made up from any combination of the following:

- Leukaemia
- Lymphoma
- Germ cell tumours
- Sarcoma (intensive therapies)
- High dose

Optional modules:

- Skin cancer
- Sarcoma (non-intensive therapies)
- Immunosuppression-associated malignancies
- Head & neck cancer
- Central nervous system cancer
- Endocrine system tumours
- Teenage and young adult patients with cancer

How much time do trainees spend in each clinical module?

Firstly, it is important to notice that each learning module does not necessarily correlate with a training post. For example, trainees do not rotate to a firm for cancer of unknown origin. Therefore some of the learning objectives will be combined with others, but must all be completed to a defined level of competence. Each trainee should spend the equivalent of 6 months full-time training in the essential clinical modules.

This will total 36 months of full-time training. Concurrent training in more than one of these modules does not double count. Therefore if a trainee is attached to a firm that treats lung and breast cancer, the trainee will be required to undertake 12 months attachment to that firm during their entire training programme. They may do this in more than one attachment or cover two posts at different hospitals. The time in training is based upon satisfactory assessment of outcome, and for some trainees they may be required to undertake additional periods of training to address deficiencies.

What about time spent in a cancer unit?

Not all training programmes will be able to provide experience in a cancer unit, therefore this requirement is not mandatory. However, most future consultant posts will incorporate time at a cancer unit and therefore, experience in such a setting is considered highly desirable but not mandatory. If trainees do not include cancer unit experience in their training equivalent experience must be demonstrated (overseas etc.). The training provided at a cancer unit must include all of the features outlined in the section about full-time equivalent, as above.

What does this curriculum mean for a training rotation?

The new curriculum defines the learning objectives and suggests a range of teaching and learning methods through which the objective can be delivered. The choice of teaching or learning method will depend on the resources and facilities available within a specific hospital and the specific needs of the individual. By defining the objective, it is the outcome that is defined and not the method by which the trainee reaches their target.

A training programme is a combination of defined posts in order to deliver the learning objectives of the curriculum. The new curriculum adopts a modular approach and these can be completed in any order and this provides flexibility for the rotation.

What about the optional clinical modules?

The optional modules are designed to give experience in a range of malignancies, where some of the skills learnt can be extrapolated to other situations. These modules can be undertaken at the same time as the essential modules outlined above. In some centres, trainees may wish to formally rotate with trainees in clinical oncology, or haematology, and these modules will target their learning objectives.

What does this mean for the rotation?

Some trainees may spend 36 months rotating through all the essential clinical modules and then have 12 months remaining to complete the optional modules, possibly on attachment to Clinical Oncology or Haematology. Another trainee may complete 36 months of training which not only includes the essential and desirable clinical modules but also the optional modules, as these can be double counted at the same time as the essential and desirable. This trainee will have completed their clinical modules in 36 months and can spend the remaining 12 months on targeted training, where they spend more time in an area in which they hope to specialise. Each of the clinical modules will be assessed by the end of the rotation, but will only be assessed when on attachment to an appropriate firm.

What about the non-clinical modules?

There are a number of other learning objectives that must be delivered by a training programme. These are classified into a number of domains which are:

- Essential communication skills
- Essential clinical skills

- Risk factors, screening and prevention
- Clinical research, ethics and economics
- Therapeutic modalities
- Psychosocial aspects of cancer
- Managing health information
- Medical Leadership and Management

Each of these domains should be assessed during the training programme and progress recorded every 6 months. Some aspects may carry more weighting than others and may require targeted training for some trainees. For example, if a trainee does not have adequate knowledge of the structure of the NHS in their first year of training, this is recorded in their training record, but just requires to be covered at a later date. If however, a trainee was identified as having deficiencies in their communication skills, this may require more immediate action to resolve the deficiencies. Therefore each of the non-clinical learning objectives should be assessed every 6 months throughout the training period.

How rotations should be organised?

The curriculum is meant to introduce flexibility. To this end it does not matter in which order trainees complete their learning objectives. A training rotation should be arranged around the delivery of the learning objectives. Therefore the programme director should ensure that each objective is delivered and that appropriate methods for teaching and assessment are in place. Each trainee will require regular appraisal and this may be undertaken by the programme director or by individual educational supervisors.

When planning the rotation, it is essential that the process is undertaken with full knowledge of the aims of specialist training and that there is adequate funding and staffing provided, and furthermore, that the proposed rotation has educational approval, both from the deanery and the SAC. Although the new curriculum introduces flexibility, the programme director should ensure that there is not an imbalance of time spent in one particular area, unless this is required for specific training.

Each year there should be a review of the training programme and to check that the objectives are being met. Furthermore, feedback from the trainees should be incorporated into this review. It is likely that the STC will have an important role in supporting the introduction of the new curriculum and training programme directors should share ideas for good practice.

Overall the new curriculum is designed to provide specialist training in both breadth and depth. Over the training period, individuals will gain breadth, by experience in a range of clinical modules. During each module, by focussing on the delivery of learning objectives, depth will be provided in the remaining learning objectives, which include experience in research, clinical trials, chemotherapy, generic skills, the use of non-chemotherapy drugs etc. The overall aim of a training programme is to produce specialists that have the required skills and competencies to provide a workforce that can adapt to changes in manpower and to deliver cancer treatments to the highest standards. The training programme must therefore concentrate on quality and not just quantity of training.

Whichever approach is taken for an individual training programme, it will require review by the Specialty Advisory Committee at the Royal College by the deanery at a regional level. Plans for rotation will require prior approval and each post or rotation

will be visited by external assessors from GMC every 5 years, or more frequently if required or if concerns about the quality of training are raised.

Acting up as a consultant (AUC)

“Acting up” provides doctors in training coming towards the end of their training with the experience of navigating the transition from junior doctor to consultant while maintaining an element of supervision.

Although acting up often fulfills a genuine service requirement, it is not the same as being a locum consultant. Doctors in training acting up will be carrying out a consultant’s tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work. Doctors in training will need to follow the rules laid down by the Deanery / LETB within which they work and also follow the JRCPTB rules which can be found at www.jrcptb.org.uk/trainingandcert/Pages/Out-of-Programme.

4.2 Teaching and learning methods

The curriculum will be delivered through a variety of learning experiences. Trainees will learn from practice, clinical skills appropriate to their level of training and to their attachment within the department.

Trainees will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes to experiential learning ‘on the job’. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment within a rotation.

This section identifies the types of situations in which a trainee will learn.

Learning with Peers - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self-help groups and learning sets.

Work-based Experiential Learning - The content of work-based experiential learning is decided by the local faculty for education but includes active participation in:

- Medical clinics including specialty clinics. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess ‘new’ and ‘review’ patients and present their findings to their clinical supervisor.
- Specialty-specific takes
- Post-take consultant ward-rounds
- Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients’ problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.

- Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.
- Multi-disciplinary team meetings. There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

Trainees have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary. The degree of responsibility taken by the trainee will increase as competency increases. There should be appropriate levels of clinical supervision throughout training with increasing clinical independence and responsibility as learning outcomes are achieved (see Section 5: Feedback and Supervision).

Formal Postgraduate Teaching – The content of these sessions are determined by the local faculty of medical education and will be based on the curriculum. There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at regional, national and international meetings. Many of these are organised by the Royal Colleges of Physicians.

Suggested activities include:

- A programme of formal bleep-free regular teaching sessions to cohorts of trainees (e.g. a weekly core training hour of teaching within a Trust)
- Case presentations
- Journal clubs
- Research and audit projects
- Lectures and small group teaching
- Grand Rounds
- Clinical skills demonstrations and teaching
- Critical appraisal and evidence based medicine and journal clubs
- Joint specialty meetings
- Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

Independent Self-Directed Learning -Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including web-based material
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Reading journals
- Achieving personal learning goals beyond the essential, core curriculum

Formal Study Courses - Time to be made available for formal courses is encouraged, subject to local conditions of service. Examples include management courses and communication courses.

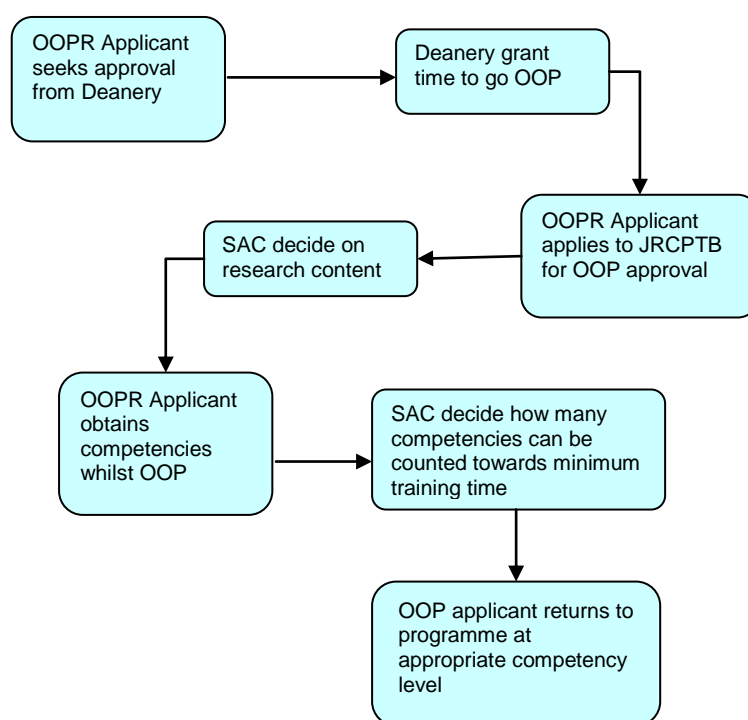
4.3 Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of

obtaining those competencies. For those in specialty training, one option to be considered is that of taking time out of programme to complete a specified project or research degree. Applications to research bodies, the deanery (via an OOPR form) and the JRCPTB (via a Research Application Form) are necessary steps, which are the responsibility of the trainee. The JRCPTB Research Application Form can be accessed via the JRCPTB website. It requires an estimate of the competencies that will be achieved and, once completed, it should be returned to JRCPTB together with a job description and an up to date CV. The JRCPTB will submit applications to the relevant SACs for review of the research content including an indicative assessment of the amount of clinical credit (competence acquisition) which might be achieved. This is likely to be influenced by the nature of the research (eg entirely laboratory-based or strong clinical commitment), as well as duration (eg 12 month Masters, 2-year MD, 3-Year PhD). On approval by the SAC, the JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to the GMC for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

Upon completion of the research period the competencies achieved will be agreed by the OOP Supervisor, Educational Supervisor and communicated to the SAC, accessing the facilities available on the JRCPTB ePortfolio. The competencies achieved will determine the trainee's position on return to programme; for example if an ST3 trainee obtains all ST4 competencies then 12 months will be recognised towards the minimum training time and the trainee will return to the programme at ST5. This would be corroborated by the subsequent ARCP.

This process is shown in the diagram below:



Funding will need to be identified for the duration of the research period. Trainees need not count research experience or its clinical component towards a CCT programme but must decide whether or not they wish it to be counted on application to the deanery and the JRCPTB.

A maximum period of 3 years out of programme is allowed and the SACs will recognise up to 12 months towards the minimum training times.

4.4 Academic Training

For those contemplating an academic career path, there are now well-defined posts at all levels in the Integrated Academic Training Pathway (IATP) involving the National Institute for Health Research (NIHR) and the Academy of Medical Sciences (AMS). For full details see <http://www.nccrcd.nhs.uk/intetacatrain> and <http://www.academicmedicine.ac.uk/uploads/A-pocket-guide.pdf>. Academic trainees may wish to focus on education or research and are united by the target of a consultant-level post in a university and/or teaching hospital, typically starting as a senior lecturer and aiming to progress to readership and professor. A postgraduate degree will usually be essential (see “out of programme experience”) and academic mentorship is advised (see section 6.1). Academic competencies have been defined by the JRCPTB in association with AMS and the Colleges and modes of assessment have been incorporated in the latest edition of the Gold Guide (section 7, see <http://www.jrcptb.org.uk/forms/Documents/GoldGuide2009.pdf>).

Academic integrated pathways to CCT are a) considered fulltime CCTs as the default position and b) are run through in nature. The academic programmes are CCT programmes and the indicative time academic trainees to achieve the CCT is the same as the time set for non-academic trainees. If a trainee fails to achieve all the required competencies within the notional time period for the programme, this would be considered at the ARCP, and recommendations to allow completion of clinical training would be made (assuming other progress to be satisfactory). An academic trainee working in an entirely laboratory-based project would be likely to require additional clinical training, whereas a trainee whose project is strongly clinically oriented may complete within the “normal” time (see the guidelines for monitoring training and progress) <http://www.academicmedicine.ac.uk/careersacademicmedicine.aspx>. Extension of a CCT date will be in proportion depending upon the nature of the research and will ensure full capture of the specialty outcomes set down by the Royal College and approved by GMC.

All applications for research must be prospectively approved by the SAC and the regulator, see www.jrcptb.org.uk for details of the process.

5 Assessment

5.1 The assessment system

The purpose of the assessment system is to:

- enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- ensure trainees are acquiring competencies within the domains of Good Medical Practice;
- assess trainees’ actual performance in the workplace;
- ensure that trainees possess the essential underlying knowledge required for their specialty;

- inform the Annual Review of Competence Progression (ARCP), identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- identify trainees who should be advised to consider changes of career direction.

The integrated assessment system comprises of workplace-based assessments and knowledge – base assessments. Individual assessment methods are described in more detail below.

Workplace-based assessments will take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide trainees with formative feedback. They are not individually summative but overall outcomes from a number of such assessments provide evidence for summative decision making. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

5.2 Assessment Blueprint

In the syllabus (10) the “Assessment Methods” shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.3 Assessment methods

The following assessment methods are used in the integrated assessment system:

Examinations and certificates

- The Specialty Certificate Examination in Medical Oncology (SCE)

The Federation of Royal Colleges of Physicians of the UK, in association with the Association of Cancer Physicians has developed a Specialty Certificate Examination. The aim of this national assessment is to assess a trainee’s knowledge and understanding of the clinical sciences relevant to specialist medical practice and of common or important disorders to a level appropriate for a newly appointed consultant. The Specialty Certificate Examination is a prerequisite for attainment of the CCT.

Information about the SCE, including guidance for candidates, is available on the MRCP(UK) website www.mrcpuk.org

Workplace-based assessments WPBAs

- Multi-Source Feedback (MSF)
- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Case-Based Discussion (CbD)
- Patient Survey (PS)
- Audit Assessment (AA)
- Teaching Observation (TO)

These methods are described briefly below. More information about these methods including guidance for trainees and assessors is available in the ePortfolio and on the JRCPTB website www.jrcptb.org.uk. Workplace-based assessments should be recorded in the trainee’s ePortfolio. The workplace-based assessment methods

include feedback opportunities as an integral part of the assessment process, this is explained in the guidance notes provided for the techniques.

Multisource feedback (MSF)

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals. The trainee will not see the individual responses by raters, feedback is given to the trainee by the Educational Supervisor.

Mini-Clinical Evaluation Exercise (mini-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Direct Observation of Procedural Skills (DOPS)

A DOPS is an assessment tool designed to assess the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

Case based Discussion (CbD)

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should include discussion about a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Acute Care Assessment Tool (ACAT)

The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the Acute Medical Take. Any doctor who has been responsible for the supervision of the Acute Medical Take can be the assessor for an ACAT.

Patient Survey (PS)

Patient Survey address issues, including behaviour of the doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the trainee's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Audit Assessment Tool (AA)

The Audit Assessment Tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor.

Teaching Observation (TO)

The Teaching Observation form is designed to provide structured, formative feedback to trainees on their competence at teaching. The Teaching Observation can

be based on any instance of formalised teaching by the trainee who has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

5.4 Decisions on progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate Specialty Training in the UK (the “Gold Guide” – available from www.mmc.nhs.uk). Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio.

The ARCP Decision Aid is included in section 5.5, giving details of the evidence required of trainees for submission to the ARCP panels.

5.5 ARCP Decision Aid

Medical Oncology ARCP Decision Aid

	ST3	ST4	ST5 (=PYA)	ST6 (=CCT)
Examinations		Specialist Exam attempted/passed	Specialist Exam attempted/passed	Specialist Exam Passed in order to obtain CCT
mini-CEX	3 satisfactorily completed With emphasis upon clinical patient assessment 1 in a common cancer, and 1 for a new patient	3 satisfactorily completed With emphasis upon using clinical patient assessment for consequent management decisions, including 1 in a common or intermediate cancer, and 1 planning a treatment programme for a newly referred patient	3 satisfactorily completed With emphasis upon patient management decisions, including 1 in an intermediate or rare cancer	3 satisfactorily completed With emphasis upon more complex patient management decisions, including 1 in an intermediate or rare cancer 1 receiving either a) a multi-modality management package of care e.g. neoadjuvant treatment, or b) a combined chemotherapy and radiotherapy package of care
MSF	1 satisfactorily completed <u>with</u> documented discussion in educational supervisors report		1 satisfactorily completed <u>with</u> documented discussion in educational supervisors report	
CbD	2 satisfactorily completed With emphasis upon new patient assessment including 1 for a new patient with a common cancer, and 1 in an acute presentation of cancer or a treatment	2 satisfactorily completed with emphasis upon more complex decisions: including 1 for a patient in transition from active treatment to supportive or palliative care	2 satisfactorily completed with emphasis upon more complex communication; 1 for a patient when consenting and planning management within a clinical trial	2 satisfactorily completed 1 for a patient when planning systemic treatment for disease recurrence 1 patient requiring customised chemotherapy treatment at the

	ST3	ST4	ST5 (=PYA)	ST6 (=CCT)
	complication These should be different cases from the mini-CEXs	1 for a patient requiring dose or supportive care modification but continuing systemic treatment This should be different cases from the mini-CEXs	1 for a patient at the transition from treatment to follow-up in Remission These should be different cases from the mini-CEXs	point of initiation due to comorbidity or abnormal end organ function These should be different cases from the mini-CEXs
Teaching observation	1 satisfactorily completed teaching evaluation	Portfolio evidence of delivery of teaching or medical undergraduates, junior doctors or other healthcare professionals	1 satisfactorily completed teaching evaluation 1 completed assessment of the learning of a student (e.g. examining)	Portfolio evidence of contribution in leadership capacity to teaching or undergraduates, junior doctors or other healthcare professionals
Audit	1 audit satisfactorily completed as a participant	1 audit satisfactorily completed as a participant, with involvement in design, implementation, analysis and presentation of results and recommendations, and where the audit loop is being completed and guidelines generated/modified	1 audit initiated and led	1 audit initiated and led where the audit loop is being completed and existing guidelines modified
Patient Survey		1 satisfactorily completed		1 satisfactorily completed
Evidence of experience of Research process	GCP training completed satisfactorily Contributing to clinical trial recruitment and management	Evidence of satisfactory preparation for research project discussed in educational supervisors report Poster or local presentation of original data Evidence of research training	Evidence of detailed planning for research project	Research project satisfactorily completed Opened a clinical trial after delivering approvals through ethical and regulatory processes

	ST3	ST4	ST5 (=PYA)	ST6 (=CCT)
		undertaken		
Chemotherapy prescribing	Supervisors report documenting of Level 1, 2 & 3 competence in chemotherapy prescribing, and level 4 competence in site specific areas studied, within the RCP framework	Supervisors report documenting of level 4 competence in each further area of site specific training completed, chemotherapy prescribing, within the RCP framework	Supervisors report documenting of level 4 competence in chemotherapy prescribing in each further area of site specific training completed, within the RCP framework	Supervisors report documenting of level 4 competence in chemotherapy prescribing in each further area of site specific training, within the RCP framework Supervisors report documenting level 5 competence in chemotherapy prescribing, within the RCP framework
Medical Leadership and Management	Portfolio evidence of contribution to arranging on-call rotas, teaching sessions, journal clubs or similar	Evidence of booking, planning and leading individual case discussions in MDT meetings	Evidence of leading MDT, Evidence of involvement in induction of junior doctors Evidence of planning/course bookings to receive management training at local level (e.g. deanery, trust)	Evidence of contribution to management meetings alongside consultant colleagues. Evidence of involvement in medical recruitment process Portfolio evidence of completed management training at local level (e.g. deanery, trust)
Supportive Evidence	Satisfactory educational supervisor report	Satisfactory educational supervisor report	Satisfactory educational supervisor report	Satisfactory educational supervisor report

5.6 Penultimate Year Assessment (PYA)

The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. JRCPTB and the deanery will coordinate the appointment of this assessor. This is known as "PYA". Whilst the ARCP will be a review of evidence, the PYA will include a face to face component. An example of the PYA form can be seen as Appendix 1.

5.7 Complaints and Appeals

The MRCP(UK) office has complaints procedures and appeals regulations documented in its website which apply to all examinations run by the Royal Colleges of Physicians including the Specialist Certificate Exams.

All WPBA method outcomes must be used to provide feedback to the trainee on the effectiveness of the education and training where consent from all interested parties has been given. If a trainee has a complaint about the outcome from a specific assessment this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled at deanery level and deaneries are responsible for setting up and reviewing suitable processes. If a formal complaint about assessment is to be pursued this should be referred in the first instance to the chair of the Specialty Training Committee who is accountable to the regional deanery. Continuing concerns should be referred to the Associate Dean.

6 Supervision and feedback

6.1 Supervision

All elements of work in training posts must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient.

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor.

The responsibilities of supervisors have been defined by GMC in the document "Operational Guide for the GMC Quality Framework". These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC, and are reproduced below:

Educational supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

Clinical supervisor

A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

The Educational Supervisor, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. The Educational Supervisor should be part of the clinical specialty team. Thus if the clinical directorate (clinical director) have any concerns about the performance of the trainee, or there were issues of doctor or patient safety, these would be discussed with the Educational Supervisor. These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Academic trainees are encouraged to identify an academic mentor, who will not usually be their research supervisor and will often be from outside their geographical area. The Academy of Medical Sciences organises one such scheme (see <http://www.acmedsci.ac.uk/index.php?pid=91>) but there are others and inclusion in an organised scheme is not a pre-requisite. The Medical Research Society organises annual meetings for clinician scientists in training (see http://www.medres.org.uk/j/index.php?option=com_content&task=view&id=54&Itemid=1) and this type of meeting provides an excellent setting for trainees to meet colleagues and share experiences.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace-based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the ePortfolio

Induction Appraisal

The trainee and educational/clinical supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the e-portfolio at this time, recording their commitment to the training process.

Mid-point Review

This meeting between trainee and educational supervisor is mandatory (except when an attachment is shorter than 6 months), but is encouraged particularly if either the trainee or educational or clinical supervisor has training concerns or the trainee has been set specific targeted training objectives at their ARCP. At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at

educational events should also be reviewed. The PDP can be amended at this review.

End of Attachment Appraisal

Trainees should review the PDP and curriculum progress with their educational/ clinical supervisor using evidence from the e-portfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal then the programme director should be informed

7 Managing curriculum implementation

7.1 Intended use of curriculum by trainers and trainees

This curriculum and ePortfolio are web-based documents which are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) website www.jrcptb.org.uk.

The educational supervisors and trainers can access the up-to-date curriculum from the JRCPTB website and will be expected to use this as the basis of their discussion with trainees. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

Each trainee will engage with the curriculum by maintaining a portfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

7.2 Recording progress

On enrolling with JRCPTB trainees will be given access to the ePortfolio for Medical Oncology. The ePortfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support trainees' education and development.

The trainee's main responsibilities are to ensure the ePortfolio is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use ePortfolio evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

8 Curriculum review and updating

The specialty curriculum will be reviewed and updated with minor changes on an annual basis. The curriculum should be regarded as a fluid, living document and the SAC will ensure to respond swiftly to new clinical and service developments. In addition, the curriculum will be subject to three-yearly formal review within the SAC. This will be informed by curriculum evaluation and monitoring. The SAC will have available:

- The trainees' survey, which will include questions pertaining to their specialty (GMC to provide)
- Specialty-specific questionnaires (if applicable)
- Reports from other sources such as educational supervisors, programme directors, specialty deans, service providers and patients.
- Trainee representation on the Deanery STC and the SAC of the JRCPTB
- Informal trainee feedback during appraisal.

Evaluation will address:

- The relevance of the learning outcomes to clinical practice
- The balance of work-based and off-the-job learning
- Quality of training in individual posts
- Feasibility and appropriateness of on-the-job assessments in the course of training programmes
- Availability and quality of research opportunities
- Current training affecting the service

Evaluation will be the responsibility of the JRCPTB and GMC. These bodies must approve any significant changes to the curriculum.

Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing needs for that specialty as defined by the curriculum. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula. In establishing specialty issues which could have implications for training, the SAC will produce a summary report to discuss with the NHS employers and ensure that conclusions are reflected in curriculum reviews.

Trainee contribution to curriculum review will be facilitated through the involvement of trainees in local faculties of education and through informal feedback during appraisal and College meetings.

The SAC will respond rapidly to changes in service delivery. Regular review will ensure the coming together of all the stakeholders needed to deliver an up-to-date, modern specialty curriculum. The curriculum will indicate the last date of formal review monitoring and document revision.

9 Equality and diversity

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation, such as the:

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Employment Equality (Age) Regulation 2006
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998

The Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from

the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Deanery quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC.

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- Deaneries must ensure that educational supervisors have had equality and diversity training (at least as an e learning module) every 3 years
- Deaneries must ensure that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e module) every 3 years.
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. Deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. Deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.

In order to meet its obligations under the relevant equal opportunities legislation, such as the Race Relations (Amendment) Act 2000, the MRCP(UK) Central Office, the Colleges' Examinations Departments and the panel of Examiners have adopted an Examination Race Equality Action Plan. This ensures that all staff involved in examination delivery will have received appropriate briefing on the implications of race equality in the treatment of candidates.

All Examiner nominees are required to sign up to the following statement in the Examiner application form "I have read and accept the conditions with regard to the UK Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000, and the Disability Discrimination Acts of 1995 and 2005 as documented above."

In order to meet its obligations under the relevant equal opportunities legislation such as the Disability Discrimination Acts 1995 and 2005, the MRCP(UK) Management Board is formulating an Equality Discrimination Plan to deal with issues of disability. This will complement procedures on the consideration of special needs which have been in existence since 1999 and were last updated by the MRCP(UK) Management Board in January 2005. MRCP(UK) has introduced standard operating procedures to deal with the common problems e.g. Dyslexia/Learning disability; Mobility difficulties; Chronic progressive condition; Blind/Partially sighted; Upper limb or back problem;

Repetitive Strain Injury (RSI); Chronic recurrent condition (e.g. asthma, epilepsy); Deaf/Hearing loss; Mental Health difficulty; Autism Spectrum Disorder (including Asperger Syndrome); and others as appropriate. The Academic Committee would be responsible for policy and regulations in respect of decisions on accommodations to be offered to candidates with disabilities.

The Regulations introduced to update the Disability Discrimination Acts and to ensure that they are in line with EU Directives have been considered by the MRCP(UK) Management Board. External advice was sought in the preparation of the updated Equality Discrimination Plan, which has now been published.

10 Syllabus

In the tables below, the “Assessment Methods” shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used. See section 5.2 for more details.

The Medical Leadership Competency Framework, developed by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement, has informed the inclusion of leadership competencies in this curriculum. The Framework identified possible assessment methods, but in reviewing these we identified a need for more specific methods. JRCPTB and the RCP Education Department have established a working group to develop and evaluate leadership assessment methods. These may include variants of CbD and ACAT, as well as the Case Conference Assessment Tool currently being piloted.

“GMP” defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.1 for more details.

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1. Essential Communication Skills

1.1 Communication skills within a multidisciplinary team

To be able to demonstrate excellent verbal, non-verbal and written communication skills to facilitate interaction in a multidisciplinary setting with medical and non-medical colleagues (Teaching skills: see non-clinical skills and clinical governance)		
Knowledge	Assessment Methods	GMP
Demonstrate Knowledge of:		
Methods of communication	CbD	1,3
Formal letter content	CbD	1,3
Presentation skills	CbD	1
Job interviewing skills	CbD	3
Appraisal & assessment skills	CbD	2
Identifying obstacles to communication and strategies to overcome them	CbD	2, 3
Awkward questions	CbD	1
Issues of confidentiality	CbD	3,4
Skills		
Interaction within a multidisciplinary team and the use of appropriate methods of communication	mini-CEX, CbD, PS, MSF	1,3
Presentation skills	mini-CEX, CbD, PS, MSF	1,3
Ability to use reflection to maintain communication skills	mini-CEX, CbD, PS, MSF	1,3
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	mini-CEX, CbD, PS, MSF	1,4
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1,4
Easily establishes rapport with patients and encourages and enhances mutual understanding	mini-CEX, CbD, PS, MSF	1,3
Able to mediate, negotiate and deal appropriately with complaints	mini-CEX, CbD, PS, MSF	1,2
Excellent oral presentation of cases or scientific data, with clear delivery of the objective of the presentation	mini-CEX, CbD, PS, MSF	3
Writes excellent, succinct and well structured discharge summaries and other forms of written communication that includes all relevant information	mini-CEX, CbD, PS, MSF	1,2,3
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1,3
Clear, legible and comprehensive documentation in an orderly and systematic fashion including all relevant communications with patients, relatives and colleagues	mini-CEX, CbD, PS, MSF	1

Behaviours

Appropriate attitude towards colleagues	MSF, PS	3
Always considerate, polite and thoughtful of patients and colleagues	MSF, PS	1,4
Always safeguards confidentiality and has excellent knowledge of the data protection act	MSF, PS	3,4
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	MSF, PS	1,3

1.2 Patient centred communication

To be able to undertake patient-centred communication		
Knowledge	Assessment Methods	GMP
Demonstrate a knowledge of:		
Open-ended questioning	CbD	1,3
Open to closed questioning	CbD	1,3
Facilitation	CbD	1,3
Clarifying	CbD	1,3
Eliciting patient agenda	CbD	1,3
Efficient and accurate information gathering	CbD	1,3
Importance of appropriate setting	CbD	1,3
Management strategy	CbD	1,3,4
Summarising and closure	CbD	1,3,4
Issues of confidentiality	CbD	3,4
Skills		
Detailed and reliable history taking and recording of appropriate details	mini-CEX, CbD, PS, MSF	1
Use of skills during patient communication	mini-CEX, CbD, PS, MSF	1,3
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	mini-CEX, CbD, PS, MSF	1,3,4
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1,3
Easily establishes rapport with patients and encourages and enhances mutual understanding	mini-CEX, CbD, PS, MSF	1,3
Able to mediate, negotiate and deal appropriately with complaints	mini-CEX, CbD, PS, MSF	1,2
Behaviours		
Always considerate, polite and thoughtful of patients and colleagues	MSF, PS	1,4
Always safeguards confidentiality and has excellent knowledge of the data protection act	MSF, PS	3,4

1.3 Breaking bad news

To be able to break bad news, and demonstrate consideration of the patients status, context and situation		
Knowledge	Assessment Methods	GMP
Use of correct environment	CbD	1,3,4
Understanding the patients perception	CbD	1,3,4
Invitation from the patient to give information	CbD	1,3,4
Imparting knowledge sensitively and appropriately	CbD	1,3,4
Responding to and exploring the patients emotions	CbD	1,3,4
Empathic response	CbD	1,3,4
Strategy and assessing the patients expectations	CbD	1,3,4
Summarising and agreeing a plan	CbD	1,3,4
Skills		
Ability to select the correct environment and setting	mini-CEX, CbD, PS, MSF	1,3,4
Ability to accurately assess the needs of the patient and to impart knowledge appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,3,4
Ability to respond to the emotions of the patient	mini-CEX, CbD, PS, MSF	1,3,4
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	mini-CEX, CbD, PS, MSF	1,3,4
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1,3,4
Easily establishes rapport with patients and encourages and enhances mutual understanding	mini-CEX, CbD, PS, MSF	1,3,4
Always safeguards confidentiality and has excellent knowledge of the data protection act	mini-CEX, CbD, PS, MSF	3,4
Behaviours		
Considerate of the patient and their family and ability to respond to their emotions	MSF, PS	1,3,4
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and inspires confidence and allays the patients fears	MSF, PS	1,3,4
Always considerate, polite and thoughtful of patients and colleagues	MSF, PS	1,3,4
Explains clearly, honestly and using language effectively and appropriately	MSF, PS	1,3,4
Easily establishes rapport with patients and encourages and enhances mutual understanding	MSF, PS	1,3,4
Always safeguards confidentiality and has excellent knowledge of the data protection act	MSF, PS	3,4

1.4 Communication to facilitate counselling

To be able to provide support through communication to facilitate supportive counselling for patients and carers		
Knowledge	Assessment Methods	GMP
Respect for patients	CbD	1,3,4
Empathic responses	CbD	1,3,4
Assessment of the patients expectations	CbD	1,3,4
Proposing a plan	CbD	1,3,4
Knowledge of the process of grief	CbD	1,3,4
Knowledge of local support groups and agencies that provide information and support	CbD	1,3,4
Skills		
Ability to accurately assess the needs of the patients to provide appropriate information	mini-CEX, CbD, PS, MSF	1,3,4
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	mini-CEX, CbD, PS, MSF	1,3,4
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1,3,4
Easily establishes rapport with patients and encourages and enhances mutual understanding	mini-CEX, CbD, PS, MSF	1,3,4
Able to mediate, negotiate and deal appropriately with complaints	mini-CEX, CbD, PS, MSF	1,3,4
Always safeguards confidentiality and has excellent knowledge of the data protection act	mini-CEX, CbD, PS, MSF	3,4
Behaviours		
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations, inspires confidence and allays the patients fears	MSF, PS	1,3,4
Always considerate, polite and thoughtful of patients demonstrating empathy and respect	MSF, PS	1,4
Explains clearly, honestly and using language effectively and appropriately	MSF, PS	1
Easily establishes rapport with patients and encourages and enhances mutual understanding	MSF, PS	1,4
Able to mediate, negotiate and deal appropriately with complaints	MSF, PS	1
Always safeguards confidentiality and has excellent knowledge of the data protection act	MSF, PS	3,4

1.5 Patient education in a structured interview

To be able to undertake patient education as part of a structured patient interview		
Knowledge	Assessment Methods	GMP
Checking the patients understanding of their condition	CbD	1,3
Ability to inform patients of complex therapies	CbD	1,3
Informed consent	CbD	1,2,3
Maintenance and prevention of relapse	CbD	1,3
Explaining risk	CbD	1,3
Genetic counselling and genetic risk	CbD	1,3
Screening	CbD	1,3
Methods to improve patient compliance with treatment or medication	CbD	1,2,3
Complications of therapy or investigations	CbD	1,3
Skills		
Ability to accurately assess the patients needs	mini-CEX, CbD, PS, MSF	1,3
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	mini-CEX, CbD, PS, MSF	1,3
Always considerate, polite and thoughtful of patients and colleagues	mini-CEX, CbD, PS, MSF	1,3
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1,3
Easily establishes rapport with patients and encourages and enhances mutual understanding	mini-CEX, CbD, PS, MSF	1,3
Able to mediate, negotiate and deal appropriately with complaints	mini-CEX, CbD, PS, MSF	1,3
Always safeguards confidentiality and has excellent knowledge of the data protection act	mini-CEX, CbD, PS, MSF	3,4
Ability to convey information about risk and risk factors, including complications from therapy or interventions	mini-CEX, CbD, PS, MSF	1,3
Ability to improve patient compliance	mini-CEX, CbD, PS, MSF	1,2,3
Ability to discuss the approach to screening procedures	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	MSF, PS	1,3
Always considerate, polite and thoughtful of patients and colleagues	MSF, PS	1,3,4
Explains clearly, honestly and using language effectively and appropriately	MSF, PS	1,3

Easily establishes rapport with patients and encourages and enhances mutual understanding	MSF, PS	1,3
Able to mediate, negotiate and deal appropriately with complaints	MSF, PS	1,2
Always safeguards confidentiality and has excellent knowledge of the data protection act	MSF, PS	1,2,3

1.6 Appraisal

To define and be able to undertake appraisal of colleagues and other health care professionals		
Knowledge	Assessment Methods	GMP
Preparing the environment	CbD	1,2
Reflective commentary	CbD	1,2
Identifying areas of need	CbD	1,2
Promoting positive feedback	CbD	1,2
Personal and professional needs	CbD	1,2
Career progression	CbD	1,2
Efficient and effective training	CbD	1,2
Life-long learning	CbD	1,2
Skills		
Able to accurately assess the needs and expectations of the individual	mini-CEX, CbD, PS, MSF	1,2
Ability to assess performance and identify areas of weakness	mini-CEX, CbD, PS, MSF	1,2
Ability to teach self-reflection and self-appraisal	mini-CEX, CbD, PS, MSF	1,2
Listens carefully, actively and appropriately to colleagues, their concerns, ideas and expectations and checks their understanding, inspires confidence and allays their fears	mini-CEX, CbD, PS, MSF	1,2
Always considerate, polite and thoughtful of colleagues	mini-CEX, CbD, PS, MSF	1,2
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1,2
Easily establishes rapport with colleagues and encourages and enhances mutual understanding	mini-CEX, CbD, PS, MSF	1,2
Able to mediate or negotiate	mini-CEX, CbD, PS, MSF	1,2
Always safeguards confidentiality and has excellent knowledge of the data protection act	mini-CEX, CbD, PS, MSF	3,4
Behaviours		
Listens carefully, actively and appropriately	MSF	1,2
Inspires confidence and allays fears	MSF	1,2
Always considerate, polite and thoughtful of patients and colleagues	MSF	1,2
Explains clearly, honestly and using language effectively and appropriately	MSF	1,2
Easily establishes rapport with colleagues and enhances mutual understanding	MSF	1,2
Able to mediate or negotiate	MSF	1,2
Always safeguards confidentiality and has excellent knowledge of the	MSF	3,4

data protection act

2. Essential Clinical Skills

2.1 Assessment, Investigation and management of patients

To perform a specialist assessment of patients and to institute appropriate cost-effective investigations and plan an appropriate approach to management		
Knowledge	Assessment Methods	GMP
Methods for history taking from patients and their relatives	SCE, CbD	1
Approaches to clinical system examination	SCE, CbD	1
Excellent depth and breadth of presenting clinical features of general and specialty-specific conditions that allow the formulation of a differential diagnosis	SCE, CbD	1
Modalities of investigation, including indications, contraindications, complications and cost-analysis	SCE, CbD	1
Excellent knowledge of circumstances in which the commoner laboratory-based and radiological investigations are indicated and procedures required to obtain appropriate material for investigation	SCE, CbD	1
Excellent interpretation of a broad range of investigations, including laboratory-based and radiological investigations	SCE, CbD	1
Approach to management of specific clinical situations and diagnoses	SCE, CbD	1
Knowledge of the interactions, adverse effects, dosage calculations and indications for and appropriate method of delivery of pharmacological approaches to therapy	SCE, CbD	1,2
Has extensive knowledge of the range of interventions, indications and complications of non-pharmacological treatments	SCE, CbD	1
Skills		
Detailed and reliable history taking and recording of appropriate details in the patients notes	mini-CEX, CbD, PS, MSF	1
Demonstrate accurate diagnostic reasoning and generation of an appropriate differential diagnosis	mini-CEX, CbD, PS, MSF	1
Ability to implement cost-effective investigations appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1
Clear, legible and comprehensive documentation in an orderly and systematic fashion including all relevant communications with patients, relatives and colleagues	mini-CEX, CbD, PS, MSF	1
Examination of the patient that always has a thorough, accurate, sensitive, focused and systematic approach that is general and systems-based	mini-CEX, CbD, PS, MSF	1
Undertakes excellent examination technique that is always appropriate for age, gender and state of the patient and can demonstrate technique to others	mini-CEX, CbD, PS, MSF	1
Elicits all physical signs with accuracy and precision	mini-CEX, CbD, PS, MSF	1

Always recognises and able to anticipate life-threatening conditions	mini-CEX, CbD, PS, MSF	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	mini-CEX, CbD, PS, MSF	1
Always interprets symptoms and signs correctly	mini-CEX, CbD, PS, MSF	1
Investigations always appropriate in relation to the differential diagnosis, evidence-based and according to local protocols	mini-CEX, CbD, PS, MSF	1
Prepares the patient practically for the investigation, with the provision of excellent information about the investigation plan and obtains appropriate informed consent	mini-CEX, CbD, PS, MSF	1,3
Always makes the appropriate use of drugs for the diagnosis with ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1,3
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Always recognises or able to anticipate complications and acts appropriately	mini-CEX, CbD, PS, MSF	1,3
Able to mediate, negotiate and deal appropriately with complaints	mini-CEX, CbD, PS, MSF	1,3,4
Excellent oral presentation of cases or scientific data, with clear delivery of the objective of the presentation	mini-CEX, CbD, PS, MSF	1,3,4
Behaviours		
Appropriate attitude, towards patients with empathy and respect	MSF, PS	1,4
Ability to respond to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following emergency situations	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.2 Pharmacological intervention and the management of disease

Ability to provide appropriate pharmacological intervention in the management of disease		
Knowledge	Assessment Methods	GMP
Principles of pharmacokinetics and pharmacodynamics and the scientific basis of pharmacology	SCE, CbD	1
Analysis of therapeutic possibilities including benefits and burdens of therapy	SCE, CbD	1
Communicating therapeutic goals and involvement of the patient in decisions	SCE, CbD	1
Compliance with therapy	SCE, CbD	1,2
Adjustment of dose in the elderly, altered metabolism or renal impairment	SCE, CbD	1,2
Role of a drug formulary	SCE, CbD	1
Legal issues relating to the prescription of drug, including controlled drugs	SCE, CbD	1
Problems of polypharmacy	SCE, CbD	1
Reporting adverse drug reactions to the CSM	SCE, CbD	1,2
Role of the pharmacy service	SCE, CbD	1
Range of interventions, indications and complications of non-pharmacological treatments	SCE, CbD	1,2
Drug interactions, indications, adverse effects, routes of delivery, costs and long-term complications	SCE, CbD	1,2
Drug dependence	SCE, CbD	1
Skills		
Ability to accurately assess the patients needs	mini-CEX, CbD, PS, MSF	1
Appropriate prescription of blood products	mini-CEX, CbD, PS, MSF	1
Ability to manage transfusion reactions	mini-CEX, CbD, PS, MSF	1
Appropriate attitude towards patients and their medication	mini-CEX, CbD, PS, MSF	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Always makes the appropriate use of drugs for the diagnosis and ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1
Always has a calm, systematic approach and appropriate outcome following emergency situations	mini-CEX, CbD, PS, MSF	1,2
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3

Always recognises or able to anticipate complications and acts appropriately	mini-CEX, CbD, PS, MSF	1,2
Behaviours		
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always has a calm, systematic approach and appropriate outcome following emergency situations	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.3 Management of acute and long term complications

To define, recognise and competently manage the acute and long-term complications of each treatment modality employed in the management of patients with malignant disease		
Knowledge	Assessment Methods	GMP
Risk of treatment-induced malignancies and leukaemia	SCE, CbD	1
Organ dysfunction following therapy (e.g. Endocrine, neurological, ocular)	SCE, CbD	1
Fertility after chemotherapy, including the indications for cryopreservation of semen and the developing technology and current limitations with respect to female gamete storage	SCE, CbD	1
Long term cardiac, renal, pulmonary and skeletal complications of anticancer therapies	SCE, CbD	1
Excellent depth and breadth of presenting clinical features of general and specialty-specific conditions that allow the formulation of a differential diagnosis	SCE, CbD	1
Knowledge of the interactions, adverse effects, complications, dosages and appropriate methods of delivery of pharmacological and non-pharmacological treatments	SCE, CbD	1
Skills		
Writes clear, legible and comprehensive documentation in an orderly and systematic fashion including all relevant communications with patients, relatives and colleagues	mini-CEX, CbD, PS, MSF	1
Always recognises and able to anticipate life-threatening conditions	mini-CEX, CbD, PS, MSF	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	mini-CEX, CbD, PS, MSF	1
Always interprets symptoms and signs correctly	mini-CEX, CbD, PS, MSF	1
Excellent interpretation of a broad range of investigations, including laboratory-based and radiological investigations	mini-CEX, CbD, PS, MSF	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1
Always makes the appropriate use of drugs for the diagnosis with extensive knowledge of their interactions and adverse effects and ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1
Has extensive knowledge of the range of interventions, indications and complications of non-pharmacological treatments	mini-CEX, CbD, PS, MSF	1
Always has a calm, systematic approach and appropriate outcome following emergency situations	mini-CEX, CbD, PS, MSF	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Always recognises or able to anticipate complications and acts appropriately	mini-CEX, CbD, PS, MSF	1,2

Behaviours

Writes clear, succinct and well structured documentation of adverse effects and instructions for others in anticipation of complications detailing all appropriate information	MSF, PS	1
Able to anticipate life-threatening conditions	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following emergency situations	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.4 Rehabilitation

To demonstrate knowledge of rehabilitation and the ability to plan appropriate interventions		
Knowledge	Assessment Methods	GMP
Role of physical therapy, particularly in the postoperative setting (e.g. axillary dissection, amputation)	SCE, CbD	1
Role of occupational therapy, speech or swallowing therapy	SCE, CbD	1
Multidisciplinary management of the rehabilitation of patients with cancer	SCE, CbD	1
Role of complimentary therapies	SCE, CbD	1
Role of nutritional therapy	SCE, CbD	1
Knowledge of the indications, interactions, adverse effects and complications of rehabilitation methods	SCE, CbD	1
Skills		
Able to accurately assess the patients needs and their expectations	mini-CEX, CbD, PS, MSF	1
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1,4
Clear, legible and comprehensive documentation in an orderly and systematic fashion including all relevant communications with patients, relatives and colleagues	mini-CEX, CbD, PS, MSF	1,2
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	mini-CEX, CbD, PS, MSF	1
Always interprets symptoms and signs correctly	mini-CEX, CbD, PS, MSF	1
Prepares the patient practically for the investigation or therapy, with the provision of excellent information about the investigation plan and obtains appropriate informed consent	mini-CEX, CbD, PS, MSF	1,3
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1
Always makes the appropriate and cost-effective use of rehabilitation methods for the diagnosis	mini-CEX, CbD, PS, MSF	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Always recognises or able to anticipate complications and acts appropriately	mini-CEX, CbD, PS, MSF	1
Behaviours		
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always has a calm, systematic approach and appropriate outcome following emergency situations	MSF, PS	1

Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3
Always recognises or able to anticipate complications and acts appropriately	MSF, PS	1

2.5 Management of patients with malignancy

To define the nature and ability to recognise, investigate and manage symptoms that present in patients with malignancy and understand the importance of a multidisciplinary approach		
Knowledge	Assessment Methods	GMP
Knowledge and experience in the assessment of patients needs	SCE, CbD	1
Understanding of the classes of analgesic agents, their indications, interactions and contraindications, pharmacology and toxicity	SCE, CbD	1,2
Assessment of patients analgesia requirements, the nature and severity of pain and the World Health Organisation (WHO) pain ladder	SCE, CbD	1
Approach to the non-pharmacological treatment of cancer pain	SCE, CbD	1
Investigation and management of common symptoms that present in patients with malignant disease such as; constipation, nausea, bowel obstruction, infections, anorexia, effusions and ascites, neuropathy, reduced mobility, incontinence, confusion	SCE, CbD	1
Role of surgery, radiotherapy, chemotherapy and other approaches, such as laser therapy, in the palliation of symptoms	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1
Behaviours		
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4

Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.6 Infections in patients with Cancer

To be able to recognise, diagnosis, investigate and manage infections in patients with cancer		
Knowledge	Assessment Methods	GMP
Investigation and diagnosis of patients with infection	SCE, CbD	1
Strategies for the use of antibiotic therapy for treating infections in patients with malignancy or receiving myelosuppressive therapy	SCE, CbD	1
Supportive therapy including; fluid therapy, nutritional support, inotropic support and the indications for intensive care	SCE, CbD	1
Indications for secondary prophylaxis of neutropenic sepsis and use of antibiotics and growth factors in secondary prophylaxis	SCE, CbD	1
Investigation and management of a patient with suspected opportunistic infection	SCE, CbD	1
Skills		
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1,4
Examination of the patient that always has a thorough, accurate, sensitive, focused and systematic approach that is general and systems-based	mini-CEX, CbD, PS, MSF	1
Elicits all physical signs with accuracy and precision	mini-CEX, CbD, PS, MSF	1
Always recognises and able to anticipate life-threatening conditions	mini-CEX, CbD, PS, MSF	1
Demonstrates an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	mini-CEX, CbD, PS, MSF	1
Always interprets symptoms and signs correctly	mini-CEX, CbD, PS, MSF	1
Investigations always appropriate in relation to the differential diagnosis, evidence-based and according to local protocols	mini-CEX, CbD, PS, MSF	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Always makes the appropriate use of drugs for the diagnosis with extensive knowledge of their interactions and adverse effects and ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1,2
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving	MSF, PS	1

and shows a range of problem-solving skills		
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.7 Blood product transfusions

Ability to provide appropriate use and prescription of blood product transfusion		
Knowledge	Assessment Methods	GMP
Indications for, complications and management of reactions of red-cell and platelet transfusions	SCE, CbD	1
Preparation and administration options of those products	SCE, CbD	
Skills		1
Ability to accurately assess the patients needs	mini-CEX, CbD, PS, MSF	1
Appropriate prescription of blood products	mini-CEX, CbD, PS, MSF	1,2
Ability to manage transfusion reactions	mini-CEX, CbD, PS, MSF	1,2
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.8 Nutritional support

To be able to assess, plan and implement appropriate nutritional support for patients with cancer		
Knowledge	Assessment Methods	GMP
Indications for and complications of enteral and parenteral nutritional support	SCE, CbD	1
Causes of malnutrition	SCE, CbD	1
Assessment of the patients nutritional requirement	SCE, CbD	1
Methods of nutritional supplementation	SCE, CbD	1
Role of the dietician	SCE, CbD	1
Skills		
Ability to assess patients needs	mini-CEX, CbD, PS, MSF	1
Ability to plan appropriate nutritional therapy or support whilst considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Always makes the appropriate use of drugs for the diagnosis with extensive knowledge of their interactions and adverse effects and ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.9 Oncological emergencies

Ability to recognise, investigate and manage oncological emergencies		
Knowledge	Assessment Methods	GMP
Medical emergencies are common in the management of cancer and trainees should recognise the clinical presentations that require immediate intervention	SCE, CbD	1
Intensive care, high dose treatment and the management of metabolic, infective, neurological and other complications of cancer	SCE, CbD	1,2
Investigation and management of septic shock, cord compression, superior vena caval obstruction, cardiac tamponade, fits, thrombocytopenia, renal failure, hypercalcaemia, infections, spinal cord compression, tumour lysis syndrome, encephalopathy	SCE, CbD	1,2
Skills		
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1
Examination of the patient that always has a thorough, accurate, sensitive, focused and systematic approach that is general and systems-based	mini-CEX, CbD, PS, MSF	1
Elicits all physical signs with accuracy and precision	mini-CEX, CbD, PS, MSF	1
Always recognises and able to anticipate life-threatening conditions	mini-CEX, CbD, PS, MSF	1,2
Demonstrates an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	mini-CEX, CbD, PS, MSF	1
Always interprets symptoms and signs correctly	mini-CEX, CbD, PS, MSF	1
Investigations always appropriate in relation to the differential diagnosis, evidence-based and according to local protocols	mini-CEX, CbD, PS, MSF	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Always makes the appropriate use of drugs for the diagnosis with extensive knowledge of their interactions and adverse effects and ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1

Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.10 Paraneoplastic syndromes and non metastatic effects of malignancy

To be able to define, recognise, investigate and manage paraneoplastic syndromes and non-metastatic effects of malignancy		
Knowledge	Assessment Methods	GMP
Recognise the remote effects of malignancy, potentially manifested in every organ system	SCE, CbD	1
Malignancies most commonly associated with the individual syndromes (e.g. Hypercalcaemia, ACTH, SIADH, Eaton-Lambert, cerebellar syndrome)	SCE, CbD	1
Management of each condition or syndrome	SCE, CbD	1
Approach to diagnostic investigations of the underlying malignancy in patients that present with non-metastatic manifestations	SCE, CbD	1
Excellent depth and breadth of presenting clinical features of general and specialty-specific conditions that allow the formulation of a differential diagnosis	SCE, CbD	1
Skills		
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1
Examination of the patient that always has a thorough, accurate, sensitive, focused and systematic approach that is general and systems-based	mini-CEX, CbD, PS, MSF	1
Elicits all physical signs with accuracy and precision	mini-CEX, CbD, PS, MSF	1
Always recognises and able to anticipate life-threatening conditions	mini-CEX, CbD, PS, MSF	1
Demonstrates an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	mini-CEX, CbD, PS, MSF	1
Always interprets symptoms and signs correctly	mini-CEX, CbD, PS, MSF	1
Investigations always appropriate in relation to the differential diagnosis, evidence-based and according to local protocols	mini-CEX, CbD, PS, MSF	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1
Always makes the appropriate use of drugs for the diagnosis with extensive knowledge of their interactions and adverse effects and ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4

Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

2.11 Practical Procedures in Oncology

To be able to perform specific procedures and investigations with the appropriate standards of professional and personal behaviour required from a consultant		
Knowledge	Assessment Methods	GMP
Paracentesis	SCE, CbD	1
Lumbar puncture, administration of intrathecal therapy via LP or Ommaya reservoir	SCE, CbD	1
Bone marrow aspiration	SCE, CbD	1
Intercostal tube placement	SCE, CbD	1
Central line insertion	SCE, CbD	1
Fine needle aspiration cytology	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of the procedure or investigation	mini-CEX, CbD, PS, MSF, DOPS	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1
Ability to obtain informed consent to a procedure and to explain and communicate the risks of the procedure to the patient	mini-CEX, CbD, PS, MSF	1,3
Ability to organise and coordinate other staff that may be involved in the procedure or the care of the patient after the procedure is completed	mini-CEX, CbD, PS, MSF	1,2,3
Ability to plan, implement appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF, DOPS	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF, DOPS	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1
Identification and management of side effects or complications of the procedure	mini-CEX, CbD, PS, MSF, DOPS	1
Shows outstanding practical ability with a high level of competence and proficiency	mini-CEX, CbD, PS, MSF, DOPS	1
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Always makes the appropriate use of drugs and non-pharmacological	MSF, PS	1

treatments for the diagnosis

Always has a calm, systematic approach and appropriate outcome following treatment

MSF,PS

1

Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals

MSF, PS

1,3

2.12 Indwelling venous catheters and Hickman lines

To be able to care for and access indwelling venous catheters and Hickman lines		
Knowledge	Assessment Methods	GMP
Indication for insertion or removal and complications of an indwelling venous catheters	SCE, CbD	1
Ability to access the catheters for sampling and delivery of therapy	SCE, CbD	1
Skills		
Determination of the risk of the procedure or investigation	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1
Ability to obtain informed consent to a procedure and to explain and communicate the risks of the procedure to the patient	mini-CEX, CbD, PS, MSF	1,3
Ability to organise and coordinate other staff that may be involved in the procedure or the care of the patient after the procedure is completed	mini-CEX, CbD, PS, MSF	1,2,3
Ability to plan, implement appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1
Identification and management of side effects or complications of the procedure	mini-CEX, CbD, PS, MSF	1
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

3. Medical Leadership and Management

3.1 Personal qualities

Identify own strengths, limitations and the impact of their behaviour and is able to change their behaviour in light of feedback and reflection		
Knowledge	Assessment Methods	GMP
Demonstrates different methods of obtaining feedback		1
Awareness of the trainee's own values and principles and how these may differ from those of other individuals and groups.	MSF, CbD	1,3,4
The importance of best practice transparency and consistency		1
Skills		
Maintain and routinely practice critical self awareness, including being able to discuss strengths and weaknesses with supervisor and recognising external influences and changing behaviour accordingly.		1
Use assessment, appraisal, complaints and other feedback to discuss and develop an understanding of own development needs		1,3
Identify own strengths and weaknesses.	MSF	1,3
Organise and manage workload effectively and flexibly.		1, 3
Behaviours		
Recognising and showing respect for diversity and differences in others		1
Shows commitment to continuing professional development which involves seeking training and self development opportunities, learning from colleagues and accepting criticism		1,3
Demonstrate self management: organising and managing themselves while taking account of the needs and priorities of others.	CbD, PS	3

3.2 Working with others

Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises. Continue to recognise the common purpose of the team and respect their decisions		
Knowledge	Assessment Methods	GMP
Demonstrates a wide range of leadership styles and approaches and the applicability to different situations and people		1
Skills		
Enable individuals, groups and agencies to implement plans and make decisions	.	1,3
Assessment and appraisal of more junior clinical colleagues or students.		1, 3
Build and maintain relationships by listening, supporting others, gaining trust and showing understanding.	MSF	3
Shown willingness to act as a leader, mentor, educator and role model.		3
Behaviours		
Showing recognition of a team approach, respecting colleagues, including non-medical professionals		1,3

3.3 Managing Services

Support team members to develop their roles and responsibilities and continue to review performance of the team members to ensure that planned service outcomes are met		
Knowledge	Assessment Methods	GMP
Demonstrate knowledge of relevant legislation and HR policies		1
Show knowledge of the duties, rights and responsibilities of an employer and co-worker		1
Demonstrates knowledge of individual performance review		1
Understand the roles, competences and capabilities of other professionals and support workers.		1,3,4
Understand the role of audit (improving patient care and services, risk management etc).		1
Understand the steps involved in completing the audit cycle.		1
Skills		
Continue to contribute towards staff development and training, including mentoring, supervision and appraisal		1,3
Able to write a job description, including person specification and short listing criteria.		1
Contribute to the development of an organisational response to emerging health policy.		1
Behaviours		
Commitment to good communication whilst also inspiring confidence and trust		1,3
Manage resources: know what resources are available and use influence to ensure that resources are used efficiently and safely.		1
Manage people: providing direction, reviewing performance and motivating others.		1, 3
Manage performance: hold oneself and others accountable for service outcomes.		1, 3

3.4 Improving Services

Ensure patient safety at all times, continue to encourage innovation and facilitate transformation		
Knowledge	Assessment Methods	GMP
Demonstrate knowledge of risk management issues and risk management tools		1,2
Demonstrates understanding of how healthcare governance influences patient care.		1
Demonstrates a knowledge of a variety of methodologies for developing creative solutions to improving services		1,2
Recall principles of risk assessment and management.		1, 2
Identify risk management guidance e.g. safe prescribing, sharps disposal, needlestick injury.		1, 2
Skills		
Reports clinical incidents		1,2
Be able to assess and manage risk to patients.		2
Monitors the quality of equipment and safety of the environment relevant to the specialty		1,2
Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately.		2
Questions existing practice in order to improve the services		1,2
Behaviours		
Seeks advice and or assistance whenever concerned about patient safety		1,2,3
Supports colleagues to voice new ideas and is open minded to new thoughts.		1,3

3.5 Setting Direction

Is able to identify the contexts for change and is able to make decisions		
Knowledge	Assessment Methods	GMP
Demonstrates knowledge of the functions and responsibilities of national bodies, College and faculties, representatives, regulatory bodies.		1
Demonstrates effective communication strategies within organisations		1
Skills		
The ability to discuss the local, national and UK health priorities and how they impact on the delivery of health care relevant to the specialty		1
Is able to run committee meetings and work collegiately and collaboratively with a wide range of people outside the immediate clinical setting		1,3
Behaviours		
Willingness to articulate strategic ideas and use effective influencing skills		1,3
Willingness to participate in decision making processes beyond the immediate clinical care setting		1,3
Apply knowledge and evidence: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements.		1
Make decisions: integrating values with evidence to inform decisions.		1, 3

3.6 Utility and Application

To define the utility and application of information technology to patient care, personal development and to the delivery and management of healthcare across primary, secondary and tertiary divides		
Knowledge	Assessment Methods	GMP
Use of database, word processing and statistical software	SCE, CbD	1
Searching for information in health related databases and relevant web sites	SCE, CbD	1
Identifying the requirements for data retrieval, construction of retrieval plans and utility of data recorded in clinical systems	SCE, CbD	1
Knowledge of the range of possible primary and secondary uses of clinical data and appreciate the benefits of aggregating clinical data	SCE, CbD	1
Application of telemedicine or telecare to clinical practice	SCE, CbD	1
Knowledge of the stages of evaluation of any new technology	SCE, CbD	1
Utility of clinical data and information	SCE, CbD	1
Application and benefits of electronic storage systems	SCE, CbD	1
Skills		
Competence in the use of software applications for creating documents and for the storage of data and information	mini-CEX, CbD, PS, MSF	1
Ability to retrieve healthcare information from a variety of sources	mini-CEX, CbD, PS, MSF	1
Ability to define a data set for analysis	mini-CEX, CbD, PS, MSF	1
Ability to perform a statistical analysis on clinical and non-clinical data	mini-CEX, CbD, PS, MSF	1
Ability to identify data retrieval requirements, conduct retrieval plans and use data recorded in clinical systems	mini-CEX, CbD, PS, MSF	1
Appropriate use of information technology in clinical practice	mini-CEX, CbD, PS, MSF	1
Behaviours		
Appropriate use of information technology for patients benefits	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1

3.7 Confidentiality

To define the principles of confidentiality and implementation in terms of clinical practice in the context of information technology		
Knowledge	Assessment Methods	GMP
Discussion of the data protection act, and other legislation, and the relevance to clinical practice	SCE, CbD	1,3,4
Knowledge of the responsibilities and liabilities in the UK and Europe, pertaining to confidentiality	SCE, CbD	1,3,4
Skills		
Knowledge of the data protection act	mini-CEX, CbD, PS, MSF	1,3,4
Knowledge of the responsibilities relating to the use of clinical information	mini-CEX, CbD, PS, MSF	1,3,4
Behaviours		
Always safeguards confidentiality and has excellent knowledge of the data protection act	MSF, PS	1,3,4
Always considerate, polite and thoughtful of patients and colleagues	MSF, PS	1,4
Is always considerate of the patients age, status, cultural and social circumstances	MSF, PS	1,4

4. Clinical Research, Ethics and Economics

4.1 Clinical trials

To define the components of clinical trial design, through development and conduct of national cooperative and in-house protocols and ability to enrol, assess, consent and manage patients within clinical trials

Knowledge	Assessment Methods	GMP
Ethical, regulatory, and legal issues involved in study design	SCE, CbD	1,4
Criteria for defining response to therapy	SCE, CbD	1,4
Selection of appropriate end-points for clinical trials	SCE, CbD	1,4
Informed consent	SCE, CbD	1,3
Tools used to assess quality of life	SCE, CbD	1
Toxicity assessment and grading	SCE, CbD	1
Regulatory mechanisms of surveillance, monitoring of studies, data monitoring and good clinical practice guidelines	SCE, CbD	1,3,4
Grant writing and funding issues for clinical research	SCE, CbD	1
Participation in the design, implementation and analysis of clinical trials, including Phase II and Phase III studies	SCE, CbD	1
Skills		
Ability to assess quality of life	C mini-CEX, CbD, PS, MSF	1
Ability to obtain informed consent	mini-CEX, CbD, PS, MSF	1,3,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

4.2 Statistical methods

To define the range of statistical methods, particularly those relevant to clinical trials design and demonstrate appropriate institution and interpretation of analyses		
Knowledge	Assessment Methods	GMP
Requirement for patient numbers in designing studies	SCE, CbD	1
Descriptive statistics, qualitative and quantitative	SCE, CbD	1
Population and sample	SCE, CbD	1
Probability distributions	SCE, CbD	1
Confidence intervals	SCE, CbD	1
Parametric and non-parametric tests of significance	SCE, CbD	1
Correlation and regression	SCE, CbD	1
Sampling methods	SCE, CbD	1
Variance analysis	SCE, CbD	1
Mortality and morbidity data	SCE, CbD	1
Life tables	SCE, CbD	1
Analysis of survival	SCE, CbD	1
Skills		
Appropriate selection of statistical methods	mini-CEX, CbD, PS, MSF	1
Appraisal of evidence from the literature	mini-CEX, CbD, PS, MSF	1
Ability to determine the validity and reliability of clinical data interpretation	mini-CEX, CbD, PS, MSF	1
Ability to apply statistical methods to clinical data	mini-CEX, CbD, PS, MSF	1
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

4.3 Role and function of Research Ethics Committees

To be able to define the role and functioning of the Research Ethics Committees		
Knowledge	Assessment Methods	GMP
Ethical issues relating to the conduct of medical research	SCE, CbD	1,4
Knowledge of the role and functioning of an ethics committee	SCE, CbD	1,4
Mechanism for application for ethical approval of a clinical study	SCE, CbD	1,4
Role of the hospital/Trust, local and national ethics committees, and also that of the MREC in the evaluation of clinical trials	SCE, CbD	1,4
Principles of Good Clinical Practice (GCP) with regard to the treatment of patients on clinical trials and quality of data collection	SCE, CbD	1,4
Skills		
Ability to collect clinical data in a reliable manner	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Honesty and integrity, for the collection of clinical data for scientific analysis	MSF, PS	1
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patient's age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4

4.4 Ethical issues

To be able to define and discuss the range of ethical issues encountered in the management of patients with cancer		
Knowledge	Assessment Methods	GMP
Identifying potential conflict of interest	SCE	1,2
Knowledge of the ethical issues relating to clinical practice	SCE	1,4
Issues related to institution and withdrawal of life support systems including hydration and nutrition	SCE, CbD	1
Informed consent	SCE, CbD	1,3
Living wills	SCE, CbD	1,3
Resuscitation guidelines	SCE, CbD	1,3
Identifying potential conflict of interest between patients and their relatives	SCE, CbD	1,2
Approaches to medical ethics including beneficence, non-maleficence, justice and respect for autonomy	SCE, CbD	1,2
Patients' rights	SCE, CbD	1,2
Responsibility for decisions	SCE, CbD	1,2
Competence to make particular decisions	SCE, CbD	1,2
Physician-assisted suicide	SCE, CbD	1,4
Skills		
Ability to obtain informed consent	C mini-CEX, CbD, PS, MSF	1,3
Ability to identify conflict between the intentions of the health care professionals and the wishes of the patient or their family	mini-CEX, CbD, PS, MSF	1,4
Appropriate attitudes that reflect professionalism and humanism in the care of patients	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

4.5 Provision of Cancer Services and Resource Management

To define and discuss the economic issues in the provision of cancer services and the requirements of resource management		
Knowledge	Assessment Methods	GMP
Cost-benefit, value for money and cost-effectiveness of medical intervention in the management of cancer	SCE, CbD	1
Knowledge of the financial management of providing a cancer service	SCE, CbD	1
Understanding of the methods used to calculate the cost-effectiveness of a specific treatment	SCE, CbD	1
Knowledge of business plans for service provision and introduction of new therapies	SCE, CbD	1
Knowledge of developments in information technology and their impact on the NHS	SCE, CbD	1
Knowledge of the process of risk management and of operating within a litigious and complaints culture, with some experience in making a risk assessment and implementing systems to reduce risk	SCE, CbD	1
Skills		
Able to recognise, define and prioritise problems with efficiency and to analyse, interpret and prioritise information recognising and defining its limitations	Cb mini-CEX, CbD, PS, MSF	1
Understanding of quantitative and qualitative methodology and can choose and apply appropriate methodology to a scientific or research situation or develop new methods of assessment	mini-CEX, CbD, PS, MSF	1
Understanding of the NHS system: nationally, regionally and locally	mini-CEX, CbD, PS, MSF	1
Demonstrates excellent political awareness and possibly contributes to the discussions	mini-CEX, CbD, PS, MSF	1,4
Well prepared and organised, competent at completing routine and complex admin tasks	mini-CEX, CbD, PS, MSF	1
Adapts to the hospital's management policies	mini-CEX, CbD, PS, MSF	1,2
Able to juggle a large number of demands that are potentially conflicting or unpredictable, by setting priorities and planning effectively	mini-CEX, CbD, PS, MSF	1,2
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3
Highly dependable and conscientious	MSF, PS	1,3

4.6 Legal framework

To define and discuss the legal aspects of clinical care and the skills required to make decisions and practice medicine within a legal/lawful framework

Knowledge	Assessment Methods	GMP
Law (common, parliamentary and European) and guidelines (DoH, BMA, GMC, Royal Colleges and local)	SCE, CbD	1
Definition and certification of death including procedures for relatives	SCE, CbD	1
Referral to and duties of the coroner	SCE, CbD	1
Cremation and burial regulations	SCE, CbD	1
Patients refusal of treatment	SCE, CbD	1
Mental Health Act	SCE, CbD	1
Prescribing responsibilities	SCE, CbD	1
Non-licensed use of drugs	SCE, CbD	1
Euthanasia	SCE, CbD	1
Persistent vegetative state	SCE, CbD	1
Informed consent	SCE, CbD	1,3
Capacity and competency	SCE, CbD	1
Power of attorney	SCE, CbD	1
Record taking and storage of information including data protection act	SCE, CbD	1,3,4
Confidentiality	SCE, CbD	1
Assault, battery and manslaughter as applied to medicine	SCE, CbD	1
Living wills	SCE, CbD	1
Custody and care of minors	SCE, CbD	1
Withdrawal or withholding therapy from competent and incompetent patients	SCE, CbD	1
Laws and regulations relating to nursing homes	SCE, CbD	1
Employment law including equal opportunities and discrimination	SCE, CbD	1
Application of corporate law to the NHS, charities and liabilities of employers and employees	SCE, CbD	1
Skills		
Knowledge of the legal issues relating to clinical practice	mini-CEX, CbD, PS, MSF	1
Ability to define and certify death	mini-CEX, CbD, PS, MSF	1
Ability to identify conflict between the intentions of the health care professionals, the wishes of the patient or their family and the legal framework through which a clinical service is delivered	mini-CEX, CbD, PS, MSF	1
Appropriate attitudes that reflect professionalism and humanism in the care of patients	mini-CEX, CbD, PS, MSF	1
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4

Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

5. Scientific basis of malignancy

To be able to define the scientific basis of malignancy		
Knowledge	Assessment Methods	GMP
Structure and function of the gene	SCE, CbD	1
The cell-division cycle	SCE, CbD	1
Mechanics of cell division	SCE, CbD	1
The genetic basis of cancer	SCE, CbD	1
DNA and protein synthesis, breakage and repair	SCE, CbD	1
Molecular mechanisms of mutagenesis	SCE, CbD	1
Tumour suppressor genes and oncogenes	SCE, CbD	1
Intracellular signalling and transcription factors	SCE, CbD	1
Growth factors and signal transduction	SCE, CbD	1
Apoptosis and cancer	SCE, CbD	1
Viral carcinogenesis	SCE, CbD	1
Chemical carcinogenesis	SCE, CbD	1
Radiation carcinogenesis	SCE, CbD	1
Structure and function of the normal cell	SCE, CbD	1
Properties of malignant cells and regulation of tumour growth	SCE, CbD	1
Tumour angiogenesis	SCE, CbD	1
Mechanisms of tumour cell invasion and metastasis	SCE, CbD	1
Cell adhesion and contact inhibition	SCE, CbD	1
Immunology of cancer	SCE, CbD	1
The natural history of cancer	SCE, CbD	1
Chromosomal abnormalities and cytogenetics	SCE, CbD	1
Skills		
Not Applicable		
Behaviours		
Not Applicable		

6. Risk Factors, Screening and Prevention

6.1 Genetic Risk of cancer

To be able to define genetic risk of malignancy and demonstrate the skills required to assess the increased risk of cancer in the patient and their family

Knowledge	Assessment Methods	GMP
Principles of genetic counselling	SCE, CbD	1
Role and indications for genetic screening	SCE, CbD	1
Impact of a diagnosis and identified risk on a patient and their family	SCE, CbD	1
Inherited syndromes that predispose to malignancy	SCE, CbD	1
Role of prophylactic interventions such as chemoprevention and surgery (e.g. oophorectomy)	SCE, CbD	1
Skills		
Ability to take a focused clinical history that identifies abnormalities in the family tree	mini-CEX, CbD, PS, MSF	1
Ability to calculate an absolute risk for a specific patient and their relatives for a specific malignancy based on clinical features such as a detailed family history	mini-CEX, CbD, PS, MSF	1
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

6.2 Screening, Risk Factors and Risk Assessment

To define the principles of screening for malignancy and ability to recognise risk factors and undertake a risk assessment of the patient and their family for a subsequent malignancy, and provide appropriate counselling		
Knowledge	Assessment Methods	GMP
Assessment of sensitivity, specificity and cost-benefit and concept of bias in the interpretation of screening programmes	SCE, CbD	1
Application of well-defined screening role (e.g., PAP smear) and situations in which the role of screening is unclear or not defined (e.g., PSA, ovarian cancer)	SCE, CbD	1
Risk factors that predispose to subsequent malignancy including: genetic, dietary, occupational, environmental, previous malignancy and previous therapy	SCE, CbD	1
Can define the principles of disease surveillance and screening, disease prevention, health promotion, able to undertake a health needs assessment and actively develops measures to extend the application of such approaches to the surrounding population	SCE, CbD	1
Can define the disease aetiology and relationships with risk factors and disease prevention and able to accurately identify risk factors in the individual and their relatives	SCE, CbD	1
Skills		
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	mini-CEX, CbD, PS, MSF	1
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1
Always safeguards confidentiality and has excellent knowledge of the data protection act	mini-CEX, CbD, PS, MSF	3,4
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1,4
Examination of the patient that always has a thorough, accurate, sensitive, focused and systematic approach that is general and systems-based	mini-CEX, CbD, PS, MSF	1
Prepares the patient practically for the investigation, with the provision of excellent information about the investigation plan and obtains appropriate informed consent	mini-CEX, CbD, PS, MSF	1,3
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	T MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1

Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

6.3 Role of Chemoprevention

To define the role of chemoprevention and ability to implement appropriate therapy		
Knowledge	Assessment Methods	GMP
Knowledge about the scientific basis for using naturally occurring or synthetic agents that reverse, suppress, or prevent development of an invasive cancer	SCE, CbD	1
Clinical trial methodology for testing prevention strategies	SCE, CbD	
Skills		
Listens carefully, actively and appropriately to the patient and their concerns, ideas and expectations and checks their understanding, inspires confidence and allays the patients fears	mini-CEX, CbD, PS, MSF	1
Explains clearly, honestly and using language effectively and appropriately	mini-CEX, CbD, PS, MSF	1
Always safeguards confidentiality and has excellent knowledge of the data protection act	mini-CEX, CbD, PS, MSF	3,4
Precise, perceptive, comprehensive and sensitive questioning of the patient using focused questions that elicit the relevant and related features of the case and considers the context of the age and state of the patient and multicultural factors	mini-CEX, CbD, PS, MSF	1,4
Examination of the patient that always has a thorough, accurate, sensitive, focused and systematic approach that is general and systems-based	mini-CEX, CbD, PS, MSF	1
Prepares the patient practically for the investigation, with the provision of excellent information about the investigation plan and obtains appropriate informed consent	mini-CEX, CbD, PS, MSF	1,3
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

7. Competencies in Systemic Therapies

During the training period, the appropriate health care professionals can undertake duties relating to a level of competence above a level at which they have demonstrated competence, but may do so under the appropriate supervision of a suitable competent person. Professionals that have recorded evidence of competence may operate at the appropriate level with reduced supervision but must have access to appropriate supervision and support at all times. Only clinicians performing duties at level 5 do not require supervision.

Please Note: The following competencies are built on the Knowledge, Skills and Attitudes defined in the rest of the Therapeutic Modalities section of the curriculum.

Level 1

A level 1 person is able to undertake a review of a patient receiving systemic therapy and can authorise the next cycle of treatment to proceed. This professional could be medically qualified or an appropriately trained chemotherapy nurse, oncology pharmacist or a professional allied to medicine. It is estimated that suitable training would take 3 months within the Specialist Training grade. During this period, medically qualified trainees will require the countersignature of a more senior qualified person on all prescriptions.

Knowledge	Assessment Methods	GMP
Ability to authorise treatment to proceed following assessment of the patient and relevant laboratory investigations.	DOPS, mini-CEX, CbD	
Ability to review a prescription for systemic therapy and accurately identify errors or omissions.	DOPS, mini-CEX, CbD	
To demonstrate knowledge and understanding of the methods for calculating the correct dose of medication for administration including those based on body surface area, pharmacokinetic and pharmacodynamic principles.	DOPS, mini-CEX, CbD	
Ability to define the scientific basis of causation of nausea and vomiting and ability to identify the likely mechanism of emesis in patient receiving systemic therapy.	DOPS, mini-CEX, CbD	
Ability to determine the antiemetic requirements of patients receiving systemic therapy.	DOPS, mini-CEX, CbD	
Ability to administer intravenous bolus therapies, as prescribed, and according to departmental guidelines.	DOPS, mini-CEX, CbD	
Ability to define the principles for dose delay or dose reduction of systemic therapies, based upon haematological toxicity.	DOPS, mini-CEX, CbD	

Level 2

A level 2 person is able to prescribe systemic therapy, within local guidelines, or to continue a planned course of treatment but not initiate the first course of treatment. This professional is likely to be medically qualified. It is estimated that suitable training would be completed within the first 3-4 months within the Specialist Training grade.

Knowledge	Assessment Methods	GMP
To define the range of systemic therapies utilised in the treatment of patients with cancer and define the likely adverse effects of the agents in more common usage within a clinical service.	DOPS, mini-CEX, CbD	
Ability to prescribe and order systemic therapies following assessment of the patient and relevant laboratory investigations, using appropriate systems defined by the local authorities.	DOPS, mini-CEX, CbD	
Ability to accurately prescribe systemic therapies using various methods for calculating the correct dose of medication for administration including those based on body surface area, pharmacokinetic and pharmacodynamic principles	DOPS, mini-CEX, CbD	
To define the scientific basis and parameters for dose modifications to systemic therapy in the light of clinical data relating to the liver, renal, haematological and other organ systems.	DOPS, mini-CEX, CbD	
Ability to institute appropriate modifications in the prescription of systemic therapy in the light of clinical data that will relate to dose modification parameters relating to organ function.	DOPS, mini-CEX, CbD	
Ability to perform a thorough assessment of toxicity and record the clinical information using defined systems such as the Common Toxicity Criteria.	DOPS, mini-CEX, CbD	
Ability to prescribe antiemetic medications appropriate to the chosen therapy and modified following review of the patients' situation and symptoms following previous treatments.	DOPS, mini-CEX, CbD	
Ability to define and initiate appropriately the pharmacological and non-pharmacological supportive measures that may be required by patients receiving systemic therapy, including growth factors and antibiotics.	DOPS, mini-CEX, CbD	
Ability to define the indications for and adverse reactions associated with the use of blood products and ability to initiate appropriate prescription following assessment of patients' requirements.	DOPS, mini-CEX, CbD	
Ability to obtain informed consent for procedures and initiation of treatments.	DOPS, mini-CEX, CbD	
Ability to request assistance and advice when a situation requires the involvement of a more senior colleague.	DOPS, mini-CEX, CbD	
Ability to determine the appropriateness of continuing treatment, particularly in patients with poor performance status or significant co-morbid conditions.	DOPS, mini-CEX, CbD	
Ability to assess objective tumour responses and toxicity and make a balanced judgement about continuing.	DOPS, mini-CEX, CbD	
Appropriate recognition of level of competency reached	DOPS, mini-CEX, CbD	

Level 3

A person at level 3 is able to initiate systemic therapy for patients with a range of malignancies, whilst prescribing within local guidelines. This professional will be medically qualified. It is estimated that suitable training would be completed within the first 6 months within the Specialist Training grade.

Knowledge	Assessment	GMP
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	Methods
To define the scientific mechanism of action of the systemic therapies used in the management cancer patients.	DOPS, mini-CEX, CbD
Ability to initiate systemic therapy for common cancers following detailed assessment of a patient and considering the decisions made during a multidisciplinary team meeting.	DOPS, mini-CEX, CbD
Ability to modify the dosage of systemic therapy based on pharmacokinetic and pharmacodynamic information relating to a patient.	DOPS, mini-CEX, CbD
Ability to appropriately request assistance or advice when a situation requires the involvement of a more senior colleague.	DOPS, mini-CEX, CbD

Level 4

A level 4 person is able to initiate all appropriate systemic therapies for a tumour-specific area of clinical practice. They will also be able to participate in the evaluation of relevant therapies within clinical trials and therefore have a detailed knowledge of the regulatory framework defined for clinical research. This professional will be medically qualified. It is estimated that suitable training would be completed within the 6 months requirement for each mandatory clinical module of the curriculum for CCT in Medical Oncology within the Specialist Training grade. Therefore a level 4 competence is a requirement to complete training in the clinical modules required for CCT.

Knowledge	Assessment Methods	GMP
Ability to critically evaluate and interpret published evidence relating to the investigation of a new therapeutic agent.	DOPS, mini-CEX, CbD	
Authorise treatment to proceed following assessment of the patient and relevant laboratory investigations.	DOPS, mini-CEX, CbD	
Trainees at this level are encouraged to become investigators on clinical trials within the tumour specific area.	DOPS, mini-CEX, CbD	
Ability to define the regulatory framework for the development of new therapies used in the treatment of patients with cancer.	DOPS, mini-CEX, CbD	
Ability to perform a diagnostic lumbar puncture and to prescribe therapy for delivery via the intrathecal route, where this form of treatment is utilised within the module to which the level 4 competence is referring.	DOPS, mini-CEX, CbD	
Ability to request assistance and advice when a situation requires the involvement of a more senior colleague.	DOPS, mini-CEX, CbD	

Level 5

A level 5 person is able to introduce a new therapy into a clinical department. This may be following a critical review of published evidence or as a clinical trial to evaluate a new therapy. This person can also devise a new treatment for a condition and propose appropriate methods for critical evaluation and determination of the cost-effectiveness. This professional will be medically qualified and likely to be a consultant Medical Oncologist. The demonstration of this level of competence will be by the award of Certificate of Completion of Training (CCT) in Medical Oncology. Suitable training will take 48 months in an approved training programme within the Specialist Training grade. A level 5 clinician will have demonstrated competence at level 4 in all clinical modules required for CCT in Medical Oncology.

Knowledge	Assessment Methods	GMP
Ability to define strategies to introduce a new therapy within a clinical department.	DOPS, mini-CEX, CbD	
Ability to critically review the evidence of benefit for a new therapy and to advise the local authorities regarding the cost-effectiveness and likely benefits to patients treated within the clinical service	DOPS, mini-CEX, CbD	
Ability to identify the training needs of all health care professionals involved in the delivery of a systemic therapy service, required to introduce a new therapy into a clinical service.	DOPS, mini-CEX, CbD	
Ability to customise a treatment to an individual patient, based on all investigative information, when local guidelines are not applicable to the clinical situation, or when there is a lack of clinical evidence for a particular situation (such as a rare tumour for which randomised controlled trial data is not available).	DOPS, mini-CEX, CbD	
Ability to lead a clinical trial as a local Principle Investigator.	DOPS, mini-CEX, CbD	
Ability to be an educational supervisor and oversee those training in chemotherapy competencies.	DOPS, mini-CEX, CbD	

8. Therapeutic Modalities

8.1 Chemotherapeutic Agents

To be able to define the mechanism of action, indications, interactions, contraindications of chemotherapeutic agents and their application in the management of malignant disease		
To be able to introduce and critically evaluate new methods of treatment		
Knowledge	Assessment Methods	GMP
The indications and goals of chemotherapy in primary and metastatic cancer, including both adjuvant and neoadjuvant therapy	SCE, CbD	1
Indications for chemotherapy as a radiation sensitiser	SCE, CbD	1
Assessment of a patient's comorbid medical conditions to determine the risk/benefit ratio of chemotherapy for that individual	SCE, CbD	1,2
Clinical application and evaluation of cytotoxic drugs, endocrine therapies and biological agents	SCE, CbD	1
Principles of clinical pharmacology of cytotoxic drugs, adverse effects of treatment and their management	SCE, CbD	1,2
Mechanisms of intrinsic and acquired drug resistance and possible strategies for its circumvention	SCE, CbD	1
Combination and sequential therapy	SCE, CbD	1
Understand how specific interventions can prevent specific toxicities associated with chemotherapy	SCE, CbD	1,2
Role of dose intensification and indications, complications and adverse effects of high dose therapy	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	C mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4

Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

8.2 Therapy and Quality of life

To be able to define the criteria for the assessment of response and ability to accurately assess the objective response to therapy and the quality of life and symptomatic response to treatment

Knowledge	Assessment Methods	GMP
Criteria for assessing the objective response to therapy (e.g. RECIST, WHO)	SCE, CbD	1
Methods for assessing the performance status of the patients	SCE, CbD	1
Methods for assessing quality of life using measurement instruments such as HADS, Rotterdam Symptom check list and EORTC QLQC-30	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care	MSF, PS	1,3

professionals

8.3 Antiemetic Agents

To be able to define the mechanism of action and pharmacology of current antiemetic agents and to demonstrate their appropriate prescription		
Knowledge	Assessment Methods	GMP
Mechanism of action of antiemetic agents	SCE, CbD	1
Interactions of agents and adverse effects of drug administration	SCE, CbD	1
Choice of antiemetic regimen relevant to the chemotherapy regimen being administered	SCE, CbD	1
Knowledge of the range of interventions, indications and complications of non-pharmacological treatments	SCE, CbD	1
Skills		
Is considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1
Appropriate use of drugs for the diagnosis with extensive knowledge of their interactions and adverse effects and ability to always prescribe, calculate dosages and choose the appropriate method and route of delivery	mini-CEX, CbD, PS, MSF	1
Always has a calm, systematic approach and appropriate patient outcome	mini-CEX, CbD, PS, MSF	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	mini-CEX, CbD, PS, MSF	1,3
Always recognises or able to anticipate complications and acts appropriately	mini-CEX, CbD, PS, MSF	1,2
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

8.4 Growth Factors

To be able to define the mechanism of action, indications, interactions, contraindications of growth factors and their appropriate prescription		
Knowledge	Assessment Methods	GMP
Activities and indications for cytokines and haematopoietic growth factors, such as erythropoietin and G-CSF	SCE, CbD	1
Adverse effects and their management	SCE, CbD	1
Therapeutic combinations with chemotherapy	SCE, CbD	1
Skills	Mini	
Ability to prescribe the growth factors in appropriate circumstances	mini-CEX, CbD, PS, MSF	1
Ability to recognise the adverse effects of growth factors and institute appropriate corrective management	mini-CEX, CbD, PS, MSF	1
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

8.5 Perception of pain

To describe the scientific basis of the perception of pain and ability to prescribe analgesia appropriately

Knowledge	Assessment Methods	GMP
History taking and appropriate examination in assessing pain	SCE, CbD	1
Pathophysiology of pain including pain pathways	SCE, CbD	1
Psychosocial impact of distressing symptoms	SCE, CbD	1
Appropriate choice of treatment modality and non-pharmacological treatments	SCE, CbD	1
Drug treatment of pain and the analgesic ladder	SCE, CbD	1
Adverse effects of treatment	SCE, CbD	1
Pain syndromes	SCE, CbD	1
Referral patterns for patients in pain	SCE, CbD	1
Skills		
Knowledge of the pathophysiology of pain	mini-CEX, CbD, PS, MSF	1
Ability to accurately assess the patients needs	mini-CEX, CbD, PS, MSF	1
Ability to initiate the appropriate prescription of analgesic agents	mini-CEX, CbD, PS, MSF	1
Ability to identify and manage side effects of treatment	mini-CEX, CbD, PS, MSF	1
Appropriate attitude towards patients and their symptoms	mini-CEX, CbD, PS, MSF	1
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

8.6 Bone Marrow transplant and High dose Chemotherapy

Ability to assess the requirements for and the management of patients undertaking bone marrow transplantation or high dose chemotherapy

Knowledge	Assessment Methods	GMP
The evolving use of, and indications for, high dose chemotherapy involving stem cell, autologous or allogeneic bone marrow support in haematological malignancy, adult solid tumour oncology and paediatric oncology	SCE, CbD	1
Complications of BMT, including veno-occlusive disease, graft-versus-host disease, and infectious complications	SCE, CbD	1
Support for the patient during treatment, including blood products, nutritional, psychological, in addition to intensive care and ventilatory assistance	SCE, CbD	1
Methods for marrow and peripheral blood stem cell procurement and cryopreservation	SCE, CbD	1
Complications of procedures used to procure stem cells for storage	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social	MSF, PS	1,4

circumstances when determining treatment

Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

8.7 Chemotherapeutic and Biological agents

To be able to define the standard operating procedures for the handling, dispensing, preparation, disposal and administration of chemotherapeutic and biologic agents and to define, recognise and manage the acute toxicities of chemotherapeutic agents

Knowledge	Assessment Methods	GMP
Acute toxicities of chemotherapy related to administration of drugs and extravasation	SCE, CbD	1,2
Management of a drug administration error	SCE, CbD	1,2
Disposal of chemotherapeutic agents	SCE, CbD	1,2
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate identification, assessment and management of the toxicities of therapy	mini-CEX, CbD, PS, MSF	1,2
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

9. Psychosocial Aspects of Cancer

9.1 Psychological aspects of cancer related disease

To define, recognise, and manage the psychosocial aspects of cancer-related disease and be able to assess the impact of the diagnosis on patients and their relatives and to institute appropriate management		
Knowledge	Assessment Methods	GMP
Variety of coping mechanisms for patients and families within the context of the clinical diagnosis of cancer	SCE, CbD	1
Sources of anxiety and concern	SCE, CbD	1
Illness in patients with pre-existing psychiatric illness	SCE, CbD	1
Issues relating to end-of-life care and death	SCE, CbD	1
Preparation of carers and children for bereavement	SCE, CbD	1
Grief and bereavement	SCE, CbD	1
Support for the acutely grieving individual or family	SCE, CbD	1
Impact of the disease on sexuality and body image	SCE, CbD	1
Integration of family members, pastoral care, nursing support, hospice, and cancer or other support groups in the multidisciplinary treatment of patients with malignancy	SCE, CbD	1,3
Role of the psychological or psychiatric services, including the clinical psychologist	SCE, CbD	1
Indications and complications of using antidepressant or psychotropic medication in patients with malignancy	SCE, CbD	1
Appreciate the cultural and spiritual conflicts associated with the patients diagnosis and treatment	SCE, CbD	1
Dealing with anger and strong emotions, denial, silence	SCE, CbD	1
Dealing with violent or suicidal patients and use of compulsory treatment (Mental Health Act)	SCE, CbD	1,2
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Ability to discuss the physical manifestations of psychological impact on an individual of a disease or therapy	mini-CEX, CbD, PS, MSF	1
Ability to identify and alleviate the anxieties and concerns of the patient and their relatives	mini-CEX, CbD, PS, MSF	1
Knowledge of the cultural variation in the clinical manifestation of disease and symptoms	mini-CEX, CbD, PS, MSF	1
Ability to define and recognise the coping mechanisms within a family environment, including cultural and spiritual issues	mini-CEX, CbD, PS, MSF	1
Assessment and identification of the needs of the patient	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1

Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Prescription of medication appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1
Managing the physical, emotional, social and psychological well-being of the patient in the final hours of life	mini-CEX, CbD, PS, MSF	1,4
Provision of support during the grieving process	mini-CEX, CbD, PS, MSF	1
Appropriate attitude towards patients and their relatives	mini-CEX, CbD, PS, MSF	1
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

9.2 Diagnosis

To be able to assess the impact of a diagnosis of cancer and other diseases on health care professionals involved in the care of patients

Knowledge	Assessment Methods	GMP
Personal coping mechanisms	SCE, CbD	1,2
Approach to stress, anxiety and depression in the workplace	SCE, CbD	1,2
The grief process, particularly in relation to death from chronic disease and malignancy	SCE, CbD	1,2
Support from other members of the multidisciplinary team	SCE, CbD	1,2
Skills		
Ability to listen in the appropriate situations	mini-CEX, CbD, PS, MSF	1,2
Ability to identify the needs of the individual	mini-CEX, CbD, PS, MSF	1,2
Ability to assess the impact of the diagnosis on individual health care professions involved in the care of patients and the impact on the structure and functions of a team	mini-CEX, CbD, PS, MSF	1,3
Ability to provide and select appropriate support for colleagues and other staff in the work place	mini-CEX, CbD, PS, MSF	1,3
Behaviours		
Sympathy and empathy for the patient appreciating the impact of diagnosis and the ethnic and cultural variation that may alter the impact in specific situations	MSF, PS	1,4
Selecting the appropriate environment for communication	MSF, PS	1,3
Approach to listening and allocation of sufficient time to explore feelings and emotions	MSF, PS	1,3
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the professional, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances	MSF, PS	1,4
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10. Modules for Clinical Training

10.1 Management of Breast cancer

To be able to manage patients with breast cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology of breast cancer and relevance and impact of screening	SCE, CbD	1
Approach to clinical assessment of the patient and the planning of investigations and management	SCE, CbD	1
Interpretation of staging investigations, mammograms, MRI and ultrasound	SCE, CbD	1
Principles of surgical management and indications for conservation surgery, mastectomy, reconstruction and the role of axillary surgery	SCE, CbD	1
The pathologic and prognostic features that assist in determining the indications for therapy; both chemotherapy and radiation therapy in the adjuvant and neoadjuvant setting and for locally advanced and metastatic disease	SCE, CbD	1
Issues that affect the choice of primary treatments	SCE, CbD	1
Functions of the endocrine system and the benefits of hormone therapy in the treatment of breast cancer	SCE, CbD	1
Role for elective chemotherapy	SCE, CbD	1
The significance of family history and the role for genetic testing	SCE, CbD	1
Issues of HRT and pregnancy in a patient with a personal history of breast cancer	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of breast cancer based on aetiology and risk factors such as family history	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1

Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.2 Management of Colorectal Cancer

To be able to manage patients with colorectal and anal cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology and risk factors including association of papilloma virus and anal cancer and rationale for screening for colorectal cancer, and chemoprevention	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Importance of surgical staging and interpretation of staging investigations	SCE, CbD	1
Indications for adjuvant therapies in colon and rectal cancers	SCE, CbD	1
Role of chemotherapy in advanced metastatic disease	SCE, CbD	1
Recognise heritable types of colon cancer and the differences in their patterns of spread and their management	SCE, CbD	1
Importance of family history and the role for genetic testing	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of colorectal cancer based on aetiology and risk factors such as family history	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving	MSF, PS	1

and shows a range of problem-solving skills		
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.3 Management of Lung Cancer

To be able to manage patients with lung cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology and risk factors	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management and knowledge of prognostic factors	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Role of surgical and non-surgical staging of patients with localised disease	SCE, CbD	1
Role of chemotherapy and radiation therapy in the adjuvant or neoadjuvant setting and for locally advanced or metastatic disease	SCE, CbD	1
Indications for CNS treatment and prophylaxis in SCLC	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of lung cancer based on aetiology and risk factors such as family history	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4

Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.4 Management of patients with carcinoma of unknown origin

To be able to manage patients with carcinoma of unknown origin within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Patterns of clinical presentation, tumour histopathology and allied techniques, and tumour markers in directing the diagnostic investigations	SCE, CbD	1
Epidemiology and risk factors	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Role and planning of palliative therapy	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning and determination of the most likely source of the malignancy based on approach to investigation	mini-CEX, CbD, PS, MSF	1
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Providing accurate evaluations of the patient's condition and conveying the diagnosis and expectations to the patient and their family	MSF, PS	1
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1

Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.5 Management of Ovarian Cancer

To manage patients with ovarian cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Recognise the heritable predisposition for ovarian cancer, appreciate the epidemiology and risk factors, the importance of family history and role for genetic testing	SCE, CbD	1
Clinical assessment and planning of investigation	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Role of initial surgery in staging and treatment and role of interval debulking surgery	SCE, CbD	1
Indications for chemotherapy in localised and advanced disease	SCE, CbD	1
Importance of integrated clinical care in achieving optimal clinical outcomes	SCE, CbD	1
Current evidence for role of screening	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of ovarian cancer based on aetiology and risk factors such as family history	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1

Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.6 Management of germ cell tumours

To manage patients with germ cell tumours within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology and risk factors	SCE, CbD	1
Role of tumour markers in the diagnosis, prognosis, and follow-up of patients	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Role of surgery in diagnosis, staging, and treatment after chemotherapy	SCE, CbD	1
Role of chemotherapy with curative intent in advanced disease	SCE, CbD	1
Role of radiation therapy and chemotherapy in the treatment of seminoma/dysgerminoma	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4

Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.7 Management of Oesophagogastric cancer

To manage patients with oesophagogastric cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology and risk factors	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Indications for endoscopy in the diagnosis and staging	SCE, CbD	1
Role of surgery in management, both with curative intent and palliation	SCE, CbD	1
Role of combined modality therapy	SCE, CbD	1
Role of palliative chemotherapy and other supportive measures	SCE, CbD	1
Indications for nutritional support	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of oesophagogastric cancer based on aetiology and risk factors	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1,3
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1

Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.8 Management of Lymphoma

To be able to manage patients with lymphoma within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Classification of disease by staging (Ann Arbor) and pathology (REAL) as well as their strengths and limitations and the International Prognostic Factors	SCE, CbD	1
The value of immunophenotyping in the diagnosis	SCE, CbD	1
Epidemiology, risk factors and association of some lymphomas with HIV infection and immunosuppression	SCE, CbD	1
Clinical presentation of patients with Hodgkin's disease, NHL, CLL and cutaneous lymphoma	SCE, CbD	1
Planning and interpretation of staging investigations	SCE, CbD	1
Role of chemotherapy, radiotherapy and high dose treatment and the planning of therapy with curative or palliative intent	SCE, CbD	1
Role of palliative treatment including; chemo or radiation therapy, biologic agents in advanced or refractory disease	SCE, CbD	1
The indications for treatment and when observation is appropriate in low-grade disease	SCE, CbD	1
Planning of follow-up and assessment for long-term complications of treatment	SCE, CbD	1
Roles of PUVA, radiation therapy, and topical chemotherapy in the initial management of patients	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		

Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.9 Management of Uterine cancer

To be able to manage patients with uterine cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Recognise the roles of hormones and hormonal therapies in the aetiology of endometrial cancer	SCE, CbD	1
Role of surgery with curative intent in early-stage disease and the value of radiation therapy in the multidisciplinary approach of more advanced disease	SCE, CbD	1
Role of MRI pre-surgery and adequate pathological assessment post-surgery	SCE, CbD	1
Role of chemo- and hormone therapy in the palliative management of metastatic disease	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of uterine cancer based on aetiology and risk factors such as drug history	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological	MSF, PS	1

treatments for the diagnosis

Always has a calm, systematic approach and appropriate outcome following treatment

MSF, PS

1

Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals

MSF, PS

1,3

10.10 Management of Cancer of the liver, pancreas or biliary tract

To be able to manage patients with cancer of the liver, pancreas or biliary tract within a multidisciplinary team

Knowledge	Assessment Methods	GMP
Epidemiology and risk factors, appreciating the global impact of hepatocellular carcinoma and the unique genetic aspects of pancreatic cancer	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Roles of tumour markers in diagnosis, response assessment, and screening	SCE, CbD	1
Role of endoscopy and molecular diagnosis in pancreatic cancer	SCE, CbD	1
Role of surgery with curative intent in localised disease and of palliative procedures	SCE, CbD	1
Role of chemotherapy and multi-modality therapy	SCE, CbD	1
Disease prevention and the role of vaccination against Hepatitis B for liver cancer	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of cancer based on aetiology and risk factors such as diet, comorbid conditions and viruses	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1,2
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4

Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.11 Management of Skin cancer

To be able to manage patients with skin cancer in a multidisciplinary setting with plastic surgeons and dermatologists

Knowledge	Assessment Methods	GMP
Epidemiology and risk factors of skin cancer and the application to primary prevention	SCE, CbD	1
Clinical appearance of primary melanomas and its precursor lesions (such as dysplastic nevus)	SCE, CbD	1
Appearances of skin lesions that are potentially malignant	SCE, CbD	1
Role of accurate histological assessment in the determination of prognosis	SCE, CbD	1
Role of surgery in making the diagnosis and curative resection	SCE, CbD	1
Role and indications for systemic therapy including biological in early and advanced disease and the potential risks and benefits of therapy	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of skin cancer based on aetiology and risk factors such as family history and sun exposure	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Ability to recognise skin lesions and distinguish those that are benign from those that are potentially malignant	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the	MSF, PS	1

cultural and ethnical variations

Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.12 Management of Sarcoma

To be able to manage patients with sarcoma within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology and risk factors including the predisposing situation and condition for the development of primary bone sarcomas	SCE, CbD	1
Appreciate the pathologic spectrum of these lesions and how pathology influences the prognosis and patient management	SCE, CbD	1
Clinical assessment and institution of correct investigations, including biopsy in a multidisciplinary setting	SCE, CbD	1
Role of surgery in diagnosis and management	SCE, CbD	1
Role of multi-modality therapy in the preservation of limb and organ function	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	1
Determination of the risk of sarcoma based on aetiology and risk factors such as family history and genetic predisposition	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4

Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.13 Management of Leukaemia and plasma cell dyscrasia

To be able to manage patients with leukaemia and plasma cell dyscrasia within a multidisciplinary team

Knowledge	Assessment Methods	GMP
Leukaemia	SCE, CbD	1
Pathologic and molecular biologic techniques used in the diagnosis of leukaemia (e.g., cytogenetics, PCR, immunophenotyping)		
Treatment recommendations and applications for ALL/AML in both the standard adult population and the elderly	SCE, CbD	1
Risk factors for developing leukaemia	SCE, CbD	1
French-American-British (FAB) classification and implications for treatment and prognosis	SCE, CbD	1
Potential use, and complications of bone marrow transplantation in patients with leukaemia and the value of differentiation therapy	SCE, CbD	1
Distinguishing features of acute and chronic leukaemia on peripheral-blood smear	SCE, CbD	1
Current approaches in the treatment of the chronic leukaemia	SCE, CbD	1
Plasma cell dyscrasia	SCE, CbD	1
Methods to distinguish the plasma cell dyscrasias: MGUS, Waldenstrom's Macroglobulinaemia, plasmacytoma, myeloma, POEMS, and plasma cell leukaemia		
Investigation and clinical features of each condition and the indications for treatment in each instance	SCE, CbD	1
Skills		
Communication communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of leukaemia based on aetiology and risk factors	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1

Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.14 Management of Prostate Cancer

To be able to manage patients with prostate cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology, risk factors, genetic associations and the role for screening	SCE, CbD	1
Role of prostate-specific antigen (PSA) in screening, diagnosis, management and follow-up of patients with prostate cancer	SCE, CbD	1
Appreciate the importance of histological factors	SCE, CbD	1
Role of surgery, radiation therapy, or observation in the management of early-stage disease, and application of hormonal and chemotherapy in advanced disease	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	C mini-CEX, CbD, PS, MSF	
Determination of the risk of prostate cancer based on aetiology and risk factors such as family history	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1

Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.15 Management of Immunosuppression associated malignancies

To be able to manage patients with immunosuppression-associated malignancies within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Be familiar with association of CNS tumour with immunosuppression and AIDS	SCE, CbD	1
Recognise the increased incidence of malignancy in the immunosuppressed population	SCE, CbD	1
Indications for treatment of these cancers and be aware of the potential for increased toxicities, attributable to concurrent medical problems	SCE, CbD	1
Know the appropriate prophylaxis and treatment for common opportunistic infections	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1

Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.16 Management of Urothelial Cancer

To be able to manage patients with urothelial cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Appreciate the natural history and risk factors for urothelial cancers	SCE, CbD	1
Role of urine cytology and cystoscopy in the staging and follow-up of patients	SCE, CbD	1
The patterns of spread and differences between localised and invasive disease for all subtypes, and the propensity for transitional-cell carcinoma to recur	SCE, CbD	1
Role of intravesical therapy in the management of superficial bladder cancer as well as the role of surgery in early-stage invasive cancers	SCE, CbD	1
Appreciate the different methods of treatment for local palliation and metastatic disease, and the role of combined modality therapy	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of urothelial cancer based on aetiology and risk factors	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4

Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.17 Management of Cervical Cancer

To be able to manage patients with cervical cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Role of HPV in the aetiology of cervix cancer and the implications for prevention	SCE, CbD	1
Recognise that cervical screening acts as a model of successful screening in the prevention, identification of early disease and the fall in incidence of advanced disease in developed countries	SCE, CbD	1
Role of surgery in early disease and radiotherapy in later stages	SCE, CbD	1
Role of chemotherapy in combined modality therapy	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of cervical cancer based on aetiology and risk factors	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1

Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.18 Management of Head and Neck Cancer

To be able to manage patients with head & neck cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Clinical assessment and head and neck examination	SCE, CbD	1
Epidemiology and risk factors for head and neck cancers and natural histories of the individual primary tumour sites	SCE, CbD	1
Importance of staging, including panendoscopy for accurate evaluation and planning of therapeutic recommendations that may include surgery and/or radiation therapy	SCE, CbD	1
Importance of pathological assessment and recognition of nasopharyngeal carcinoma	SCE, CbD	1
Role of chemotherapy, as neoadjuvant therapy, and palliation of advanced disease	SCE, CbD	1
Recognise when organ preservation may be an option	SCE, CbD	1
Be aware of the long-term management of these patients and of risks of second malignancies	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Determination of the risk of head and neck cancer based on aetiology and risk factors such as smoking	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1

Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.19 Management of Central Nervous System Malignancy

To be able to manage patients with central nervous system malignancy within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology and risk factors	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Role of surgery, radiation therapy, and chemotherapy in primary and metastatic disease involving the CNS	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1

Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.20 Management of Renal Cell Cancer

To be able to manage patients with renal cell cancer within a multidisciplinary team		
Knowledge	Assessment Methods	GMP
Epidemiology and risk factors	SCE, CbD	1
Role of imaging and biopsy in the diagnosis of renal cell cancer	SCE, CbD	1
Clinical assessment of the patient, including the paraneoplastic aspects of the disease, and planning of investigation and management	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Role of surgery with curative intent in localised disease and the potential benefits of surgery and radiotherapy in localised and metastatic disease	SCE, CbD	1
Immunological basis of systemic therapy for advanced disease and the role of palliative therapy	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4

Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome following treatment	MSF, PS	1
Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals	MSF, PS	1,3

10.21 Management of Tumours affecting the endocrine organs

To be able to manage patients with tumours affecting the endocrine organs (adrenal, pancreas, pituitary, and thyroid glands, APUD tumours including carcinoid, phaeochromocytoma and the multiple endocrine neoplasia syndromes (MEN) within a multidisciplinary team

Knowledge	Assessment Methods	GMP
Epidemiology and risk factors, including genetic predisposition	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Role of surgery in diagnosis, management and palliation	SCE, CbD	1
Role of chemotherapy and radiation therapy for metastatic disease	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	mini-CEX, CbD, PS, MSF	
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological treatments for the diagnosis	MSF, PS	1
Always has a calm, systematic approach and appropriate outcome	MSF, PS	1

following treatment

Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals

MSF, PS

1,3

10.22 Management of Tumours of the Thoracic Cavity

To be able to manage patients with tumours of the thoracic cavity, including mesothelioma and thymoma within a multidisciplinary team. For mediastinal germ cell tumours see germ cell tumours

Knowledge	Assessment Methods	GMP
Epidemiology and risk factors, particularly for mesothelioma	SCE, CbD	1
Clinical assessment of the patient and planning of investigation and management	SCE, CbD	1
Interpretation of staging investigations	SCE, CbD	1
Role of surgery in diagnosis, management and palliation	SCE, CbD	1
Role of radiation therapy and chemotherapy in palliation of symptoms	SCE, CbD	1
Skills		
Common communication and clinical skills required (See Section 1 & 2)	Cb mini-CEX, CbD, PS, MSF	
Determination of the risk of cancer based on aetiology and risk factors such as exposure to asbestos	mini-CEX, CbD, PS, MSF	1
Detailed, reliable and accurate history taking and clinical examination and ability to formulate a differential diagnosis with the recording of appropriate details in the case record	mini-CEX, CbD, PS, MSF	1
Accurate assessment of the physical, emotional, psychological and social needs of the patient	mini-CEX, CbD, PS, MSF	1,4
Ability to plan, implement and interpret appropriate cost-effective diagnostic and prognostic investigations	mini-CEX, CbD, PS, MSF	1
Accurate diagnostic reasoning	mini-CEX, CbD, PS, MSF	1
Considerate of the patients age, status, cultural and social circumstances when determining treatment	mini-CEX, CbD, PS, MSF	1,4
Ability to discuss, plan and institute appropriate therapy within the setting of a multidisciplinary team	mini-CEX, CbD, PS, MSF	1,3
Identification and management of side effects of treatment	mini-CEX, CbD, PS, MSF	1
Ability to assess the impact of the diagnosis on the patient and their relatives and to provide appropriate support	mini-CEX, CbD, PS, MSF	1
Ability to assess the patients understanding of their condition and to provide education and information appropriate to the clinical situation	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy and respect towards patients and colleagues	MSF, PS	1,4
Responds to the emotions of the patient, whilst appreciating the cultural and ethnical variations	MSF, PS	1
Demonstrate an analytical and scientific approach to problem-solving and shows a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age, status, cultural and social circumstances when determining treatment	MSF, PS	1,4
Always makes the appropriate use of drugs and non-pharmacological	MSF, PS	1

treatments for the diagnosis

Always has a calm, systematic approach and appropriate outcome following treatment

MSF, PS

1

Able to work within a multidisciplinary team and always recognises the need and makes appropriate referrals to other health care professionals

MSF, PS

1,3

10.23 Management of Teenagers and Young Adults with Cancer

To be able to manage Teenage & Young Adult (TYA) cancer in a multidisciplinary team (MDT)		
Knowledge	Assessment Methods	GMP
Know the epidemiology & aetiology of the most frequent TYA cancers	SCE, CbD	1
Understand collaboration in registration & clinical trial development	SCE, CbD	
Understand effective and safe shared care of TYA oncology patients	SCE, CbD	
Understand challenges in the clinical presentation of TYA malignancy	SCE, CbD	
Understand the biology, diagnosis, investigation, assessment, & multidisciplinary treatment of TYA cancers	SCE, CbD	
Know the indications for high dose and maintenance therapies	SCE, CbD	
Understand prescribing in the child-bearing years, pregnancy & lactation	SCE, CbD	
Understand fertility preservation techniques	SCE, CbD	
Know the late effects of cancer therapy in TYA	SCE, CbD	
Be able to manage end-of-life issues with TYA & their carers	SCE, CbD	
Understand the needs & processes distinct to TYA; physical, psychological & social development, independence & autonomy, concordance & risk-taking, education & work	SCE, CbD	
Understand the agencies providing support to TYA patients	SCE, CbD	
Know the legal & ethical aspects of TYA consent & competency	SCE, CbD	
Understand transition from children's to TYA & adult care with cancer	SCE, CbD	
Skills		
Common communication and clinical skills required (Section 1 & 2)	mini-CEX, CbD, MSF	
Detailed & accurate history, examination & diagnostic reasoning	CbD, PS, MSF	1
Assesses physical, emotional, psychological & social needs in TYA	mini-CEX, CbD, MSF	1,4
Explains, plans, implements & interprets appropriate cost-effective diagnostic & prognostic investigations in TYA	mini-CEX, CbD, PS, MSF	1
Considerate of the TYA patients age & other circumstances	mini-CEX, CbD, PS	1,4
Discusses, plans & treats TYA patients with the MDT	CbD, PS, MSF	1,3
Identifies & manages early & late effects of treatment	CbD, PS, MSF	1
Assesses the impact of diagnosis & supports the TYA patient/carers	mini-CEX, CbD, PS,	1
Assesses the TYA patients understanding of their condition, providing appropriate education & information	mini-CEX, CbD, PS, MSF	1,4
Behaviours		
Demonstrates empathy & respect towards patients and colleagues	MSF, PS	1,4
Responds to patients' emotions, considering culture & ethnic variation	MSF, PS	1
Demonstrates a range of problem-solving skills	MSF, PS	1
Is always considerate of the patients age and circumstances	MSF, PS	1,4
Makes appropriate use of pharmacological & others treatments	MSF, PS	1
Demonstrates a calm systematic approach	MSF, PS	1
Works in a MDT, making appropriate referrals to others	MSF, PS	1,3

11 Appendix 1

Sample PYA Form

JRCPTB

JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD

MEDICAL ONCOLOGY PENULTIMATE YEAR ASSESSMENT CHECKLIST / REPORT

FULL NAME:	NTN:
DEANERY:	DATE OF PYA:

Trainers Report & Training Record

1. Have reports from clinical supervisors/tutors been received and review?
Yes/No

2. Are they satisfactory? Yes/No
If not, comment below on perceived deficiencies

3. Has the training record been satisfactorily completed? Yes/No

4. Have the mandatory curricular objectives been met? Yes/No

Clinical Attachments

i. Total number of months full-time Medical Oncology
Training: _____

Breast _____ Lung _____ G-U _____

Sarcoma _____ Gynae _____ Upper G-I _____

Lower G-I _____ Other _____

If not satisfactory, please comment below:

ii. Radiotherapy experience: clinical attachment _____ Clinical Attachment: _____ Credit towards training: _____
extent of multidisciplinary clinic experience _____

iii. Palliative Care experience: _____
extent of multidisciplinary clinic experience _____

iv. Haematology experience _____
Extent of multidisciplinary clinic experience _____

v. Total Training time to date: _____

Time-Keeping & Absences

5. Have there been significant periods of absence for sick leave or maternity leave?
Yes/No

6. Is the trainee effective as a time-keeper?
Yes/No

Communication

7. Has the trainee had satisfactory reports on communication:
With patients? Yes/No
With staff? Yes/No
With colleagues? Yes/No

Research & Audit

8. Has the trainee taken part in research? Yes/No

(Prospective approval to be sought for credit from SAC) Total time:

Clinical Credit to be counted towards specialist
training: _____

9. Outcome measures:

<p><u>Publications:</u> Book Chapters _____ Reviews: _____ Papers: _____ _____</p>
<p><u>Presentations:</u> National Meetings _____ International Meetings _____</p>

Abstracts:	Grants:
Other (membership of working parties/committees/editorships etc):	

10. Has the trainee taken part in audit?

Yes/No

(Outcome measures: reports / guidelines / commentaries)

11. **Clinical Trials:** (specify role e.g. design / ethics submission / data collection / data analysis)

Phase I

Phase II

Phase III

Other

12. Is the trainee likely to be competent at performing the procedures as per the curriculum document? Yes/No

Qualifications/Research Achievements

13. Has the trainee got an MSc, MD or PhD?

Teaching

14. Has the trainee shown satisfactory participation in an organised teaching programme?

Undergraduates?	Yes/No
Postgraduates?	Yes/No
Other clinical staff?	Yes/No
Para-medical?	Yes/No

Has the trainee received any training for teaching? Yes/No

Management

15. Has the trainee demonstrated appropriate knowledge of management? Yes/No

16. Has the trainee received any management training? Yes/No

Training Courses attended:

Management:

Communication:

Legal & Ethical Issues

17. Has the trainee demonstrated appropriate knowledge of legal and ethical issues, including GMC requirements and regulations? Yes/No

Continuing Professional Development

18. Has the trainee registered with the CPD Online Diary? Yes/No

Further Progress

19. What gaps exist in the doctor's training?

Minor

Major

20. Targets for the ultimate year are:

Please write in block capital and mark clearly targets that are Mandatory (M) or Recommended (R)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

CONCLUSION

Having inspected the Trainers' reports and the training record account for the penultimate year that Dr

a) Is allowed into the final year of the programme and subject of a satisfactory final review is given a completion date of

_____ For his/her CCT.

b) Must remedy the identified defects with targeted training (stage 1 of additional training – RITA Form D).

c) Is required to have repeat experience and training (stage 2 of intensified supervision/repeat experience – RITA Form E).

Other Comments/Recommendations:

Report submitted by

Signature:**External Assessor on behalf
of the SAC in Medical Oncology**

Date: