

# Appendix 1

## RCR Clinical Oncology Syllabus

### Sections

1. Common competences for clinical oncology
2. Introductory module
3. Oncological emergencies
4. Site-specific learning outcomes

### List of abbreviations

#### *Workplace-based assessments*

CbD	Case-Based Discussion
DORPS	Directly Observed assessment of Radiotherapy Planning Skills
DOST	Directly Observed assessment of Systemic Therapy skills
mini-CEX	Mini-Clinical Evaluation Exercise
MSF	Multi-Source Feedback
PS	Patient Survey

#### *Others*

ARSAC	Administration of Radioactive Substances Advisory Committee
BMA	British Medical Association
DVH	Dose volume histogram
FRCR	Fellowship of the Royal College of Radiologists
GMC	General Medical Council
GMP	Good medical practice
ICRU	International Commission on Radiation Units and Measurements
IRMER	Ionising Radiation (Medical Exposure) Regulations
MDT	Multidisciplinary team
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHSMEE	NHS Medical Education England

### Domains of Good Medical Practice (GMP) Key

1	Knowledge, Skills and Performance	3	Communication, Partnership and Teamwork
2	Quality, Improvement and Safety	4	Maintaining Trust

It is expected that trainees will maintain knowledge, skills and behaviours previously learned and build on them as they progress through training, so that by CCT they will have developed all of the skills required to work as a consultant in clinical oncology. **All of the knowledge, skills and behaviours acquired during intermediate clinical oncology training may be assessed in the Final FRCR examination.**

The workplace-based assessment (WpBA) methods shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is expected that competencies will be sampled for assessment and that a variety assessment methods will be used, i.e. it is not expected that all competencies will be assessed nor that where they are assessed, every method will be used. WpBAs should sample across the entire curriculum and be conducted in a timely manner throughout each clinical attachment (i.e. generally spread evenly through training and not all completed in the final weeks of an attachment). This document should be used in conjunction with the ARCP Decision Aid (Curriculum Section 5.5, p18)

# 1 Common competencies for clinical oncology

## Underpinning attitudes and behaviours

Common competencies identified in this section are generic competencies that are required by clinical oncologists. They build upon each area of competence which a trainee has acquired during core medical training. It is recognised that for many of the competences outlined there is a maturation process whereby the doctor becomes more adept and skilled as his/her career and experience progresses.

All the clinical learning outcomes listed in this curriculum are underpinned by appropriate attitudes and behaviours. These are drawn from Good Medical Practice (GMP).

### 1.1 Personal behaviour

To demonstrate the behaviours that will enable the doctor to become a senior leader able to deal with complex situations and difficult behaviours and attitudes.

To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective

To demonstrate the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem.

To be someone who is trusted and is known to act fairly in all situations

Knowledge	Assessment Methods	GMP
Defines the concept of modern medical professionalism	CbD	1
Outlines the relevance of professional bodies (Royal Colleges, NHSMEE , GMC, Postgraduate Deaneries, BMA, medical defence societies, etc)	CbD	1
Skills		
Practises with professionalism, showing: <ul style="list-style-type: none"> <li>• integrity</li> <li>• compassion</li> <li>• altruism</li> <li>• continuous improvement</li> <li>• aspiration to excellence</li> <li>• respect of cultural and ethnic diversity</li> <li>• regard to the principles of equity</li> </ul>	CbD, mini-CEX, MSF, Patient Survey	1,2,4
Works in partnership with patients and members of the wider healthcare team	CbD, mini-CEX, MSF	3
Liaises with colleagues to plan and implement work rotas	MSF	3
Promotes awareness of the doctor's role in utilising healthcare resources optimally and within defined resource constraints	CbD, mini-CEX, MSF	1,3
Recognises and responds appropriately to unprofessional behaviour in others	CbD	1

Behaviour		
Recognises personal beliefs and biases and understand their impact on the delivery of health services	CbD, mini-CEX, MSF	1
Refers patients on appropriately where personal beliefs and biases could impact upon professional practice	CbD, mini-CEX, MSF	1
Uses all healthcare resources prudently and appropriately	CbD, DOST, DORPS, mini-CEX	1,2
Improves clinical leadership and management skill	CbD, mini-CEX	1
Recognises situations when it is appropriate to involve professional and regulatory bodies	CbD, mini-CEX	1
Acts as a leader, mentor, educator and role model where appropriate	CbD, mini-CEX, MSF	1
Continues to:	CbD, mini-CEX	1
<ul style="list-style-type: none"> <li>• Deal with inappropriate patient and family behaviour</li> <li>• Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties</li> <li>• Adopt an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality</li> <li>• Place needs of patients above own convenience</li> <li>• Behave with honesty and probity</li> <li>• Act with sensitivity in a non-confrontational manner</li> </ul>		
Accepts mentoring as a positive contribution to promote personal professional development	CbD, mini-CEX, MSF	1
Participates in professional regulation and professional development	CbD, mini-CEX, MSF	1
Takes part in 360 degree feedback as part of appraisal	CbD, MSF	1,2,4
Promotes the right for equity of access to healthcare	CbD, mini-CEX,	1
Demonstrates reliability and accessibility throughout the healthcare team	CbD, mini-CEX, MSF	1
Level Descriptors		
Intermediate	<p>Responds to criticism positively and seeks to understand its origins and works to improve</p> <p>Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback</p> <p>Comprehends when other staff are under stress and not performing as expected and provides appropriate support for them</p> <p>Takes action necessary to ensure that patient safety is not compromised</p>	
Advanced	<p>Engenders trust so that staff feel confident about sharing difficult problems and feel able to point out deficiencies in care at an early stage</p> <p>Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage the difficulties being experienced by the patient and the healthcare team</p>	

## 1.2 Time management and decision making

To prioritise and organise clinical and clerical duties to optimise patient care and makes appropriate decisions to optimise the effectiveness of the clinical team.

Knowledge	Assessment Methods	GMP
Illustrates the need to prioritise work according to urgency and importance	CbD	1
Illustrates the roles, competences and capabilities of other professionals and support workers	CbD	1
Outlines techniques for improving time management	CbD	1
Demonstrates the importance of prompt investigation, diagnosis and treatment in patient management	CbD, mini-CEX	1,2
Skills		
Maintains focus on individual patient needs whilst balancing competing pressures	CbD	1
Organises and manages workload effectively and flexibly.	CbD, mini- CEX	1
Makes appropriate use of other professionals and support workers	CbD, mini-CEX	1,3
Behaviours		
Works flexibly and deals with tasks in an effective and efficient fashion	CbD, MSF	3
Recognises when you or others are falling behind and take steps to rectify the situation	CbD, MSF	3
Communicates changes in priority to others	DORPS, DOST, MSF	1
Remains calm in stressful or high pressure situations and adopt a timely, rational approach	MSF	1
Appropriately recognises and handles uncertainty within the consultation	mini-CEX, MSF	1
Level Descriptors		
	Completes work in a timely fashion	
	Organises own work efficiently and supervises work of others	
Intermediate	Recognises the most important tasks and responds appropriately	
	Anticipates when priorities should be changed	
	Starting to lead and direct the clinical team in effective fashion	
	Supports others who are falling behind	
	Requires minimal organisational supervision	
	Automatically prioritises, reprioritises and manages workload efficiently	
	Takes responsibility for organising the clinical team	
Advanced	Manages, supervises or guides the work of more than one team, e.g. out patient and ward teams	
	Provides calm leadership in stressful situations	

### 1.3 Decision making and clinical reasoning

To develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available

To develop the ability to prioritise the diagnostic and therapeutic plan

To be able to communicate a diagnostic and therapeutic plan appropriately

Knowledge	Assessment Methods	GMP
Recognises the psychological component of disease and illness presentation	CbD, mini-CEX	1
Recognises how to use expert advice, clinical guidelines and algorithms	CbD, mini-CEX	1
Recognises and appropriately responds to sources of information accessed by patients	CbD, mini-CEX	1
Skills		
Incorporates an understanding of the psychological and social elements of clinical scenarios into decision making through clinical reasoning	CbD, mini-CEX	1
Comprehends the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort	CbD, mini-CEX	1
Constructs an appropriate management plan in conjunction with the patient, carers and other members of the clinical team and communicates this effectively to the patient and carers where relevant	CbD, mini-CEX	1,3,4
Applies the relevance of an estimated risk of a future event to an individual patient	CbD, mmini-CEX	1,2
Searches and comprehends medical literature to guide reasoning	Audit Assessment, CbD	1
Behaviours		
Recognises the difficulties in predicting occurrence of future events	CbD, mini-CEX	1
Shows willingness to facilitate patient choice	CbD, mini-CEX	3
Shows willingness to search for evidence to support clinical decision making	CbD, mini-CEX	1,4
Level Descriptors		
Intermediate	Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes and records them accurately and succinctly	

## 1.4 The patient as central focus of care

To prioritise the patient's wishes encompassing their beliefs, concerns expectations and needs		
Knowledge	Assessment Methods	GMP
Outlines health needs of particular populations, e.g. ethnic minorities, and recognises the impact of health beliefs, culture and ethnicity on presentations of physical and psychological conditions	CbD	1
Describes sources of information and support for patients	MSF Patient Survey	3
Skills		
Gives adequate time for patients and carers to express their beliefs ideas, concerns and expectations	mini-CEX	1,3,4
Ascertains the desire of the patient for information	mini-CEX, MSF Patient survey	3
Tailors the discussion and written information to the patients' requirements	mini-CEX, MSF Patient Survey	2
Supports patients and carers where relevant to comply with management plans	mini-CEX, MSF, Patient Survey	1,2,3
Encourages patients to voice their preferences and personal choices about their care	mini-CEX, Patient Survey	3
Behaviours		
Responds to questions honestly and seeks advice if unable to answer	CbD, mini-CEX	3
Recognises the duty of the medical professional to act as patient advocate	CbD, mini-CEX, MSF, Patient Survey	3,4
Treats patients with respect and without discrimination, is polite, considerate and honest, shows respect for dignity and privacy.	mini-CEX, MSF, Patient Survey	3,4
Treats patients fairly and as individuals	mini-CEX, MSF, Patient Survey	3,4
Encourages patients to take an interest in their health and take action to improve and maintain it	mini-CEX, MSF, Patient Survey	2,3
Level Descriptors		
Intermediate	Is sensitive to patients' cultural concerns and norms. Explains diagnoses and treatments in ways that enable patients to understand and make decisions about their own health care.	
Advanced	Discusses complex questions and uncertainties with patients and enables them to make decisions about difficult aspects of their health, e.g. to opt for no treatment or to make end of life decisions	

## 1.5 Patient safety

To prioritise patient safety throughout all clinical practice.

<b>Knowledge</b>		<b>Assessment Methods</b>	<b>GMP</b>
Outlines the conditions required to maintain a safe working environment		CbD	1
Describes the toxicities of systemic therapies and safe handling of cytotoxic drugs		First FRCR, CbD	1
Describes the principles of radiation protection, including statutory frameworks and local rules		First FRCR	1
<b>Skills</b>			
Works with colleagues in the healthcare team to ensure that patient care is organised in a way that ensures patient safety		CbD	1
Recognises and responds to a patient's deterioration or lack of response to therapy		CbD, mini-CEX, MSF	1,2
Improves patients' and colleagues understanding of the risks associated with treatment		CbD, mini-CEX	1,3
Ensures that procedures for safe practice are followed		CbD, mini-CEX	1
<b>Behaviours</b>			
Maintains a high level of safety awareness at all times		CbD, mini-CEX	2
Takes appropriate action when concerns are raised about own performance or that of colleagues		CbD, mini-CEX, MSF	3
Continues to be aware of own limitations and operates within these		CbD, mini-CEX	1
<b>Level descriptors</b>			
Intermediate	Assesses the risks across the system of care and works with colleagues from different department or sectors to ensure safety across the health care system. Involves the whole clinical team in discussions about patient safety Shows support for junior colleagues who are involved in untoward events.		
Advanced	Is fastidious about following safety protocols and ensures that junior colleagues do the same. Is able to explain the rationale for protocols. Demonstrates ability to lead an investigation of a serious untoward incident or near miss and synthesise an analysis of the issues and plan for resolution or adaptation		

## 1.6 Team Working

To develop the ability to work well in a variety of different teams

To develop leadership skills required to lead a team to be more effective and able to deliver better patient care

Knowledge	Assessment Methods	GMP
Describes the roles and responsibilities of members of the healthcare team	CbD	1
Outlines factors adversely affecting a doctor's and team performance and methods to rectify these	CbD	1
Skills		
Practises with attention to providing good continuity of care	CbD, mini-CEX	1,3,4
Creates accurate attributable patient notes, including appropriate use of electronic clinical record systems	CbD, mini-CEX	1,3
Delivers detailed hand over between shifts and areas of care	CbD, mini-CEX , MSF	1,3
Demonstrates leadership and management in the following areas: <ul style="list-style-type: none"> <li>Coordinates and leads a team based approach to patient care</li> <li>Providing education and training for junior colleagues and other members of the healthcare team</li> <li>Dealing with deteriorating performance of colleague (e.g. stress, fatigue)</li> <li>Delivering high quality care</li> </ul>	CbD, mini-CEX, MSF	1,2,3
Leads and participates in multi disciplinary team meetings	CbD, mini-CEX	3
Delegates appropriately whilst providing appropriate supervision to less experienced colleagues	CbD, MSF	3
Behaviours		
Encourages an open environment to foster and explores concerns and issues about the functioning and safety of team working	CbD, MSF	3
Recognises limits of own professional competence and only practise within these	CbD, MSF	3
Demonstrates assertiveness when appropriate	CbD, MSF	3
Recognises and respects the request for a second opinion	CbD, MSF	3
Recognises the importance of induction for new members of a team	CbD, MSF	3
Recognises the importance of prompt and accurate information sharing with the multi disciplinary and Primary Care teams following hospital discharge	CbD, mini-CEX , MSF	3
Level descriptors		
Intermediate	Develops the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care Comprehends need for optimal team dynamics and promotes conflict resolution Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous	
Advanced	Leads multi-disciplinary team meetings allowing all voices to be heard and considered Fosters an atmosphere of collaboration Comprehends situations in which others are better equipped to lead or where delegation is appropriate Ensures that team functioning is maintained at all times Promotes rapid conflict resolution	



## 1.7 Principles of quality and safety improvement

To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety

Knowledge	Assessment Methods	GMP
Describes local and national significant event reporting systems (NCEPOD, IRMER, morbidity and mortality, etc) and how this is dealt with within clinical oncology departments	CbD, mini-CEX	1
Outlines local health and safety protocols (fire, radiation protection, etc)	CbD	1
Understands risks associated with radiation, chemotherapy and biological therapies and mechanisms to reduce risk	CbD, First Part FRCR	1
Skills		
Adopts strategies to reduce risk	CbD	1,2
Recognises that governance safeguards high standards of care and facilitates the development of improved clinical services	CbD	1,2
Recognise importance of evidence-based practice in relation to clinical effectiveness	CbD	1
Reflects regularly on own standards of medical practice in accordance with GMC guidance on licensing and revalidation	CbD	1,2,3,4
Behaviours		
Demonstrates a willingness to adhere to departmental protocols	CbD, MSF	3
Develops reflection in order to achieve insight into own professional practice	CbD, MSF	3
Demonstrates personal commitment to improve own performance in the light of feedback and assessment	CbD	2
Demonstrates a willingness to participate in, contribute to, respond positively to outcomes of safety and quality improvement strategies, e.g. <ul style="list-style-type: none"> <li>• reporting adverse clinical incidents and taking part in the subsequent investigation in serious incidents</li> <li>• Audit of personal and departmental and directorate performance</li> <li>• Errors / discrepancy meetings</li> <li>• Critical incident and near miss reporting</li> <li>• Unit morbidity and mortality meetings</li> <li>• Local and national databases</li> </ul>	CbD, Audit Assessment	1,2,3
Engages with an open no blame culture	CbD, MSF	3
Level Descriptor		
Intermediate	Engages in audit and understands the link between audit and quality and safety improvement Demonstrates personal and service improvement in performance Designs audit protocols and completes audit cycle through an understanding the relevant changes needed to improve care and is able to support the implementation of change	

## 1.8 Complaints and medical error

To recognise the causes of error and to learn from them		
To realise the importance of honesty and effective apology		
To take a leadership role in the handling of complaints		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the local complaints procedure	CbD, MSF	1
Recognises factors likely to lead to complaints (poor communication, dishonesty, clinical errors, adverse clinical outcomes etc)	CbD, MSF	1
Outlines the principles of an effective apology	CbD, DOPS, MSF	1
Identifies sources of help and support for patients and self when a complaint is made about self or a colleague	CbD, DOPS, MSF	1
<b>Skills</b>		
Contributes to processes whereby complaints are reviewed and learned from	CbD, MSF	1
Recognises when something has gone wrong and identifies appropriate staff to communicate with	CbD, MSF	1
Delivers an appropriate apology and explanation (either of error or for process of investigation of potential error and reporting of the same)	CbD, MSF	1,3,4
Distinguishes between system and individual errors (personal and organisational)	CbD, MSF	1
Shows an ability to learn from previous error	CbD, MSF	1
<b>Behaviours</b>		
Adopts behaviour likely to prevent causes for complaints	CbD, mini-CEX, MSF	1, 3
Deals appropriately with concerned or dissatisfied patients or relatives	CbD, mini-CEX, MSF	1,3
Acts with honesty and sensitivity in a non-confrontational manner	CbD, mini-CEX, MSF	1,3
Recognises the impact of complaints and medical error on staff, patients, and the National Health Service	CbD, MSF	1,3
Contributes to a fair and transparent culture around complaints and errors	CbD, MSF	1
Recognises the rights of patients, family members and carers to make a complaint	CbD, MSF	1,4
Recognises the impact of a complaint upon self and seeks appropriate help and support	CbD, MSF	1,2,4
<b>Level Descriptors</b>		
Intermediate	Manages conflict without confrontation	
Advanced	Comprehends and responds to the difference between system failure and individual error	
	Comprehends and manages the effects of any complaint within members of the team	
	Takes active role in responding to complaints and provides timely accurate written response when required	

## 1.9 Communication with colleagues and cooperation

To recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals

To communicate succinctly and effectively with other professionals as appropriate.

Knowledge	Assessment Methods	GMP
Demonstrates an understanding of the section in "Good Medical Practice" on Working with Colleagues, in particular: <ul style="list-style-type: none"> <li>The roles played by all members of a multi-disciplinary team</li> <li>The principles of effective inter-professional collaboration to optimise patient care</li> </ul>	CbD, MSF	1
Describes the principles of confidentiality that provide boundaries to communicate	CbD	1
Outlines techniques to manage anger and aggression in self and colleagues	CbD	1
Describes responsibility of the doctor in the management of physical and/or mental ill health in self and colleagues.	CbD	1
Skills		
Communicates accurately, clearly, promptly and comprehensively with relevant colleagues in a timely manner	CbD, mini-CEX	1,3
Outlines procedures for seeking patient consent for disclosure of information and situations where consent while desirable is not obligatory	CbD, mini-CEX	1,3
Employs behavioural management skills with colleagues to prevent and resolve conflict and enhance collaboration	CbD, mini-CEX, MSF	1,3
Behaviours		
Shows awareness of the importance of multi-disciplinary teamwork, including adoption of a leadership role when appropriate but also recognising where others are better equipped to lead	CbD, DORPS, DOST, mini-CEX, MSF	3
Fosters a supportive and respectful environment where there is open and transparent communication between all team members	CbD, mini-CEX, MSF	1,3
Ensures appropriate confidentiality is maintained during communication with any member of the team	CbD, mini-CEX, MSF	1,3
Recognises the need for a healthy work/life balance for the whole team	CbD, mini-CEX, MSF	1,3
Accepts additional duties in situations of unavoidable and unpredictable absence of colleagues ensuring that the best interests of the patient are paramount	CbD, MSF	1
Level Descriptors		
Intermediate	Fully comprehends the role of and communicates appropriately with all relevant potential team members (individual and corporate)	
Advanced	Takes a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members	

## 1.10 Medical ethics and confidentiality

To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality

<b>Knowledge</b>		<b>Assessment Methods</b>	<b>GMP</b>
Outlines and follows the guidance given by the GMC on confidentiality		CbD, mini-CEX	1
Defines the principles of Information Governance		CbD, mini-CEX	1
<b>Skills</b>			
Uses and shares information with the highest regard for confidentiality, and encourages such behaviour in other members of the team		CbD, mini-CEX, MSF	1,2,3
Recognise the problems posed by disclosure in the public interest, without patient's consent		CbD, mini-CEX, MSF	1,4
Uses and promotes strategies to ensure confidentiality is maintained e.g. anonymisation		CbD	1
Counsels patients on the need for information distribution within members of the immediate healthcare team		CbD, MSF	1, 3
Counsels patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment		CbD, mini-CEX, Patient Survey	1,3
<b>Behaviours</b>			
Encourages informed ethical reflection in others		CbD, MSF	1
Shows willingness to seek advice of peers, legal bodies and the GMC where there are ethical dilemmas regarding confidentiality and information sharing		CbD, mini-CEX, MSF	1
Respects patients' requests for information not to be shared, unless this puts the patient, or others, at risk of harm		CbD, mini-CEX, Patient Survey	1,4
Shows willingness to share information with patients about their care, unless they have expressed a wish not to receive such information		CbD, mini-CEX	1,3
<b>Level descriptor</b>			
Intermediate	Considers the need for ethical approval when patient information is to be used for anything other than the individual's care. Differentiates between confidentiality and anonymity		

## 1.11 Medical ethics and conflict of duty

To know, understand and apply appropriately the principles and guidance regarding conflicts between different ethical duties		
Knowledge	Assessment Methods	GMP
Discusses the conflict between ethical duties both to the individual and between the individual patient and broader notions of justice	CBD, Final FRCR	1,3,4
Skills		
Recognises the complexity of decision making where conflicting duties are at stake and justifies a decision on ethical grounds	CbD, Final FRCR	1,4
Explains to patients and their relatives concerns about treatments that are not normally funded	CbD, Final FRCR	3,4
Recognise the factors influencing ethical decision making, including religion, personal and moral beliefs, cultural practices	CbD, mini-CEX, MSF	1,4
Behaviours		
Shows willingness to seek the opinion of others when making decisions about ethical issues	CbD, mini-CEX, MSF	1,3
Respects opinions of others, including patients, when making decisions about ethical issues	CbD, mini-CEX, MSF	3,4
Level descriptor		
Intermediate	Balances conflicting issues to deliver optimal patient care	

## 1.12 Medical ethics and autonomy and capacity

To know, understand and apply appropriately the principles and guidance regarding the concepts of autonomy and capacity.

<b>Knowledge</b>		<b>Assessment Methods</b>	<b>GMP</b>
Discusses the value and limitations of promotion of autonomy in medicine.		CbD, Final FRCR	1,4
Describes the components necessary for informed consent		CbD, Final FRCR	1,3,4
Describes the tests for Assessing Capacity		CbD, Final FRCR	1,3,4
Accepts the need to respect competent refusal		CbD, Final FRCR	1,3,4
Discusses the principles and implications of the Mental Capacity Act, advanced refusals, enduring power of attorney, independent mental capacity advocates		CbD, mini-CEX Final FRCR	1
<b>Skills</b>			
Communicates honestly with patients and their relatives about their disease, benefits and side-effects of treatment and their prognosis		CbD, Final FRCR	3,4
Negotiates with relatives to avoid collusion with them to deny the patient information about their illness		CbD, Final FRCR	3,4
Assesses capacity and understands the legal and moral implications of its presence and absence.		CbD, Final FRCR	3,4
<b>Behaviours</b>			
Treats patients with respect and without discrimination, is polite, considerate and honest, and shows respect for dignity and privacy.		CbD, mini-CEX, MSF	3,4
Treats patients fairly and as individuals		CbD, mini-CEX, MSF	3,4
<b>Level descriptor</b>			
Intermediate	Shows ability to support decision making on behalf of those not competent to make decisions about their own care		

### 1.13 Medical ethics and end of life issues

To understand the ethical and legal issues at the end of life and the concepts of acts, omissions and double effect.		
Knowledge	Assessment Methods	GMP
Defines the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	CbD, mini-CEX	1
Appreciates that both acts and omissions carry moral and legal culpability but that whilst allowing patients to die may be defensible, killing them is not.	CbD, Final FRCR	1
Accepts that omissions are not legitimate where there is a clear duty to act	CbD, Final FRCR	1
Defines the doctrine of double effect	CBD, Final FRCR	1
Discusses the current guidance on DNAR orders and controversies about these	CBD, Final FRCR	1
Discusses the arguments for and against euthanasia and describes the legal position	CBD, Final FRCR	1
Identifies sources of advice for complex ethical/legal issues	CBD, Final FRCR	1
Skills		
Applies clear and logical thinking around legal and ethical issues at the end of life	CBD, Final FRCR	1
Documents the issues and views that have been considered, the decisions reached and the reasoning behind those decisions in complex end of life decisions.	CBD, Final FRCR	1,3
Seeks, listens to and values other people's opinions in complex end of life decisions	CBD, Final FRCR	1,3
Behaviours		
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	CbD, mini-CEX, MSF	1, 3
Values consensus in complex end-of-life decision making	CBD, Final FRCR	1,3
Level descriptor		
Intermediate	Supports the decision making around end of life issues, including those who are not competent to make decisions about their own care.	

## 1.14 Valid consent

To obtain valid consent from the patient		
Knowledge	Assessment Methods	GMP
Outlines the GMC guidance on consent	CbD, DOST, MSF	1
Skills		
Gives the patient and his/her carers the information and time required to make an informed decision	CbD, DOST, mini-CEX, Patient Survey	1,3
Provides a balanced honest view of treatment options	CbD, DOST, mini-CEX, Patient Survey	1,3,4
Behaviours		
Respects the patient's rights to autonomy	CbD, DOST, mini-CEX, Patient Survey	1,3,4
Shows willingness to seek advice or offer the patient a second opinion where appropriate	CbD, mini-CEX, MSF	1,3,4
Only obtains consent for procedures which they are not competent to perform, in accordance with GMC/regulatory guidance	CbD, mini-CEX	1, 3
Level Descriptor		
Intermediate	Supports patients in decision making and obtains valid consent, including those not competent to make decisions about their own care	



## 1.15 Legal framework for practice

To understand the legal framework within which healthcare is provided in the UK and/or devolved administrations in order to ensure that personal clinical practice is always provided in line with this legal framework

Knowledge	Assessment Methods	GMP
Illustrates that all decisions and actions must be in the best interests of the patient	CbD, mini-CEX	1
Describes the legislative framework within which healthcare is provided in the UK and/or devolved administrations, including: <ul style="list-style-type: none"> <li>• death certification and the role of the Coroner/Procurator Fiscal</li> <li>• child protection legislation</li> <li>• mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law);</li> <li>• advanced directives and living Wills</li> <li>• withdrawing and withholding treatment</li> <li>• decisions regarding resuscitation of patients</li> <li>• medical risk and driving</li> <li>• Data Protection and Freedom of Information Acts</li> <li>• IRMER</li> </ul>	CbD, mini-CEX	1, 2
Outlines sources of medical legal information	CbD, mini-CEX	1
Describes disciplinary processes in relation to medical malpractice	CbD, mini-CEX, MSF	1
Outlines the role the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected.	CbD, mini-CEX, MSF	1
Skills		
Cooperates with other agencies with regard to legal requirements	CbD, mini-CEX	1, 3
Prepares appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal and other legal proceedings and is prepared to present such material in court	CbD, MSF	1
Practices and promotes accurate documentation within clinical practice	CbD, mini-CEX	1, 3
Behaviour		
Show willingness to seek advice from the employer, appropriate legal bodies (including defence societies), and the GMC on medico-legal matters	CbD, mini-CEX, MSF	1
Incorporates legal principles into day to day practice	CbD, mini-CEX	1
Demonstrates that all decisions and actions must be in the best interests of the patient	CbD, mini-CEX, MSF	1, 3

## Level Descriptors

Intermediate	<p>Actively promotes discussion on medical legal aspects of cases within the clinical environment.</p> <p>Participates in decision making with regard to resuscitation decisions and around decisions related to driving discussing the issues openly but sensitively with patients and relatives</p>
Advanced	<p>Works with external strategy bodies around cases that should be reported to them, collaborating with them on complex cases providing full medical legal statements as required and present material in Court where necessary</p> <p>Leads the clinical team in ensuring that medico- legal factors are considered openly and consistently wherever appropriate in the care and best interests of the patient, ensuring that patients and relatives are involved openly in all such decisions.</p>

## 1.16 Ethical research

To ensure that research is undertaken using relevant ethical guidelines		
Knowledge	Assessment Methods	GMP
Outlines the GMC guidance on good practice in research	CbD	1
Describes the components of GCP	CbD	1
Describes the background behind ethical codes for scientific research (Nuremberg, Helsinki etc)	CbD	1
Defines the difference between audit and research	CbD, Audit assessment	1
Demonstrates a knowledge of research principles	CbD, First FRCR	1
Outlines the principles of formulating a research question and designing a project	CbD, mini-CEX	1
Comprehends principal qualitative, quantitative, bio-statistical and epidemiological research methods	CbD, First FRCR	1
Describes the mechanism of ethical approval for research studies	CbD	
Outlines sources of research funding	CbD	1
Discusses the ethical rationale and values the importance of scientific research	CbD	1
Discusses the potential for conflicting ethical values between patient care and scientific research and how these are resolved	CbD	1
Skills		
Uses critical appraisal skills and applies these when reading literature	CbD, First FCR	1
Demonstrates the ability to write a scientific paper	CbD	1
Applies for appropriate ethical research approval	CbD	1
Understands the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	CbD, First FCR	1
Assesses research against the criteria to determine whether it is ethical, including: <ul style="list-style-type: none"> <li>• Social/ Scientific value</li> <li>• Scientific validity</li> <li>• Fair subject selection</li> <li>• Favourable risk/ benefit ratio</li> <li>• Independent review</li> <li>• Informed consent</li> <li>• Respect for potential and enrolled subjects</li> </ul>	CbD	1
Behaviour		
Follows guidelines on ethical conduct in research and consent for research	CbD	1
Shows willingness to encourage and take part in research	CbD	1

## Level Descriptors

Intermediate	Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper
	Demonstrates knowledge of research organisation and funding sources
	Demonstrates ability to write a scientific paper
Advanced	Demonstrates ability to apply for appropriate ethical research approval if appropriate
	Provides leadership in research when relevant
	Promotes research activity

## 1.17 Evidence and guidelines

To make the optimal use of current best evidence in making decisions about the care of patients  
To develop the ability to construct evidence based guidelines and protocols in relation to medical practise

Knowledge		Assessment Methods	GMP
Outlines the principles of critical appraisal		CbD, First FRCR	1
Describes the advantages and disadvantages of different study methodologies (quantitative and qualitative) for different types of questions		CbD, First FRCR	1
Outlines levels of evidence and quality of evidence		CbD, First FRCR	1
Demonstrates how to apply statistics in scientific medical practice		CbD, First FRCR	1
Distinguishes between the use and differences between the basic measures of risk and uncertainty		CbD, First FRCR	1
Describes the role and limitations of evidence in the development of clinical guidelines and protocols		CbD, First FRCR	1
Describes how guidelines and protocols are developed (e.g. NICE and SIGN)		CbD	1
Skills			
Searches the medical literature including use of PubMed, Medline, Cochrane reviews and the internet		CbD	1
Appraises retrieved evidence to address a clinical question		CbD	1
Applies conclusions from critical appraisal into patient care		CbD	1
Contributes to the construction, review and updating of local (and national) guidelines of good practice		CbD	1
Behaviours			
Aims for best clinical practice (clinical effectiveness) at all times, as informed by evidence based medicine		CbD, mini-CEX	1
Recognises knowledge gaps and seeks to address them		CbD, MSF	1
Keeps up to date with national reviews, key new relevant research, and guidelines of practice (e.g. NICE and SIGN)		CbD	1
Recognises the need to practise outside clinical guidelines at times		CbD, mini-CEX	1
Communicates information about risk and risk-benefit trade-offs, in ways appropriate for the individual patient		CbD, mini-CEX	1,3,4
Encourages discussion amongst colleagues on evidence-based practice		CbD, mini-CEX, MSF	1
Level Descriptors			
Intermediate	Undertakes a literature review in relation to a clinical problem or topic and present the same		
	Explains the evidence base of clinical care to patients and to other members of the clinical team		
Advanced	Produces a review on a clinical topic, having reviewed and appraised the relevant literature		
	Collaborates in a systematic review of the medical literature		
	Contributes to the development of local or national clinical guidelines and protocols		

## 1.18 Audit

To be able to undertake a clinical audit and complete an audit cycle.		
Knowledge	Assessment Methods	GMP
Defines the difference between audit and research	Audit assessment tool, CbD	1
Discusses the nature of the audit cycle, including the steps involved in the audit cycle and its role in improving patient care and services	Audit assessment tool	1
Identifies appropriate data collection, statistical and analytical methods for use in auditing practice	Audit assessment tool	1
Discusses change management and the importance of reducing resistance to change	Audit assessment tool, CbD	1
Describes the working and use of national and local databases for audit, e.g. cancer registries, cancer minimum dataset, cancer waiting times, NCEPOD	Audit Assessment tool, CbD	1
Skills		
Designs, implements and completes audit cycles, including: <ul style="list-style-type: none"> <li>• Identifying an appropriate subject for audit</li> <li>• Identifying suitable guidelines to audit against</li> <li>• Designing a form for collection of relevant data</li> <li>• Interpreting the data extracted and comparing this with the guidelines and reaching conclusions using appropriate statistical and analysis methods</li> <li>• Developing an action plan</li> <li>• Presenting the data, conclusions and possible action plan to an audit meeting</li> <li>• Identifying the change in outcomes required</li> <li>• Identifying the change in processes required to achieve those outcomes</li> <li>• Negotiating with the individuals who can deliver those changes</li> </ul>	Audit assessment tool	1,2
Contributes to local and national audit projects appropriately, e.g. NCEPOD	Audit assessment tool, CbD	1,2
Supports audit within the MDT	Audit assessment tool, CbD	1,2
Behaviours		
Recognise the need for audit in clinical practice to promote standard setting and quality assurance	Audit Assessment tool, CbD	1, 2
Shows willingness to support changes identified as necessary by audits	Audit Assessment tool, CbD	1,2
Level Descriptors		
Intermediate	Organises or leads a departmental audit Compares the results of an audit with criteria and standards to reach conclusions Uses the findings of an audit to develop and implement change Understands the links between audit and quality improvement	
Advanced	Leads a complete clinical audit cycle including development of conclusions, the changes needed for improvement, implementation of findings and re-audit to assess the effectiveness of the change Organises or leads a departmental audit meeting	

## 1.19 Continuing professional development

To be able to take responsibility for personal learning and continuing professional development.		
Knowledge	Assessment Methods	GMP
Describes how adults learn and how principles relate to personal development	CbD	1
Outlines the structure of an effective appraisal interview	CbD	1
Differentiates between appraisal and assessment and performance review	CbD	1
Discusses who to refer to if problems are identified during training	CbD	1
Skills		
Develops personal development plan and portfolio to ensure continuing personal development	MSF	1
Uses workplace-based assessments and appraisals as an opportunity for personal development	CbD, MSF	1
Uses different learning methods effectively to develop personal skills and knowledge	MSF	1
Behaviours		
Shows willingness to seek and learn from feedback	MSF	1,3
Show willingness to undertake workplace-based assessments	CbD, MSF	1
Encourages discussions colleagues with colleagues to share knowledge and understanding	CbD, MSF	1,3
Maintains honesty and objectivity during appraisal and assessment	CbD, MSF	1
Recognises the importance of personal development in guiding good professional behaviour	CbD, MSF	1
Demonstrates a willingness to advance own educational capability through continuous learning	CbD, MSF	1
Level Descriptors		
Intermediate	Takes responsibility for learning and personal development planning	

## 1.20 Teaching

To be able to deliver teaching in a variety settings		
Knowledge	Assessment Methods	GMP
Describes how adults learning principles relate to medical education	CbD, Teaching observation	1
Demonstrates knowledge of relevant developments and challenges in medical education	CbD, Teaching observation	1
Describes the assessment system and its place in relation to formative and summative assessment	CbD, Teaching observation	1
Demonstrates an understanding of the place of workplace based assessments	CbD, Teaching observation	1
Skills		
Identifies learning needs of others and self and varies teaching format appropriately	CbD, MSF, Teaching observation	1
Structures and delivers clinical teaching sessions effectively, including: <ul style="list-style-type: none"> <li>• Small group teaching</li> <li>• Presentations</li> <li>• Lectures</li> <li>• Bed side teaching sessions</li> <li>• Appropriate design and use of audiovisual aids</li> <li>• Allowing active audience participation</li> </ul>	MSF, Teaching observation	1
Communicates feedback effectively and appropriately	MSF	1
Undertakes supervision, workplace-based assessments, appraisal, mentoring as appropriate	MSF	1
Recognises the trainee in difficulty and take appropriate action, including where relevant referral to other services	CbD, MSF	1
Leads departmental teaching programmes including journal clubs	CbD, Teaching observation	1
Participates in strategies aimed at improving patient education, e.g. talking at support group meetings	CbD, MSF	1



<b>Behaviours</b>		
Maintains dignity and safety of patients at all times when discharging educational duties	CbD, MSF, Teaching observation	1,4
Shows willingness to seek and learn from feedback	MSF, Teaching observation	1,3
Demonstrates willingness to teach trainees and other health and social workers in a variety of settings	CbD, MSF, Teaching observation	1
Demonstrates consideration for learners, including their emotional, physical and psychological well being with their development needs.	CbD, MSF, Teaching observation	1
Acts to ensure equality of opportunity for students, trainees, staff and professional colleagues	CbD, MSF, Teaching observation	1
Shows willingness to undertake assessment of workplace-based assessments	CbD, MSF	1
Maintains honesty and objectivity during appraisal and assessment	CbD, MSF	1
Recognises the importance of personal development in guiding trainees in aspects of good professional behaviour	CbD, MSF	1
<b>Level Descriptors</b>		
Intermediate	Delivers teaching to different staff groups in a variety of formats Performs workplace-based assessments, giving effective and appropriate feedback Acts as a mentor for junior colleagues	
Advanced	Plans and organises a teaching programme within the oncology department	

## 1.21 Management and NHS structure

To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision

Knowledge	Assessment Methods	GMP
Outlines the guidance given on management and doctors by the GMC	CbD	1
Describes the function and responsibilities of National bodies, such as the Department of Health, Scottish Government, SHAs, PCTs, NICE, GMC	CbD	1
Evaluates major national reports on cancer care e.g. Cancer Reform Strategy, National Radiotherapy Advisory Group and National Chemotherapy Advisory Group reports	CbD	1
Evaluates possible future developments in the organisation of cancer services	CbD	1
Describes the local structure of NHS systems in the locality, including the department's management and committee structure recognising the potential differences between the four countries of the UK	CbD	1
Describes how cancer services are commissioned for patients	CbD	1
Understands the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service	CbD	1
Describes the principles of: <ul style="list-style-type: none"> <li>• Clinical coding</li> <li>• European Working Time Regulations including rest provisions</li> <li>• NHS finance and budgeting</li> <li>• Consultant contract and the contracting process</li> <li>• Resource allocation</li> <li>• The role of the independent sector as providers of healthcare</li> <li>• Patient and public involvement processes and role</li> <li>• Recruitment and appointment procedures</li> </ul>	CbD, mini-CEX	1
Skills		
Participates in managerial meetings	MSF, CbD	1
Works with stakeholders to create and sustain a patient-centred service	CbD, mini-CEX	1
Analyses information and uses it appropriately to promote service developments	CbD, mini-CEX	1
Prioritises use of resources, including allocating beds and making best use of staffing resources, particularly when these are stretched by competing demands	MSF	

Behaviour		
Recognises the importance of equitable allocation of healthcare resources and of commissioning	CbD	1,2
Recognises the role of doctors as active participants in healthcare systems	CbD, mini-CEX	1,2
Responds appropriately to health service objectives and targets and take part in the development of services	CbD, mini-CEX	1,2
Recognises the role of patients and carers as active participants in healthcare systems and service planning	CbD, mini-CEX, Patient Survey	1,2,3
Takes an active role in promoting the best use of healthcare resources	CbD, mini-CEX, MSF	1
Shows willingness to improve leadership and managerial skills (e.g. management courses) and engage in leadership and management of the service (e.g. to be a member of departmental and cancer network committees)	CbD, MSF	1
Level Descriptors		
Intermediate	<p>Discusses guidance from the relevant health regulatory agencies in relation to cancer care</p> <p>Describes the local structure for health services and how they relate to regional or devolved administration structures</p>	
Advanced	<p>Discusses funding allocation processes from central government in outline and how that might impact on the local health organisation</p> <p>Participates fully in clinical directorate meetings and other appropriate local management structures in planning and delivering healthcare within oncology</p> <p>Collaborates with other stake holders in the cancer community to ensure that their needs and views are considered in managing services</p> <p>Participates as appropriate in staff recruitment processes</p>	

## 2 Introductory module

### 2.1 Authorising chemotherapy

To be able to review a patient receiving cytotoxic chemotherapy  
To authorise the next cycle of previously-prescribed treatment, enabling treatment to proceed.

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the methods of calculating the correct dose of chemotherapy	CbD	1
Describes the possible side effects of treatment	CbD	1
<b>Skills</b>		
Takes a focused history to ensure that patient's condition has not changed since treatment was prescribed	DOST	1,3
Identifies when the dose should be reduced or the cycle delayed	CbD, DOST	1,2
<b>Behaviour</b>		
Elicits patient and carers concerns about treatment and ensures that they are addressed appropriately	DOST, MSF	3,4
Ensures that patient has all relevant written information regarding treatment, especially emergency contact instructions	DOST, MSF	2,3,4
Remains open to advice from other health professionals on chemotherapy issues	DOST, MSF	1,3
See sections 1.3, 1.4 and 1.5	DOST, MSF	3,4

## 2.2 Prescribing chemotherapy

To be able to prescribe cytotoxic chemotherapy within local guidelines, continuing a planned course of treatment (but not initiate first cycle of treatment).

Knowledge	Assessment Methods	GMP
Describes the common side effects of chemotherapy in common use	CbD, DOST	1,2
Describes the use of supportive measures both pharmacological and non pharmacological to treat toxic effects of chemotherapy	CbD, DOST	1,2
Describes methods of assessing tumour response	CbD, DOST	1
Defines the effects of age, body size, organ dysfunction and concurrent illnesses on drug distribution and metabolism of cytotoxic drugs	CbD, DOST	1,2
Skills		
Takes a focused history and performs a relevant examination to assess tumour response, side effects of treatment, patient's performance status and co-morbidities	DOST	1,2,3
Assesses toxicity of the previous cycle of chemotherapy	DOST	1,2
Modifies the dose of chemotherapy correctly in response to clinical findings and laboratory parameters	DOST	1,2
Ensures appropriate arrangements are in place for subsequent patient review	CbD, DOST	1
Uses electronic prescribing system where available to improve patient safety	DOST	1,2
Behaviour		
Ensures treatment information is shared promptly and accurately with patient's GP and other specialties involved in supporting the patient	CbD, DOST	1,3
See sections 2.1, 1.3, 1.4 and 1.5		

## 2.3 Safety in radiation treatment

To be aware of issues of patient and personal safety with regard to radiation treatment.

Knowledge	Assessment Methods	GMP
Describes IRMER regulations and the procedures in place in the department to comply with these	CbD	1,2
Identifies the requirement for an ARSAC certificate	CbD	1,2
Skills		
See Section 1.5		
Behaviour		
See Section 1.5		

## 2.4 Outpatient consultation

To be able to structure an outpatient consultation and to communicate with patients clearly and in an empathetic manner.

Knowledge	Assessment Methods	GMP
Recognises that patients do not present a history in a structured fashion	mini-CEX,	1,3
Recognises that patient's wishes and beliefs and the history should inform examination and investigations	mini-CEX	1
Discusses the need for targeted clinical examination	CbD, mini-CEX	1
Discusses the limitations of physical examination and the need for appropriate investigations to confirm a diagnosis	CbD, mini-CEX	1
Skills		
Assesses and summarises the previous hospital notes	CbD, mini-CEX	1
Greets patient appropriately and establishes a rapport, overcoming barriers to communication	mini-CEX	1,3
Elicits patient's main concerns	mini-CEX	1,3,4
Performs focused history and examination	CbD, mini-CEX	1,3
Determines the level of information the patient wishes to receive	mini-CEX	1,3,4
Explains the current situation to the patient and if necessary breaks bad news	mini-CEX	1,3,4
Negotiates agreed outcomes with the patient	mini-CEX	1,3,4
Organises appropriate investigations, treatment and referrals to other professionals	CbD, mini-CEX	1,3
Communicates clearly in the notes and in the letter to the referring doctor and GP	mini-CEX, MSF	3,4
Behaviours		
Treats patients with respect and without discrimination, is polite, considerate and honest, shows respect for dignity and privacy.	mini-CEX, MSF, Patient survey	1,3,4
Treats patients fairly and as individuals	mini-CEX, MSF	1,3,4
Shows empathy with the patient's situation and offers appropriate emotional support	mini-CEX, MSF, Patient survey	3,4
Ensures appropriate personal language and behaviour	mini-CEX, MSF, Patient survey	1,3
Shows willingness to provide the patient with a second opinion	mini-CEX, MSF	1,3
Uses different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	CbD, mini-CEX, MSF	1,3
Behaves in accordance with Good Medical Practice	mini-CEX, MSF	3,4

## 2.5 Breaking bad news

To be able to skilfully deliver bad news using appropriate strategies according to the needs of the patients.

Knowledge	Assessment Methods	GMP
Describes models of breaking bad news	CbD, mini-CEX,	1,3
Discusses the range of likely reactions to bad news	CbD, mini-CEX	1,3
Discusses the different connotations of bad news depending on the context, individual, social and cultural circumstances	CbD, mini-CEX	1
Skills		
Recognises the impact of bad news on the patient, carers, staff members and self	CbD, mini-CEX	1,3
Structures interview appropriately and ensures that patient has the necessary support during the interview	CbD, mini-CEX	1,3
Responds to verbal and non-verbal cues from patient and carers	CbD, mini-CEX	1,3
Elicits patient's main concerns	mini-CEX	1,3,4
Determines the level of information the patient wishes to receive	mini-CEX	1,3,4
Explains situation to the patient and carers using appropriate language	CbD, mini-CEX	1,3,4
Encourages questioning and ensures patient understands information given	CbD, mini-CEX	1,3
Ensures that appropriate on going support and follow up arrangements are in place	CbD, mini-CEX, MSF	1,3,4
Behaviours		
Respects the different ways that patients react to bad news	CbD, MSF	1
Shows empathy with the patient's situation and offers appropriate emotional support	mini-CEX, MSF	3,4
Shows respect for the opinions of other team members regarding a patient's likely and on going response to bad news	CbD, MSF	1,3
Encourages team working to ensure that patients receiving bad news have appropriate support	CbD, MSF	1,3

## 3 Oncology emergencies syllabus

*To be completed by the end of ST3*

### 3.1 Infections

To be able to diagnose and manage infections, especially in immunocompromised patients.		
Knowledge	Assessment Methods	GMP
Lists the infections that occur commonly in cancer patients undergoing treatment and describes how to diagnose them	CbD	1,2
Knows the antibiotic, antiviral and antifungal policies of the hospital	CbD	1,2
Skills		
Takes a focused history and performs a focused examination	CbD, mini-CEX	1,2,3,4
Requests appropriate investigations and interprets X-ray and CT imaging	CbD	1
Resuscitates patients and prescribes appropriate supportive care and antibiotics	CbD, mini-CEX	1,2
Evaluates the importance of prognosis in influencing escalation of treatment	CbD	1,2
Recognises when escalation of care to HDU/ITU is indicated and appropriate	CbD	1,2
Discusses treatment with patient and carers	mini-CEX	3,4
Behaviours		
See Sections 1.2, 1.3, 1.4 1.5 and 1.15		

### 3.2 Spinal cord compression

To be able to diagnose and manage spinal cord compression.		
Knowledge	Assessment Methods	GMP
Describes the symptoms and signs of spinal cord compression	CbD,	1,2
Identifies the appropriate radiological investigations	CbD	1,2
Describes the roles of steroids, surgery, radiotherapy and rehabilitation	CbD	1,2
Skills		
Assesses the level of spinal cord compression clinically	mini-CEX	1
Interprets MRI imaging	CbD, DORPS	1
Discusses options with patient and colleagues and recommends most appropriate management	CbD, mini-CEX	1,3,4
Plans and prescribes radiotherapy treatment	DORPS	1,2
Plans appropriate supportive care/rehabilitation	CbD	1,3
Behaviours		
See Sections 1.2, 1.3, 1.4 and 1.6		



### 3.3 Superior vena cava obstruction (SVCO)

To be able to diagnose and manage SVCO.

Knowledge	Assessment Methods	GMP
Describes the symptoms and signs of SVCO	CbD	1
Lists the differential diagnosis	CbD	1
Describes the role of different treatment modalities	CbD	1
Skills		
Performs a focussed history and examination and recognises the diagnosis clinically	CbD, mini-CEX	1,3,4
Interprets X-ray and CT imaging	CbD	1,2
Discusses diagnostic and treatment options with patient and colleagues and recommends the most appropriate pathway	mini-CEX	3,4
Plans and prescribes radiotherapy/chemotherapy treatment	DORPS, DOST	1,2
Behaviours		
See Sections 1.3 and 1.4		

### 3.4 Metabolic disorders

To be able to diagnose and manage metabolic disorders commonly associated with cancer, including hypercalcaemia, hyperuricaemia, tumour lysis syndrome, hypo/hyperglycaemia and hyperbilirubinaemia

Knowledge	Assessment Methods	GMP
Describes the symptoms, signs and laboratory findings of metabolic disorders associated with cancer	CbD	1
Lists the differential diagnosis of the possible causes	CbD	1
Describes measures to reduce the risk of occurrence where appropriate	CbD	1,2
Skills		
Determines the blood tests and imaging studies required to establish a diagnosis and interprets them	CbD	1
Determines and institutes a clinical management and liaises with other specialities as appropriate	CbD	1,2,3
Behaviours		
See Sections 1.3, 1.4 and 1.6		

### 3.5 Organ failure

To be able to manage major organ failure: respiratory/cardiovascular failure, renal failure and hepatic failure.

Knowledge	Assessment Methods	GMP
Describes the symptoms, signs, laboratory and imaging findings	CbD	1
Lists the differential diagnosis of the possible causes	CbD	1
Skills		
Performs a focused history and examination and is able to develop a differential diagnosis clinically	CbD, mini-CEX	1,3,4
Determines the blood tests and imaging studies required and interprets them	CbD, mini-CEX	1
Evaluates the treatment options and how the patient's prognosis influences these	CbD, mini-CEX	1
Determines and institutes clinical management and liaises with other specialities as appropriate	CbD, mini-CEX	1,2,3
Behaviours		
See Sections 1.2, 1.3, 1.4, 1.6, 1.9, 1.13 and 1.15		

### 3.6 Reduced conscious level

To be able to manage patients with a reduction in their conscious level.

Knowledge	Assessment Methods	GMP
Lists the differential diagnosis of the causes of reduced conscious level	CbD	1
Describes the legislation around 'loss of capacity' of a patient to make a decision	CbD	1,2
Skills		
Performs a focussed clinical examination	CbD, mini-CEX	1,3,4
Determines the blood tests and imaging studies required and interprets them	CbD	1,2
Evaluates the treatment options and how the patient's prognosis influences these	CbD	1
Determines and institutes clinical management and liaises with other specialities as appropriate	CbD, mini-CEX	1,2,3
Behaviours		
See Sections 1.2, 1.3, 1.4, 1.6, 1.9, 1.10, 1.11, 1.12 and 1.15		

## 4 Site-specific learning outcomes

Each cancer site is placed in one of four groups:

- **Group A**  
The common tumours where the majority of learning outcomes should be achieved by the end of ST4
- **Group B**  
A group of tumours where the majority of learning outcomes should be achieved by the end of ST5
- **Group C**  
A group of tumours where some learning outcomes should be achieved by the end of ST5 and the majority will be achieved by CCT
- **Group D**  
A group of uncommon tumours and specialised techniques where a few learning outcomes should be achieved by ST5 and achieved by mainly CCT

For each group of tumours the stage of training by which the trainee should have achieved the learning outcomes is shown as:

- Core - completed by the end of ST4
- Intermediate - completed by the end of ST5
- Advanced - tumour-site specialisation undertaken post-FRCR and completed CCT

Table showing composition of each group

Group	Site/type or treatment technique	Subsite/subtype
Groups A: common subjects where the majority of learning outcomes achieved by the end of ST4	Breast cancer	
	Lung cancer	Non-small cell Small cell
	Lower gastrointestinal cancer	Caecum Colon Rectum
	Urological cancer	Prostate

<b>Group</b>	<b>Site/type or treatment technique</b>	<b>Subsite/subtype</b>
Group B: where the majority of learning outcomes achieved by the end of ST5	Thoracic cancer	Mesothelioma Thymic tumours Mediastinal germ cell
	Upper gastrointestinal cancer	Oesophagus Stomach Pancreas
	Lower gastrointestinal cancer	Anal canal and anal margin
	Head and neck cancer	Larynx Pharynx Oropharynx Oral cavity Paranasal sinuses Nasopharynx Salivary gland tumours Thyroid Middle ear
	Sarcoma	Soft tissue Gastrointestinal stromal tumours
	Gynaecological cancer	Cervix Body of Uterus Ovary
	Urological cancer	Bladder Kidney Penis Testicular tumours
	Central nervous system tumours	Gliomas Meningiomas Vestibular schwannomas Pituitary adenomas
	Skin cancer	Non-melanoma Melanoma
	Lymphoma/leukaemia/myeloma	Hodgkin lymphoma Non-Hodgkin lymphoma Plasmacytoma/myeloma
Unknown primary cancer		

<b>Group</b>	<b>Site/type or treatment technique</b>	<b>Subsite/subtype</b>
Group C: where some learning outcomes achieved by the end of ST5	Upper gastrointestinal cancer	Gall bladder and biliary tract Primary liver
	Head and neck cancer	Nasal passages Temporal bone tumours
	Sarcoma	Primary bone tumours Ewing's sarcoma of bone and soft tissue (adult)
	Gynaecological cancer	Fallopian tube Primary peritoneum Vulva and vagina
	Urological cancer	Ureter Urethra
	Central nervous system tumours	Craniopharyngioma Ependymoma Pineal lesions Primitive neuroectodermal tumours Primary cerebral lymphoma Medulloblastoma Skull base tumours
	Skin cancer	Cutaneous lymphoma
Group D: a few learning outcomes achieved by the end of ST5 but they will mainly be achieved by CCT	Paediatric and adolescent oncology including specific paediatric malignancies and specific issues arising when treating paediatric patients who have tumours which are found in adults	Central nervous system tumours Wilms' tumour Neuroblastoma Rhabdomyosarcoma Ewing's sarcoma Lymphoma Leukaemia
	Brachytherapy clinical experience	Gynaecological cancer Prostate cancer Head and neck cancer Other
	Proton and neutron therapy	

## Underpinning attitudes and behaviours

The site-specific learning outcomes in this section of the syllabus are underpinned by appropriate attitudes and behaviours which are drawn from Good Medical Practice (GMP). Since many of the learning outcomes for these attitudes and behaviours are already listed in the Common Competencies for Clinical Oncology (Appendix 1, Section 1), they are not repeated here; instead, where appropriate, reference is made to the relevant part of Section 1. In summary, each trainee must:

1. Display a willingness to make the care of the patient their first concern
2. Appreciate the need to protect and promote the health of patients and the public
3. Display a willingness to provide a good standard of practice and care by:
  - Keeping their professional knowledge and skills up to date
  - Recognising and working within the limits of their competence
  - Displaying a willingness to work with colleagues in the ways that best serve patients' interests:
    - Respecting their skills and contributions and treating them fairly
    - Communicating effectively with them
    - Supporting colleagues who have problems with performance, conduct or health while protecting patients from risk of harm
    - Avoiding malicious or unfounded criticisms of colleagues
    - Demonstrating effective handover procedures when going off duty
4. Demonstrate the need to treat patients as individuals and respect their dignity, by
  - Treating patients politely, considerately and honestly
  - Respecting patients' right to confidentiality
5. Display a willingness to work in partnership with patients:
  - Listening to patients and responding to their questions, concerns and preferences and keeping them informed about the progress of their care
  - Sharing with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties
  - Respecting patients' rights to reach decisions about their treatment and care
  - Supporting patients in caring for themselves to improve and maintaining their health
6. Display honesty and openness and act with integrity:
  - Acting without delay if they have good reason to believe that they or a colleague may be putting patients at risk
  - Never discriminating unfairly against patients or colleagues
  - Never abusing the patients' trust in him/her or the public's trust in the profession, by always displaying:
    - Honesty and trustworthiness when writing or signing any documents, reports or CVs
    - Honesty and integrity when undertaking research putting the protection of the participants' interests first
    - Honesty in financial dealings with employers and other organisations or individuals.

## Underpinning scientific knowledge

The scientific knowledge of radiotherapy physics, tumour biology, radiobiology, clinical pharmacology and medical statistics that underpins clinical oncology training is common to all tumour groups. It is therefore essential that trainees acquire this knowledge by the end of core training (ST5). This knowledge is defined in Appendix 2 and is assessed in the First FRCR examination.

## Tumour Site-Specific Learning Outcomes

### 4.1 Radiology

To be able to relate clinical and radiological anatomy to diagnosis and therapy		
Level		
Group A – Core                      Group B – Intermediate Group C – Intermediate      Group D – Advanced		
Knowledge	Assessment Methods	GMP
Describes clinical and radiological anatomy	CbD, DORPS, Final FRCR	1
Skills		
Identifies landmarks, key structures including vessels, lymph nodes on CT and MRI	CbD, DORPS, Final FRCR	1
Interprets X-ray, CT, MRI and PET imaging	CbD, DORPS, Final FRCR	1

### 4.2 Diagnosis and staging

To be able to diagnose and stage cancer.		
Level		
Group A – Core                      Group B – Intermediate Group C – Intermediate      Group D – Advanced		
Knowledge	Assessment Methods	GMP
Discusses the epidemiology and aetiology of the cancer, including: <ul style="list-style-type: none"> <li>• the general principles of tumour biology</li> <li>• the genetics of normal and malignant cells</li> <li>• the causation of human cancers</li> <li>• the normal and aberrant mechanisms of cell growth control</li> </ul>	First FRCR	1
Describes the indications for urgent referral by GP	CbD	1,2
Describes the staging and prognostic indices	CbD, Final FRCR	1
Describes the pathological techniques available and limitations of histology and immunohistochemistry and other specialist techniques, e.g. molecular biological techniques	First FRCR, CbD, Final FRCR	1
Skills		
Performs a focussed history and examination	CbD, mini-CEX	1,3
Recommends appropriate diagnostic and staging investigations	CbD	1,2

## Behaviours

See Sections 1.2, 1.3 and 1.4

### 4.3 Prognosis

To be able to assess prognosis.

#### Level

Group A – Core                  Group B – Intermediate  
Group C – Intermediate      Group D – Advanced

#### Knowledge

Describes factors that influence prognosis

#### Assessment Methods

CbD, Final FRCR,  
First FRCR

#### GMP

1

#### Skills

Assesses the effect of performance status, stage, age, co-morbidity, histological type and other prognostic factors on outcome

CbD, Final FRCR,  
First FRCR

1

#### Behaviours

See Sections 1.3 and 1.4

### 4.4 Genetics

To be able to assess if there is a significant genetic basis for the cancer.

#### Level

Group A – Core                  Group B – Intermediate  
Group C – Intermediate      Group D – Advanced

#### Knowledge

Describes the principles of cancer genetics

#### Assessment Methods

First FRCR

#### GMP

1

Describes the features of the personal and family medical history that indicate a high risk of a genetic basis of the disease

CbD, First FRCR

1

Describes when referral for genetic counselling is appropriate

CbD, Final FRCR

1

Explains how a gene abnormality affects the patient's prognosis

CbD, Final FRCR

1

Recognises the impact that discovery of a genetic abnormality may have on the patient and his/her family

CbD, Final FRCR

1

#### Skills

Acquires an accurate family history

CbD, mini-CEX

1,3,4

Discusses the possibility of referral for genetic counselling with the patient

mini-CEX

1,3,4

Explains to the patient how the treatment options may be altered by a genetic abnormality

mini-CEX

1,3,4

#### Behaviours

See sections 1.3, 1.4, 1.5 and 1.10

Demonstrates willingness to facilitate patient choice regarding decision to undergo genetic testing

mini-CEX, MSF

3,4



#### 4.5 Discussion of treatment options

To be able to discuss treatment options in the light of understanding of the prognosis.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Predicts the effects of treatment on prognosis	CbD, Final FRCR	1
Recognises when radical and when palliative treatments are appropriate	CbD, Final FRCR	1
<b>Skills</b>		
Informs patients of treatment options and discusses individual risk/benefit	CbD, Final FRCR, mini-CEX	1,3,4
Communicates appropriately with a wide variety of patients including: working with interpreters to deal with patients from diverse backgrounds communicating with patients with special educational needs and their carers	mini-CEX, MSF	3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5 and 1.11		

#### 4.6 Multi-disciplinary team (MDT) meetings

To be able to take part in discussions in tumour-site specific MDT meetings.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the indications for treatment and the risks and benefits of different treatment options	CbD, Final FRCR	1,2
Describes the results of major randomised trials that have influenced present practice	CbD, Final FRCR	1
Describes major national guidelines	CbD, Final FRCR	1
<b>Skills</b>		
Assesses potential risks and benefits of treatment options for the individual patient	CbD, Final FRCR	1,2
Discusses treatment options within the MDT meeting	CbD, Final FRCR	1,3
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.6, 1.9, 1.10 and 1.17		

## 4.7 Evaluating research

To be able to evaluate and synthesise research evidence to change practice.

### Level

Group A – Advanced

Group B – Advanced

Group C – Advanced

Group D – Advanced

### Knowledge

### Assessment Methods

### GMP

Evaluates the published research evidence

CbD, Final FRCR,  
Audit assessment

1

Evaluates ongoing trials of both radiotherapy and systemic therapy

CbD, Final FRCR  
Audit assessment

1

Evaluates the national and international guidelines including NICE

CbD, Final FRCR  
Audit assessment

1

### Skills

Discusses evidence at MDT with regard to specific patients

CbD

1,2,3

Discusses involvement in clinical trials with colleagues

CbB

1,2,3

Revises or develops departmental, evidence based guidelines for the management of tumour sites

CbD, Audit  
assessment

1,2,3

Formulates plans to introduce new treatments and techniques to a department

CbD, Audit  
assessment

1,2,3

### Behaviours

See sections 1.3, 1.7, 1.16, 1.17, 1.18 and 1.21

## 4.8 First line chemotherapy

To be able to assess patients for first line chemotherapy.

### Level

Group A – Core                      Group B – Intermediate  
Group C – Advanced              Group D – Advanced

### Knowledge

	Assessment Methods	GMP
Describes the mode of action of cytotoxic drugs and the principles of clinical use of systemic therapies	First FRCR	1
Discusses the principles of pharmacokinetics and pharmacodynamics	First FRCR	1
Describes drug protocols	DOST, mini-CEX, CbD, Final FRCR,	1
Evaluates the benefits and toxicity of chemotherapy	First FRCR, DOST, mini-CEX, CbD, Final FRCR, MSF	1,2,4
Decides which regimes are appropriate in the clinical situation	DOST, mini-CEX, CbD, Final FRCR, MSF	1,2,4
Describes tests, procedures or other arrangements required prior to therapy	DOST, mini-CEX, CbD, Final FRCR, MSF	1,2

### Skills

Elicits the patient's wishes with regard to the aims of treatment	DOST, mini-CEX, CbD, MSF	1,2,3,4
Performs an appropriate history & examination	DOST, mini-CEX, Final FRCR,	1,2,4
Assesses performance status and evaluates the information to inform the treatment plan	DOST, mini-CEX, Final FRCR,	1,2,3,4

### Behaviours

See sections 1.3, 1.4 and 1.5

## 4.9 Discussing treatment options

To be able to discuss treatment options in the light of understanding of the prognosis.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the acute and long term risks of chemotherapy	DOST, CbD, mini-CEX, First FRCR, Final FRCR,	1,2,3,4
Describes the aims of treatment and the prognosis	DOST, CbD, mini-CEX, Final FRCR,	1,3,4
<b>Skills</b>		
Explains these issues and the risk/benefit ratio to the patient	mini-CEX, DOST, PS	1,2,3,4
Completes the consent form accurately with the patient	mini-CEX, DOST	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5 and 1.11		

## 4.10 Initiating chemotherapy

To be able to prescribe the first course of chemotherapy.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the acute and long term side effects of the chemotherapy	DOST, CbD, First FRCR, Final FRCR,	1,2
Describes the importance of biochemical, haematological and radiological parameters in determining dose of chemotherapy	DOST, CbD, First FRCR, Final FRCR,	1,2
Describes the supportive measures both pharmacological and non-pharmacological to treat toxic effects of chemotherapy	DOST, CbD, First FRCR, Final FRCR,	1,2
<b>Skills</b>		
Generates an appropriate systemic therapy prescription which is safe, accurate and meets local and national standards	DOST, MSF	1,2
<b>Behaviours</b>		
See sections 1.5		

## 4.11 Managing patients receiving chemotherapy

To be able to manage patients undergoing radical and palliative chemotherapy treatment regimens.

### Level

Group A – Core                      Group B – Intermediate  
Group C – Advanced              Group D – Advanced

### Knowledge

Knowledge	Assessment Methods	GMP
Describes the physiology of haemopoiesis	First FRCR	1
Describes the clinical pharmacology and uses of steroids and anti-emetics	First FRCR	1
Describes the acute and long term side-effects of chemotherapy	DOST, CbD, First FRCR, Final FRCR,	1,2
Describes how to assess tumour response	DOST, CbD, First FRCR, Final FRCR,	1

### Skills

Develops a management plan for the patient during the chemotherapy including the management of side effects	DOST, CbD, Final FRCR	1,2,3
Prescribes supportive treatments	DOST, CbD, Final FRCR	1,2
Judges when to stop or continue treatment	DOST, CbD, Final FRCR, MSF	1,2,3,4

### Behaviours

See sections 1.3, 1.4 and 1.5

## 4.12 Initiating hormonal therapy

To be able to assess patients for treatment and prescribe hormonal therapy			
Level			
Group A – Core		Group B – Intermediate	
Knowledge		Assessment Methods	GMP
Describes common drug protocols		DOST, CbD, Final FRCR	1
Evaluates the benefits and toxicity of treatment		DOST, CbD, First FRCR, Final FRCR	1,2
Decides which regimes are appropriate in the clinical situation		DOST, CbD, Final FRCR	1,2,3
Describes the tests, procedures and other arrangements required prior to and during therapy		DOST, CbD, Final FRCR	1,2
Skills			
Elicit the patient's wishes with regard to the aims of treatment		DOST, mini-CEX, Final FRCR, PS	3
Performs an appropriate history and examination		DOST, mini-CEX, Final FRCR	1,3,4
Assesses performance status		DOST, mini-CEX, Final FRCR, CbD	1,3
Generates an appropriate systemic therapy prescription which is safe, accurate and meets local and national standards		DOST, MSF	1,2
Behaviours			
See sections 1.3, 1.4 and 1.5			

### 4.13 Managing patients receiving hormonal therapy

To be able to manage patients undergoing hormonal therapy		
Level		
Group A – Core	Group B – Intermediate	
Knowledge	Assessment Methods	GMP
Describes the acute and long term side-effects of hormonal therapy	DOST, CbD, First FRCR, Final FRCR,	1,2
Describes how to assess tumour response	DOST, CbD, First FRCR, Final FRCR,	1
Skills		
Develops a management plan for the patient during hormonal therapy including the management of side effects	DOST, CbD, Final FRCR	1,2,3
Prescribes supportive treatments	DOST, CbD, Final FRCR	1,2
Judges when to stop or continue treatment	DOST, CbD, Final FRCR, MSF	1,2,3,4
Behaviours		
See sections 1.3, 1.4 and 1.5		

#### 4.14 Assessing patients for biological therapy

To be able to assess patients for treatment with monoclonal antibodies, tyrosine kinase inhibitors, interferons, interleukins.

##### Level

Group A – Core                      Group B – Intermediate  
Group C – Advanced              Group D – Advanced

Knowledge	Assessment Methods	GMP
Describes the principles of biological and novel therapies	First FRCR	1
Describes common drug protocols	DOST, CbD, Final FRCR	1
Evaluates the benefits and toxicity of treatment	DOST, CbD, Final FRCR	1,2
Decides which regimes are appropriate in the clinical situation	DOST, CbD, Final FRCR	1,2,3
Describes the tests, procedures and other arrangements required prior to therapy	DOST, CbD, Final FRCR	1,2

##### Skills

Elicits the patient's wishes with regard to the aims of treatment	DOST, mini-CEX, Final FRCR, PS	3
Performs an appropriate history and examination	DOST, mini-CEX, Final FRCR	1,3,4
Assesses performance status	DOST, mini-CEX, Final FRCR, CbD	1,3

##### Behaviours

See sections 1.3, 1.4 and 1.5

#### 4.15 Consent for biological therapy

To be able to consent patients for treatment with monoclonal antibodies, tyrosine kinase inhibitors, interferons, interleukins.

##### Level

Group A – Intermediate              Group B – Intermediate  
Group C – Advanced                  Group D – Advanced

Knowledge	Assessment Methods	GMP
Describes the acute and long term risks of treatment with monoclonal antibodies, tyrosine kinase inhibitors, interferons, interleukins	DOST, CbD, Final FRCR	1
Describes the aims of treatment and the prognosis	DOST, CbD, Final FRCR	1

##### Skills

Explains about these issues and the risk/benefit ratio to the patient	DOST, mini-CEX, Final FRCR, PS	1,2,3,4
Completes the consent form accurately with the patient	DOST, mini-CEX, PS	1,2,3,4

##### Behaviours

See sections 1.3, 1.4, 1.5, 1.11 and 1.14

#### 4.16 Initiating biological therapies

To be able to prescribe the first course of treatment with monoclonal antibodies, tyrosine kinase



inhibitors, interferons and interleukins.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the acute and long term side effects of the therapies	DOST, CbD	1,2
Describes the importance of biochemical, haematological and radiological parameters in determining whether the treatment can be safely given	First FRCR, Final FRCR,	1,2
Describes the supportive measures both pharmacological and non-pharmacological to treat toxic effects of therapy	DOST, CbD, First FRCR, Final FRCR,	1,2
<b>Skills</b>		
Generates an appropriate systemic therapy prescription which is safe, accurate and meets local and national standards	DOST, MSF	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4 and 1.5		

#### 4.17 Managing patients receiving biological therapies

To be able to manage patients undergoing treatment with monoclonal antibodies, tyrosine kinase inhibitors, interferons and interleukins.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the acute and long term side-effects of these therapies	DOST, CbD, First FRCR, Final FRCR,	1,2
Describes how to assess tumour response	DOST, CbD, First FRCR, Final FRCR,	1
<b>Skills</b>		
Develops a management plan for the patient during the administration of the therapy including the management of side effects	DOST, CbD, Final FRCR	1,2,3
Prescribes supportive treatments	DOST, CbD, Final FRCR	1,2
Judges when to stop or continue treatment	DOST, CbD, Final FRCR, MSF	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4 and 1.5		

#### 4.18 Assessing patients for radiotherapy

To be able to assess patients for radical and palliative radiotherapy.		
Level		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
Knowledge	Assessment Methods	GMP
Discusses basic physics relevant to radiotherapy, electromagnetic radiation and sub atomic particles and their interactions of with matter.	First FRCR	1
Discusses the indications for radiotherapy	DORPS, CbD, Final FRCR	1
Describes its side effects	DOST, CbD, First FRCR, Final FRCR	1,2
Evaluates the benefits and toxicity of treatment	DORPS, CbD, Final FRCR	1,2,3
Describes tests, procedures or other arrangements required prior to therapy	DORPS, CbD, Final FRCR	1,2
Skills		
Elicit the patient's wishes with regard to the aims of treatment	DORPS, mini-CEX, Final FRCR, PS	3
Performs an appropriate history and examination	DORPS, mini-CEX, Final FRCR	1,3,4
Assess performance status and use the information to inform the treatment plan	DORPS, mini-CEX, Final FRCR, CbD	1,3
Behaviours		
See sections 1.3, 1.4 and 1.5		

#### 4.19 Consent for radiotherapy

To be able to obtain informed consent from patients for radiotherapy.		
Level		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
Knowledge	Assessment Methods	GMP
Describes the acute and long term risks of radiotherapy	DORPS, CbD, First FRCR, Final FRCR	1
Discusses the aims of treatment and the prognosis	DORPS, CbD, Final FRCR	1
Skills		
Explains these issues and the risk/benefit ratio with patients	DORPS, mini-CEX, Final FRCR, PS	1,2,3,4
Completes the informed consent form accurately with the patient	DORPS, mini-CEX, PS	1,2,3,4
Behaviours		
See sections 1.3, 1.4, 1.5, 1.11 and 1.14		

## 4.20 Radiotherapy treatment strategy

To be able to develop a radiotherapy treatment strategy.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the principles of radiation dosimetry, the physics of teletherapy beams (x-rays), electron beam physics and radiotherapy planning	First FRCR	1
Describes the patient position and immobilization technique	DORPS, Final FRCR	1
Describes the method of tumour localisation	DORPS, Final FRCR	1
Evaluates the possible radiotherapy modalities and beam arrangements	DORPS, Final FRCR	1
<b>Skills</b>		
Communicate effectively to the planning radiographers the imaging and treatment strategy	DORPS, MSF	1,2,3
Records all aspects of the planning process clearly	DORPS,CbD	1,2,3
<b>Behaviours</b>		
See sections 1.6, 1.7, and 1.9		

## 4.21 Radiotherapy treatment volume

To be able to determine the gross tumour volume (GTV), clinical target volume (CTV) and planning target volume (PTV) as appropriate for radiotherapy.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Interprets diagnostic imaging (including CT, PET and MRI)	DORPS, Final FRCR	1
Describes the use of cross-sectional imaging in planning	DORPS, Final FRCR	1
Discusses the clinical and radiological parameters associated with planning 2-D conventional and 3-D conformal radiotherapy	DORPS, Final FRCR	1
Lists the tolerance of organs at risk.	DORPS,First FRCR Final FRCR	1,2
<b>Skills</b>		
Defines a treatment volume	DORPS, Final FRCR	1
Defines organs at risk and outlines them	DORPS, Final FRCR	1,2
Defines DVH based 3-D conformal planning constraints	DORPS, Final FRCR	1,2
Balances tumour control against potential damage to organs at risk	DORPS, Final FRCR	1,2
<b>Behaviours</b>		
See sections 1.5 and 1.6		

## 4.22 Radiotherapy treatment plan

To be able to evaluate a radiotherapy treatment plan.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the ICRU guidelines	DORPS, Final FRCR	1
<b>Skills</b>		
Assesses critically the dose distribution within the treatment volume and organs at risk	DORPS, Final FRCR	1,2
Evaluates whether a treatment plan is adequate and develops ways of improving an inadequate plan	DORPS, Final FRCR	1
<b>Behaviours</b>		
See sections 1.5		

## 4.23 Prescribing palliative radiotherapy

To be able to prescribe appropriate dose and fractionation schedule for palliative radiotherapy.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the general principles of radiobiology, including normal tissue and population radiobiology	First FRCR	1
Describes dose/fractionation schedules in common use.	DORPS, Final FRCR	1
<b>Skills</b>		
Decides an appropriate treatment schedule according to stage of disease, performance status of patients and concomitant systemic therapy	DORPS, Final FRCR	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4,1.5 and 1.6		

#### 4.24 Prescribing radical radiotherapy

To be able to prescribe appropriate dose and fractionation schedule for radical radiotherapy.		
<b>Level</b>		
Group A – Intermediate	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Lists the parameters that should be included when writing a radiotherapy prescription	First FRCR	1
Describes dose/fractionation schedules in common use.	DORPS, Final FRCR	1
<b>Skills</b>		
Decides an appropriate treatment schedule according to stage of disease, performance status of patients and concomitant systemic therapy	DORPS, Final FRCR	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4,1.5 and 1.6		

#### 4.25 Modifying radiotherapy for individual patients

To be able to modify treatment plans according to patient's individual needs, pre-morbid conditions etc.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes normal tissue morbidity and its impact on target volume definition.	CbD, DORPS, First FRCR, Final FRCR	1,2
Describes risks of re-treatment with radiation based on normal tissue tolerance limits	CbD, DORPS, First FRCR, Final FRCR	1,2
<b>Skills</b>		
Judges how to modify treatment plans based on patient's co-morbidity	CbD, DORPS, Final FRCR	1,2
Assesses when re-treatment is acceptable and prescribes appropriate dose and fractionation	CbD, DORPS, Final FRCR	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4 and 1.5		

## 4.26 Principles of intensity-modulated radiotherapy (IMRT)

To be aware of the clinical implications of IMRT.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the theoretical benefits and risks of IMRT	CbD, DORPS, Final FRCR	1,2
Describes the use of IMRT in different tumour sites	CbD, DORPS, Final FRCR	1

## 4.27 Planning IMRT

To be able to contribute to planning using IMRT.		
<b>Level</b>		
Group A – Advanced	Group B – Advanced	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes dose constraints for normal tissue	CbD, DORPS, First FRCR, Final FRCR	1,2
<b>Skills</b>		
Define GTV, CTV and PTV as appropriate	DORPS, Final FRCR	1
<b>Behaviours</b>		
See sections 1.3, 1.4,1.5 and 1.6		

## 4.28 Verifying radiotherapy treatments

To be able to verify a treatment plan.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the processes that may be used to ensure that the radiotherapy prescription is correctly implemented	First FRCR	1,2
Describes the use of digitally reconstructed radiographs	CbD, DORPS, Final FRCR	1,2
Describes the use of portal imaging	CbD, DORPS, Final FRCR	1,2
<b>Skills</b>		
Assesses accuracy of patient set-up and recommends adjustments	CbD, DORPS, Final FRCR	1,2
<b>Behaviours</b>		
See section 1.5		

## 4.29 Principles of image-guided radiotherapy (IGRT)

To be aware of the clinical implications of IGRT.		
<b>Level</b>		
Group A – Core                      Group B – Intermediate Group C – Intermediate      Group D – Advanced		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the indications and aims	DORPS, CbD, Final FRCR	1,2
Describes the methods available	DORPS, CbD, Final FRCR	1,2

## 4.30 Clinical implications of brachytherapy

To be aware of the clinical implications of brachytherapy using sealed and unsealed sources.		
<b>Level</b>		
Group A – Intermediate                      Group B – Intermediate Group C – Intermediate                      Group D – Advanced		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the principles of radiotherapy physics related brachytherapy	DORPS, First FCR	1,2
Discusses the indications for and aims of treatment	CbD, DORPS, First FRCR, Final FRCR	1,2
Describes the methods available	CbD, DORPS, First FRCR, Final FRCR	1,2
Describes the acute and long term toxicities and can discuss the organs at risk	CbD, DORPS, First FRCR, Final FRCR	1,2
Describes the principles of dose prescription	CbD, DORPS, First FRCR, Final FRCR	1,2
Describes the radiation protection issues	CbD, DORPS, First FRCR, Final FRCR	1,2
Recognises requirement for ARSAC certificate	CbD, DORPS, mini-CEX	1,2
<b>Skills</b>		
Applies radiation protection principles when assessing patients receiving brachytherapy	CbD, DORPS, Final FRCR	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4,1.5 and 1.6		

### 4.31 Performing a brachytherapy procedure

To be able to perform a brachytherapy procedure using sealed sources.

#### Level

Group A – Advanced                      Group B – Advanced  
Group C – Advanced                      Group D – Advanced

#### Knowledge

	Assessment Methods	GMP
Describes the relevant anatomy	CbD, DORPS, mini-CEX	1,2
Describes the appropriate investigations prior to and after treatment	CbD, DORPS, mini-CEX	1,2
Describes the patient position and any appropriate immobilisation techniques	CbD, DORPS, mini-CEX	1,2
Discusses the radiation protection issues.	CbD, DORPS, mini-CEX	1,2
Describes the concomitant therapies to reduce or treat toxicity	CbD, DORPS, mini-CEX	1,2
Recognises requirement for ARSAC certificate	CbD, DORPS, mini-CEX	1,2

#### Skills

Assesses individual patients and balances the benefits against the risks	CbD, DORPS, mini-CEX	1,2,3,4
Elicit the patient's wishes with regard to the aims of treatment	CbD, DORPS, mini-CEX, PS	1,2,3,4
Explains the aims and risks to the patient and takes informed consent	CbD, DORPS, mini-CEX, PS	1,2,3,4
Communicate effectively with the radiographers, physicists, theatre staff, ward nurses with regards to the appropriate imaging and treatment strategy	CbD, DORPS, mini-CEX, MSF, PS	1,2,3,4
Records all aspects of the process clearly	CbD, mini-CEX, MSF	1,2,3
Performs the procedure correctly	CbD, mini-CEX, MSF	1,2
Prescribes the radiation dose balancing tumour control against potential damage to the organs at risk	CbD, DORPS, mini-CEX, MSF	1,2
Supports the patient through the treatment and side effects	CbD, mini-CEX, MSF, PS	1,2,3,4
Advises the patient, their relatives and staff with regard to radiation protection issues	CbD, DORPS, mini-CEX, MSF, PS	1,2,3,4
Liaises with the radiation protection advisor, including radiation protection supervisors and medical physics experts	CbD, DORPS, mini-CEX, MSF,	1,2,3

#### Behaviours

See sections 1.3, 1.4,1.5, 1.6 and 1.9



## 4.32 Prescribing brachytherapy using an unsealed source

To be able to prescribe brachytherapy using an unsealed source.

### Level

Group A – Advanced

Group B – Advanced

Group C – Advanced

Group D – Advanced

### Knowledge

### Assessment Methods

### GMP

Describes the appropriate investigations prior to and after treatment

CbD, DORPS, mini-CEX

1,2

Discusses the radiation protection issues

CbD, First FCR, mini-CEX

1,2

Describes the concomitant therapies to reduce or treat toxicity

CbD, DORPS, mini-CEX

1,2

Recognises the requirement for an ARSAC certificate

CbD, First FRCR, mini-CEX

1,2

### Skills

Assesses individual patients and balances the benefits against the risks

CbD, mini-CEX

1,2,3,4

Elicits the patient's wishes with regard to the aims of treatment

CbD, mini-CEX, PS

1,2,3,4

Explains the aims and risks to the patient and takes informed consent

CbD, mini-CEX, PS

1,2,3,4

Communicates effectively with the planning radiographers, physicists and ward nurses as appropriate the treatment strategy

CbD, DORPS, mini-CEX, MSF, PS

1,2,3,4

Records all aspects of the process clearly

CbD, DORPS, mini-CEX, MSF

1,2,3

Administers the isotope safely

CbD, mini-CEX, MSF

1,2

Prescribes the dose balancing tumour control against potential damage to the organs at risk

CbD, DORPS, mini-CEX, MSF

1,2

Supports the patient through the treatment and side effects

CbD, mini-CEX, MSF, PS

1,2,3,4

Advises the patient, their relatives and staff with regard to radiation protection issues

CbD, mini-CEX, MSF, PS

1,2,3,4

Liaises with the radiation protection advisor, including radiation protection supervisors and medical physics experts

CbD, mini-CEX, MSF,

1,2,3

### Behaviours

See sections 1.3, 1.4,1.5, 1.6 and 1.9

### 4.33 Assessing and managing patients undergoing radiotherapy

To be able to assess and manage patients undergoing radiotherapy.		
<b>Level</b>		
Group A – Core	Group B – Core	
Group C – Core	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes early reactions to radiotherapy and their management	CbD, First FRCR, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Assesses and treats patients in an on-treatment clinic	CbD, Final FRCR, mini-CEX, PS	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4 and 1.5		

### 4.34 Modifying a course of radiotherapy

To be able to modify a course of radiotherapy treatment for individual patients according to severity of reactions including adjustment for gaps in treatment.		
<b>Level</b>		
Group A – Intermediate	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses how radiobiological principles impact on radical radiotherapy	CbD, DORPS, First FRCR, Final FRCR	1,2
Lists possible strategies for dealing with treatment gaps	CbD, DORPS, First FRCR, Final FRCR	1,2
<b>Skills</b>		
Judges how to modify a course of radiotherapy treatment depending on acute toxicity and unplanned gaps in treatment	CbD, DORPS, Final FRCR,	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4 and 1.5		

#### 4.35 Assessing patients for combined modality therapy

To be able to assess patients for combined modality therapy.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the interaction between chemotherapy and radiotherapy (before, during or following radiation)	CbD, DORPS, First FRCR	1,2
Discusses the circumstances in which combined modality therapy might be considered	CbD, DORPS, First FRCR, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Elicits the patient's wishes with regard to the aims of treatment	CbD, DORPS, Final FRCR, mini-CEX, PS	1,2,3,4
Discusses the side effects and risk/benefit ratio with patients	CbD, DORPS, Final FRCR, mini-CEX	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4,1.5, 1.6 and 1.17		

#### 4.36 Emerging techniques

To be able to discuss treatment with protons or neutrons		
<b>Level</b>		
Group A – Advanced	Group B – Advanced	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the reasons why treatment with protons or neutrons treatments are sometimes desirable	CbD, mini-CEX	1
Discusses the clinical indications for proton and neutron treatments	CbD, mini-CEX	1

#### 4.37 Obtaining informed consent for clinical trials and maintaining research records

To be able to consent patients for Phase II and Phase III trials and maintain appropriate research records.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses research ethics	CbD, mini-CEX	1,2,3
Describes Good Clinical Practice	CbD, mini-CEX	1,2,3
<b>Skills</b>		
Discusses option of entering a clinical trial with the patient	CbD, mini-CEX	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.14 and 1.16		

### 4.38 Diagnosing relapse

To be able to diagnose relapse.		
<b>Level</b>		
Group A – Core                      Group B – Intermediate Group C – Intermediate      Group D – Advanced		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the signs and symptoms, changes in tumours markers and imaging findings that may be associated with relapse	CbD, First FRCR, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Performs an appropriate history and examination	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Decides on appropriate investigations for patients suspected of having relapsed	CbD, Final FRCR, mini-CEX, PS	1,2
Interprets imaging (X-rays, CT, MRI, PET)	CbD, Final FRCR, mini-CEX,	1,2
<b>Behaviours</b>		
See sections 1.2, 1.3, 1.4 and 1.5		

### 4.39 Developing a management plan for patients whose disease has relapsed

To be able to develop a management plan for patients whose disease has relapsed.		
<b>Level</b>		
Group A – Core                      Group B – Intermediate Group C – Advanced              Group D – Advanced		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the roles of surgery, interventional radiology, radiotherapy, chemotherapy, monoclonal antibodies, tyrosine kinase inhibitors, interferons, interleukins, symptom control and palliative care in patients with relapsed disease	CbD, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Elicits the patient's wishes with regard to the aims of treatment	CbD, Final FRCR, mini-CEX	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6 and 1.11		

#### 4.40 Assessing patients for second and further lines of systemic anticancer therapy

To be able to assess patients for appropriate second and further lines of chemotherapy, monoclonal antibodies, tyrosine kinase inhibitors, interferons or interleukins.		
<b>Level</b>		
Group A – Intermediate    Group B – Intermediate Group C – Advanced    Group D – Advanced		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the molecular biology of chemotherapy drug resistance	DOST, First FCR	
Discusses the role of 2 <sup>nd</sup> and further lines of chemotherapy and monoclonal antibodies, tyrosine kinase inhibitors, interferons, interleukins	CbD, First FRCR, Final FRCR, mini-CEX	1,2
Discusses different patient motives (coping, survival enhancement, improvement of quality of life)	CbD, First FRCR, Final FRCR, mini-CEX, PS	1,2
<b>Skills</b>		
Assesses patient's fitness for treatments e.g., by performance status	CbD, DOST, Final FRCR, mini-CEX, PS	1,2,3,4
Prescribes common therapeutic regimes	CbD, DOST, Final FRCR, mini-CEX, PS	1,2
Assesses whether the outcomes of the therapy are meeting the patient's needs and discusses this with them	CbD, DOST, Final FRCR, mini-CEX, PS	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6 and 1.11		

#### 4.41 Adjusting a chemotherapy regimen according to patient fitness

To be able to adjust choice of second and further lines of chemotherapy regimen according to patient fitness.		
<b>Level</b>		
Group A – Intermediate    Group B – Intermediate Group C – Advanced    Group D – Advanced		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the problems associated with treatment regimens in pre-treated patients, the elderly, those with comorbidity and patients with lower performance status	CbD, DOST, Final FRCR, mini-CEX	1,2,3
<b>Skills</b>		
Modifies treatment plan appropriately for individual patients	CbD, DOST, Final FRCR	1,2
Judges when to continue or stop treatment	CbD, DOST, Final FRCR	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6 and 1.11		

#### 4.42 Assessing response to second and subsequent lines of chemotherapy

To be able to assess response to second and subsequent lines of chemotherapy.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the aims of treatment	CbD, DOST, Final FRCR	1,2
<b>Skills</b>		
Assesses response according to RECIST criteria	CbD, DOST, Final FRCR	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4 and 1.5		

#### 4.43 Recognising when further chemotherapy is inappropriate

To be able to recognise when further or continuing chemotherapy is inappropriate.		
<b>Level</b>		
Group A – Intermediate	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the palliative options available to a patient who is not responding to /tolerating treatment	CbD, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Communicates bad news to the patient and their relatives	CbD, DOST, Final FRCR, mini-CEX, PS	1,2,3,4
Negotiates stopping treatment with the patient and their relatives	CbD, DOST, Final FRCR, mini-CEX, PS	1,2,3,4
Organises palliative supportive care	CbD, DOST, Final FRCR, mini-CEX	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6 and 1.11		

#### 4.44 Assessing patients with relapsed cancer for palliative radiotherapy

To be able to assess patients with relapsed cancer for palliative radiotherapy.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the radiobiological consequences of retreatment if appropriate	CbD, DORPS, First FRCR, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Elicits the patient's wishes with regard to the aims of treatment	CbD, DORPS, Final FRCR, mini-CEX, PS	1,2,3,4
Discusses the role of radiotherapy and risk/benefit with individual patients	CbD, DORPS, Final FRCR, mini-CEX, PS	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5 and 1.11		

#### 4.45 Identifying when patients with relapsed disease require referral to another specialty

To be able to identify when patients with relapsed disease require referral to another speciality.		
<b>Level</b>		
Group A – Core	Group B – Intermediate	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Describes the indications for surgical, radiological intervention and high dose chemotherapy with autologous or allogeneic transplantation	CbD, Final FRCR,	1,2
<b>Skills</b>		
Elicits the patient's wishes with regard to the aims of treatment	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Develops an appropriate treatment plan for individual patients	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6 and 1.9		

#### 4.46 Managing physical symptoms of patients with relapsed cancer

To be able to manage the physical symptoms of patients with relapsed cancer.

##### Level

Group A – Core	Group B – Core
Group C – Core	Group D – Advanced

##### Knowledge

	Assessment Methods	GMP
Outlines the clinical pharmacology of analgesics, steroids and anti-emetics.	CbD, First FRCR	1,2
Discusses the differential diagnosis of symptoms in patients with relapsed cancer both due to metastatic and the non-metastatic manifestations of malignancy	CbD, Final FRCR, mini-CEX	1,2
Describes the appropriate investigations	CbD, Final FRCR, mini-CEX	1,2
Describes the treatment options available	CbD, Final FRCR, mini-CEX	1,2

##### Skills

Performs a focused history and examination	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Discusses the options with the patient	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Advises the patient as to the management plan most likely to improve their symptoms	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Prescribes drugs for palliation of symptoms including in the last few days of life	CbD, Final FRCR, mini-CEX	1,2,3,4

##### Behaviours

See sections 1.3, 1.4, 1.5, 1.6, 1.9 and 1.11



#### 4.47 Providing psychological support for patients with relapsed cancer and their families

To be able to provide psychological support for patients with relapsed cancer and their families.		
<b>Level</b>		
Group A – Core	Group B – Core	
Group C – Core	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the process of accepting a terminal prognosis, grieving and bereavement	CbD, Final FRCR, mini-CEX	1,2
Discusses the role of the family, primary care, hospice, support groups palliative care teams, psychologist	CbD, Final FRCR, mini-CEX	1,2,3
Describes the indications for and side effects of antidepressants and psychotropic medication	CbD, Final FRCR, mini-CEX	1,2
Describes cultural variation in ways of dealing with bereavement	CbD, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Supports patient and family to discuss the impact of the prognosis and to cope with denial, anger, and emotional distress	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Negotiates satisfactory outcome to requests by relatives for collusion to hide the prognosis from the patient	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Liases with other professionals to develop a management plan	CbD, Final FRCR, mini-CEX, MSF, PS	1,2,3,4
Prescribes appropriate medication	CbD, Final FRCR, mini-CEX	1,2
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6, 1.9, 1.11, 1.12 and 1.13		

#### 4.48 Co-ordinating social/financial support

To be able to co-ordinate social/financial support for patients with relapsed cancer.		
<b>Level</b>		
Group A – Core	Group B – Core	
Group C – Core	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the roles of other professional groups – social workers, occupational therapists, physiotherapists, GPs, district nurses, MacMillan nurses	CbD, Final FRCR, mini-CEX	1,2,3
Describes how to access financial support – attendance allowance under special rules	CbD, Final FRCR, mini-CEX	1,2,3
<b>Skills</b>		
Negotiates with the patient, family and other professional groups to develop an agreed package of care	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6, 1.9 and 1.11		

#### 4.49 Making clinical decisions in situations of uncertainty

To be able to make clinical decisions in situations of uncertainty.
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<b>Level</b>		
Group A – Advanced	Group B – Advanced	
Group C – Advanced	Group D – Advanced	
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Discusses the evidence base	CbD, Final FRCR, mini-CEX	1,2
Identifies the areas of uncertainty and methods of decreasing this	CbD, Final FRCR, mini-CEX	1,2
<b>Skills</b>		
Evaluates the possible treatment options	CbD, Final FRCR, mini-CEX	1,2
Discusses options with patient and advises on the predicted benefits and side effects	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
Supports the patient to make a decision	CbD, Final FRCR, mini-CEX, PS	1,2,3,4
<b>Behaviours</b>		
See sections 1.3, 1.4, 1.5, 1.6, 1.11, 1.12 and 1.13		