Guidance for Resident Job Planning

Clinical oncology

October 2025

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01 Foreword

The Oncology Registrars Forum (ORF) has prepared this document to provide 4 nation guidance on how resident job plans and schedules should ideally be constructed to maximise training and learning opportunities, ensure equity of opportunity across the UK, reduce inter-regional and intra-regional variations across training programmes, and to prevent excessive service commitment which may lead to resident burnout.

As previously expressed by our predecessors in 2009, 2016, and 2022 in earlier versions of the guidance for resident job planning, clinical oncology remains a practical specialty in which skills are complex and not readily attainable by reading textbooks alone. Rather, they need dedicated development time, as well as one-to-one supervision and coaching. Additionally, over the past few years, further advancements in radiotherapy planning and its underlying technologies have introduced more expert skills that clinical oncology residents must acquire during training.

Therefore, we have provided an up-to-date list of recommendations from the ORF on what an ideal clinical oncology resident job plan should entail. These recommendations reflect changes in healthcare in recent years and represent our current residents' perspectives on what would improve their training.

Please note that this document is intended as a general recommendation to help guide job planning discussions with clinical and educational supervisors. We acknowledge the variation among individual training programmes, which means that not all resident job plans will align completely with this guidance. However, we also hope this guidance highlights variation that may be non-beneficial to residents, thereby prompting discussions within training programmes about how their work schedules can be adjusted to be more balanced.

Another variation to be aware of is between different tumour sites, where treatment focus may lean more toward a specific aspect of oncological management (for example, radiotherapy, systemic anti-cancer therapy (SACT), or palliative care), depending on the nature of the disease and available treatments. This may result in less radiotherapy exposure in one tumour site, but this may be balanced with more SACT exposure or other areas. This should be considered when evaluating resident job plans for individual rotations.

02 Job planning guidance

Clinics

It's recommended that residents job plans should include at least 1 clinic where residents see new patients, 1 clinic where residents review people on-treatment with systemic anti-cancer therapy (SACT), and 1 clinic where residents see people who are due to or have had radiotherapy.[1] In many centres, clinics will include new patients mixed with those on SACT and/or radiotherapy, and so residents could do 3 of these such mixed clinics.

New patients

Residents should assess newly referred patients for oncological treatment. This includes taking a full history, performing relevant examinations, reviewing investigations (imaging, histopathology, Multidisciplinary Team (MDT) recommendations), and discussing treatment options with the patient, considering performance status and individual preferences. A consultant must oversee all assessments, either directly or indirectly, to ensure appropriate care.

On-treatment SACT reviews

The review of patients as part of routine follow-up during SACT, to assess for toxicities, complications and benefit.

Radiotherapy reviews

Assessment of patients receiving radiotherapy vary across training programmes. It is beneficial for residents to gain experience with pre-, during, and post-radiotherapy reviews. Residents must gain competence assessing patients currently undergoing radiotherapy as well as ideally gaining experience of people presenting with the late effects of treatment.

Suggestions for clinic numbers:

Admin

Full-time training (100%)

4 clinics per week

LTFT training (80%)

3 clinics per week

LTFT training (60%)

2 clinics per week

[1] The maximum number may not always be appropriate depending on the resident's individual job plan and hospital clinic structure. We encourage residents to use this document as a general guide to facilitate discussions with their supervisors about work schedules to ensure their training is maximised and avoid burnout.

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Job planning guidance

Residents should have time in their job plan for admin tasks relating to clinical care including completing clinic letters, email correspondence, and referrals.

Suggestions for admin sessions:

Full-time training (100%)

1.5 sessions per week

LTFT training (80%)

1 session per week

LTFT training (60%)

0.5 session per week

Radiotherapy planning sessions

This is crucial aspect of clinical oncology career progression. It is suggested to include 2 dedicated radiotherapy planning sessions per week (protected time) for all residents (however, depending on schedule, it may need to be reduced if 60% LTFT or less).[2] At least one of these sessions should include direct supervision from consultants, to allow teaching and feedback on residents radiotherapy planning skills.

Planning sessions should include exposure to:

- Radical radiotherapy planning
- Palliative radiotherapy planning[3]
- Radical contouring
- Treatment verification.

Radiotherapy peer review

Residents should participate in peer review sessions for each tumour site in their rotations.

Multidisciplinary Team (MDT)

MDT meetings are a critical component of clinical oncology training, offering valuable opportunities to learn anatomy, understand clinical decision-making, gain exposure to a range of patient cases, and develop independent decision-making and advice to other specialties.

Residents should have regular, protected time to attend MDTs, with a recommended frequency of one session per tumour site they are covering during their rotation. This ensures adequate experience across different specialties. The number of sessions should remain flexible and tailored to individual training needs and capacity, particularly for those working less than full-time (LTFT). All residents should be encouraged to present at MDT meetings and senior residents should be supported to offer oncological opinions and develop skills leading meetings.

Acute Oncology experience (including on call and night shifts)

Managing unwell patients with cancer, on and off treatment, is a critical component of clinical oncology training. All training programmes must incorporate acute oncology experience into resident job plans during training, to allow residents achieve the competencies set out in the clinical oncology curriculum.

Acute oncology experience may be delivered either as a dedicated block or integrated into the regular working pattern. It is important to balance on call commitments against non-on call training, to ensure that residents also have sufficient time to spend with their tumour site teams, attend clinics, and complete radiotherapy planning sessions.

[2] If a centre has a radiotherapy planning 'clinic', we encourage all residents to attend
[3] Some centres run dedicated clinics for palliative planning. We encourage residents to enquire whether resident-led palliative clinics, can be incorporated into their work schedules.

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Job planning guidance

Ward rounds

Ward round requirements can vary across training programmes and tumour sites. Site-specific inpatient ward rounds are an important component of clinical training, offering valuable opportunities for developing clinical insight, patient management skills, and team-based decision-making. There should be time allocated within resident job plans for inpatient reviews, distinct from the time allocated for other activities such as radiotherapy planning or admin.

Teaching

We recommend a minimum of 2 hours dedicated teaching time per week for residents. This can vary across different centres and will be a mix of teaching within the clinical rotation from clinical supervisors, other supervising consultants, allied health professionals and formal dedicated teaching sessions for all residents.

Clinical supervisors should support their residents to attend, but it is acknowledged that on call commitments may prevent a resident attending some teaching sessions and this should be rotated to ensure the same resident does not miss all sessions.

Remote working

Remote working can support residents' wellbeing, improve work–life balance, and help reduce burnout. Where service needs allow and adequate cross-cover is in place, remote working may be appropriate particularly for administrative or planning sessions. It is important to acknowledge that direct teaching and clinical supervision is more complex when residents are working remotely and this should be taken into consideration to ensure there is an adequate amount of time that residents and supervisors spend together face to face.

Decisions around remote working must be made on an individual basis through discussion with clinical and educational supervisors, college tutors, and/or service leads. This ensures that arrangements are tailored to the resident's learning needs and the service requirements, while maintaining equity and patient safety.

Resources

Access to appropriate training resources is essential to support quality learning and development for residents. This includes reliable access to radiotherapy planning terminals, contouring software, imaging systems, and up-to-date atlases and reference materials. These tools are critical for developing technical competence, particularly in radiotherapy planning and anatomical delineation.

Residents should be supported in accessing these resources both on-site and, where appropriate, remotely. Departments are encouraged to ensure that planning terminals are available during protected training time and that residents are familiar with the systems and tools required for their clinical responsibilities.

Where possible, supervisors and service leads should work with residents to identify any gaps in access and address them proactively to ensure equitable training opportunities across all sites.

03 Sample job plans

(100% Full time)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	New patient clinic	MDT	Planning/Peer review (1 hour)	Outpatient clinic	Admin
PM	Admin/ Teaching (1 hour)	Outpatient clinic	Admin/Teaching (1 hour)	Outpatient clinic	Planning/Peer review (1 hour)

(80% LTFT)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Outpatient clinic	MDT	Planning/Peer review (1 hour)	Outpatient clinic	Non-working day
PM	Admin/ Teaching (1 hour)	Radiotherapy	Admin/Teaching (1 hour)	Planning/Peer review (1 hour)	Non-working day

(60% LTFT)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Outpatient clinic	MDT	Planning/Peer review (1 hour)	Non-working day	Non-working day
PM	Admin/ Teaching (1 hour)	Outpatient clinic	Admin/Teaching (1 hour)	Non-working day	Non-working day

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