



## WHY I'M A CLINICAL ONCOLOGIST

## Dr Faye Robertson Clinical Oncology Specialty Trainee

Clinical oncology is challenging, rewarding and never dull. There were other specialties which also attracted me during my core medical training but clinical oncology seemed to offer the best balance in almost every way: balance between treating acute and chronic illness; balance between inpatient and outpatient work; balance between clinical and academic challenges; work/life balance.

Every patient that I look after is seriously ill but, whilst some need urgent care and present with lifethreatening complications of cancer or its treatment, others are seen at less dramatic moments as they live with cancer as a chronic illness. I always relished the buzz of acute care and that aspect of clinical oncology was what I enjoyed in my busy FY2 job in our department. However, I have come to love the longer term relationships that I have been able to build with patients as they move through their treatment (and, even better, their recovery). I see patients in a great range of settings: the admissions unit, the wards, the clinic, the radiotherapy floor, the outpatient chemo ward.

In the same way, it is refreshing to have, usually within the same working day, the shift between ward or clinic work and the very different skill of radiotherapy planning. The technical challenges offered by radiotherapy training really set the specialty apart, not to mention the fact that sitting down in a quiet room and getting immersed in the details of a patient's scan and plan is so different from the rest of the job and so enjoyable.

There are few other specialties in which you accrue so much brand new knowledge in the registrar years. Radiobiology, physics, statistics, the pharmacology of chemotherapy have all been virtually new subjects for me. There are more exams in clinical oncology than in some specialties but this reflects the breadth and depth of the training. Courses and periods of study have been easy to access and added even more variety to my working life.

I have chosen to take time out-of-programme to do a lab-based PhD, motivated in part by my clinical experience of CNS cancer. The research opportunities were a major attraction of clinical oncology for me. It is not just that cancer research is relatively well funded: oncology departments really see the value in trainees undertaking research and developing academic careers. I hope, ultimately, to have the skills to bring potential treatments from pre-clinical development into the clinic and I can't imagine a more exciting career than that.

I have also had a period of maternity leave and returned to work less than full time in a department which has been wholly supportive of this decision. Clinical oncology is a busy job but I haven't had to compromise my family life unduly for it which, in turn, I think, leads to a happier and more productive working life.

So, if you want a career which is exciting and varied, which challenges your clinical and communication skills, which invites you to learn many new things and allows you to pursue that learning as far as you want, clinical oncology would be a good choice.

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