

Acute oncology consultant and SAS doctor job planning

September 2025

Introduction

The scope of acute oncology (AO) has expanded greatly over recent years, particularly as systemic treatments have become more effective and complex. For instance, the advent of immuno-oncology (IO) therapies has led to a new set of diverse complications necessitating additional expert knowledge for AO practitioners. At the same time, the incidence of cancer continues to rise, and patients can present to AO with complications due to both their cancer directly as well as its treatment.

The demand upon AO services (AOS) is severe, with approximately 3,000 calls per day from patients to AO emergency triage lines across England alone. At the same time, capacity for urgent care and hospital bed occupancy has become constrained across the NHS, leading to a greater need for admission avoidance and reduced length of stay. Taken together, there is an immediate need to better define the role of oncology consultants and specialist, associate specialist and specialty (SAS) doctors who have AO responsibilities. This should come with support within job plans to enable delivery of safe and effective services.

This job plan document was developed by the UK Acute Oncology Society (UKAOS) Consultant Group in conjunction with The Royal College of Radiologists (RCR) and the Association of Cancer Physicians (ACP) as the bodies representing clinical and medical oncology in the UK respectively. There are many different models of AO care across the country. For example, there are often differences between AO provision in district general hospitals (DGHs) and larger specialist cancer centres. This document recognises those differences and provides a set of possible AO responsibilities and skills required, as well as two example job plans. The aim of this document is therefore to provide a template upon which to develop job plans for new and existing AO consultants and SAS doctors, within medical and clinical oncology.

AO consultant and SAS doctor responsibilities

Suggested possible responsibilities within an AO post:

Direct clinical care (DCC)

- Supporting AOS nurses (in person, telephone, video-conference etc)
 - Complex case load: inpatient, emergency department (ED), same-day emergency centre (SDEC) (which includes clinic and ward-based services), malignancy of unknown origin (MUO), novel toxicities, end-of-life transitions, medical co-morbidity or immunotherapy toxicity services where present
 - Challenging conversations with patients and carers
- Acute oncology multidisciplinary teams (MDTs)
 - Team meetings and board rounds for weekly AO caseload
 - MUO MDT
 - Metastatic spinal cord compression (MSCC) MDT
- Inpatient ward rounds
 - Focus on complex cases
- SDEC sessions
 - Oncology hot clinics (which incorporate more outpatient-like support for AO assessment and treatment)
 - Oncology SDEC (standalone or aligned with medical SDEC)
- CAU and CUC (clinical assessment units and centres for urgent care) sessions
 - Specialist AO clinical leadership (minimum 1 programmed activity [PA] per week)
- ED support
 - Oncology in reach models, supporting DCC led by advanced nurse practitioners (ANPs), hot clinics
 - Hotline support
 - Senior decision-maker role, video-assisted specialist triage
- Family meetings
 - Supporting complaints and quality agenda
- MUO service and new cancer diagnoses work
 - MUO and non-specific interface, specialist cancer of unknown primary (CUP) service, emergency presentation of cancer
- Communication with other teams and GPs
 - Optimising clinical communication between site specialist teams, secondary care, primary care, palliative care and AO
- Remote support (with appropriate governance)
 - Telephone consultations, virtual consultations, team meetings
- Virtual wards
 - Supporting or leading on cancer virtual ward offer
- Cross-cover
 - Either within a trust or supporting an alliance-level (regional) rota.

Supporting professional activities (SPA)

- Teaching and training
 - Supporting trust-level AO education (generalists) – hospital and community
 - Specialist AO education for oncologists – complex, rare toxicities, emergency presentation (types I–III)
 - Competency of AO nurses and wider team
 - Competency of oncology specialty registrars (SpRs) (AO curriculum)
- Service development
 - Quality improvement project (QIP), urgent cancer care transformation
- Management – trust level
 - Clinical leadership at trust operational and performance meetings
- Management – alliance level
 - Clinical leadership at alliance and regional levels
- Audit
 - Neutropenic sepsis and MSEC key performance indicators (KPIs) etc
- Supporting national AO metrics data entry (eg COSD, the Cancer Outcomes and Services Data set)
- Research
 - Leading or developing an AO research portfolio
- CPD (continuing professional development)
 - Acute cancer, MUO and medical co-morbidities specific
- Appraisal and revalidation
 - Against an agreed AO leadership framework.

AO consultant and SAS doctor skill set

- Specialist knowledge of toxicities caused by systemic anti-cancer therapy (SACT) including IO and radiotherapy (RT) and their management
- Specialist knowledge of symptoms and complications caused by patients' cancers and how to manage these
- Specialist knowledge of emergency presentation of cancer, including MUO
- Specialist knowledge of CUP (not required for all)
- Specialist knowledge of MSEC pathway
- Ability to rapidly assess and manage a deteriorating patient
- Ability to recognise a dying patient and support decision-making
- Ability to work alongside specialist teams including palliative care
- Ability to prioritise according to clinical need who can be safely ambulated or treated elsewhere with a view to avoiding admission and ED attendance
- Ability to provide remote advice and assess patients safely at a distance
- Ability to manage a busy take with limited resources
- Ability to communicate well in all situations with patients, family, a wide range of healthcare professionals
- Training and mentoring (clinicians and allied healthcare professionals, oncology and non-oncology), such as supervision of medical trainees managing patients with new diagnosis of cancer admitted as an emergency
- Clinical leadership and visibility, with a broad range of key stakeholders across the urgent cancer pathway

- Understanding of how services can differ across large cancer hospitals and DGHs, and an ability to support both models as appropriate
- Urgent cancer service improvement skills and knowledge
- Ability to recognise when queries are beyond the scope of an AO service and knowledge of how to escalate such queries.

Example AO consultant and SAS doctor job plans

Ideally AO should be regarded as its own subspecialty (eg full-time oncologists cover one tumour type alongside AO). Suggest all jobs should include:

- A minimum of 2 AOS PAs
- SPA time dedicated to AOS (0.5 SPA if 2 AOS DCC PAs)
- 1 PA in addition for those with trust-level leadership of AOS
- 0.5 to 2 PAs for alliance-level leadership
- DCC PAs split according to type of role – may be on one day in a cancer centre with multiple AOS consultants, or across the week if supporting remotely or covering DGH with smaller team etc. DCC can consist of:
 - Face to face (F2F) or virtual direct patient contact across inpatient, ambulatory and community settings
 - Local or regional AO board rounds with no direct patient contact
 - Regional or national complex case discussion
- Plans for cross-cover – these need to be robust and may involve regional cross-cover, where practical.
- APA = additional or extra programmed activities
- Note ratio of DCC to SPA may vary across devolved nations
- In clinical oncology roles it is likely that two site-specific clinics may be required to generate 1 PA of radiotherapy planning, though this will depend on tumour site, and some job plans may exceed 1 PA with APA sessions.

Example job plan for regional AO lead in cancer centre

Day	AM/PM	Work	Category (SPA/DCC)	No. of PAs
Monday	AM	AOS	DCC	1
	PM	AOS	DCC	1
Tuesday	AM	AOS alliance	SPA/APA	1
	PM	AOS local lead	SPA/APA	1
Wednesday	AM	Tumour type clinic or radiotherapy review and planning	DCC	1
	PM	Tumour type MDT Admin	DCC DCC	0.5 0.5
Thursday	AM	Tumour type ward round Tumour type research meeting	DCC SPA	0.5 0.5
	PM	AOS MDT	DCC	1
Friday	AM	Tumour type clinic	DCC	1
	PM	Tumour type CPD etc	SPA	1
			TOTAL PAs	10 PAs
			AOS PAs	4 AOS PAs

Job plan for local AO lead supporting DGH

Day	AM/PM	Work	Category (SPA/DCC)	No. of PAs
Monday	AM	AOS lead	SPA/APA	1
	PM	Tumour type clinic	DCC	1
Tuesday	AM	AOS	DCC	1
	PM	Tumour type clinic Tumour type ward round Supervision of palliative or emergency RT	DCC	1
Wednesday	AM	Tumour type MDT Admin	DCC DCC	0.5 0.5
	PM	Tumour type CPD etc	SPA	0.5
Thursday	AM	Tumour type research meeting Tumour type MDT Tumour type ward round	SPA DCC	0.5 0.5
	PM	Tumour type clinic or radiotherapy review and planning	DCC	1
Friday	AM	AOS	DCC	1
	PM	Admin Tumour type CPD etc	DCC SPA	0.5 0.5
			TOTAL PAs	10 PAs
				3 AOS PAs