

Clinical Oncology

Curriculum 2021



Clinical oncology ARCP decision aid and progression grids

Individual progress will be monitored by an annual review, the annual review of competency progression (ARCP). This facilitates decisions regarding progression through the training programme, as well as identifying any requirements for targeted or additional training where necessary. The following decision aids offer guidance on the domains to be reviewed and indicative minimum expectations for progress. The decision aids should be used alongside the progression grids detailing the expected level of progress for the capabilities in practice (CiPs) at each stage of training.

It is important to note that while the decision aids describe the indicative minimum requirements for progression, they are provided as guidance only. Trainees may be able to provide evidence that they have made the required progress in other ways. ARCP panels should use professional judgement and consider the trainee's e-portfolio as a whole, including the quality of assessments as well as the quantity, to inform decisions on trainee progression.

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ARCP Decision Aid: OCS Year

		Oncology Common Stem
Satisfactory workplace based assessments	MSF	1
	Mini-CEX	2
	CbD	2, including 1 involving a patient on a clinical trial
	DORPS	2
	DOST	2
	ACAT	1
	MCR	1 summary of 4-6 consultant reports (to include at least 1 medical oncology and 1 clinical oncology consultant)
MDT	Portfolio evidence of MDT participation	
Clinical research	Valid GCP certificate*	
Educational Supervisor's Report	1	

*Please note that at least one CbD involving a patient on a trial is required to provide evidence of clinical research, as detailed in the 'CbD' section above

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ARCP Decision Aid: Clinical Oncology

		ST4	ST5	ST6	ST7
Satisfactory workplace based assessments	MSF	-	1	-	1
	Mini-CEX	2	2	2	2
	CbD	4	4	4	4
	DORPS	4	4	4	6
	DOST	2	2	2	2
	ACAT	-	1	1	-
	MCR	-	-	1	-
	QIPAT	2 to be completed at any point in training			
	TO	-	1	-	1
MDT	Portfolio evidence of MDT participation				
Clinical research	Valid GCP certificate				
Educational Supervisor's Report	1	1	1	1	
Examinations	FRCR Part 1	-	FRCR Part 2	-	

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Progression grids

Generic CiP	OCS	Clinical Oncology Training				
	ST3	ST4	ST5	ST6	ST7	CCT
1. Able to successfully function within NHS organisational and management systems	2	3	3	4	4	Critical progression point
2. Able to deal with ethical and legal issues related to clinical practice	2	3	3	4	4	
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement	2	3	3	4	4	
4. Is focused on patient safety and delivers effective quality improvement in patient care	2	3	4	4	4	
5. Carrying out research and managing data appropriately	2	2	3	4	4	
6. Acting as a clinical teacher and clinical supervisor	2	3	3	3	4	

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Oncology CiP	OCS	Clinical Oncology Training				
	ST3	ST4	ST5	ST6	ST7	CCT
7. Applying knowledge and understanding of the scientific principles that underpin malignancy for the provision of high-quality and safe patient-centred cancer care.	2	3	3	3	4	Critical progression point
8. Delivering the acute oncology take, managing oncological emergencies and providing oncology advice to other healthcare professionals as part of an Acute Oncology Service and managing the AOS team	3	3	3	3	4	
9. Providing continuity of care to oncology in-patients to include the effective management of disease and treatment-related complications, the acutely deteriorating patient and the palliative care/end-of-life needs of those with advanced cancer	3	3	3	3	4	
10. Working effectively within and contributing expert opinion to the tumour site-specific multi-disciplinary team (MDT) meeting to inform evidence-based management plans individualised to the needs of each patient, leading discussions where appropriate	1	2	2	3	4	
11. Assessing patients at all stages of the cancer pathway from diagnosis to end-of-life care, considering the holistic needs of individuals and the additional needs of vulnerable groups to formulate patient-centred management plans	2	3	3	3	4	
12. Safely and effectively delivering, and managing patients receiving, standard systemic anticancer therapies (SACT) in the curative, neo- adjuvant, adjuvant and palliative settings	2	3	3	3	4	
13. Acting as an advocate for health promotion and high-quality cancer survivorship, advising on cancer prevention, management of long- term treatment-related sequelae and patient self-management strategies	2	3	3	3	4	

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Clinical Oncology-Specific CiP	OCS	Clinical Oncology Training				
	ST3	ST4	ST5	ST6	ST7	CCT
14. Correctly interpreting radiological imaging for accurate target volume and organ-at-risk definition in radiotherapy planning		2	3	3	4	Critical progression point
15. Safely and effectively delivering, and managing patients receiving, a course of radical and combined modality radiotherapy (to include consideration and utilisation of emerging techniques)		2	2	3	4	
16. Safely and effectively delivering, and managing patients receiving, a course of palliative radiotherapy		2	3	4	4	
17. Safely and effectively delivering, and managing patients receiving, a course of radioisotope therapy using an unsealed source to include post-therapy radiation protection measures		1	2	3	3	
18. Safely and effectively managing patients treated with brachytherapy and their complications		1	2	3	3	
19. Participating in clinical research trials and developing guidelines and protocols to safely implement new radiotherapy/combined modality regimens/techniques		1	2	2	3	

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Level descriptors for generic CiPs

Level	Descriptors	
1	Novice	requires support and guidance throughout
2	Developing	working towards competency, with some support and guidance needed
3	Capable	possesses adequate skills to act independently and seeks support and guidance if required
4	Expert	highly skilled and able to lead and support others

Level descriptors for specialty-specific CiPs

Level	Descriptors	
1	Entrusted to observe only	no provision of direct clinical care
2	Entrusted to act with direct supervision	the supervising doctor is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
3	Entrusted to act with indirect/ minimal supervision	the supervising doctor is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic media, to provide advice and can attend physically if required to provide direct supervision.
4	Entrusted to act unsupervised	the trainee is working independently and at a level equivalent to a consultant