Clinical Oncology

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Clinical oncology. You will also need to read the Clinical oncology CCT curriculum.

Introduction

You can contact us and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact The Royal College of Radiologists for guidance **before** you submit your application. The RCR has a resources page for CESR applications and can be contacted at specreg@rcr.ac.uk.

To be awarded a CESR, you must demonstrate that your specialist training, qualifications and experience are equivalent to a doctor who has successfully completed training according to the CCT curriculum for Clinical oncology. The curriculum is structured around 19 learning outcomes called "Capabilities in Practice" (CiPs).

The curriculum provides training in the management of all types of cancer and the acute disease and treatment-related complications, including inpatient acute oncology services. The aim is to produce adaptable clinical oncologists who at the time of completion of training have the transferable skills that allow them to manage any tumour site, and who can lead the effective multi-disciplinary management of the complex and diverse set of diseases that comprise 'cancer', providing a holistic and patient-centred approach to care throughout the patient journey from diagnosis to cure/survivorship and/or end-of-life care.

It is sometimes more difficult to make a successful CESR application if you have not worked in the NHS. This is because key features of training and practice in the NHS are not always covered in the same way outside it. This can include, for example, multidisciplinary team meetings, appraisal, multisource feedback and patient feedback, safety and quality activity especially in clinical audit and quality improvement projects and other areas.

The specialty of Clinical oncology in the UK includes clinical activity in both radiotherapy and systemic therapies which may differ significantly from training and practice elsewhere. You must look at the curriculum and this guidance carefully to make sure that you can demonstrate equivalence to all the requirements.

The indicative period of training for a CCT in Clinical oncology is two years of internal medicine training and one year of Oncology Common Stem (OCS) training followed by four years of Clinical oncology specialty training, and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time. All CCT trainees must have acquired the full MRCP (UK) diploma, which means that CESR applicants must demonstrate equivalence to what that tests, if they don't hold MRCP(UK).

Submitting your evidence

Do not submit original documents. We strongly recommend you provide your evidence electronically – it's important that you follow the structure in our userguide when doing so.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by pro-forma(s) signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to this in our important notice about evidence.

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our translation requirements.

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers

- Other individual patient numbers
- GMC numbers

The following details **don't** need to be anonymised:

- Gender
- Date of birth
- Names of colleagues involved in patient discussions, MDTs or feedback to or about you

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our website.

How much evidence to submit

As a general guide, most applications contain around **800-1000 pages of evidence**.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated descriptors. If you do not have all the evidence listed here, we recommend that you delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required CiPs in all areas of the Clinical oncology CCT curriculum. If evidence is missing from any area of the curriculum, then the application may fail.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Evidence of your competence should be recent. Please remember that in general, most weight is placed upon evidence from the last five years. If you have specialised in a limited area for a number of years, you may have difficulty in demonstrating clinical

competence across the breadth of the CCT curriculum. Your application must demonstrate that you have acquired the relevant competencies across the breadth of the curriculum and/or demonstrated maintenance of those competencies within the last five years.

If you have not been in active clinical practice for some time, please consider whether and how you can demonstrate that you have maintained your clinical competencies.

In general, evidence of skills or experience more than five years old should not be submitted, as typically it does not demonstrate that the competences have been recently maintained.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. Please read it carefully.

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application. If you submit any hard copy evidence, you will need to create your own dividers to confirm which section of the application the hard copy evidence relates to and clearly indicate this within your online application.

The curriculum is structured around 19 Capabilities in Practice (CiPs) and this is how your evidence should be structured. You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's CESR CV guidance. You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each CiP or the application may fail. **If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere and you would like to cross-reference it.

Submitting your evidence – training, qualifications and employment

You can see below the evidence you must submit in these general areas. Even if your training concluded more than five years ago, it is useful to submit your training curriculum or other evidence of your training as background evidence of the competencies you obtained then.

If you completed your training within the last five years, you will be submitting evidence relating to it but please remember also to include evidence that is as recent as possible and from your current post, which means you might have to include evidence from posts that you have taken up since training.

Evidence of training and qualifications

Primary medical qualification (PMQ)	**If you hold full registration with us, you do not need to submit your PMQ** as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with our guidance.

Specialist medical qualification(s)	Please provide an **authenticated copy** of all specialist medical qualifications you hold, for example, Fellowship of the Royal College of Radiologists (FRCR), and any other specialist qualification(s) obtained by examination or assessment in the specialty, supported by diploma/syllabus/contemporaneous curriculum/ training programme/logbooks/regulations detailing standards for its award. **The FRCR** is the required test of knowledge and skills for the CCT; applicants who do not have the FRCR **must** submit evidence relating to all specialist qualifications held including the relevant diploma/syllabus/contemporaneous curriculum/ training programme/ regulations detailing standards for its award, to show that these applied to your training. The standards for the award of the FRCR are set out in the syllabus for the First and Final Examinations. The Final FRCR is taken after three years of specialty training in Clinical oncology; other examinations taken after a shorter period of training are unlikely to demonstrate equivalence to the FRCR. It will be difficult for applicants without such a test of knowledge to demonstrate equivalence to this element of the CCT curriculum. Applicants without evidence of such a test of knowledge and skills **must** submit very robust and clear alternative evidence of their knowledge and skills, and that they have been assessed in their specialty. If you have failed any part of a qualification without a subsequent pass, you should consider delaying your application until you have passed the failed element. Otherwise, you will need to consider very carefully whether and how you can demonstrate that you have since met the competence requirements of that examination, even if you have subsequently passed a different examination. Please list unsuccessful attempts at examinations (where

	you have not subsequently been successful) in the application form. The RCR will confirm details of any RCR examinations you have taken, including any part in which there is an outstanding failure. The award of the CCT in Clinical oncology requires success in the **MRCP** examination; you **must** submit evidence either of your MRCP qualification or robust and clear evidence of your equivalent knowledge and skills in respect of this examination. This could include - evidence of any other relevant qualifications or tests of knowledge; evidence of your exposure to and experience in managing general medical emergencies, including evidence of managing the acutely unwell patient routinely and on medical unselected take and understanding the co-morbidities of patients and their treatments; participation in the oncology on-call rota. Please choose referees who can cover this specifically in their references and structured reports. If at any point in your career you have completed a period of training or clinical experience which included general medical experience particularly dealing with the acute, unselected take please make this clear in your CV and include information about it if you can. You may also submit an "alternative certificate" completed by an appropriate supervisor as set out here Physician ST3 recruitment There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.
Recent specialist training	More weight is placed upon the past five years, but it will be useful if you submit as much

	information as possible about your training curriculum even if this was more than five years ago. If you have undertaken an approved training programme outside the UK in the past five years, please provide the curriculum or syllabus that was in place when you undertook your training. If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination. You should not submit a curriculum/syllabus that came into force after your training time. If your training was within the last five years, you should also provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to it). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor may satisfy this requirement. If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them. If you have undertaken approved specialty training towards a CCT or CESR (CP) in Clinical oncology in the UK in the past five years, you should provide a copy of your ARCPs and Educational and Clinical Supervisor reports. If any difficulty was identified during your training, be sure to include evidence to show that it was addressed.

Evidence of employment in posts and duties (including training posts)

CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.
Employment letters	**We do not need to see contracts and terms and conditions of employment**. The information in these letters **must** match your CV. They should confirm the following: • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) Usually this will be set out in the letters offering you the post and renewing your contracts. We are most interested in the jobs you've had within the last five years, but background information particularly about your training is useful even if it is outside of the last five years.
Job descriptions	These **must** match the information in your CV. They will usually confirm the following: • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training.

Submitting your evidence – Capabilities in Practice (CiPs)

- Section 2 of the CCT curriculum sets out the curriculum learning outcomes, called "Capabilities in Practice" (CiPs) to which you must demonstrate equivalence. These are set out below.
- The 19 CiPs describe the professional capabilities required of a consultant clinical oncologist. Each CiP has descriptors to guide you about the range of clinical contexts which may support achieving each CiPs. You will find it useful to refer to the descriptors to see what your evidence might need to demonstrate for each CiP.
- **You can look at the suggested evidence in each CiP, then refer to Annex A to see more information about that evidence type** (for example, you can look up what we mean by "Multisource Feedback", "Appraisal", "Clinical Governance" and so on).
- Some of the suggested evidence is listed more than once, as it is relevant to more than one area of the curriculum. For example, multisource feedback is listed in several different learning outcomes. **Please don't upload it more than once; just indicate under which section you have included it.** We can cross-reference it as appropriate.
- You are not limited only to submitting what's listed if you have other evidence that's directly relevant.
- You don't have to include every item that is suggested as evidence, but make sure that you have submitted sufficient to demonstrate equivalence to that CiP.
- If you completed your training within the last five years, you will be submitting evidence of this but please remember also to include evidence that is as recent as possible and from your current post. This means including evidence from posts that you have taken up since training.
- "Secondary" evidence such as references, letters and testimonials is given less weight than "primary" evidence such as appraisals, multisource feedback, audit and QI projects and reports, etc.
- You will be submitting other general evidence including your CV, your referees' structured reports and evidence of your training curriculum, qualifications and employment. Therefore, these are not listed again in the suggested evidence for each CiP.

CiP 1 - Able to function successfully within NHS organisational and management systems

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Aware of, and adheres, to the GMC professional requirements • Aware of public health issues including population health, social detriments of health and global health perspectives • Demonstrates effective clinical leadership • Demonstrates promotion of an open and transparent culture • Keeps practice up to date through learning and teaching • Demonstrates engagement in career planning • Demonstrates capabilities in dealing with complexity and uncertainty • Aware of the role of, and processes for, commissioning	• Complaints and significant incidents* • Courses and CPD activity* • Clinical governance activity* • Reflective activity* • Safety and quality activity* • Audit and quality improvement projects • Multisource Feedback • Appraisal • Management and leadership activity

CiP 2 - Able to deal with ethical and legal issues related to clinical practice

CiP descriptors	**Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.**
• Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups • Behaves in accordance with ethical and legal requirements • Demonstrates ability to offer apology or explanation when appropriate • Demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently	• Reflective activity* *including case-based discussions* • Safety and quality activity* • Clinical correspondence* *relevant to this CiP* • Complaints and significant incidents* • Case-based discussions (CbD)* • MSF • Courses and CPD activity *relevant to this CiP*

CiP 3 - Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Communicates clearly with patients and carers in a variety of settings • Communicates effectively with clinical and other professional colleagues • Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues) • Demonstrates effective consultation skills including effective verbal and nonverbal interpersonal skills • Shares decision making by informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and expectations • Shares decision making with children and young people • Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations	• MSF * • Patient Feedback * • Appraisal • Clinical correspondence

CiP 4 - Is focused on patient safety and delivers effective quality improvement in patient care

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Makes patient safety a priority in clinical practice • Raises and escalates concerns where there is an issue with patient safety or quality of care • Demonstrates commitment to learning from patient safety investigations and complaints • Shares good practice appropriately • Contributes to and delivers quality improvement • Understands basic Human Factors principles and practice at individual, team, organisational and system levels • Understands the importance of non-technical skills and crisis resource management • Recognises and works within limit of personal competence	• Audit and Quality Improvement projects • Reflective activity* • Safety and Quality Activity* • Courses and CPD activity *relevant to this CiP* • MSF • Appraisal

CiP 5 - Carrying out research and managing data appropriately

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Manages clinical information/data appropriately • Understands principles of research and academic writing • Demonstrates ability to carry out critical appraisal of the literature • Understands the role of evidence in clinical practice and demonstrates shared decision making with patients • Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry • Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice • Follows guidelines on ethical conduct in research and consent for research • Understands public health epidemiology and global health patterns • Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate	• Research activity* • Courses and CPD activity relevant to the CiP – *especially a GCP certificate**

CiP 6 - Acting as a clinical teacher and clinical supervisor

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Delivers effective teaching and training to medical students, junior doctors and other health care professionals • Delivers effective feedback with action plan • Able to supervise less experienced trainees in their clinical assessment and management of patients • Able to supervise less experienced trainees in carrying out appropriate practical procedures • Able to act a clinical supervisor to doctors in earlier stages of training	• Teaching activity*, and assessments you have completed on others • MSF • Workplace-based Assessment (WpBAs) • Courses and CPD activity relevant to the CiP

CiP 7 - Applying knowledge and understanding of the scientific principles that underpin malignancy for the provision of high-quality and safe patient-centred cancer care

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Demonstrates knowledge of cancer biology at a molecular and cellular level and understands how this translates into targets for systemic anti-cancer treatments • Demonstrates knowledge of radiation biology and understands how this translates into acute and late radiotherapy reactions to underpin their safe and effective management • Demonstrates knowledge and understanding of the clinical pharmacology of systemic anti-cancer therapies to underpin their safe and effective use and the appropriate management of complications • Demonstrates knowledge and understanding of the physics relevant to radiotherapy • Demonstrates knowledge and understanding of the design and organisation of clinical trials and the relevant statistical methodology to correctly interpret results and critically appraise the evidence base • Demonstrates knowledge and understanding of causation and risk factors for developing cancer to	• Courses and CPD activity relevant to the CiP – appropriate oncology courses • FRCR Part 1/Specialty certificate examinations (SCE) • Case-based discussions (CbD) • GCP certificate (see research activity) • Reflective activity

be able to advise on appropriate strategies to reduce these • Demonstrates knowledge and understanding of the principles underpinning cancer screening programmes to be able to counsel patients appropriately	

CiP 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

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Safely assesses and manages the immediate and ongoing care of patients presenting acutely with complications of cancer and its treatment • Coordinates targeted investigation and rapid triage of patients presenting with a possible new diagnosis of malignancy, malignancy of undefined origin (MUO) and carcinoma of unknown primary (CUP) • Liaises effectively with other specialist services as appropriate, supporting ongoing management • Assesses the appropriate ceiling of care taking the cancer context and the holistic patient assessment into account and sensitively discusses this with the patient and their advocates • Participates effectively in decision-making with regard to resuscitation, including decisions not to attempt cardiopulmonary resuscitation (CPR), and communicates sensitively with patients and their advocates in regard to these decisions • Ensures clear and adequate documentation of an acute event, appropriate follow up plans and clear	• Case-based discussions* • Clinical correspondence - Referral letters* • Clinical correspondence - outlining end of life/ceiling of care discussions; detailing the management of acute oncology patients; relating to an acute event and follow-up* • Workplace-based Assessment (WpBA) – Acute Care Assessment Tool (ACAT)* • MDT activity - *Participation in CUP and MUO clinics or MDTMs* • Safety and Quality activity – *involvement in drafting relevant protocols* • On-call activity

and timely communication with community-based teams and the responsible specialist team • Understands the local and regional Acute Oncology Service and communicates effectively between the elements of the service, community-based services, specialist teams and patients • Leads the Acute Oncology team when appropriate to monitor, maintain and develop a high-quality service	

CiP 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

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Ensures continuity of patient care through safe and effective handover to hospital and community-based teams • Safely and effectively manages disease and treatment-related complications in oncology patients taking into consideration acute and chronic medical co-morbidities and liaising with relevant specialty services when required • Promptly identifies the acutely deteriorating patient, institutes the appropriate initial medical management and seeks appropriate advice, including from other specialties • Knows the prognoses and treatment options of different cancers and considers these, together with individual patient factors and wishes, to decide on an appropriate ceiling of care, including escalation to HDU/ITU • Understands current guidance regarding CPR orders, participates in shared decision-making and involves other relevant professionals in complex	• Clinical correspondence - outlining end of life/ceiling of care discussions; detailing the management of acute oncology patients; relating to an acute event and follow-up* • Radiotherapy Evidence* • SACT Evidence*

cases • Communicates and works effectively with relevant multi-professional teams to provide appropriate holistic in-patient care and safe and timely hospital discharge • Effectively manages the common physical symptoms in patients with advanced cancer, recognising the role for pain management, supportive medications, palliative radiotherapy and other approaches. Liaises with specialist palliative care teams when required • Recognises when a patient is approaching the end of life, communicates effectively and compassionately with patients and carers regarding advanced care planning and individualised end of life care plans	

CiP 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

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Presents new cases to the MDT in a clear and concise manner highlighting the relevant points and questions to be answered • Understands the indications for all treatment options available for different types and stages of cancer within the tumour site, applying relevant guidelines and the most up-to-date evidence base to give an informed oncology opinion • Assesses the risks and benefits of treatment options for each patient considering disease stage, tumour biology and individual patient factors to formulate an appropriate personalised management plan • Recognises the limitations of clinical guidelines in cases of uncertainty or complexity • Communicates views and recommendations clearly, promptly and effectively to all members of the MDT • Respects the expertise, viewpoints and responsibilities of all MDT members and helps foster a supportive and collaborative environment	• Multidisciplinary team (MDT) meeting activity* • Case-based Discussion* • Reflective activity*

for open discussion • Understands the local, regional and supra-regional MDT network and communicates effectively between the elements of the service	

CiP 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

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Formulates a holistic patient-centred diagnostic and management plan • Determines when genetic testing and/or referral for genetic counselling is appropriate • Correctly interprets the results of clinical, pathological, genomic and radiological investigations to accurately diagnose and stage cancer • Accurately assesses the role of all treatment modalities relevant to the individual patient and ensures multidisciplinary team involvement • Selects the most appropriate treatment regimen and associated supportive measures according to best available evidence, holistic patient assessment and patient preferences • Applies evidence-based practice to management decisions • Discusses prognosis and treatment aims with patients, giving due consideration to their values and priorities • Understands and discusses the potential effects of	• Radiotherapy Evidence* • SACT Evidence* • Clinical correspondence *as relates to the wider circumstances of the patient beyond their immediate cancer*

treatment on fertility and pregnancy and where applicable refers for consideration of fertility preservation • Ensures equitable patient access to relevant clinical trials • Obtains informed consent, ensuring that patients have sufficient information and time to consider risks and benefits, including the possibility of no treatment • Where patients lack capacity to give informed consent, make appropriate 'best interest' decisions, involving all relevant parties • Recognises the psychological, financial and social impact of cancer on patients and their families and signpost to sources of ongoing support • Recognises when further or continuing treatment is no longer appropriate and sensitively discusses this with patients and their advocates • Recognises the need for tailored support for specific and/or vulnerable groups, showing sensitivity to issues of equality and diversity • Recognises the limitations of clinical guidelines in certain complex situations	

CiP 12 - Safely and effectively delivering, and managing patients receiving, standard systemic anticancer therapies (SACT) in the curative, neo-adjuvant, adjuvant and palliative settings

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Selects the most appropriate SACT regimen and associated supportive measures for the clinical situation according to available evidence, MDT discussion and holistic patient assessment • Modifies approach to address the specific needs of individual patients, including vulnerable groups • Clearly communicates the benefits and risks of available treatment options, including those available within clinical trials, to enable informed consent • Applies the knowledge of mechanisms of action and treatment toxicities to pre-empt, monitor and manage these in patients receiving SACT • Co-ordinates the appropriate investigations, procedures and logistic arrangements required for SACT delivery • Generates a SACT prescription that is safe and accurate • Evaluates toxicity and response during treatment and adapts SACT/supportive measures accordingly, balancing treatment goals with patient safety and	• SACT evidence*

priorities • Assesses and reports SACT toxicity according to regulatory and, where relevant, research governance processes • Collaborates effectively with members of the multi-disciplinary team when patients are receiving SACT as part of a multi-modality treatment pathway • Proactively liaises with the relevant teams when SACT is completed or discontinued to enable co-ordinated ongoing management	

CiP 13 - Acting as an advocate for health promotion and high-quality cancer survivorship, advising on cancer prevention, management of long-term treatment-related sequalae and patient self-management strategies

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Recognises the factors affecting global cancer health inequalities and the social determinants of health, including physical, economic and cultural factors, which impact on cancer risks • Can give personalised risk reduction advice to patients taking into account lifestyle, environmental and genetic factors • Is able to formulate a patient-centred follow up plan for patients who have completed a course of cancer treatment • Promotes survivorship following cancer treatment • Pro-actively manages and educates patients about the long-term sequelae of cancer treatments, in conjunction with other health professionals where relevant • Provides specialist advice to other health professionals regarding cancer risks and appropriate investigation of patients following cancer treatment	• SACT evidence • Radiotherapy evidence • Clinical correspondence • Patient feedback • Audit and Quality Improvement projects • Safety and Quality Activity

CiP 14 – Correctly interpreting radiological imaging for accurate target volume and organ-at-risk definition in radiotherapy planning

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Accurately recognises the radiological anatomy visible on optimal imaging modalities • Uses diagnostic imaging (with the aid of the imaging reports) to identify cancer pathology on radiotherapy planning scans and appropriately defines target volumes, organs at risk and normal anatomical structures. • Reviews imaging with a radiologist in cases of complexity or uncertainty	• Radiotherapy evidence* • Case-based discussion

CiP 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)

CiP descriptors	Suggested evidence – refer to Annex A for more information. Items with an asterisk * are considered to be particularly key to this CiP.
• Determines the most appropriate dose/fractionation regime for the clinical situation and patient factors, including concomitant systemic therapy • Takes into account when radiotherapy has been given previously (possibly for a separate cancer diagnosis) and demonstrates an understanding of how this may impact on current treatment decisions • Identifies and organises appropriate investigations and procedures required prior to treatment • Determines the most appropriate radiotherapy treatment strategy to include patient position, immobilisation techniques, methods of tumour localization and radiotherapy delivery techniques • Accurately determines appropriate target volumes and organs at risk for the chosen regimen of radical radiotherapy • Critically evaluates a radiotherapy treatment plan • Evaluates digitally reconstructed radiographs and on-line portal imaging to assess accuracy of patient	• Radiotherapy evidence

set-up and verify a treatment plan and recommends adjustments if required • Assesses patients undergoing radical radiotherapy and manages acute radiotherapy reactions appropriately, including dose or volume adjustment in cases of severe toxicity • Recognises the detrimental impact of treatment prolongation on radiotherapy efficacy and has strategies for dealing with gaps in treatment • Assesses patients following radical radiotherapy in the out-patient clinic, recognises and manages acute and late toxicities, and refers to relevant specialists if required	

CiP 16 - Safely and effectively delivering, and managing patients receiving, a course of palliative radiotherapy

CiP descriptors	Suggested evidence – refer to Annex A for more information.
• Takes a relevant history and performs an appropriate clinical examination to make an accurate assessment of symptoms to assist in defining the area to be treated • Determines the most appropriate radiotherapy treatment strategy to include patient position, immobilisation techniques and field arrangement • Determines the most appropriate dose / fractionation regime for the clinical situation • Appropriately defines and arranges palliative fields with adequate margins around target sites to allow for internal organ motion and set-up variation • Understands the risks of re-treatment with radiotherapy based on normal tissue tolerances, accurately assesses when re-treatment is acceptable and counsels the patient appropriately • In cases of re-treatment, is able to calculate EQD2 (or BED) for planned and previous treatments to ensure maximum tolerated dose is not exceeded, taking into account expected recovery over time and seeking advice from colleagues where appropriate • Safely prescribes supportive treatment	• Radiotherapy evidence

CiP 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

CiP descriptors	Suggested evidence – refer to Annex A for more information.
• Able to identify patients suitable for treatment with unsealed radio-isotope therapy • Exercise evidence-based practice to determine the most appropriate radio-isotope, delivery system and radiation dose for the clinical situation. • Practices holistically and considers patient factors and preference in choice of treatment. • Understands the radiation protection measures required following therapy and is able to communicate them appropriately • Identifies and organises appropriate investigations and procedures required prior to treatment • Communicates effectively with the wider team to ensure the availability of all required facilities and personnel • Understands how to safely prescribe radio-isotopes and supportive medications • Is able to recognise and manage any acute and late complications of treatment • Understands legislation governing the use of unsealed radio-isotope sources in hospitals in the UK	• Radiotherapy evidence

CiP 18 - Safely and effectively managing patients treated with brachytherapy and their complications

CiP descriptors	Suggested evidence – refer to Annex A for more information.
• Able to identify patients suitable for brachytherapy treatment based on evidence, availability and patient factors • Determines the most appropriate dose/fractionation regime according to the evidence base, the chosen source and delivery system and any patient factors • Identifies and organises appropriate investigations and procedures required prior to treatment • Communicates effectively with the wider team to ensure the availability of all required facilities and personnel • Understands how the procedure should be performed and the rules for implantation as per the dosimetry system used • Correctly determines the volume to be treated and the organs at risk for the procedure • Appropriately evaluates a brachytherapy treatment plan in line with consensus guidelines and employs suitable strategies to improve an inadequate plan • Understands how to safely prescribe the radiation dose according to plan constraints • Understands the radiation protection measures required following a brachytherapy procedure and	• Brachytherapy evidence

is able to communicate them appropriately • Able to recognise and appropriately manage any acute and late complications of treatment • Understands and applies legislation governing the use of sealed brachytherapy sources in hospitals in the UK	

CiP 19 - Participating in clinical research trials and developing guidelines and protocols to safely implement new radiotherapy/combined modality regimens/techniques

CiP descriptors	Suggested evidence – refer to Annex A for more information.
• Understands and adheres to the laws, frameworks and guidelines which govern the set up and delivery of clinical trials • Understands and adheres to trial protocols • Understands and follows the correct safety reporting requirements, including reporting mechanisms for any deviations from protocol or adverse events • Understands the roles and responsibilities of national organisations involved in oncology trials, including radiotherapy trials quality assurance (RTTQA) • Demonstrates knowledge of available new radiotherapy techniques and potential benefits and risks	• Audit and Quality Improvement projects • GCP certificate • Research activity

Annex A

Evidence suggested	Comments
Appraisal	Where possible, you should provide evidence of regular appraisal over the last five years, but you must submit **at least two sets of appraisal evidence**. You should **submit a current appraisal from within the last year prior to application**. We need to see that you have participated in reviews of your practice and where possible, responded to these. Formal appraisal with free text comment from the appraiser, outcomes, objectives, your reflection and a personal development plan is most useful. Your appraisals do not all have to be from the same post, but all should be from within the last five years. If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them. Evidence of appraisal/assessment completed retrospectively will not be given as much weight as one that was completed at the relevant time.
Audit and Quality Improvement projects	Clinical audit is designed to improve quality of care and healthcare outcomes by comparison against agreed standards and measuring the success of interventions. Quality Improvement is designed to improve quality of care and healthcare outcomes by trialling interventions, using repeated measures to assess success.

	The CCT curriculum requires a trainee to show how they have instigated, collated and presented a piece of work, as well as reflected upon any changes in clinical management as a result of work completed. Completion of clinical audit and/or Quality Improvement projects is a specific curriculum requirement. You should submit **at least two clinical audits or quality improvement projects**, **at least one** of which should show **completion of the audit cycle** either through re-audit, or evidence of the implementation of change through quality improvement projects - make sure you clearly show how and whether improvements or changes have been made. The strongest evidence is the report, and action plan, any re-audit or changes in practice and a presentation. Reflection on audit and quality improvement activity should also be submitted. You can refer to the audit and quality improvement pages on the RCR website https://www.rcr.ac.uk/clinical-oncology/audit-rcr https://www.rcr.ac.uk/clinical-radiology/audit-and-qi/quality-improvement Letters stating that you have participated in these activities are useful background but will not be sufficient evidence on their own. **Audit and Quality Improvement projects - Please upload your projects and related evidence in one file per institution. These should be in order of project grouping together everything related to each project (eg audit proposal, audit, presentation,**

	re-audit, reflection). Upload it under CiP4
Brachytherapy evidence	Please see Annex B
Case-based discussion (CbD)	A CbD provides an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about and presentations of cases. The CbD should include discussion about a written record (such as written case notes, outpatient letters or discharge summaries). You can see under each CiP where relevant a CbD is most useful.
Clinical correspondence	You should submit a range of letters and emails to and from referring clinicians; you can also include patient consent forms and other correspondence you consider relevant. Evidence of your clinical correspondence can support a number of CiPs including those relating to communication, patient management and clinical competence. You can include evidence relating to correspondence with referring clinicians and / or other professionals (e.g. Physics, radiographers, clinical radiologists etc.) alerting them on issues such as missing images, inadequate coverage, recalls and similar safety and quality issues and particularly correspondence relating to emergency/Acute Oncology events, ceiling of care and end of life. You can see under each CiP the areas where relevant correspondence is most useful.
Clinical governance activity	Minutes of relevant meetings in which you have participated – for example:

	• clinical governance meetings • discrepancy meetings • department meetings • MDT meetings (see below) • Morbidity and mortality (M&M) meetings Invitations to meetings or agenda for meetings will be give less weight without the minutes or outcome. **Clinical governance activity -** Your MDT activity should be uploaded separately but other activity such as relevant meeting attendance and reflection on it can be grouped together and uploaded as one file per institution.
Complaints and significant incidents	We know that incidents happen, and complaints are made; for a CESR application we are interested in how you respond to these. Evidence relating to **two examples should be sufficient**. You may include complaints received against you, the department within which you worked or one against a colleague where you have been involved in the resolution. You can provide evidence of your response to any complaint or untoward incident and evidence of reflective activity. If you have raised a concern, you could provide relevant evidence of that. If you have not been involved in any complaint or significant event, you should provide reflection on how you would handle a hypothetical complaint. Please be sure to provide evidence of how the situation was resolved, and reflection or any

	CPD that resulted.
Courses and CPD activity relevant to the CiP	Evidence of participation in courses and learning events relevant to the curriculum is useful supporting evidence in respect of a number of CiPs, particularly in respect of: • clinical courses to show you are making efforts to maintain good practice • courses relevant to equality and diversity, consent, data protection/information governance, equal opportunities, ethics, probity, infection control, safety and so on • teaching • research • management and leadership • communication • GCP CPD activity and courses are given less weight if they were completed more than five years ago so **please make sure that you demonstrate such activity from within the last five years**. Invitations to meetings or agenda for meetings will be give less weight without the certificate or similar confirmation of participation. **Courses and CPD activity relevant to the CiP -** Please group these together and upload them from the last five years as one file. You can subdivide into sections within the file - for example, you might list ethics and similar courses under CiP 2 and teaching related courses under CiP 6.
Management and leadership activity	Evidence of relevant activity - for example: rota management, responsibility for finances/budgets, assessments on others such as WpBAs, relevant courses and qualifications, leading MDTs, chairing other meetings, audit lead, head of department, setting up new services/service mapping, participation in wider trust consultations, protocol or pathway development, or examples where you helped address a service problem or new demand etc.

Multisource feedback (MSF)	This can also be known as 360-degree feedback. You should supply evidence of feedback from colleagues of all levels (senior doctors and consultants, doctors in training, radiographers, nurses/allied health professionals, clerks, secretaries and auxiliary staff) preferably as part of a structured, unselected MSF package completed at the relevant time. This evidence must be as recent as possible and at least within the last five years. **One round of MSF is the minimum you should submit**. Reflection on MSF and self-assessment is also useful. Evidence in the format of letters, references for posts applied for etc. is useful but may not be given as much weight as structured, unselected multi-source feedback.
Multidisciplinary team (MDT) meeting activity	MDT meeting related activity may be referred to outside the UK as grand rounds, tumour boards, etc. You should submit minutes and records of your participation in MDT meetings covering a period of at least six months with patient histories and any notes. Include your reflective activity on MDTs especially on your personal contribution. Evidence of you leading the MDT is also useful. Workplace-based assessment of your MDT contribution will also be useful through a Case-based Discussion.
On-call activity	A range of on-call rotas covering a period of at least six months will support evidence of your

	ability to perform in the emergency context as well as support your general activity.
Patient feedback	Structured, unselected patient feedback as part of a multi-source feedback package is the best evidence to submit to demonstrate good patient relationships and communication. If you do not submit patient feedback you must submit other objective evidence which demonstrates effective communication with patients and obtaining consent where necessary; for example - workplace–based assessments, appraisal, multisource feedback, letters and notes of thanks from patients, SACT Evidence and RT Evidence.
Radiotherapy evidence	Please see Annex B
Reflective activity	Reflective activity notes and diaries - for example, on CPD and learning events, teaching, research, audit and QI activity, discrepancies, complaints and significant events, appraisal and feedback, MDT activity. Your evidence should demonstrate reflective activity as a regular feature of your practice, not all completed on one day. You can find a generic reflective template in the CPD section of the RCR website https://www.rcr.ac.uk/clinical-oncology/cpd/reflecting-your-cpd **Reflective activity -** Your reflection can be included in the file next to the item on which you have reflected – for example, CPD; clinical governance; audit and QI; etc. Or you can include it all in one file in date order called “Reflective activity”.
Research activity	For example –

	• Participation in clinical trials; • Evidence of literature searches and critical appraisal of research; • Participation in journal clubs; • Development of guidance and protocols; • Publications, posters and abstracts • applications for research projects; • Ethics Committee submissions and/or participation; • patient consent forms; • Good Clinical Practice (GCP) certificate or other relevant course or qualification; • Case-based discussion • Submissions to RTTQA or equivalent, or reflection on RTTQA in service delivery • Research training and/or qualifications
Safety and quality activity	For example – • participation in a review of patient leaflets; • development of standard operating procedures and protocols; • participation in clinical trials; • relevant publications, • evidence of presentations at audit meetings; • reflective activity; • CPD related to safety and quality Letters stating that you have participated in these activities are useful supporting evidence but are insufficient evidence on their own.
SACT - Systemic Anticancer Therapies evidence	Please see Annex B.

Teaching activity	• Example presentations (PowerPoint etc. – **at least two**); • confirmation that you delivered these by way of invitations, timetables etc. or other evidence to show how teaching is delivered • formal learner feedback • relevant courses or qualifications in teaching • assessments of your teaching • evidence of supervision of others and giving feedback, for example in their management of patients or carrying out practical procedures and/or being a clinical supervisor (for example, through assessments completed in the workplace)
Workplace-based assessments (WpBAs)	CCT trainees complete a range of assessments in the workplace regularly in each year of their training (see section 4.5.3 of the curriculum for what these are). We understand that training outside the NHS will not feature these assessments in the same way, and for those who have finished training and are working in non-training jobs, that you will not necessarily undergo similar assessment in your current job. However, structured, unselected multisource feedback and patient feedback is the most effective way to evidence your communication and team-working skills. Assessments of your MDT, teaching and audit and quality improvement activity are also useful. WpBAs are not generally expected for clinical activity you have undertaken recently which is confirmed by your planning and prescriptions and other evidence, but of course if you have them, please submit them. Assessments such as mini-CEX, DOST or DORPS can be useful if they support a particular range of procedures or a period of additional training you have had, or for a clinical activity in which you participate less regularly. Acute Care Assessments (ACAT)

	may also help with CiP 8. If you have completed training within the last five years you should submit evidence of how you were assessed during your training. Evidence of appraisal/assessment completed retrospectively will not be given as much weight as one that was completed at the relevant time.

Annex B - Radiotherapy evidence, SACT evidence and Brachytherapy evidence

General advice

All evidence must be anonymised in accordance with the GMC guidance.

You must provide a range of your radiotherapy plans, SACT prescriptions and associated clinical documents. Each .pdf document should be clearly readable. Radiotherapy and Brachytherapy plans should be in full colour and of a size/resolution which can be readily assessed.

When choosing which clinical cases to submit as set out below, you should focus on the following tumour types, reflected in the range of those tested in the Final FRCR Examination – respiratory, urology, head and neck, skin, central nervous system, gynaecology, breast, lower gastrointestinal, upper gastrointestinal, haematology. You may also choose to include examples of your plans and prescriptions for less common tumour sites.

This is your main opportunity to demonstrate to your evaluators that you have the range of clinical skills in the management of cancer patients, equivalent to those who have completed training according to the CCT curriculum.

In addition to your ability to safely plan, deliver and manage radiotherapy and systemic therapy, other areas that will be assessed are indicated in the descriptors in the relevant CiPs. Please refer to the CiPs and the descriptors to see the range of clinical contexts your evidence should demonstrate.

Your assessors would like to see a wide range of cases, in terms of tumour sites, treatment intent (both radical and palliative) and complexity. This will be a reflection of the diversity of cases you are expected to be competent to manage as an NHS consultant.

Workload statistics or logbooks may be useful to demonstrate the breadth and depth of your recent practice across the range of the oncology-specific content of the CCT curriculum. These should be generated from your department's information system and be summarised by an annual summary of the total numbers of patients and show your role in their care. If you maintained a logbook for any post during the last five years you can submit that.

Radiotherapy Evidence *relevant to CiPs 9, 11, 13, 14, 15, 16, 17, 18*

Please submit radiotherapy plans for at least 20 patients, across a range of tumour sites.

Each case should be submitted as a separate .pdf document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (radical or palliative). An example would be 'Case 1 Prostate Radical'.

For each case make sure you include the following:

- a concise summary of each case containing the history, the relevant investigation results and your recommended treatment and your personal reflection on the case. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision.
- Patient letters and letters between referring clinicians (referral, patient history, follow up).
- Evidence of consent and toxicities discussed.
- Radiotherapy prescription containing the prescription dose, prescription point/isodose, dose per fraction, treatment days, modality (including energy), and any concurrent treatments.
- Where you have modified the dose or the PTV, or where the prescription falls outside the general RCR recommendations on dose/fractionation, explain why you have done this.
- Your reflection and personal summary is essential to support this evidence

Formally Computer Planned Cases

- The radiotherapy plan should include three representative trans-axial slices (upper, central, lower) through the treatment volume and one coronal slice that best represent the treatment volume. Each slice should clearly show the GTV, CTV, PTV, and Organ At Risk outlines. Isodoses should be clearly shown. Do not include beam arrangements on the plans. Legends should be provided which clearly identify the isodoses, organs at risk, and treatment volumes. The legend should be visible on each page that includes an image of the plan.
- Provide Dose Volume Histograms for the PTV and Organs at Risk.

Non-computer Planned Cases (Simulator, V-Sim etc)

- Provide representative simulator images or V-Sim CT slices as appropriate. Include a short description of your methodology in planning the case. Include as much information as possible to enable assessment of the case.

SACT Evidence *relevant to CiPs 9, 11, 12, 13*

Please submit SACT cases for at least 15 patients, across a range of tumour sites.

Each case should be submitted as a separate .pdf document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (curative, adjuvant, neoadjuvant or palliative). An example would be “Case 1 Colorectal Adjuvant”.

For each case make sure you include the following:

- a concise summary of each case containing the history, the relevant investigation results and your recommended treatment and your personal reflection on the case. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision
- Patient letters and letters between referring clinicians (referral, patient history, follow up)
- Evidence of consent and toxicities discussed
- Systemic therapy prescription containing the drug(s), dose calculation, dose modifications and any concurrent/supportive treatments.
- Where you have modified the dose or the regimen, explain why you have done this.
- Your reflection and personal summary is essential to support this evidence

Clinical oncologists in the UK train and practise in both radiotherapy and systemic therapies. If your systemic therapy competencies have been acquired outside a programme of structured training, you should be sure to submit evidence that demonstrates how you obtained those competencies and that you have been assessed in them.

Brachytherapy evidence *relevant to CiP 18*

Please submit plans on at least 5 patients. It is recognised that applicants might have experience in gynaecological brachytherapy only and therefore it is acceptable to submit a limited range of cases. However, where applicants have a wider experience of brachytherapy they should submit cases to illustrate this.

Each case should be submitted as a separate .pdf document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (radical or adjuvant). An example would be 'Case 1 Cervical cancer'.

For each case please indicate if the procedure was performed independently of with minimal supervision.

For each case make sure you include the following:

- a concise summary of each case containing the history, the relevant investigation results and your recommended treatment and your personal reflection on the case. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision.
- Patient letters and letters between referring clinicians (referral, patient history, follow up).
- Evidence of consent and toxicities discussed.
- Brachytherapy prescription containing the prescription dose, prescription point/isodose fractionation and details of applicators or implant used and doses to organs at risk.
- Where you have modified the dose, or where the prescription falls outside the general RCR recommendations on dose/fractionation, explain why you have done this.
- Your reflection and personal summary is essential to support this evidence

Formally Computer Planned Cases

- The brachytherapy plan should include a representative trans-axial, sagittal and coronal slice (where appropriate). Plans should include the treatment volume and, where appropriate organs at risk. Legends should be provided which clearly identify the isodoses, organs at risk, and treatment volumes. The legend should be visible on each page that includes an image of the plan.

Annex C - Unsuccessful applications or poor evidence

It is our experience that unsuccessful applications are most commonly submitted with inadequate or poor evidence in the following areas. This list is not exhaustive; see more information about what you need to submit above. However, these documents are particularly key to your application.

- Sufficient recent and personally generated planning and prescription evidence covering the breadth of the Clinical oncology specific content of the CCT curriculum, as set out in more detail above.
- Evidence of clinical audit activity to demonstrate individual clinical effectiveness and completion of the audit cycle (re-audit), and/or evidence of quality improvement projects which have led to changes in practice.
- Safety and quality, clinical governance and service improvement activity and particularly multidisciplinary team (MDT) meetings and activity
- Formal appraisal information, and multi source feedback, patient feedback where available, reflective learning diaries and personal development plans to evidence how you are addressing objectives
- Research activity
- Teaching activity
- Management activity
- We recommend that your referees are able to provide detailed support for your competences across all or most areas and understand the requirements for specialist training in Clinical oncology and Specialist Registration in the UK. It is particularly useful if they can comment on your emergency medicine and Acute Oncology experience.
- Your referees should be able to comment on your current employment and employment from the last five years.