

Medical Oncology

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Medical Oncology. You will also need to read the [Medical Oncology](#) curriculum.

This is the specialty specific guidance for Medical Oncology updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Medical Oncology. This is not a standalone document and should be read in conjunction with the CCT curriculum in Medical Oncology – please also see the specialty page for [Medical Oncology](#) on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](#) and ask for advice before you apply.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Medical Oncology?

The indicative period of training for a CCT in Medical Oncology is six years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Two years of Internal Medicine (stage 1) or three years of Acute Care Common Stem – Internal Medicine (ACCS – IM) including MRCP (UK)
- Four years of Medical Oncology specialty training (including the Medical Oncology SCE)

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

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Curriculum Framework

The Medical Oncology curriculum is structured into 18 high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic, oncology and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you demonstrating that you are working at the level of a UK consultant and are able to perform safely and independently for each CiP (described in the curriculum as Level 4 – entrusted to act unsupervised).

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of [Good Medical Practice](#) and the [Generic Professional Capabilities \(GPC\) framework](#).

The remaining 12 CiPs describe the clinical tasks or activities which are essential to the practice of Medical Oncology. The CiPs have been mapped to the GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person's life and illness.

Generic CiPs
1. Able to function successfully within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carries out research and manages data appropriately
6. Acts as a clinical teacher and clinical supervisor

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Oncology CiPs

1. Applying knowledge and understanding of scientific principles that underpin malignancy for the provision of high quality and safe patient-centred care
2. Delivering the acute oncology take, manage oncological emergencies, provide advice to the other healthcare professionals as part of an Acute Oncology Service (AOS) and manage the AOS team and the palliative care/ end-of-life needs of those with advanced cancer
3. Providing continuity of care to oncology in-patients to include the effective management of disease and treatment-related complications, medical conditions, the acutely deteriorating patient
4. Working effectively within, and contribute expert opinion to the tumour-site specific multi-disciplinary team meeting (MDT) to inform evidence-based management plans individualised to the needs of each patient, leading discussions where appropriate
5. 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
6. Safely and effectively delivering, and managing patients receiving, standard systemic anticancer therapy (SACT) in the curative, neo-adjuvant, adjuvant and palliative settings
7. Acting as an advocate for health promotion and high-quality cancer survivorship, advise on cancer prevention, management of long-term treatment-related sequelae and patient self-management strategies

Medical Oncology CiPs

1. Safely and effectively deliver, and manage patients receiving, intensive complex systemic anti-cancer therapies
2. Developing guidelines and protocols to safely implement new and emerging diagnostic and systemic anticancer therapeutic approaches
3. Managing the training and supervision of non-medical prescribers of systemic anticancer therapies
4. Integrating biomarkers and genomic information to refine diagnosis and develop personalised treatment plans for cancer patients
5. Implement clinical trials of systemic anticancer treatments at investigator level for all phases, with the skills to lead late phase (Phase III) trials as Principal Investigator

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Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It is more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than 5 years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you are getting authenticated, **must** be accompanied by a proforma 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 do 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:

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- 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 **do not** need to be anonymised:

- Gender
- Date of birth

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 are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

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 capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application

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more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in Haematology in the UK.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

Our [guidance](#) on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

Please refer to our [user guide](#) for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the CCT curriculum in Haematology. If evidence is missing from any area of the curriculum, your application may be unsuccessful.

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You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

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Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum
- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs
- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or equivalent and evidence showing the application of core skills including outpatient capability. This evidence could include supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF). Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPCH.
- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence
- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Haematology in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Medical Oncology doctors in the UK

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- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

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How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs

If you have a document that is relevant to more than one CiP, do not include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you would like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

A description of the assessments below, together with template forms, can be found on the [JRCPTB website](#)

Evidence / requirement	About	Minimum expectation over five years
Supervised Learning Events (SLEs)		
Case-based discussion and/or mini-clinical evaluation exercise (mini-CEX)	These should have been undertaken with a consultant. CbDs and Mini-CEXs should cover different aspects of Medical Oncology – differing in disease, main impairments, disability, context or the main problem	20

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Acute Care Assessment Tool (ACAT)	ACAT must include a minimum of five cases. ACATs should be used to demonstrate global assessment of performance on take or presenting new patients on ward rounds (including community and care homes), encompassing both individual cases and overall performance (e.g. prioritisation, working with the team). It is not for comment on the management of individual cases.	4
Workplace Based Assessments (WPBAs)		
Direct Observation of Procedural Skills (DOPS)	Evidence of practice of procedures acquired in the last five years. Additional evidence of other procedure relevant to Medical Oncology may be provided to demonstrate the achievement of independent safe practice.	8
Quality Improvement Project Assessment Tool (QIPAT)	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 months

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Patient Survey (PS)	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website, as does the GMC. A reflective entry reflecting on the survey must be made.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> ▪ Thank you letters/cards from patients ▪ Statements from referees ▪ Testimonial letters from colleagues ▪ Feedback from patients/colleagues 	1 completed in last 12 months
Teaching observation (TO)	At least one should be completed by a consultant in Medical Oncology.	2 completed in the last 12 months
Multi Source Feedback (MSF)	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise. Minimum of one in the year before the application has been submitted – any available from the last five years should also be submitted.</p> <p>MSF should include approximately 15 colleagues, and not more than four should be doctors.</p>	1 completed in the last 12 months
Supervisor reports		
Multiple consultant report (MCR)	<p>Each MCR is completed by a consultant supervisor.</p> <p>Reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities.</p>	4 completed in the last 12 months
Other evidence		

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<p>To be included in the portfolio of evidence</p>	<ul style="list-style-type: none"> ▪ Appraisal is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical) ▪ Reflective diaries/ evidence of self-reflection ▪ Logbooks must cover the last five years and show the type of procedures you performed and your role in the procedure ▪ Training events (courses, study days, meetings) over the last five years ▪ Evidence of seeing patients over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages ▪ Academic activities ▪ Management activities ▪ Structured reports 	<p>Annual</p> <p>To demonstrate ongoing CPD</p> <p>Formal management course and evidence of practical involvement in management</p>
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Continuing Professional Development (CPD)	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses you may want to provide evidence of include:</p> <ul style="list-style-type: none">▪ Life support▪ Teaching▪ Simulation▪ Management▪ Research methodology▪ Business▪ Communication▪ Education <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	
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Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your CESR capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

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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 any specialist medical qualifications you hold.

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.

If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence **in addition** to your qualification:

- Training curriculum or examination syllabus
- Formal period assessments completed during training (these may be older than five years)

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<p>Recent specialist training</p>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training.</p> <p>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.</p> <p>You must 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 the information provided). 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 would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR(CP) in Medical Oncology in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<p>Specialist registration outside the UK</p>	<p>Please provide an authenticated copy of details of the registration requirements of that authority.</p>
<p>Other relevant qualifications and certificates</p>	<p>You may include postgraduate qualifications if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide copies of certificates.</p>

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

Employment letters and contracts of employment	<p>The information in these letters and contracts must match your CV. They will confirm the following:</p> <ul style="list-style-type: none">• dates you were in post• post title, grade, training• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	<p>These must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none">• your position within the structure of your department• your post title• your clinical and non-clinical commitment• your involvement in teaching or training.
Rotas	<p>You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.</p>

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Departmental/ Unit annual caseload statistics	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.
Appraisal	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.</p> <p>Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p>

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Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given on pages X. Each piece of evidence can support more than one CiP and you should cross reference

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

Key skills:

- Aware of and adheres to the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of taking an active role in governance structures, including service development
- Evidence of attendance at an NHS / health service management course

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

Key skills:

- 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
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include: <ul style="list-style-type: none">○ Reflections on cases where you had to assess a patient's mental capacity○ SLEs
▪ Evidence of involvement in making best interests' decisions, such as: <ul style="list-style-type: none">• Notes• Letters• Meeting minutes
▪ Evidence of awareness of national legislation including safeguarding vulnerable groups, for example by completion of an online training course

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

Key skills:

- 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 non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient's goals and 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

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of your ability to analyse a patient's communication difficulties. Evidence could include reflective diaries
▪ Feedback from patients, such as a patient survey
▪ Reflective practice entries about patients or families who posed difficulties

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

Key skills:

- 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
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reflective practice entries about patients or families who posed difficulties
▪ Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example: <ul style="list-style-type: none">• Meeting minutes, demonstrating your attendance and participation• Invites sent from you demonstrating arranging meetings
• Quality improvement activity, such as a QIPAT
• Copies of letters you have written to NHS and non-NHS services involved with patients

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CiP 5: Carries out research and manages data appropriately

Key skills:

- 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

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
 - <https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm>

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- Evidence of research activity:
 - Helping in a project
 - Reviewed research papers / grants
 - Written research papers
 - Contributed to research projects
- Presentations – either lectures (podium presentations) or poster presentations
- Publications

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CiP 6: Acts as a clinical teacher and clinical supervisor

Key skills:

- Delivers effective teaching and training to medical students, junior doctors and other healthcare 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 as a clinical supervisor to doctors in earlier stages of training

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
 - Teaching Observation

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Oncology CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act unsupervised' in all Oncology CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

Oncology CiP 1: Applying knowledge and understanding of the scientific principles that underpin malignancy for the provision of high-quality and safe patient-centred cancer care

Key skills:

- 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 organization 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 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

Suggested documentation:

- Courses and CPD activity relevant to the CiP – appropriate oncology courses

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▪ Specialty certificate examinations (SCE)
▪ Case-based discussions (CbD)
▪ Evidence of GCP training
▪ Reflective activity
▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Workplace based assessment
▪ SACT evidence e.g. DOST
▪ Radiotherapy experience e.g. DORPS

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Oncology CiP 2: 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

Key skills:

- Safely assesses and manages the immediate and ongoing care of patients presenting acutely with complications of cancer and its treatment
- Manages 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, regarding 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 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

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

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- Feedback from a variety of clinical and non-clinical colleagues who have worked with you
- Work place based assessment e.g. ACT and case based discussions
- Evidence of written documentation such as clinic notes, referral letters
- Evidence of involvement in appropriate MDT activity

Oncology CiP 3: 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

Key skills:

- 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 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

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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

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you
- Examples of relevant clinical documentation (case notes, letters)
- Radiotherapy evidence
- SACT evidence

Oncology CiP 4: 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

Key skills:

- 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

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

Suggested documentation:

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| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you |
| ▪ Evidence of involvement in appropriate MDT activity |
| ▪ Reflective activity |

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Oncology CiP 5: 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

Key skills:

- 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 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

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- Recognises the limitations of clinical guidelines in certain complex situations

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you
- Examples of relevant clinical documentation

Oncology CiP 6: Safely and effectively delivering, and managing patients receiving, standard systemic anticancer therapies (SACT) in the curative, neo-adjuvant, adjuvant and palliative settings

Key skills:

- 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

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- 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 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

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you
- SACT evidence

Oncology CiP 7: 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

Key skills:

- Recognises the factors affecting cancer health inequalities and the social determinants of health, including physical, economic and cultural factors, which impact on cancer risks

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- 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

Suggested documentation:

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| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you |
| ▪ Feedback from patients |
| ▪ Evidence of involvement in audit and QiP |

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Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act unsupervised' in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the curriculum.

Specialty CiP 1: Safely and effectively deliver, and manage patients receiving, intensive complex systemic anti-cancer therapies

Key skills:

- Selects the most appropriate intensive SACT regimen and associated supportive measures for the clinical situation according to best available evidence, holistic patient assessment and patient preferences.
- Clearly communicates the benefits and risks of available treatment options with patients and their advocates to enable informed consent.
- Co-ordinates the appropriate investigations, procedures and logistic arrangements required for intensive SACT delivery.
- Is able to safely deliver SACT in specific/ vulnerable patient groups.
- Reviews patients at initiation of, and during SACT and identifies the role of SACT/ supportive measure modification, balancing treatment goals with patient safety and disease response according to updated holistic assessment.
- Recognises the importance of maintaining dose intensity in the context of intensive SACT and proactively employs supportive therapy strategies in order to facilitate this.
- Understands and discusses the potential effects of SACT on fertility and pregnancy, supporting the patient through fertility preservation options.
- Collaborates effectively with members of the multi-disciplinary team when patients are receiving SACT as part of a multi-modality treatment pathway
- Generates a SACT prescription that is safe, accurate and meets local and national standards.
- Can recognize and manage pancytopenia and its sequelae related to intensive SACT, involving relevant specialist teams when required
- Is able to apply the knowledge of mechanisms of action and drug toxicities to pre-empt, monitor and manage these in patients receiving intensive SACT regimens

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- Is able to apply knowledge of and pre-emptively manage the additional complications of stem cell transplant or other cellular therapies as part of an intensive SACT regimen
- Recognises the need for prompt escalation of care and liaison with relevant teams when clinically indicated in patients receiving intensive SACT regimens
- Recognises the social, financial and psychological effects of intensive SACT/prolonged hospital admission and involves appropriate teams to optimise patient care and support.
- Proactively liaises with the relevant teams when SACT is completed or discontinued to enable co-ordinated ongoing management.

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you
- Evidence of SACT competence e.g. DOST

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Specialty CiP 2: Developing guidelines and protocols to safely implement diagnostic and systemic anticancer therapeutic (SACT) approaches

Key skills:

- Understands the roles of regulatory agencies in the approval of novel therapeutic and diagnostic technologies for cancer treatment
- Can evaluate key clinical data and resource implications relevant to emerging SACT regimens and can use this information to design clear guidance for appropriate use of the treatment
- Able to collaborate and work effectively with other allied healthcare professionals, management teams and associated committee(s) to contribute to the development or renewal of guidelines and protocols.
- Is familiar with the processes involved in the introduction and review of SACT approvals within their specific healthcare organization
- Ensures availability of clear and comprehensive resources for patients in relation to new SACT protocols
- Evaluates implemented SACT protocols using audit/quality improvement methodology and adapts in response to emerging data

Suggested documentation:

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| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you |
| ▪ Evidence of GCP training |
| ▪ Evidence of involvement in appropriate audit or QiP |

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Specialty CiP 3: Managing the training and supervision of non-medical prescribers of systemic anticancer therapies

Key skills:

- Supports the training and supervision of NMPs in an environment that prioritises patient safety.
- Understands the governance structures, training pathway and assessments for NMP prescribing at local and national levels.
- Creates effective learning opportunities for NMPs in training within their scope of practice.
- Assesses the performance and competencies of NMPs, giving timely and appropriate feedback
- Provides mentorship and support for NMPs during training and in practice
- Promotes and participates in inter-professional learning

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you
- Evidence of involvement in training/supervising non-medical prescribers of SACT feedback

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Specialty CiP 4: Integrating biomarkers and genomic information to refine diagnosis and develop personalized treatment plans for cancer patients

Key skills:

- Understands the principles of precision oncology, stratified and personalised medicine.
- Understands the principles of whole genome sequencing, gene expression and regulation in the context of cancer risk including inherited cancer predisposition syndromes and screening
- Applies knowledge of the multi-factorial basis of malignancy to discuss cancer risk with patients and their carers, taking into account ethical and confidentiality considerations
- Understands of the role of genomics and biomarkers in the cancer diagnostic pathway
- Understands the role of genomics and biomarkers in personalising therapeutic options and in the prediction and monitoring of response to SACT
- Understands the ethical issues associated with whole genome sequencing and management of genomic data
- Understands the basis for genomic profiling and biomarker utilisation in the design and delivery of clinical trials

Suggested documentation:

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| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you |
| ▪ Workplace based assessment |
| ▪ SCE in Medical Oncology |

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Specialty CiP 5: Implement clinical trials of systemic anticancer treatments at investigator level for all phases, with the skills to lead late phase (Phase III) trials as Principal Investigator

Key skills:

- Demonstrates knowledge of the ethical and legal issues related to clinical research applying Good Clinical Practice principles.
- Understands that patient safety is the overriding priority in the conduct of clinical trials
- Understands the key processes for setting up a clinical trial at a new site
- Understands the roles and responsibilities of Principal and Sub-Investigators
- Able to participate in clinical research trials, including early phase trials (phase I/II), at Sub-Investigator level
- Understands appropriate delegation of trial-related duties and the need for training, supervision and oversight of the research team in carrying out trial activities
- Manages patients within a clinical trial from screening and eligibility assessment, through informed consent, to completion of trial related procedures
- Follows regulatory and research governance requirements with respect to safety reporting within a clinical trial
- Understands the particular regulatory issues regarding use of unlicensed agents within a clinical trial

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you
- Evidence of GCP training
- Evidence of personal involvement in clinical trials at Sub-I or PI level

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