



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN
Medical Oncology

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This Curriculum of Higher Specialist Training in Medical Oncology was developed in 2024 by a working group led by Dr Miriam O'Connor, National Specialty Director, and the RCPI Education Department. The Curriculum undergoes an annual review process by the National Specialty Directors, Dr Miriam O'Connor, and Professor Liam Grogan and the RCPI Education Department. The Curriculum is approved by the Specialty Training Committee and the Institute of Medicine.

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1.0	July 2024	Stephen Capper	New OBE Curriculum

This HST Medical Oncology OBE curriculum was developed in 2024 in recognition of the need to a) update the curriculum, b) move to an outcomes-based assessment in response to Irish Medical Council and Institute of Medicine recommendations and c) to align it with the American Society of Clinical Oncology (ASCO) and the European Society for Medical Oncology (ESMO) curriculum.

National Specialty Directors' Foreword

The Medical Oncology HST Programme aims to deliver expert Medical Oncologists with a broad range of clinical and academic skills. This curriculum is designed to produce well-rounded graduates with the ability to manage all common cancers and their therapies while supporting the development of subspecialty expertise and academic interests.

The Outcome Based Education (OBE) project concerns the transition of the current minimum requirements model of the medical oncology curriculum and training across to OBE which is more in line with other countries in Europe and the US. It is a key initiative of the RCPI's Strategic Plan 2021 – 2024 which aims to enhance the quality of Ireland's BST and HST training programmes to ensure they are aligned with international best practices and standards. This has involved a considerable change to both the structure and assessment of the curriculum and has required input from multiple stakeholders to ensure that any changes are valid and robust.

This outcome-based curriculum is designed to both guide and assess trainees in their clinical skills as they progress through the four years of training, three of which are clinical.

Following a review of the current curriculum, nine core areas were identified: i) basic sciences, ii) cancer genetics / epidemiology / prevention & control, iii) cancer diagnostics & imaging, iv) management of specific malignancies, v) management of specific populations, vi) best supportive care & communication, vii) oncology emergencies and viii) cancer research & governance. Training outcomes (n=45) are identified to reflect the desired learning for each training goal. Trainers will continue to link closely with their trainees assisting them and evaluating their progress on a regular basis.

We would like to thank all the trainers and other contributors to this process. We are excited to be part of the ongoing development of the HST Medical Oncology programme with our colleagues in the RCPI and our Trainers around the country.

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1. INTRODUCTION

This section includes an overview of the higher specialist training programme as well as an overview of this curriculum document.

1.1. Purpose of training

This programme is designed to provide the training and professional development necessary to work as a Consultant Medical Oncologist in Ireland. This is achieved by providing Medical Oncology training in approved training posts, under the supervision of certified trainers, in order to satisfy the outcomes listed in the Curriculum. Each post provides a trainee with a named trainer and the programme is under the direction of the National Specialty Directors for Medical Oncology, the Institute of Medicine and the RCPI.

1.2. Purpose of the curriculum

The purpose of the curriculum is to guide the trainee towards achieving the educational outcomes necessary to function as an independent Medical Oncologist. The curriculum defines the relevant processes, content, outcomes, and requirements to be achieved. It stipulates the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a framework for certifying successful completion of HST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This curriculum design differs from traditional “minimum requirement” designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

1.3. How to use the curriculum

Trainees and Trainers should use the Curriculum as a basis for goal-setting meetings, delivering feedback, and completing assessments, including appraisal processes (Quarterly Assessments/End of Post Assessment, End of Year Evaluation). Therefore, it is expected that both Trainees and Trainers familiarise themselves with the Curriculum and have a good working knowledge of it.

Trainees are expected to use the Curriculum as a blueprint for their training and record specific feedback, assessments, and training events on ePortfolio. The ePortfolio should be updated frequently during each training placement.

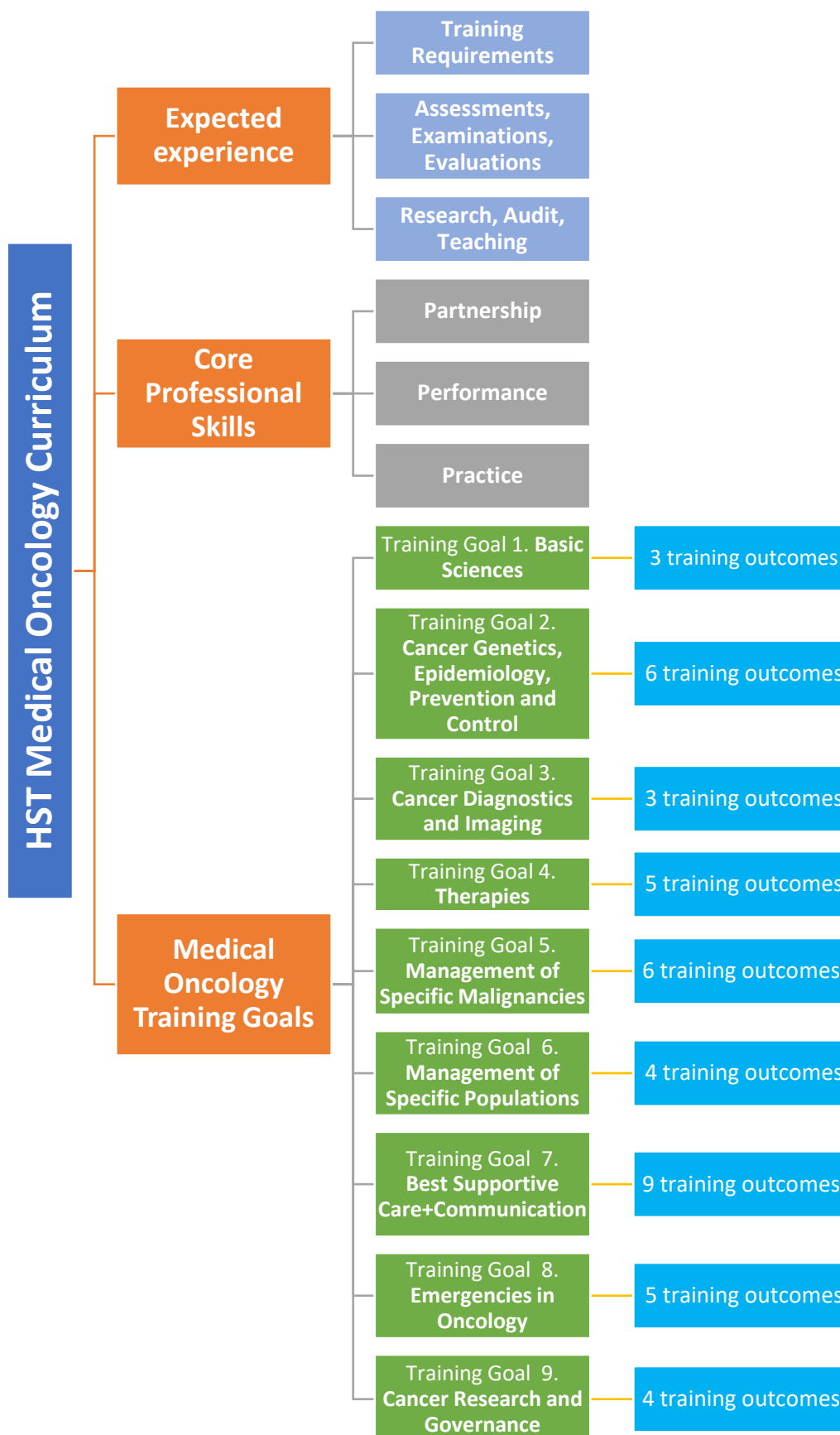
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should always refer to the Curriculum in the first instance for information on the requirements of the training programme.

Please note: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and it documents that they have successfully met training standards as expected by the Medical Council.

1.4. Reference to rules and regulations

Please refer to the following sections within the Medical Oncology HST Training Handbook for rules and regulations associated with this post. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website following [this link](#).

1.5 Overview of Curriculum Sections and Training Goals



2. EXPECTED EXPERIENCE

This section details the training experience, and the service provision tasks that all Trainees are expected to complete throughout the Higher Specialist Training.

2.1. Duration and Organisation of Training

The duration of HST in Medical Oncology is 4 years, one year of which may be gained from a period of Out of Programme Experience (OCPE).

Trainees spend the first three years of training in HST clinical posts in Ireland. The programme aims to be flexible in terms of sequence of training after this time. The first three years are directed towards acquiring a broad general experience of Medical Oncology under appropriate supervision. An increase in the content of hands-on experience follows naturally and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence. The final year of training allow trainees to extend the range and depth of experience and knowledge to develop specialist interests with a view to developing site-specialisation experience or a research / out of programme experience / international fellowship.

Core training: The early years of HST in Medical Oncology are usually directed towards acquiring a broad general experience of Medical Oncology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

Thereafter the programme aims to become more flexible in terms of sequence of training and can be adjusted to meet Trainees' training needs.

Trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE).

Out of Clinical Programme Experience (OCPE): Trainees can undertake one, or more years out of their HST programme to pursue research, further education, special clinical training, lecturing experience, or other relevant experiences.

OCPE must be preapproved, and retrospective credit cannot be applied. It must be noted that even if trainees can undertake more than one year to complete their OCPE of choice, RCPI would award a maximum of 12 months of training credits towards the achievement of CSCST. In certain circumstances, RCPI may award no credits. The decision of whether to award credits for one year may differ from specialty to specialty and it is discretionary by the NSDs of each respective specialty.

For more information on OCPE, please refer to the RCPI website ([here](#)).

Training Principles: During the period of training the Trainee must take increasing responsibility for seeing patients, undertaking ward consultations, making decisions, and operating at a level of responsibility which would prepare them for practice as an independent Consultant. Over the course of HST, Trainees are expected to gain experience in a variety of hospital settings.

Core Professional Skills: Generic knowledge, skills and attitudes support competencies that are common to good medical practice in all of the medical and related specialties. It is intended that all Trainees should re-affirm those competencies during HST. No timescale of acquisition is imposed, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Trainee's suitability and ability to become an independent specialist. For more information on the Core Professional Skills, please check the respective section in this Curriculum.

2.2. Outpatient Clinics, Ward Rounds, Consultations, Training activities

Attendance at Clinics, participation in Ward Rounds and Patient Consultations are required elements of HST. The timetable and frequency of attendance should be agreed with the assigned Trainer at the beginning of each post.

This table provides an overview of the expected experience that a Specialist Registrar in Medical Oncology should gain during HST. All these activities should be recorded on ePortfolio using the respective form.

Where there is a numeric reference for a training activity, this should be interpreted as an indication of the ideal frequency rather than a minimum requirement. However, Trainees are recommended to exceed these numbers and to always seek advice from their Trainers to agree on the frequency of each training requirement. Each Trainee may need to record training experiences at a different frequency, depending on their rotations, posts and level of training.

OUTPATIENT CLINICS		
Clinic	Expected Experience	ePortfolio Form
General Medical Oncology	Attend at least 1 per week, record attendance	Clinics
Subspecialty Medical Oncology, including but not limited to <ul style="list-style-type: none"> • Lung cancer clinic • Breast cancer clinic • Colon cancer clinic • Prostate cancer clinic • Gynaecological cancer clinic 	Attend at least 5 per year, record attendance	
WARD ROUNDS/CONSULTATIONS		
Type	Expected Experience	ePortfolio Form
Consultant-led	Attend at least 1 per week, record attendance	Clinical Activities
Consultation	Attend at least 1 per week, record attendance	
Consultations/new referrals within hospital	Attend at least 1 per month, record attendance	
EMERGENCIES/COMPLICATED/ CASES		
Type	Expected Experience	ePortfolio Form
Neutropenic sepsis	Record 10 cases per year of training	Cases
Spinal Cord compression	Record 3 cases per year of training	
SVC obstruction	Record 3 cases per year of training	
Metabolic complications of cancer therapy (\uparrow Ca ⁺⁺ ; renal failure, SIADH)	Record 3 cases per year of training	
Chronic Cases/Long term care	Record 5 cases over the course of HST (Desirable)	
Atypical presentations of malignancy	Record 4 cases over the course of HST (Desirable)	
Challenging care diagnostics	Record 3 cases over the course of HST (Desirable)	
Rare/unusual complications of cancer treatment	Record 5 cases over the course of HST (Desirable)	
PROCEDURES, PRACTICAL/SURGICAL SKILLS		
Type	Expected Experience	ePortfolio Form
Review of chemo prescribing	Record 5 examples per year of training and 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS

Bone Marrow aspirate and biopsy	Record 5 examples and 1 DOPS assessment over the course of HST	
ADDITIONAL/SPECIAL EXPERIENCE		
Type	Expected Experience	ePortfolio Form
MDT management – present and follow-through on patients included in MDT	Record at least 5 examples over the course of HST	Additional Special Experience
ICU/CCU	Record at least 1 example per year of training	
Palliative Medicine	Record 5 examples over the course of HST (Desirable)	
Psychosocial management/ Assessment of patient needs	Record 1 example over the course of HST (Desirable)	
MANAGEMENT EXPERIENCE		
Type	Expected Experience	ePortfolio Form
Management Experience	Record 1 example over the course of HST	Management Experience
Managing SpR rotas/holidays donations/budgets	Record 1 example over the course of HST (Desirable)	
Managing adverse events	Record 5 examples over the course of HST (Desirable)	
Managing complaints – personal/service	Record 3 examples over the course of HST (Desirable)	

2.3. In-house commitments

Trainees are expected to attend a series of in-house commitments as follows:

- Attend at least **1 Grand Round per month** during clinical years over the course of HST
- Attend at least **2 Journal Clubs per month** during clinical years over the course of HST
- Attend MDT meetings (**attend minimum 2 per week during clinical years**) including Pathology/Radiology MDT
- Attend and participate in a variety of learning experiences including but not limited to seminars, lectures, case discussions, case conferences etc... (**1 per month during clinical years over the course of HST**)

2.4. Evaluations, Examinations and Assessments

Trainees are expected to:

- Complete **4 quarterly assessments per training year** (1 assessment per quarter)
- Complete **1 end of post evaluation at the end of each post** (this can replace the quarterly assessment in happening at the end of a post)
- Complete **1 end of year evaluation at the end of each training year**
- Sit the **American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination at least once, preferably on an annual basis. It is recommended to sit the European Society of Medical Oncology (ESMO) examination once over the course of HST.** These examinations will not be used as certifying or qualifying examinations but are to be used as a self - assessment tool designed to gauge knowledge in Medical Oncology.
- Complete all the **workplace-based assessments** as appropriate, and as agreed with Trainer. It is recommended to **record at least 1 WBA** (CBD, Mini-CEX, DOPS) **per quarter** to be reviewed at the Quarterly Assessment.

For more information on evaluations, assessment and examinations, please refer to the [Assessment Appendix](#) at the end of this document.

2.5. Research, Audit and Teaching experiences

Trainees are expected to complete the following activities:

- Deliver **2 teaching sessions per month** (to include tutorials, lectures, bedside teaching, etc.) during clinical years of HST
- Deliver **1 Oral presentation or Poster** per each year of training
- Complete **1 Audit or Quality Improvement Project**, per each year of training
- Attend **1 National or International Meeting**, per each year of training
- Attend **1 Cancer Trials Ireland** meeting (online or in person), per each year of training

In addition, it is desirable that Trainees aim to

- Complete a minimum of **1 research project and/or 1 publication**, over the course of HST

- Become involved in National policy development with NCCP over the course of HST with guidance from your trainer (including but not limited to, SACT protocol development, guideline development, committee involvement)

2.6. Teaching attendance

Trainees are expected to attend the majority of the courses and study days as detailed in the [Teaching Appendix](#), at the end of this document.

2.7. Summary of Expected Experience

Experience Type	Trainee is expected to	ePortfolio form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of each post complete a Personal Goals form on ePortfolio, agreed with Trainer and signed by both Trainee & Trainer	Personal Goals
On-call Commitments	Partake in 1 on-call experience in the different posts attended	Clinical Activities
Clinics	Attend Medical Oncology Outpatient and Subspecialty Clinics as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in clinical handover and ward rounds as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinical Activities
Emergencies/Complicated Cases	Gain experience in a range of clinical emergencies/complicated cases as indicated above and as agreed with Trainer. Record cases on ePortfolio	Cases
Procedures, Practical/Surgical Skills	Gain experience in procedural, practical, surgical skills as indicated above and as agreed with Trainer. Record experience on ePortfolio	Procedures, Skills & DOPS
Additional/Special Experience	Gain additional/special experience as indicated above and as agreed with Trainer. Record cases on ePortfolio	Additional Special Experience
Management Experience	Gain experience in clinical management and leadership functions as agreed with Trainer. Record attendance per each post on ePortfolio	Management Experience
Deliver Teaching	Record on ePortfolio episodes where you have delivered at least two teaching sessions per month of HST. Sessions can include a range of methods such as tutorials, bedside teaching, and lectures.	Delivery of Teaching
Research	<u>Desirable Experience</u> : actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Publication	<u>Desirable Experience</u> : complete 1 publication during the training programme	Additional Professional Activities
Presentation	Deliver 1 oral presentation or poster per each year of training	Additional Professional Activities
Audit	Complete and report on an audit or Quality Improvement (QI) per each year of training, either to start, continue or complete	Audit and QI
Attendance at In-House Activities	Attend at least 1 Grand Round, 2 Journal Club per month and 2 MDT Meeting (including Radiology) per week.	Attendance at In-House Activities
National/International Meetings	Attend 1 per year of training. Record attendance on ePortfolio	Additional Professional Activities
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix . Record attendance on ePortfolio	Teaching Attendance

Workplace-based Assessments	Complete all the workplace-based assessment as outlined above and as agreed with Trainer. Record respective form on ePortfolio	CBD/DOPS/Mini-CEX
Examinations	Sit the ASCO Examination at least once, preferably annually. It is recommended to sit the ESMO Examination once over the course of HST	Examinations
Quarterly and/or End-of-Post Evaluations	Complete a Quarterly Assessment/End of post assessment with Trainer 4 times in each year. Discuss progress and complete the form	Quarterly Assessments/End-of-Post Assessments
End of Year Evaluation	Prepare for the End of Year Evaluation by ensuring the portfolio is up to date and the End of Year Evaluation form is initiated with the assigned Trainer	End of Year Evaluation

3. CORE PROFESSIONAL SKILLS

This section includes the Medical Council guidelines for medical professional conduct, regarding Partnership, Performance and Practice.

These principles are woven within training practice and feedback is formally provided in the Quarterly Evaluations, End of Post, End Year Evaluation.

Partnership

Communication and interpersonal skills

- Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, and have a respectful and honest approach
- Engage with patients and colleagues in a respectful manner
- Actively listen to the thoughts, concerns, and opinions of others
- Consider data protection, duty of care and appropriate modes of communication when exchanging information with others

Collaboration

- Collaborate with patients, their families, and colleagues to work in the best interest of the patient, for improved services and to create a positive working environment
- Work cooperatively with colleagues and team members to deliver an excellent standard of care
- Seek to build trust and mutual respect with patients
- Appropriately share knowledge and information, in compliance with GDPR guidelines
- Take on-board available, relevant feedback

Health Promotion

- Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence-based medicine
- Seek up-to-date evidence on lifestyle factors that:
 - negatively impact health outcomes
 - increase risk of illness
 - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

Caring for patients

- Take into consideration patient's individuality, personal preferences, goals, and the need to provide compassionate and dignified care
- Be familiar with
 - Ethical guidelines
 - Local and national clinical care guidelines
- Act in the patient's best interest
- Engage in shared decision-making and consenting process

Performance

Patient safety and ethical practice

- Put the interest of the patient first in decisions and actions
- React in a timely manner to issues identified that may negatively impact the patient's outcome
- Follow safe working practices that impact patient's safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting
- Be aware of the risk of abuse, social, physical, financial, and otherwise, to vulnerable persons

Organisational behaviour and leadership

- The activities, personnel and resources that impact the functioning of the team, hospital, and health care system
- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management

Wellbeing

- Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes
- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain own's physical and mental well-being

Practice

Continuing competence and lifelong learning

- Continually seek to learn, improve clinical skills and understand established and emerging theories in the practice of medicine
- Meet career requirements including those of the medical council, employer, and training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

Reflective practice and self-awareness

- Bring awareness to actions and decisions and engage in critical appraisal of own's work to drive lifelong learning and improve practice
- Pay critical attention to the practical values and theories which inform everyday practice
- Be aware of own's level of practice and learning needs
- Evaluate and appraise decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

Quality assurance and improvement

- Seek opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams
- Gain knowledge of quality improvement methodology
- Follow best practices in patient safety
- Conduct ethical and reproducible research

4. SPECIALTY SECTION – MEDICAL ONCOLOGY TRAINING GOALS

This section includes the Medical Oncology Training Goals that the Trainee should achieve by the end of the Higher Specialist Training.

Each Training Goal is broken down into specific and measurable Training Outcomes.

*Under each Outcome there is an indication of the **suggested** training/learning opportunities and assessment methods.*

In order to achieve the Outcomes, it is recommended to agree the most appropriate training and assessment methods with the assigned Trainer.

Training Goal 1 – Basic Sciences

By the end of Medical Oncology Training, the Trainee is expected to be able to describe the cellular components, molecular mechanisms, and alterations in basic cell biology leading to the development of cancer. They need to apply these concepts as they relate to disease, modes of action of specific drugs, significance of biomarkers, therapy development and adverse effects and acquired resistance to treatment.

OUTCOME 1 – CRITICALLY DISCUSS THE MOLECULAR BIOLOGY OF CANCER

For the Trainee to be able to critically discuss the molecular biology of cancer, as it relates to environmental and genetic stresses that result in tumour development, cancer therapy resistance, prognostic and predictive biomarkers for cancer, genetic/epigenetic and related technologies used to measure biomarker results, and Systemic Anti-Cancer Drug (SACT) mechanisms of action.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – DISCUSS FAMILIAL CANCER SYNDROMES FOR MALIGNANCY DEVELOPMENT

For the Trainee to be able to discuss familial cancer syndromes and understand how to manage risk reduction in these cases.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – DISCUSS THE COMPLICATED INTERACTIONS OF IMMUNE SYSTEM WITH TUMOURS

For the Trainee to demonstrate knowledge of how the immune system functions, including innate (e.g., eosinophils, basophils, dendritic cells), intermediate (e.g., NK cells, NKT cells, $\gamma\delta$ T cells) and adaptive immunity (e.g., CD4+ and CD8+ T Cells, and B Cells).

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

Training Goal 2 – Cancer Genetics, Epidemiology, Prevention, and Control

By the end of Medical Oncology Training, the Trainee is expected to be able to identify patients with a clinical suspicion of a germline cancer susceptibility and communicate cancer risk whilst offering medical management and communication to family members for cascade genetic testing. The Trainee is expected to be able to describe and differentiate cancer incidence, prevention, mortality, and survival nationally and globally. The Trainee is expected to understand and describe the challenges of providing cancer treatment in Ireland in relation to cancer therapy licencing and reimbursement and the importance of promoting quality cancer control and care.

OUTCOME 1 – RECOGNISE INDIVIDUALS WITH CLINICAL SUSPICION OF HEREDITARY CANCER PREDISPOSITION

For the Trainee to recognise individuals with a clinical suspicion of a hereditary cancer predisposition.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – DISCUSS AND RECOMMEND GERMLINE-SPECIFIC SCREENING

For the Trainee to be able to discuss and recommend germline-specific screening and risk-reduction procedures to individuals.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – AWARENESS OF CANCER INCIDENCE, PREVENTION, MORTALITY, SURVIVAL NATIONALLY/GLOBALLY

For the Trainee to be able demonstrate awareness of cancer incidence, prevention, mortality, and survival nationally and globally.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 4 – EXPLAIN AND ADVISE BEHAVIOUR MODIFICATION AND OTHER CANCER PREVENTION MEASURES

For the Trainee to explain and advise behaviour modification and other cancer prevention measures, including chemoprevention, and vaccination.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 5 – FAMILIARITY WITH CANCER SCREENING PROGRAMMES IN IRELAND

For the Trainee to demonstrate familiarity with available cancer screening programmes in Ireland, including BreastCheck, CervicalCheck and BowelScreen.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Providing advice on screening
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 6 – DISCUSS PROCESSES FOR LICENCING AND REIMBURSEMENT OF NEW SACT IN IRELAND

For the Trainee to discuss the processes for the licencing and reimbursement of new SACT in Ireland.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference

Training Goal 3 – Cancer Diagnostics and Imaging

By the end of Medical Oncology Training, the Trainee is expected to be able to describe the clinical use and interpretation of laboratory testing (*e.g.*, Histopathology, Molecular and Genomic testing, Biomarkers). They are expected to be able to describe the clinical use and interpretation of imaging modalities (including TNM Staging, RECIST criteria) and demonstrate an ability to participate in disease specific MDT meetings.

OUTCOME 1 – APPROPRIATE USE AND INTERPRETATION OF LABORATORY TESTS

For the Trainee to demonstrate appropriate use and interpretation of laboratory tests including but not limited to histopathology, molecular and genomic testing, and both predictive and prognostic biomarkers.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- MDT
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – APPROPRIATE USE AND INTERPRETATION OF IMAGING AND TNM STAGING PROCEDURES

For the Trainee to demonstrate appropriate use and interpretation of imaging and TNM staging procedures.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- MDT
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – ACTIVE ENGAGEMENT IN DISEASE SPECIFIC MDT MEETINGS

For the Trainee to be able to demonstrate active engagement in disease specific MDT meetings.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- MDT Meeting

Training Goal 4 – Therapies

By the end of Medical Oncology Training, the Trainee is expected to be competent in describing the pharmacogenomics and the pharmacology of Systemic Anti-Cancer Therapies (SACT) including but not limited to cytotoxic, endocrine, targeted, immune, and cell-based therapies, and the relevant consenting processes. The Trainee is expected to demonstrate competence in the appropriate prescription of SACT and recognise and manage common toxicities of SACT. The Trainee is expected to describe indications and impact of other therapies such as surgery, radiotherapy, and image-guided oncologic therapies in a multi-disciplinary setting.

OUTCOME 1 – DESCRIBE INDICATIONS, MECHANISM OF ACTION AND RESISTANCE OF SACT

For the Trainee to be able to describe the indications, mechanisms of action, the mechanisms of resistance, the pharmacogenomics, and the pharmacology of Systemic Anti-Cancer Therapies (SACT) including but not limited to; cytotoxic, endocrine, targeted, immuno- and cell-based therapies.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – APPROPRIATE PRESCRIPTION OF SACT

For the Trainee to demonstrate competency in the appropriate prescription of SACT and routes of administration.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – RECOGNISE AND MANAGE COMMON TOXICITIES OF SACT

For the Trainee to be able to recognise and manage common toxicities of SACT, (the frequency of occurrence, and the safety parameters to be monitored).

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 4 – CONSENT PATIENTS FOR SACT

For the Trainee to be able to consent patients for SACT.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Study Days
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 5 – DESCRIBE THE INDICATIONS AND IMPACT OF A RANGE OF THERAPIES

For the Trainee to describe the indications and impact of surgery, radiotherapy, and image-guided or interventional oncologic therapies in a multi-disciplinary setting.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

Training Goal 5 – Management and Treatment of Specific Malignancies

By the end of Medical Oncology Training, the Trainee is expected to demonstrate competence in performing specialist assessment and systemic therapy planning in the context of the multidisciplinary management of patients along the cancer care continuum for the cancer subtypes listed below.

- Thoracic
- Gastrointestinal
- Breast
- Genitourinary
- Gynaecological
- Head and Neck
- Sarcoma
- Skin
- Endocrine
- Central Nervous System
- Cancer of Unknown Primary
- High-Grade Lymphoma
- Other

OUTCOME 1 – DIAGNOSIS

For the Trainee to be able to diagnose specific malignancies based on laboratory results and imaging.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – STAGING

For the Trainee to demonstrate appropriate and accurate use of relevant staging procedures for individual malignancies along the cancer continuum.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – MDT

For the Trainee to be able to lead and/or contribute as appropriate to MDT (including staging and management).

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- MDT
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination (Annually)
- European Society of Medical Oncology (ESMO) examination

OUTCOME 4 – TREATMENT PLAN

For the Trainee to formulate an appropriate management and treatment plan (SACT and other) for individual malignancies along the cancer continuum.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 5 – SUPPORTIVE CARE

For the Trainee to be able to provide supportive care as appropriate along the cancer continuum.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 6 – FOLLOW UP

For the Trainee to be able to apply personalised treatment and follow up plans considering patient related characteristics and preferences.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs

- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

Training Goal 6 – Management of Specific Populations

By the end of Medical Oncology Training, the Trainee is expected to be able to advise on an optimal treatment strategy and SACT decisions as part of a multidisciplinary team for the following specific patient populations:

- Adolescent & Young Adult (AYA)
- Pregnant Patients
- Older Adults
- AIDS-associated malignancies

OUTCOME 1 – MANAGEMENT OF MALIGNANCIES IN ADOLESCENT AND YOUNG ADULTS

For the Trainee to demonstrate competence in the management of malignancies in Adolescents and Young Adults (AYA).

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – MANAGEMENT OF MALIGNANCIES IN PREGNANCY

For the Trainee to demonstrate competence in the management of malignancies in Pregnancy.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – MANAGEMENT OF MALIGNANCIES IN OLDER ADULTS

For the Trainee to demonstrate awareness of the tools available to fine-tune cancer therapy plans for Older Adults and demonstrate competency in the management of malignancies in older adults.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination

- European Society of Medical Oncology (ESMO) examination

OUTCOME 4 – MANAGEMENT OF AIDS-RELATED MALIGNANCIES

For the Trainee to demonstrate competence in the management of AIDS-related malignancies.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

Training Goal 7 – Best Supportive Care and Communication

By the end of Medical Oncology Training, the Trainee is expected to be able to assess, diagnose, and guide treatment of symptoms related to cancer and its therapies. The trainee is expected to demonstrate an understanding of the importance of patient-centred communication and the necessary skills to effectively communicate to patients and their caregivers regarding disease, treatment options, prognosis, and preferences for end-of-life care. The Trainee is expected to assess patients' and caregivers' supportive care and multidisciplinary needs at all points in the cancer journey.

The Trainee is expected to perform outpatient follow-up assessments and screening recommendations based on best practice or guideline recommendations for the detection of cancer recurrence, new primary cancers, and chronic diseases and to educate patients about healthy lifestyle. The Trainee should also be able to provide sensitive and effective care to patients dying of advanced cancer and support their family members throughout the dying process.

OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the Trainee to perform a thorough history and relevant clinical examination to determine the likely aetiology of presenting symptoms.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – FAMILY AND PSYCHOSOCIAL HISTORY

For the Trainee to perform a thorough family and psychosocial history to reveal potential care needs requiring multidisciplinary input.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – LEAD FAMILY MEETING

For the Trainee to lead a family meeting regarding a complex patient.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days

- Family meeting
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 4 – LEAD MULTIDISCIPLINARY TEAM DISCUSSION

For the Trainee to demonstrate competence in leading an MDT and allied health professional case discussion/team meeting.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- MDT

OUTCOME 5 – RECOGNISE WHEN PATIENTS MAY BENEFIT FROM MULTIDISCIPLINARY OR SPECIALIST REFERRALS

For the Trainee to be able to recognise when patients may benefit from referrals to psycho-oncologists, psychiatrists, psychologists, social workers, and other specialists based on need and availability.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 6 – EDUCATION AND SUPPORT FOR CANCER SURVIVORS

For the Trainee to be able to deliver appropriate education and support for cancer survivors.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 7 – REFER TO IN-PATIENT AND PALLIATIVE CARE SERVICES

For the Trainee to be able to refer appropriately to in-patient and community Palliative care services.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs

- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 8 – RECOGNISE INDICATIONS AND PRESCRIBE CSCI

For the Trainee to be able to recognise indications for and be competent in prescribing continuous subcutaneous infusion (CSCI).

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference

OUTCOME 9 – APPLY PLAIN LANGUAGE IN PRACTICE IN PATIENTS WITH CANCER

For the Trainee to be able to apply plain language in practice (verbal and written) in the care of patients with cancer.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

Training Goal 8 – Oncology Emergencies

By the end of Medical Oncology Training, the Trainee is expected to demonstrate competence in identifying, diagnosing, and treating common medical oncology emergencies (related to cancer and/or its treatment).

OUTCOME 1 – RECOGNITION AND MANAGEMENT OF NEUTROPENIC SEPSIS

For the trainee to demonstrate competence in the recognition and management of Neutropenic Sepsis.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – RECOGNITION AND MANAGEMENT OF SPINAL CORD COMPRESSION

For trainee to demonstrate competence in the recognition and management of Spinal Cord Compression.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – RECOGNITION AND MANAGEMENT OF SVCO

For the Trainee to demonstrate competence in the recognition and management of Superior Vena Cava Obstruction (SVCO).

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 4 – RECOGNITION AND MANAGEMENT OF ONCOLOGY-RELATED METABOLIC EMERGENCIES

For the Trainee to demonstrate competence in the recognition and management of oncology-related Metabolic emergencies including SIADH, hypercalcemia and tumour lysis syndrome.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination (Year 3-4)

OUTCOME 5 – RECOGNITION AND MANAGEMENT OF SACT-RELATED EMERGENCIES

For the Trainee to demonstrate competence in the recognition and management of SACT related emergencies including immunotherapy toxicities.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

Training Goal 9 – Cancer Research and Governance

By the end of Medical Oncology Training, the Trainee is expected to demonstrate knowledge of basic principles of clinical and translational research, the relevant ethical considerations, statistical analysis, and the importance of Good Clinical Practice (GCP).

Be familiar with current [National Cancer Strategy](#), the [National Cancer Control Programme](#), and the governance of the provision of a cancer service for patients in Ireland.

OUTCOME 1 – KNOWLEDGE OF PRINCIPLES OF CLINICAL AND TRANSLATIONAL RESEARCH

For the Trainee to demonstrate knowledge of basic principles of clinical and translational research including relevant ethical considerations.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 2 – KNOWLEDGE OF PRINCIPLES OF STATISTICS

For the trainee to demonstrate knowledge of basic principles of statistics and analytical processes.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 3 – RECOGNISE THE IMPORTANCE OF GOOD CLINICAL PRACTICE

For the Trainee to recognise the importance of and maintain certification in Good Clinical Practice (GCP).

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

OUTCOME 4 – BE FAMILIAR WITH ORGANISATION OF CANCER SERVICES IN IRELAND

For the Trainee to be familiar with the organisation of cancer services in Ireland and demonstrate an awareness of key national strategies including but not limited to the National Cancer Strategy, the National Cancer Control Programme

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Journal Clubs
- Study Days
- Attendance at Educational Conference
- American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination
- European Society of Medical Oncology (ESMO) examination

5. APPENDICES

This section includes two appendices to the curriculum.

The first one is about Assessment (i.e. Workplace Based Assessments, Evaluations, and Examinations)

The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)

ASSESSMENT APPENDIX

Workplace-Based Assessment and Evaluations

The expression “workplace-based assessments” (WBA) defines all the assessments used to evaluate trainees’ daily clinical practices employed in their work setting. It is primarily based on the observation of trainees’ performance by trainers. Each observation is followed by a trainer’s feedback, with the intent of fostering reflective practice.

Relevance of Feedback for WBA

Although “assessment” is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for trainees. Such feedback is expected to be:

- **Frequent:** the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely:** preferably, the feedback should be a direct conversation between trainer and trainee in a timeframe close to the training event. The trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive:** the recorded feedback would inform both trainee’s practice for future performance and committees for evaluations. Hence, feedback should provide trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable:** to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee’s strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; and *Feedback*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

Mandatory Evaluations are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Evaluation/End of Post Evaluation; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track trainees' progression.

Formative and Summative Feedback

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

If the WBA is logged as formative, the trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression.

Specialty-Specific Examination

Sit the **American Society of Clinical Oncology (ASCO) Medical Oncology In-Training Examination at least once but preferably annually**. It is recommended to sit the **European Society of Medical Oncology (ESMO) examination at least once over the course of HST**. These exams will not be used as a certifying or qualifying examinations but are to be used as a self- assessment tool designed to gauge knowledge in Medical Oncology.

WORKPLACE-BASED ASSESSMENTS	
CBD Case Based Discussion	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. Planning: The Trainee selects two or more medical records to present to the Trainer who will choose one for the assessment. Trainee and Trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the Trainee. <p>It is good practice to complete at least one CBD per quarter in each year of training.</p>
DOPS Direct Observation of Procedural Skills	<p>This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.</p> <p>In the context of a DOPS, the Trainer evaluates the Trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.</p> <p>It is good practice to complete at least one assessment per quarter in each year of training.</p>
MiniCEX Mini Clinical Evaluation Exercise	<p>The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback. <p>It is good practice to complete at least one assessment per quarter in each year of training.</p>
Feedback Opportunity	<p>Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)</p>
MANDATORY EVALUATIONS	
QA Quarterly Assessment	<p>As the name suggests, the Quarterly Assessment occurs four times in the academic year, once every academic quarter (every three months).</p> <p>It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio.</p> <p>However, if the Trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post.</p> <p>This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement.</p>
EOPA End of Post Assessment	
EOYE End of Year Evaluation	<p>The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not required to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen before the end of the academic year (between April and June).</p>
PYE Penultimate Year Evaluation	<p>The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training.</p> <p>It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so.</p>
FYE Final Year Evaluation	<p>In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation.</p>

TEACHING APPENDIX

RCPI Taught Programme

The new RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

Trainees will receive their induction content and timetable ahead of their start date on HST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the HST Taught Programme is a mandatory component of HST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training curriculum for a full list of requirements for their HST programme. When not sure, Trainees should contact their Programme Coordinator.

Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the programme. Trainees are expected to attend the majority of study days available with at least 75% attendance.

Medical Oncology Teaching Attendance Requirements

