INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

# MEDICAL ONCOLOGY

## OUTCOME BASED EDUCATION 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 Workplace Education Team. The Curriculum is approved by the Specialty Training Committee and the Institute of Medicine.**

| Version | Date Published | Last Edited By | Version Comments |
|---|---|---|---|
| 2.0 | July 2026 | Stephen Capper | Updates to the Core Professional Skills section to explicitly align with the *Eight Domains of Good Professional Practice*. |

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
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 minimum requirements model of the medical oncology curriculum and training to OBE, which is more in line with other countries in Europe and the US. It was a key initiative of the RCPI's Strategic Plan 2021 – 2024 which aimed 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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# INTRODUCTION

*This section includes an overview of the Higher Specialist Training programme and of this Curriculum document.*

## 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.

## 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.

## 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.

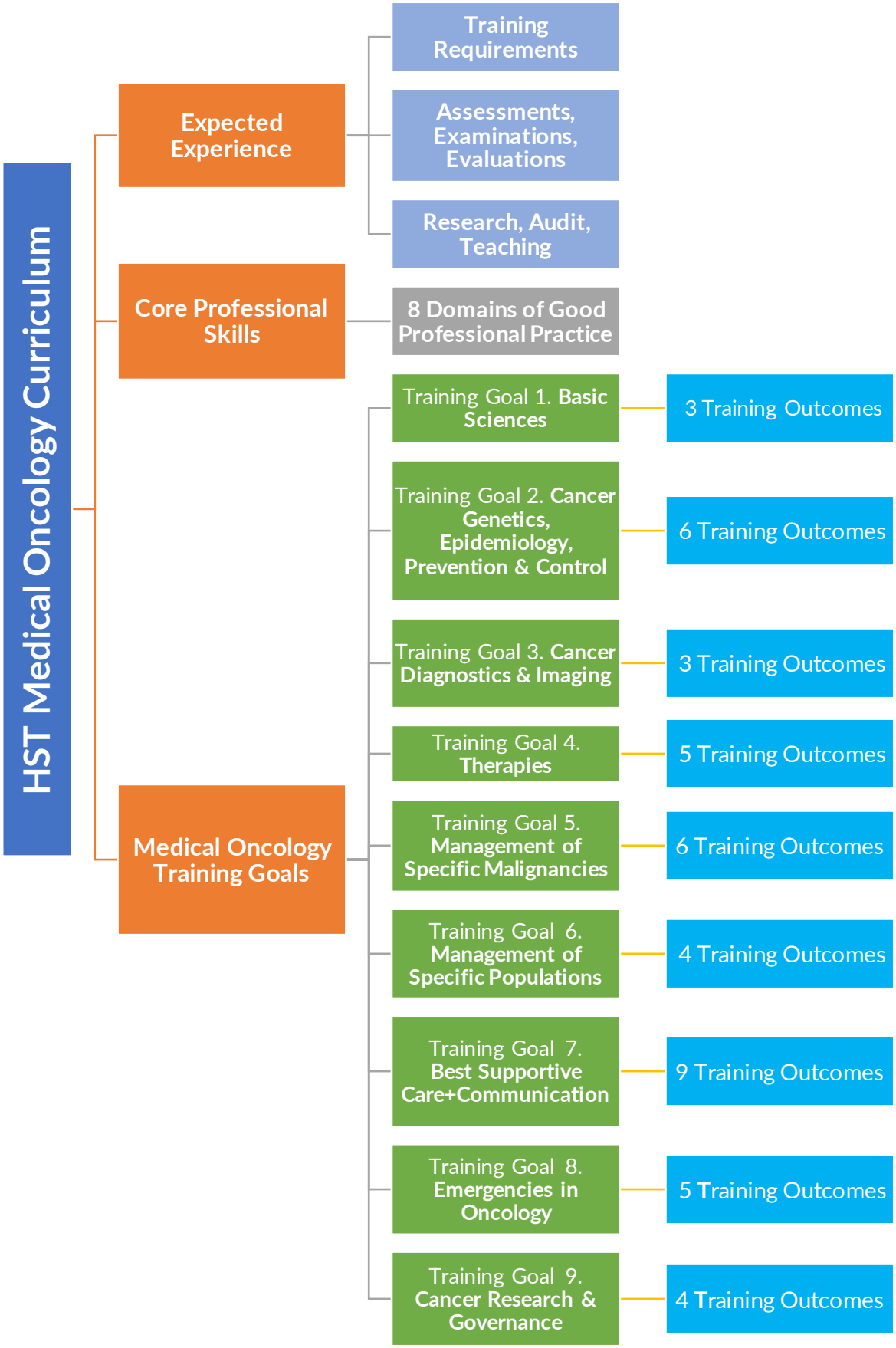
**Please note**: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and it documents that they have successfully met training standards as expected by the Medical Council.

## Reference to Rules & 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.

## Overview of Curriculum Sections & Training Goals



# EXPECTED EXPERIENCE

*This section details the training experience that all Trainees are expected to complete over the course of Higher Specialist Training.*

## Duration & 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.

## 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<br>• Lung cancer clinic<br>• Breast cancer clinic<br>• Colon cancer clinic<br>• Prostate cancer clinic<br>• Gynaecological cancer clinic | Attend at least 5 per year, record attendance | Clinics |
| **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 | Clinical Activities |
| Consultations/new referrals within hospital | Attend at least 1 per month, record attendance | Clinical Activities |
| **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 | Cases |
| SVC obstruction | Record 3 cases per year of training | Cases |
| Metabolic complications of cancer therapy (↑Ca++; renal failure, SIADH) | Record 3 cases per year of training | Cases |
| Chronic Cases/Long term care | Record 5 cases over the course of HST (Desirable) | Cases |
| Atypical presentations of malignancy | Record 4 cases over the course of HST (Desirable) | Cases |
| Challenging care diagnostics | Record 3 cases over the course of HST (Desirable) | Cases |
| Rare/unusual complications of cancer treatment | Record 5 cases over the course of HST (Desirable) | Cases |

| 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 | Procedures, Skills & DOPS |
| **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 | Additional Special Experience |
| Palliative Medicine | Record 5 examples over the course of HST (Desirable) | Additional Special Experience |
| Psychosocial management/ Assessment of patient needs | Record 1 example over the course of HST (Desirable) | Additional Special Experience |
| **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) | Management Experience |
| Managing adverse events | Record 5 examples over the course of HST (Desirable) | Management Experience |
| Managing complaints – personal/service | Record 3 examples over the course of HST (Desirable) | Management Experience |

## 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)**

## Evaluations, Examinations & 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.

## Research, Audit & Teaching Experience

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)

## 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.

## 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 an 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 an 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 an as agreed with Trainer. Record cases on ePortfolio | Cases |
| **Procedures, Practical/Surgical Skills** | Gain experience in procedural, practical, surgical skills as indicated above an as agreed with Trainer. Record experience on ePortfolio | Procedures, Skills & DOPS |
| **Additional/Special Experience** | Gain additional/special experience as indicated above an 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** | Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings | Research Activities |
| **Publication** | Desirable Experience: 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 |

# CORE PROFESSIONAL SKILLS

*This section includes the Irish Medical Council guidelines for medical professional conduct.*

*The Medical Council has defined **eight domains of good professional practice**.*

*These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.*

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

# Core Professional Skills

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the *Eight Domains of Good Professional Practice* (**Irish Medical Council, 2024**), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that Trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.

## 1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

### Quality Improvement

- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

### Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

### Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

### System Safety and Governance

- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

### Antimicrobial Resistance

- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

## 2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

### Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

### Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

### Informed Consent and Shared Decision-Making

- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.

### Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

### Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

### Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

## 3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

### Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance

### Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

### Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

### Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

### Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

### Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

## 4 Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

### Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

### Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

### Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

### Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

## 5 Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

### Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

### Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

### Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

### Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

### Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

## 6 Patient Safety and Quality of Patient Care

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

### Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

### Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

### Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

### Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

### Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

## 7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

### Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

### Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

### Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

### Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

### Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

### Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

## 8 Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

### Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

### Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

### Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

### Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

### Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

# SPECIALTY SECTION – MEDICAL ONCOLOGY TRAINING GOALS

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

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

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

*In order to achieve the Outcomes it is recommended to agree on the most appropriate type of 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 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, γδ 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, & 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 & 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 predicative 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 & 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 & 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 & 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

# APPENDICES

*This section includes two appendices to the Curriculum.*

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

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

# ASSESSMENT APPENDIX

## Workplace-Based Assessment & 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 & 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* | This assessment is developed in three phases:<br>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.<br>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.<br>3. Feedback: The Trainer provides constructive feedback to the Trainee.<br>It is good practice to complete at least one CBD per quarter in each year of training. |
| ***DOPS*** **\|** *Direct Observation of Procedural Skills* | This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.<br>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.<br>It is good practice to complete at least one assessment per quarter in each year of training. |
| ***MiniCEX*** **\|** *Mini Clinical Evaluation Exercise* | The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases:<br>1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes).<br>2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination.<br>3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.<br>It is good practice to complete at least one assessment per quarter in each year of training. |
| ***Feedback Opportunity*** | 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) |
| **MANDATORY EVALUATIONS** | |
| ***QA*** **\|** *Quarterly Assessment* | As the name suggests, the Quarterly Assessment occurs four times in the academic year, once every academic quarter (every three months).<br>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.<br>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.<br>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. |
| ***EOPA*** **\|** *End of Post Assessment* | |
| ***EOYE*** **\|** *End of Year Evaluation* | 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). |
| ***PYE*** **\|** *Penultimate Year Evaluation* | The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training.<br>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. |
| ***FYE*** **\|** *Final Year Evaluation* | 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. |

# TEACHING APPENDIX

## RCPI Taught Programme

The 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