

37th Annual General Meeting of the Association of Cancer Physicians

Monday 3rd October 2022

Via Zoom

Programme

New Members

Meetings

Trainees Sub-Committee

Prizes

Fellowships

Accounts

Workforce

UK Chemotherapy Board (UKCB)

Specialist Advisory Committee (SAC)

**Closer Working between Medical Oncology and Clinical
Oncology**

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In Memoriam

Ed Gilby, died May 2022

Formerly Consultant Physician and Medical Oncologist, Royal United Hospital, Bath from 1976-2012

Previously a Trustee of the ACP, a member of the ACP Executive Committee, and an FACP (UK)



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New Members

New Members (1)



Anisa	Abdulrahman	University College London NHS Foundation Trust
Karam	Aboud	Velindre Cancer Centre
Sarah	Ahmed	UHNM
Samir	Al-Bedeary	Betsi Cadwaladr University Health Board
Joel	Allotey	Aberdeen Royal Infirmary
Sreeja	Aruketty	Freeman hospital, Newcastle upon Tyne
Musa	Azhar	Leeds Teaching Hospital Trust
Katie	Ball	Addenbrooke's Hospital
Jessica	Ball	Bristol haematology and oncology centre
Emma	Barker	Somerset Foundation Trust
Talvinder	Bhagal	Clatterbridge Cancer Centre
Katherine	Carnegie	Cambridge Univeristy NHS Foundation Trust
Chloe	Caws	Bristol Haematology and Oncology Centre
Hannah	Cheney Lowe	Barts Health NHS Trust
Matt	Church	The Christie NHS Foundation Trust
Alicia-Marie	Conway	The Christie NHS hospital trust
Sharon	Costa	University Hospitals of North Midlands
Paolo Davide	D'Arienzo	The Royal Marsden
Catherine	Davidson	NHS
Mark	Davies	Swansea Bay University Health Board
Michael-John	Devlin	Barts Hospital
Anjana	Dua	Royal Surrey County Hospital
Raghad	Elghadi	Hammersmith Hospital Imperial
Karim	El-Shakankery	Edinburgh Cancer Center
Ketevan	Eremeishvili	Brighton and Sussex University Hospitals Trust
Mohammed Omar	Farooq	Nottingham UNniversity Hospitals NHS Trust
Lucy	Flanders	St Barts
Ashram	Gautam	Health Education England North East
Simon	Gray	Clatterbridge Cancer Centre
Hannah-Leigh	Gray	Beatson, West of Scotland Cancer Centre.
Semini	Greening	Oxford University Hospitals NHS Trust
Tami	Grunewald	University College London
Catherine	Handforth	Leeds teaching hospitals
Jhanzeb	Iftikhar	University Hospital Coventry & Warwickshire
Syed Usaid	IQBAL	University Hospital Birmingham NHS Foundation Trust
Chioma	Iwu	Cambridge University Hospital
Magdalene	Joseph	Royal Free NHS Foundation Trust
Sana	Junaid	Castle Hill Hospital
Joanna	Kefas	UCLH, London
Mahrugh	Khalid	royal stroke university hospital stoke on trent
Sanjay	Khanna	Brighton & Sussex University Hospital
Yuk-Chun (Virginia)	Lam	Maidstone and Tunbridge well NHS Trust
Isla	Leslie	Guy's and St Thomas
Justin	Liu	Leeds Teaching Hospitals NHS Trust
Joanna	Lynch	LOC
Mark	Lythgoe	Imperial College London
Carey	MacDonald-Smith	North Wales Cancer Treatment Centre
Preethika	Mahalingam	The Royal Marsden Hospital
Jasmin	Mahil	HEE west midlands
Lavanya	Mariappan	Northern Centre for Cancer Care , NCCC
Alice	Maxwell	Imperial College London

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New Members

New Members (2)



Samuel	McInerney	Beatson Cancer Institute
Matt	Mee	St Bartholomew's Hospital
Eve	Merry	UCLH
Qudsia	Mujeeb	The Royal Wolverhampton NHS Trust
Dan	Muller	Portsmouth Hospital University
Nabeel	Naban	Imperial Healthcare Trust
Elsbeth	Nye	Royal United Hospital, Bath
Lalit	Pallan	University Hospitals Birmingham NHS Foundation Trust
Sreekanth	Palvai	Southend University hospital NHS
Arun Prasath	Perumal Thiagarajan	East of England deanery
James	Platt	Leeds Teaching Hospitals NHS Trust
Gemma	Quesne	Leeds Teaching Hospitals Trust
Natasha	Quyn	LOC part of HCA Healthcare UK
Samuel	Rack	The Christie Hospital
Vivek	Radhakrishnan	University Hospital of Southampton
ABEDA	RAIYAN	University Hospital of North Midlands
Ahmed	Raza	Queen Elizabeth Hospital Birmingham
Faisal	Rehman	University Hospital of Leicester
Syed Azhar J	Rizvi	Milton Keynes University Hospital
Faiza	Saleem	Milton Keynes University Hospital
Simran	Sandhu	LOC at HCA Healthcare UK
Paramvir	Sawhney	Addenbrooke's Hospital
Diti	Saxena	Royal Sussex county hospital
Tahir	Shafiq	City Hospital Nottingham
Dinakshi	Shah	Christie NHS Foundation Trust
Ahmed	Shaheen	NCCC
Thurkaa	Shanmugalingam	St George's University Hospitals NHS Foundation Trust
Heather	Shaw	University College London Hospital
Shivan	Sivakumar	University of Oxford
Katherine	Smith	Guy's Cancer Centre
Laura	Spurgeon	The Christie
Rebecca	Squires	Bristol Haematology and Oncology Centre
Krishnie	Srikandarajah	Guys and St Thomas
Duncan	Stow	Gloucestershire Oncology Dept
Emily	Sullivan	University Hospitals of Morcambe Bay Trust
Anum	Sultan	University Hospitals of Leicester
Fiona	Thistlethwaite	The Christie NHS Foundation Trust
Ann	Tivey	The Christie NHS Foundation Trust
Rippie Kapoor	Tutika	Queen Elizabeth Hospital Birmingham
Lara	Ulrich	Imperial College Healthcare NHS Trust
Jaya lakshmi	Vangara	South Wales Deanery
Theofanis	Vasileiadis	The Yorkshire and Humber Deanery
Andrew	Viggars	Leeds Teaching Hospitals
Jasmin	Waterhouse	The Royal Marsden Hospital
Lauren	Watts	Maidstone Hospital
Jonathan	White	Royal Marsden Hospital
Natasha	Winterburn	Medical Oncology
Sina	Yadollahi	University Hospital Southampton
SU LEI	YIN	MID AND SOUTH ESSEX NHS FOUNDATION TRUST
Sally	Young	Southampton University Hospital NHS Foundation Trust
Hira	Yousuf	St.James University Hospital
Shuai	Zhang	Royal Marsden

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New Members

But.....

The ACP relies on membership subscriptions to support its work. Please encourage colleagues to join, or in the case of “lapsed” members, to re-join. The ACP can only communicate with currently registered members.

Details of the full benefits of membership on the ACP website [here](#)

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ACP Regional Representatives

The ACP has an established network of regional representatives whose role is to help raise the profile and encourage membership of the ACP, and aid communication between the consultants within their region and the ACP Executive Committee and vice versa.

Please engage with your regional rep:

Professor Andrew Protheroe	South East Coast, Thames Valley
Dr Graham Dark	North East
Dr Tom Waddell	North West
Dr Caroline Archer	Wessex
Dr Tania Tillett	South West
Dr Ricky Frazer	Wales
Dr Caroline Michie	Scotland
<i>Vacancy</i>	Northern Ireland
Professor Samreen Ahmed	East Midlands
Dr Danish Mazhar	East of England
Dr Pauline Leonard	London
Dr Lena Karapanagiotou	London
Dr Vanessa Potter	Cheshire and Mersey & West Midlands
Dr Alison Young	Yorkshire and the Humber

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Meetings

16th October 2021 – Workshop on Interventional Oncology

Collaboration with the British Society for
Interventional Radiology, Chaired by Prof
Tze Wah. For publication in 2022

31st January 2022 – Best of SABCS®

Official licensed San Antonio event
following successful ACP Best of ASCO®
meeting in 2021



14th October 2022 – Advances in Biotherapies Workshop, Leeds

Chaired by David Cunningham
and Naureen Starling

Advances in Biotherapies Workshop

Friday 14 October 2022 @ Hilton Leeds City Hotel, Leeds

[REGISTER NOW](#)

This workshop aims to highlight some of the **new advances** in the rapidly expanding field of **biotherapies**. This includes **immunotherapies** and **novel indications, cellular therapies and technologies** and **advances in liquid biopsies**. Presentations by leading experts will be facilitated with case-based discussion and interactive panel discussions regarding developments and patients' cancer care.

*FREE TO ATTEND for ACP members
Non-Member Trainee/ AHP: £50 | Non-Member Consultant/ Industry: £100*

FREE SPACES STILL AVAILABLE

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ACP Trainees Committee

Sub-committee of the executive committee

Daniel Hughes (Chair) – standing down 2022

Harriet Baker

Alison Berner

Rachel Broadbent

Jenny Cotton (Incoming Chair)

Ella Daniels

Richard Heywood

Helen Hockings

Laura Feeney (left 2022)

Joni Howells

Hamzeh Kayhanian

Jonathan Lim

Jemma Longley

Therese McCartney

Alistair McLaren

Oliver Pickles

Nicola Thompson



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ACP Trainees Committee

Recent activities and achievements

- Very successful monthly teaching webinars by Zoom continue, all recorded and published on EBN platform. Mainly site-specific topics, but also joint sessions on acute oncology (with RCR), palliative medicine (with APM). Good feedback and increasing attendance from consultants
- Publication on schedule of SCE revision/practice question book in June 2022. Led by Dan Hughes with consultant editorial oversight. Excellent engagement from many consultants and senior trainees as question writers. Very well received and available at a discount for ACP members
- F2F [trainee weekend](#) 15th-16th October, Leeds, free to attend, with over 100 registered
- Promotion of the specialty, with closer collaboration with BONUS (oncology UG network)
- New dedicated trainee resources page set up on ACP website

Association of Cancer Physicians Series on Oncology **ebn.**
health

500 Single Best Answers for the Medical Oncology Specialty Certificate Exam

Edited by Daniel Hughes, Anna Olsson-Brown, Judith Cave, Helena Earl, Ricky Frazer, Alisa Sita-Lumsden and Ruth Board

- Single best answers to 500+ questions covering all of the key exam topics
- Perfect preparation and practice for the medical oncology SCE and a valuable tool for the FRCR (Oncology) and ESMO exams
- Produced in partnership with the Association of Cancer Physicians (ACP)

Written by senior trainees and consultants and verified by experienced medical oncology consultants in the style of the specialty certificate exam, this collection of 500 single best answers offers an ideal preparation for success.

The aim of 500 SBAs for the Medical Oncology Specialty Certificate Exam is to provide an important evidence-based resource for trainees and non-trainees in preparation for the SCE in Medical Oncology. The practice questions enable learners to assess their own knowledge and identify gaps for further learning. Single-best answer (SBA) questions are accompanied with a description of the answer that highlights important trial data, NICE/other national guidelines and resources. The question number and layout closely mirrors that of the SCE blueprint.

Topics covered follow the blueprint of the exam closely, and include: Scientific basis of malignancy, Systemic anti-cancer therapy, Acute oncology, Supportive therapies and palliative care, Breast cancer, Upper GI cancer, Colorectal and anal cancer, Lung and thoracic cancer, Gynaecological cancers, Urological and germ cell cancers, Haematological cancers, Skin cancer, Sarcoma, Less common cancers (Head and neck, CNS cancers, Endocrine), Carcinoma of unknown primary, Professional skills and ethics.

Make this book the last thing you use before you take the exam.

978-0-99559549-1, Paperback
400 pages, £39.99, \$59.95, June
2022

Ways to pre-order

- Email info@ebnhealth.com
- Call 01865 522326

See www.EBNHealth.com for details of other titles in the series

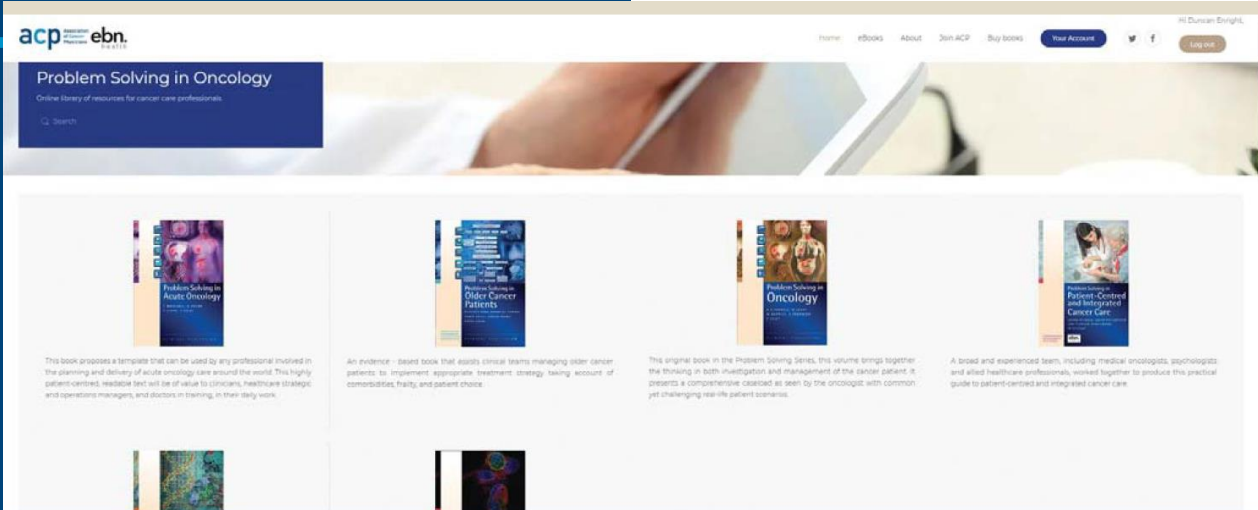
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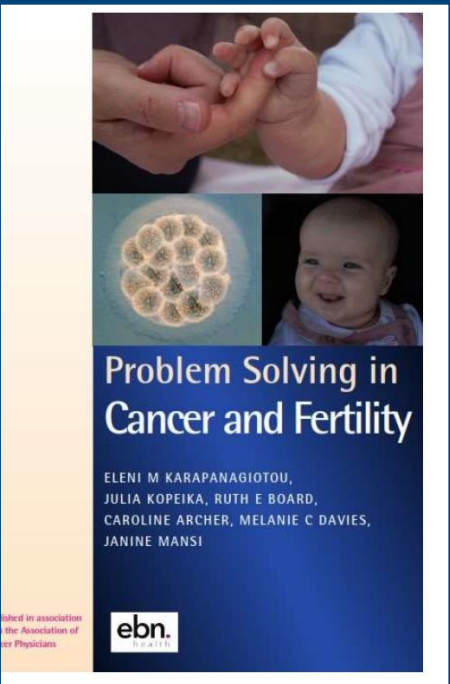
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ONLINE PUBLICATION PLATFORM

Online platform hosted by EBN Health. All ACP titles available free to members, fully searchable and downloadable.

ACP Webinars are recorded and uploaded



Prostate Cancer

ACP Problem Solving in Oncology Webinar Series

August 2022

Hosted by:
Alistair McLaren
ACP Trainee Committee

Prostate Cancer

Webinar will begin shortly

Educational sponsor (Sponsor partners have no editorial input into the content of the presentation or interaction with or choice of speakers or subjects)

Dr Hilary Glen of Beatson West of Scotland Cancer Centre discusses metastatic prostate cancer, and Dr Alison Tree of the Institute for Cancer Research and the Royal Marsden NHS Foundation Trust introduces early prostate cancer, in this webinar chaired by Dr Alistair McLaren.

ACP Library User Guide

<https://acplibrary.ebnhealth.com>

Introduction

McElwain and President's Prizes

Annual competition for trainees for clinical or basic research. Prize £1000 with presentation at trainees weekend (NCRI meeting ceased)

2022 Winners:

McElwain Prize (translational)

Stephen-John Sammut (CRUK Cambridge Institute)

Predicting response to treatment in early breast cancer using multi-omic profiling and machine learning

McElwain Prize (clinical)

Scott Shepherd (Francis Crick/Royal Marsden)

Adaptive immunity and neutralizing antibodies against SARS-CoV-2 variants of concern following infection and vaccination in patients with cancer: the CAPTURE study

President's Prize

Alicia-Marie Conway (CRUK Manchester Institute)

cfDNA multi-modal profiling to detect tissue-of-origin and direct therapy in cancer of unknown primary: taking the 'U' out of 'CUP'

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Fellowships

FACP(UK)

ACP has established Fellowships: FACP (UK)

Fellows are distinguished contributors to medical oncology or to another aspect of cancer science, cancer healthcare, strategy or planning and act as senior advisers to, and ambassadors for, the ACP

Two categories – Fellows and Honorary Fellows

Nominations reviewed and approved by ACP Executive

21 awards in 2022 – to be announced shortly

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Accounts and Management

Treasury Report:

2020 Annual Report and accounts submitted to Charity Commission. Full financial report [here](#). 2021 Accounts being finalised by accountants

Board of Trustees

Board of Trustees established (led by Alison Jones and Richard Begent)

Association Management

Association management, including membership database and collection of annual subs, undertaken by SAS – please respond to requests for information and annual payment (and reminders)

Future Plans

Plans to increase secretariat support

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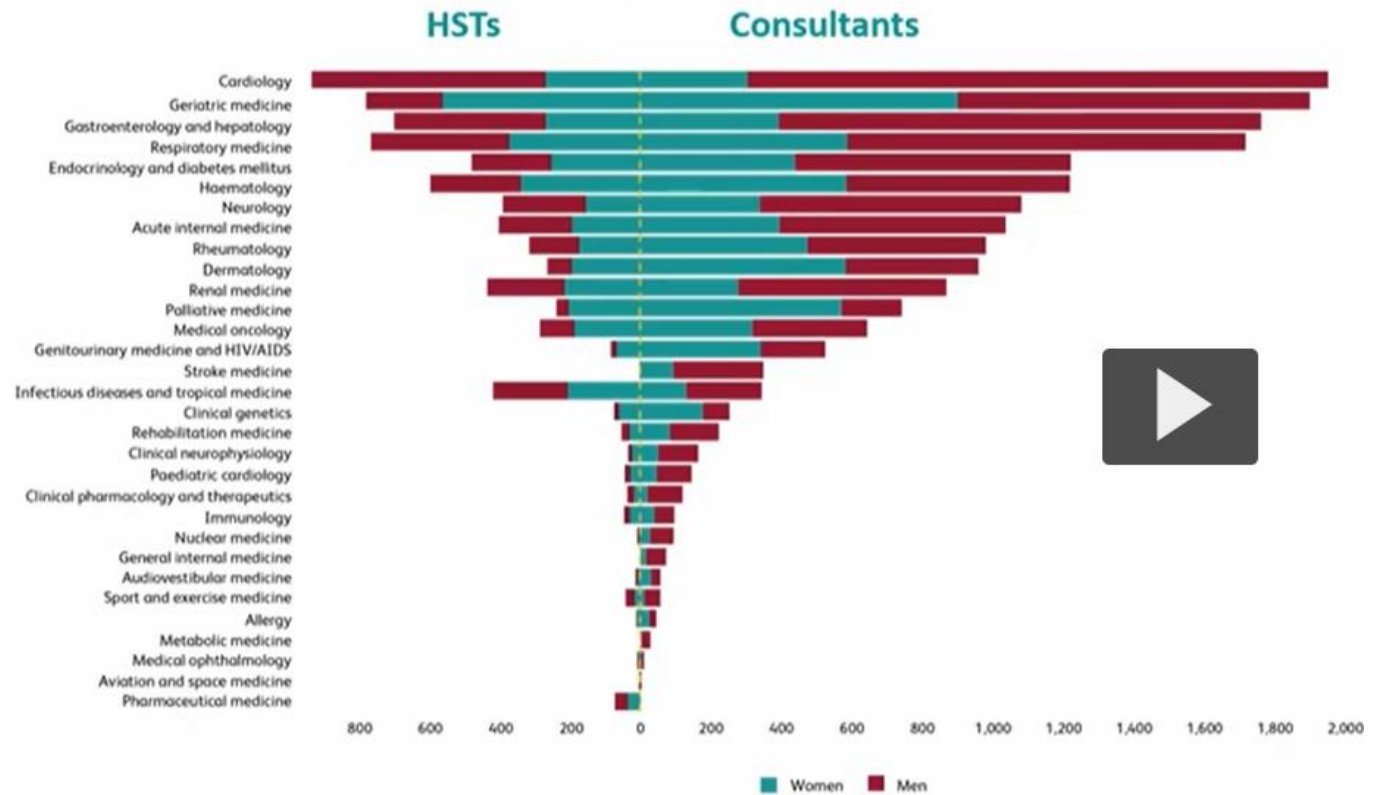
- Workforce continues to be a major challenge across the UK, although wide regional disparities exist
- Year on year continued increase in demand for SACT; exacerbated by backlog of cancer care and increased activity post-Covid
- Low morale, stress and burnout in cancer workforce
- Increasing number of unfilled posts, reliance on locum staff. RCP reports no successful appointment in over 60% of advertised posts in medical oncology (England and Wales)
- Increase in LTFT working at both HST and consultant level (females now make up >50% of both groups)
- Increase in numbers taking earlier retirement (main reasons cited: work-life balance, burnout and pensions). RCP report 44% of current consultant workforce to retire in next 10 years)
- Attrition of CCT holders to industry, overseas and locum agencies

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HST vs Consultant numbers— by specialty and sex



Data from RCP August 2022

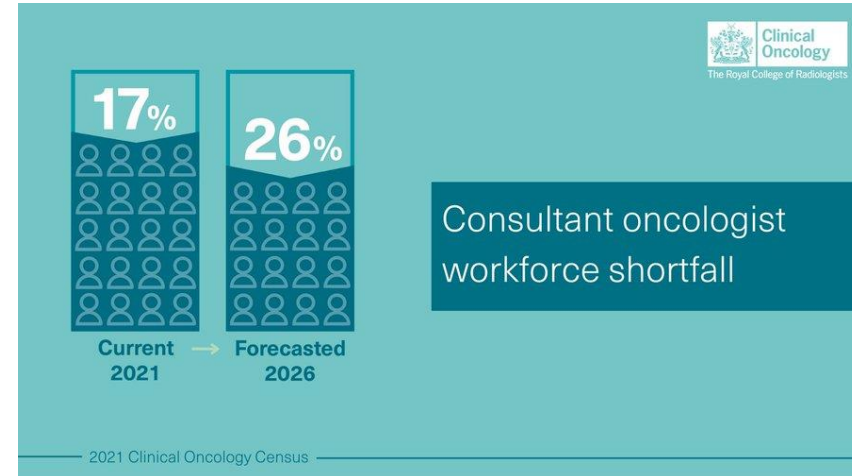
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Workforce

RCR Census, published June 2022

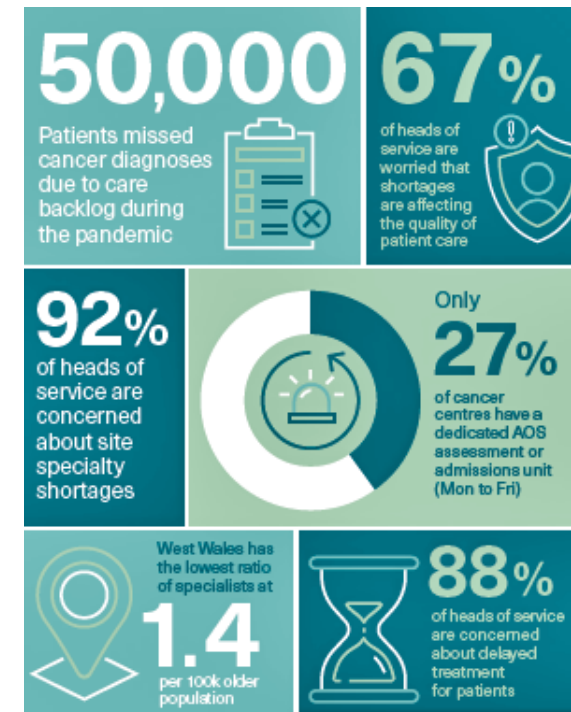


The Royal College of Radiologists @RCRadiologists · Jun 9

Today, we published our 2021 clinical oncology and clinical radiology censuses.

The findings are stark: critical staff shortages; a burnt-out workforce; growing backlogs leading to missed diagnoses, and mounting concerns for patient safety.

Read more: rcr.ac.uk/census2021



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Workforce: Medical Oncology Census

- The RCR and RCP both publish an annual workforce census
- The RCR report is very comprehensive and has a 100% response rate, completed by Heads of Service in all 60 cancer centres across the UK
- The RCP reports a 23% response rate, but with little focus or detailed data on individual specialties
- The ACP is finalising details for a comprehensive workforce census to capture data on the medical oncology/SACT prescribing workforce. About to go live

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UK
Chemotherapy
Board (UKCB) –
Represented by
Janine Mansi,
Ruth Board and
Roshan Agarwal

UKCB website - <https://www.ukchemotherapyboard.org/>
Change of Name to UK SACT Board

Dr Roshan Agarwal has replaced Dr Janine Mansi as ACP Representative. Dr Mansi continues to chair the CRUK Regimen-specific SACT consent forms project. Library of forms regularly revalidated and regularly updated, available via [ACP website](#).

UK Chemotherapy Board Conference, 29th November, London - Annual conference led and hosted by the UKCB <https://www.ukcbconference.co.uk/>

Lisa Barrott/Catherine Oakley (UKONS) currently joint Chairs of the UKCB

New initiatives:

- National library of SACT protocols – options appraisal document published
- Intrathecal chemotherapy standards – working party established
- Competencies for SACT prescribers

Recent guidance and position statements: 2021-2022:

- [Hepatitis B testing](#)
- [Safety of e-prescribing](#)

Ongoing work and previous guidance:

- [DPD testing policy](#) in liaison with NHSE Genomics
- Outpatient mx of glycaemic control
- Low risk neutropenic sepsis pathway in liaison with AO
- Medically related osteonecrosis of the jaw (MRONJ) [guidance](#)
- Chemotherapy [e training modules](#) have been fully supported by the UKCB
- [Immunotherapy](#) – best practice
- Patient held chemotherapy diaries – updated version. Supported by [CRUK](#)
- National regimen-specific consent forms – on [CRUK website](#)
- ACP/UKCB support for a UKONS RAG triage tool for acute oncology emergencies: <http://www.ukons.org/acute-oncology-forum>

SAC – Specialist Advisory Committee



‘Specialty Sub-committee of the Joint Royal College of Physicians Training Board (JRCPTB)’

Contribute to the development of specialist training policy and supervise the deliver of training to standards set by JRCPTB

Chair – Dr Jackie Newby (Royal Free)

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SAC Update

Dr Jackie Newby

Chair

Medical Oncology Specialty Advisory Committee

JRCPTB

- 
- ▶ New Curriculum Implementation
 - ▶ Workforce
 - ▶ new training numbers
 - ▶ recruitment
 - ▶ Study Leave funding

New Curriculum: Background

- ▶ 2 major drivers for Curriculum Revision
 - ▶ Shape of Training (ShoT) Review
 - ▶ GMC new standards for postgraduate medical education
- ▶ Impact on Medical Oncology
 - ▶ Move to shift balance to generalism from specialism one of the key ShoT principles
 - ▶ Medical speciality within RCP
 - ▶ Dual training/accreditation with internal medicine 'Group 1 vs Group 2' specialties
 - ▶ Greater flexibility to adapt to population and trainee needs
 - ▶ Pressure to work more closely with Clinical Oncology

Curriculum implementation progress

- ▶ **New Medical Oncology Curriculum implemented 1st August 2021**
 - ▶ Curriculum and guidance on JRCPTB website under 'Specialties- Medical Oncology'
 - ▶ Any new ST3 since Aug 2021
 - ▶ Anyone >12m WTE from CCT will/will have transitioned
 - ▶ Gap analysis/transition forms and advice available on eportfolio
- ▶ **Review of Implementation**
 - ▶ **General feedback so far**
 - ▶ no major problems
 - ▶ some relatively minor teething problems
 - ▶ acceptable variability in details of delivering the ST3 Common Oncology Stem year of the new curriculum with some quite exciting innovative developments
 - ▶ 'Working with colleagues at the Royal College of Radiologists, please monitor the effectiveness and deliverability of the OCS, including the variation in CiP assessment scales, and assess the opportunity for greater commonality between the two training pathways. Please report back following completion of the first year in 2022'
 - ▶ formal report in development
 - ▶ survey of trainers and trainees in progress
 - ▶ one to ones with TPDs

National recruitment- posts and fill rates

Huge thanks as always to the large numbers of consultants who provide their time for this

Medical Oncology	2017	2018	2019	2020	2021	2022
Applicants	114	121	151	185	212	214
Vacancies	54	53	38	36	79 ¹	88 ¹
No filled	40	52	38	36	78	69
% filled	74	98	100	100	99	78*

*Round 2 this year- in progress.
Interviews Fri 7th October
52 applicants; interviewing 37

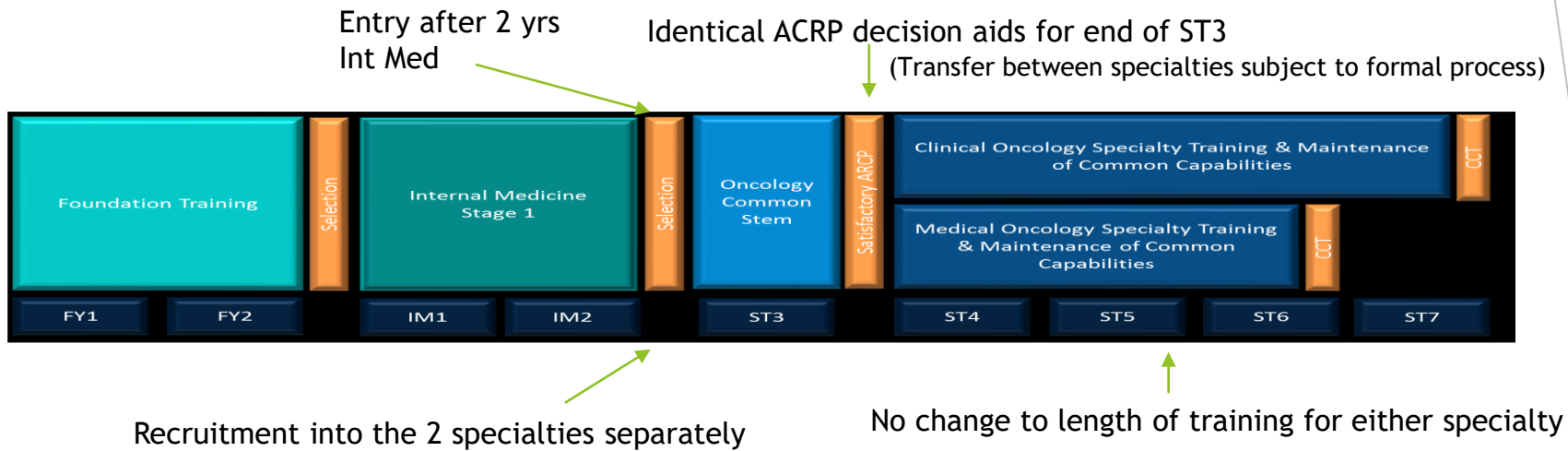
¹ Numbers boosted 2021 and 2022 by additional training numbers
- exact details vary by nation
- ongoing expansion

Study Leave funding

- ▶ System changed in 2018
 - ▶ previously set allocation per trainee per year; trainees topped this up
 - ▶ now individualised to trainee educational needs
- ▶ Ongoing struggle to fund especially the MSc-type Oncology courses provided in various parts of the country
 - ▶ MSc badge always seen as ‘aspirational’ even where these were developed specifically to provide core curriculum directed training
 - ▶ high unit cost (notional budget allocation per trainee ~£6-700/year)
- ▶ In negotiations with HEE/CopMed about this
 - ▶ high unit cost should be looked at in context of overall costs as per their policy
 - ▶ explore option for part-funding - currently not possible
 - ▶ likely that this will all be devolved to regional training days supplemented by shorter/cheaper/ more targeted courses that come closer to their notional allocation

Questions?

Training Pathway



Key elements of new curriculum

- ▶ Dividing the high-level learning outcomes (known as capabilities in practice, or CiPs) of the curricula into 3 groups:
 - ▶ Generic (common to all specialties);
 - ▶ Shared/Common Oncology (same for Medical and Clinical Oncology) and
 - ▶ Medical or Clinical Oncology specific (unique to specialty)
- ▶ Complete alignment of the ARCP decision aids for the end of the ST3 Oncology Common Stem year to facilitate transfer between the specialties
- ▶ Alignment of the shared learning outcome areas of the curricula throughout training
- ▶ An explicit commitment to training in Acute Oncology for all trainees

Curriculum: the future

- ▶ Approval of the 2021 curriculum came with caveats
- ▶ ‘Working with colleagues at the Royal College of Radiologists, please monitor the effectiveness and deliverability of the OCS, including the variation in CiP assessment scales, and assess the opportunity for greater commonality between the two training pathways. Please report back following completion of the first year in 2022’
- ▶ Joint Curriculum working group convened 2018
 - ▶ Unofficial group; admin support from RCR; no formal status
 - ▶ Worked very effectively on agreeing the joint elements of the curriculum and aligning the curricula/getting approvals
 - ▶ Has drifted with COVID so implementation has been less coordinated
 - ▶ Need to re-establish to ensure that we are monitoring the implementation of the Common Stem Year and in a position to report back to GMC in autumn 2022
- ▶ Acute Oncology
 - ▶ Sept 2019 Joint ACP/RCR workshop ‘The future of Acute Oncology’
 - ▶ Oct 2020: ‘Acute Oncology: increasing engagement and visibility in acute care settings’ Joint ACP/RCP/RCR publication
- ▶ Closer working between Medical and Clinical Oncology- covered in more detail elsewhere in this meeting

Closer Working
between
Medical
Oncology and
Clinical
Oncology



**Co-Chair of Closer Working Group:
Professor Peter Selby**

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The Report and Recommendations of the Clinical Oncology and Medical Oncology Closer Working Group: a new Joint Faculty for the two specialties hosted in The Royal College of Radiologists

The Closer Working Party (CWP) recommended strategic changes in the way CO and MO work together—***“one Faculty ; one host College; one shared learned society “***. Well supported in meetings and surveys by leaderships, committees and members of MO and CO.

The Closer Working Group (CWG) was asked to analyse the current situation and come up with a way to implement the changes recommended by the CWP. ***Lots of options were explored in detail***

ACP members: Samreen Ahmed, David Cunningham, Dan Hughes, Peter Johnson, Jackie Newby, Peter Selby with equal numbers of CO members and also RCR and RCPs members.

Why change now?

- Increasing emphasis on cancer-specific rather than modality-specific expertise.
- Harmonious team working in oncology practice:
 - Joint working in clinics
 - Acute Oncology (AO) services
 - Research and development.
- Increasing emphasis on common training in early years through Oncology Common Stem (OCS) year and shared assessment approaches in both curricula.
- Expectations of stakeholders—GMC etc
- CO and MO share incentives :
 - Shared aims in quality assurance and improvement to further improve outcomes and “bridge the gap” to the best results in comparable countries
 - Need for effective professional advocacy on improving cancer outcomes to NHS/government
 - Need to make common cause for workforce expansion
 - Need to improve skill mix and productivity
 - Opportunity to work together to deliver AO services and thus make a substantial contribution to overall NHS acute services

MORE REAL INFLUENCE

Where should the two specialties be working together more closely?

- **Education, training, CPD**
 - Undergraduate education
 - Specialty recruitment
 - Curriculum development and oversight
 - Shared training in cancer biology and medicine
 - Assessment of progress, competency
 - New consultant support
 - Access to learning
 - Publications
- **Strategy and policy**
 - Policy development
 - Political access/influence
 - National cancer strategies
 - Academic strategies
 - Workforce planning
- **Clinical and academic practice**
 - Protocols and guidelines
 - Support to colleagues in their practice
 - Support for colleagues' wellbeing
 - National audit/quality improvement
 - Academic meetings and research planning

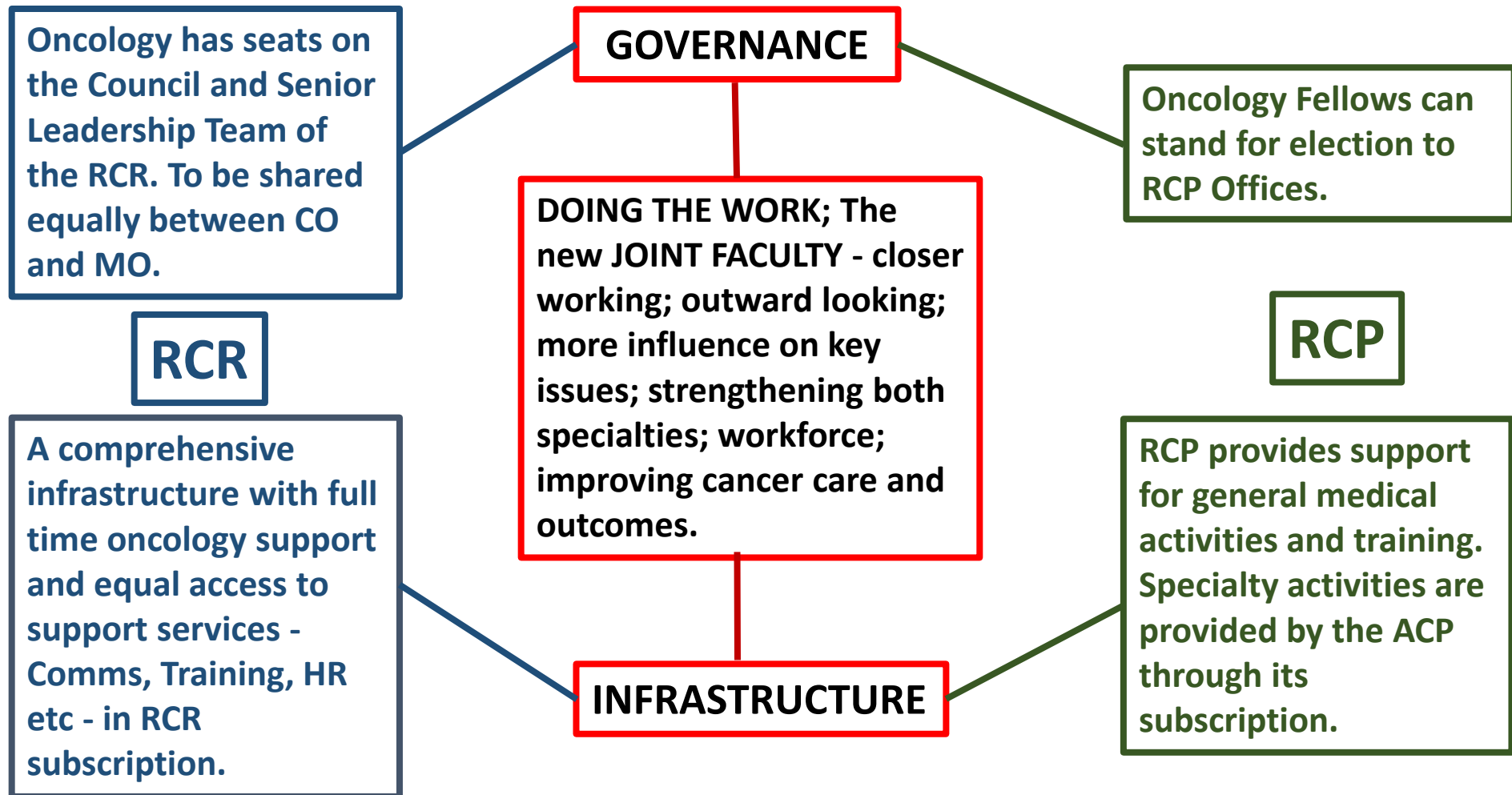
A LOT WE CAN DO WELL TOGETHER

What does the CWG recommend?

- i) A new Joint Faculty for two separate specialties, CO and MO, hosted in a single Royal College.
- ii) Hosted by The RCR.
- iii) Strong links with all specialties and professions in cancer care.
- iv) Survey of preferences for the name.
- v) CO and MO have equal roles in its leadership, governance and organisation, infrastructure and its values and culture.
- vi) ACP linked to The RCR through the Faculty.
- vii) Role for Oncology in the RCR maintained and shared between CO and MO.
- viii) Minimal possible disruption of the RCR.
- ix) Costs offset by subscription income.
- x) A Joint Oncology Training Board with separate CO and MO Specialty Training Committees.
- xi) All aspects of training/ examinations the responsibility of the Specialty Training Committees.
- xii) Appropriate post-nominal letters and rights

A FORMAL VOTE OF ALL MO AND CO WITH A MAJORITY REQUIRED IN BOTH SPECIALTIES

Choice of a Host College is about Governance, Infrastructure and Value



Why would Medical Oncology take such a decision ?

Not surprisingly evidence suggests members of each specialty so far favour its existing parent college to Host of the new joint Faculty. So if this change is to happen, one side must compromise. The practical advantages of the RCR as Host leads to the recommendation for Medical Oncology to make the compromise.

- The single joint Faculty will have a strong and influential voice which will help to improve cancer services and patient outcomes.
- The two specialities will deliver Acute Oncology (not acute medical take)
- The RCR provides Oncology with an outstanding level of input to leadership , governance and infrastructure from College subscriptions—the Faculty is up and running and would be shared equally between MO and CO.

How will Training and exams be effected?

x) A Joint Oncology Training Board with separate CO and MO Specialty Training Committees.

xi) All aspects of training/ examinations the responsibility of the Specialty Training Committees.

- *The Training Programmes and Exams will be developed by the Specialty Training Committees as now and approved by the GMC. They will produce specialists in CO and MO who will deliver excellent patient centred care, improve outcomes and satisfy the GMC.*
- **So what changes?**
- *The Joint Oncology Training Board will oversee the two Programmes to ensure they maximise the potential for synergy and avoid duplication, and develop and innovate in a coordinated way*

What do patients think?

“This is a sensible way forward – the lay and patient representatives felt that, to most patients, ‘a cancer doctor is a cancer doctor’. There is likely to be little appreciation and understanding among patients/the public that there are two specialties now – this seems a strange distinction and reflective of how fragmented the NHS can seem. A single Faculty for CO and MO is a sensible way forward. It has the advantage of greater simplicity, with a single subscription”

What's in a name?—Probably quite a lot in this case!

Is it new?

Is it different?

Is it just a fudge ?

Are we still physicians?

Faculty of Oncology (FO)

Faculty of Cancer Medicine (FCM)

Faculty of Cancer Medicine and
Oncology (FCMO)

Faculty of Clinical and Medical
Oncology (FCMO)

Faculty of Oncologists (FO)

Is the proposal good value for money?

- **Training Costs will be maintained for both specialties**
- **In return for one subscription to one Royal College, members and fellows will get comprehensive support for their Specialty activities and development and a substantial influence shared within the Host College**
- **An opportunity for shared infrastructure and support for the ACP which should be cost effective**

Next steps and future impact?

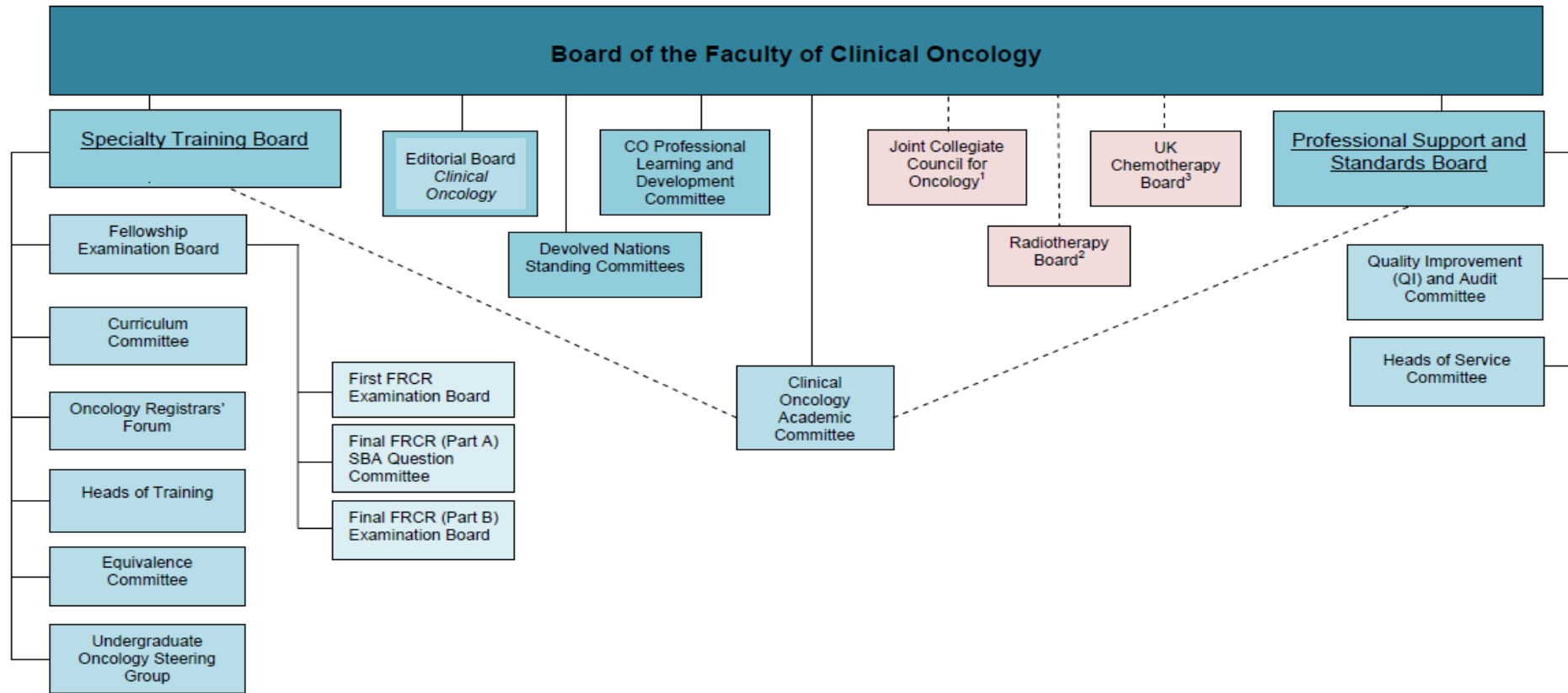
- An active, formal and professional communications strategy—a good turnout is essential. **Slides, webinars, meetings and a Q and A.**
- The vote on the recommendations by members of MO and CO will decide what happens next. A simple majority of both MO and CO and overall is needed for the work to go forward.
- If the membership votes in favour, **further detailed work** with stakeholders like the GMC and the Royal Colleges (**Both RCR and RCPs**) and the ACP is still needed to settle details—but the mandate to deliver the new Faculty will be clear.
- Organising the new Faculty is initially demanding and high profile—but quite quickly it should become the norm and facilitate closer working and improved care and outcomes
- Joint strategic working and influence become easier and more effective at a vital time in cancer care

- 1. A great deal of work has been done by a balanced representative group of Clinical and Medical Oncologists. There are detailed reports and papers to study.**
- 2. The advantages of working more closely are well made out and obvious.**
- 3. Having a single Faculty to include the two separate specialties is a simple cost-effective structure to facilitate this change, supported by large majorities of members of CO and MO.**
- 4. The detailed work on equal roles and powers for the two specialties in the Faculty has gone well and is a good deal for both. Training and exams are separately governed but with close coordination and shared development.**
- 5. We need a single host college to provide support. The RCR has a good arrangement, gives very substantial offices and influence to its Oncology Faculty, excellent infrastructure support in people, core functions and estate, all within its subscription. It is the recommended host college.**
- 6. The ACP will remain as the learned society for Oncology with a Memorandum of Understanding linking it to RCR**
- 7. The ACP Exec and Clinical Oncology Faculty Board recommend to members that we work together to deliver these changes**
- 8. The decision will be taken by an open vote of members of MO and CO and will only proceed if a majority of both are in favour**

***Main
messages***

Reorganisation to make closer working easier: Options explored

- **No change – retain Joint Collegiate Council for Oncology (JCCO)**
 - Current JCCO not decision-making, not influential
 - Sends a negative message to the GMC
 - Opportunities to improve training and care will be lost
- **Joint Collegiate Council for Oncology strengthened or re-fashioned**
 - Does not respond sufficiently to training expectations at GMC
 - Re-name to Inter-Collegiate Oncology Standing Committee?
 - Builds on current governance structures but would require some additional resource and review of scope of authority
- **Joint Intercollegiate Faculty**
 - Complex relationships between Colleges and an unbalanced infrastructure for oncology between the parent Colleges
- **Single joint Faculty**
 - **Effective vehicle for joint working, but needs one host college**
 - **Preferred solution of RCR CO Faculty Board and ACP Executive Committee**
- **Separate College of Oncology**
 - Substantial logistic and fiscal challenges
 - Fails to maintain the oncology-focused support and infrastructure enjoyed by CO in the RCR



RCR boards and committees

Partnership boards (see notes 1-3)

September 2020

¹ established jointly between the Royal College of Physicians of London and The Royal College of Radiologists

² established jointly between The Royal College of Radiologists, the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine

³ established jointly between The Royal College of Radiologists, the Royal College of Physicians, the Association of Cancer Physicians, the Royal College of Pathologists, the British Oncology Pharmacy Association and the UK Oncology Nursing Society

Questions