

# 31<sup>st</sup> Annual General Meeting of the Association of Cancer Physicians

Monday 7<sup>th</sup> November 2016

Room 12, NCRI Conference, Liverpool

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# AGM

## Agenda 2016

- Welcome (JJ)
- Apologies (AN)
- Prizes (JJ)
- Chair's Summary (JJ)
- Executive Committee update (JJ)
- Meetings (RB)
- Treasurer's Report (MH)
- Trainees Report (AJ)
- SAC & Curriculum (AJ)
- National Chemotherapy Board (JM)
- New Members (AN)
- AOB
- Date of next meeting

# Apologies for Absence

- Jeremy Braybrooke
- Andrew Protheroe
- Andrew Davies
- Chris Gallagher
- Dan Stark
- Alison Jones
- Astrid Mayer
- Anne Thomas
- Sarah Danson
- Michel Coleman
- Jeff White
- Rob Jones
- Penella Woll
- Jonathan Ledermann
- Fiona Nussey
- Ian Banks
- Tariq Mughal
- Paul Ross
- Bruce Ponder
- Caroline Michie
- Zoe Kemp
- Simon Grumett
- Carey MacDonald-Smith
- Anne Rigg
- Alison Young
- Udai Banerji
- Adam Dangoor
- James Larkin
- Roshan Agarwal
- Peter Clarke

# ACP Prizes

- McElwain Prize – Dr Andrew Furness – Clonal Neoantigens elicit T cell immunoreactivity and sensitivity to immune checkpoint blockade
- Undergraduate Prizes:
  - 1<sup>st</sup> Prize – Yu Hsuen Yang, UCL Medical School
  - Runner up – Will Quah, Brighton and Sussex Medical School

## Junior Doctor Prizes:

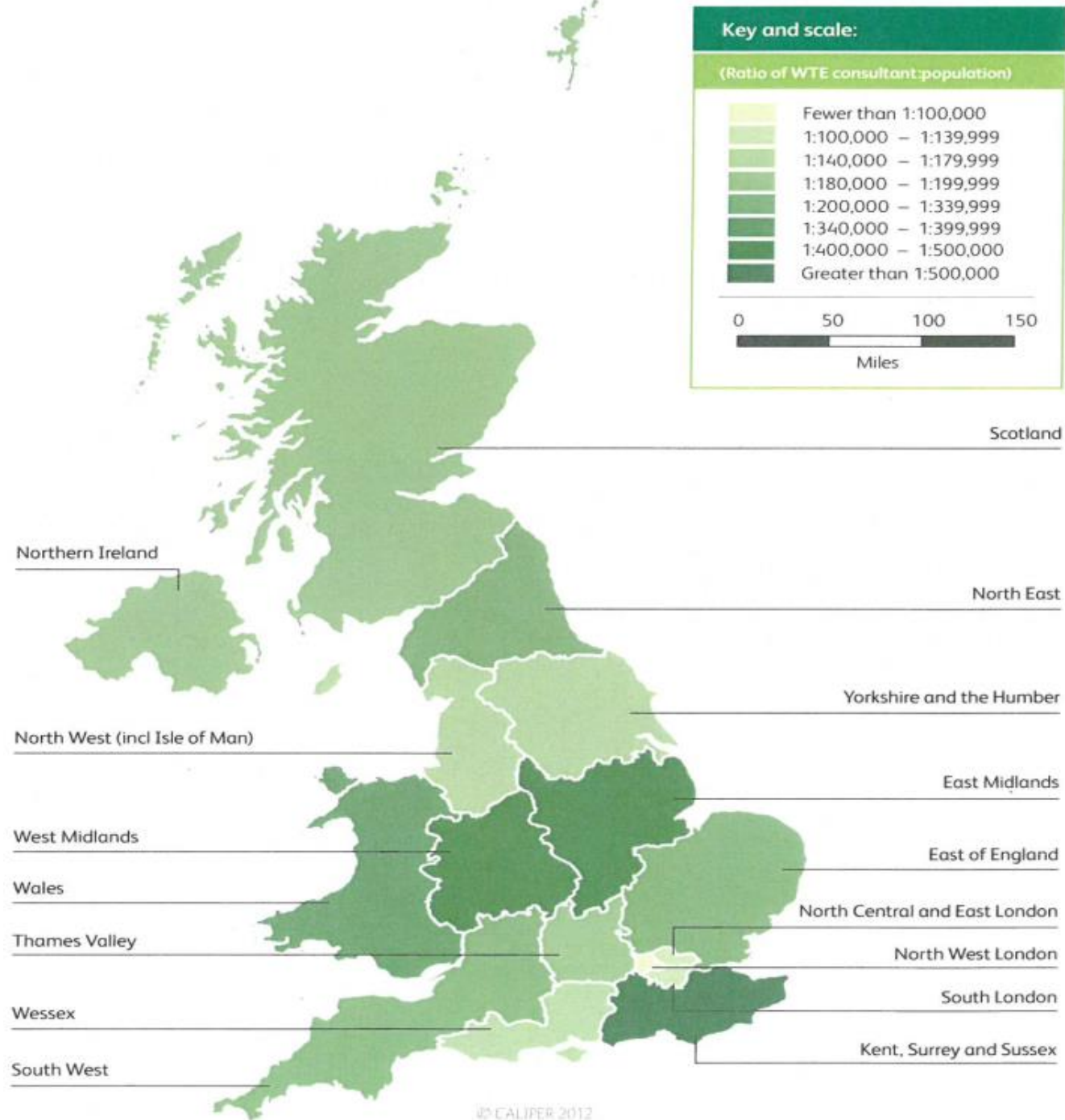
- 1<sup>st</sup> Prize – Dr Sarah Guthrie, FY2, Edinburgh
- Runner up – Dr Catherine Sedgewick, FY2, South Thames

# Chair's Summary

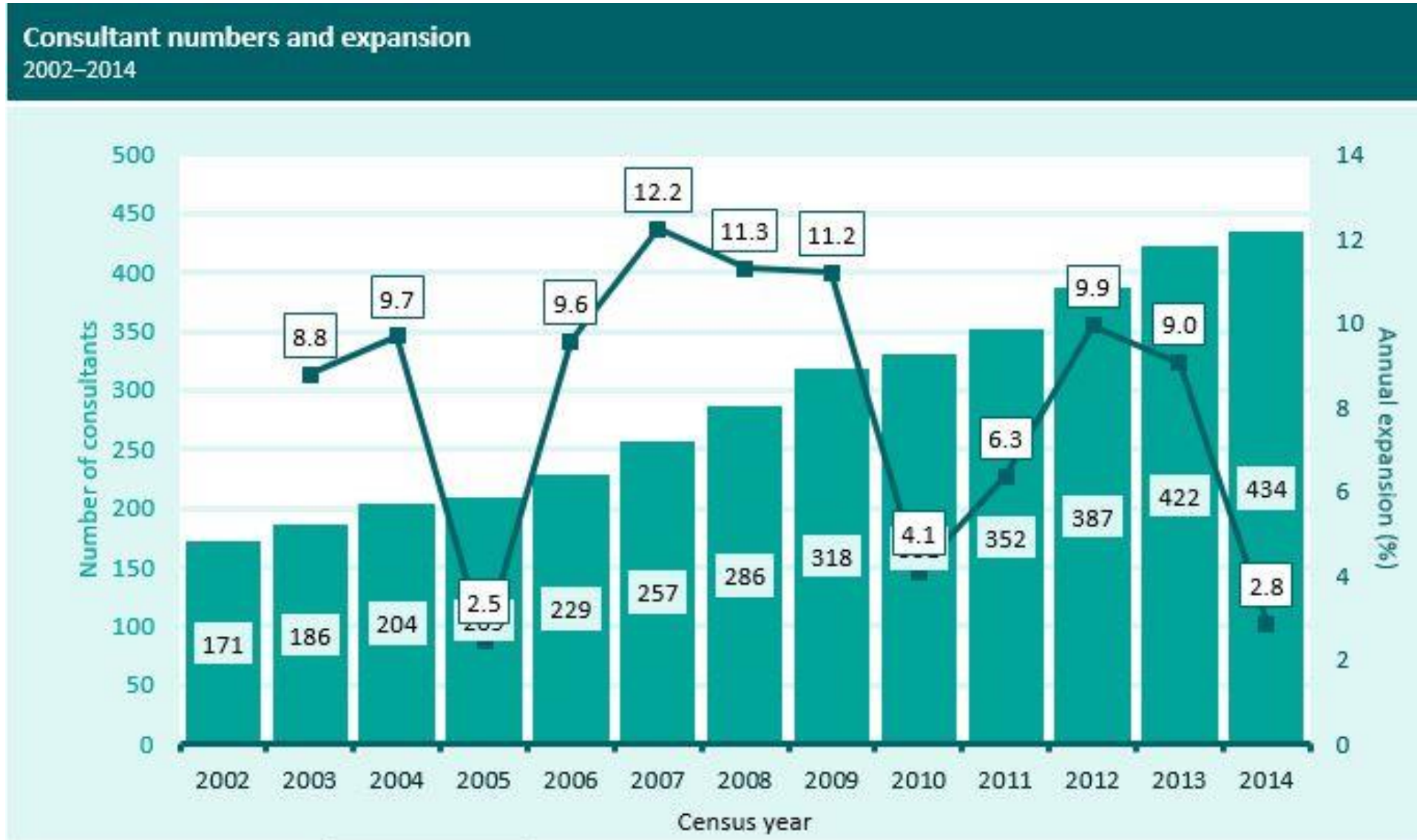
- Achievements
- Growth of the Specialty and Workforce issues
- National Cancer Transformation Board / INCAG
- Cancer Alliances
- Cancer Dashboards
- Progress with Meeting Makers
- Board of Trustees
- Honorary Members
- Fellows of the ACP
- Training Issues

# Achievements

- New Executive Structure
- ACP Strategy
- Meetings Programme
- Publications
- Peer Support Programme
- ESMO Discount
- Working with Meeting Makers – New Website & Database
- Engagement with Trainees
- Promotion of the Specialty
- Thanks



# RCP Census 2015 – medical Oncology data

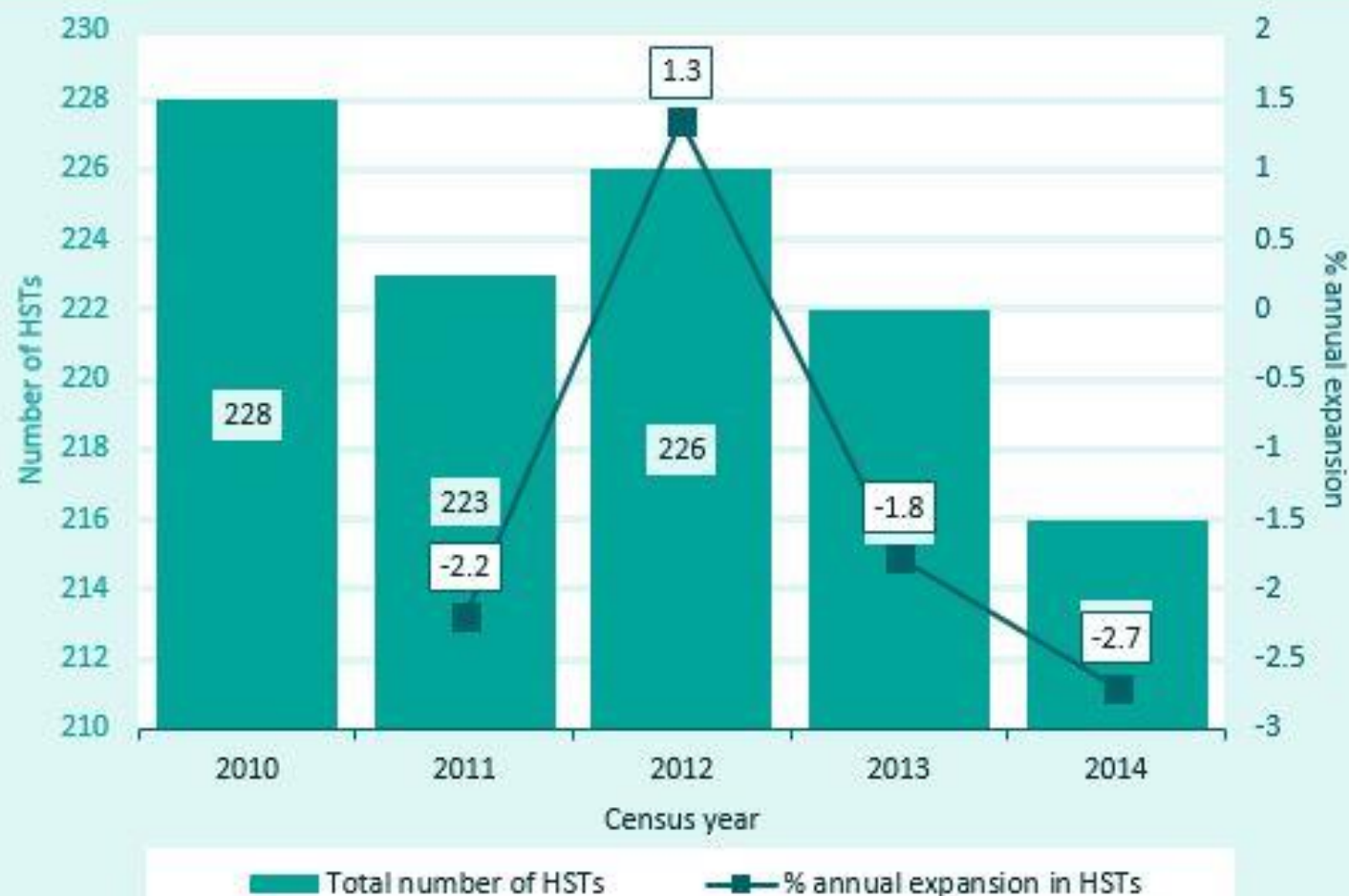




Annual expansion					Age distribution									
Year	England	Northern Ireland	Scotland	Wales	Year ▼	34 or younger	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 65	Older than 65	Unknown
2002					2002	4	36	49	33	22	20	7		
2003	3.7	-1.5	4.0	1.5	2003	2	45	55	36	21	20	7		
2004	6.5	3.7	-2.3	6.9	2004	1	50	59	42	23	22	7		
2005	3.7	3.0	0.2	4.2	2005	1	44	66	45	22	21	10		
2006	1.9	2.5	2.7	3.2	2006	3	47	72	46	27	21	13		
2007	4.7	6.2	3.9	6.5	2007	4	54	74	54	32	21	16		2
2008	4.0	4.5	5.9	9.0	2008	1	68	80	58	38	20	16	1	4
2009	10.9	17.2	-4.3	7.8	2009	4	76	88	64	44	21	17	2	2
2010	7.5	5.9	7.1	7.7	2010	13	101	83	62	39	18	13	1	1
2011	5.1	8.7	3.2	9.1	2011	23	116	84	58	38	18	8	1	6
2012	3.7	3.8	1.5	0.9	2012	45	128	88	61	37	16	8	1	3
2013	3.5	-0.6	10.8	1.2	2013	68	143	90	61	36	15	5	1	3
2014	2.7	0.9	8.0	3.8	2014	5	54	146	97	62	42	19	6	3

## Higher specialty trainee numbers and expansion

2011–2014/15



## Gender of HSTs over time

Year	Female	Male	Total
2010	144	84	228
2011	142	81	223
2012	141	85	226
2013	150	72	222
2014	149	67	216

# Is the trainee pool large enough?

- 216 Trainees distributed over 4 years would generate 54 new consultants per year.
- Distributed over an average of 6 years (higher degrees) will generate approximately 36 consultants per year
- Over 5 years = 180 consultants
- Approximately 60 will retire in the next 5 years (120 in next 10 years)
- So expansion will be limited to 60 = 13% over 5 years = 2.6% / year
- ACP Strategy aspiration is for 1:100000 by 2020 = 600
- @2.6% we would have 550 in 2020
- Getting to 900 will take 25 years.
- We need 6.5 % growth to reach 900 by 2025

# National Cancer Transformation Board

- Achieving World-Class Cancer Outcomes: Taking the strategy forward  
March 2016
- *“Building on the Taskforce report, HEE will baseline the current state of the cancer and related workforce, identifying current gaps and drivers for those gaps, reporting in June 2016. We will use the baseline, along with a projection of the future planned workforce based on current demand, to address capacity issues by developing an action plan by September 2016, including any plans for international recruitment”.*

# Workforce - Current status

- Transformation Board working with HEE
- CRUK has commissioned an independent project on Non-surgical Cancer workforce.
- ACP and RCR have supported a bid from 2020 Delivery
- CRUK have asked 2020 to work with a 2<sup>nd</sup> bidder (Institute for Employment Studies – IES) as a joint project
- We will endeavour to assure a transparent and unbiased assessment of current status and needs
- Membership database may be important so please complete all relevant fields !



# Cancer Alliances

- *“The NHS will also set up Cancer Alliances made up of clinical and other local leaders from across different health and care settings. These alliances will review all data for their area – including survival, early diagnosis rates, treatment outcomes, patient experience and quality of life – and use it to pinpoint areas for local improvement”.*
- These are not “cancer networks” They may provide some support but are essentially loco-regional commissioning groups
- They will align with the STPs (Sustainability and Transformation Plans)
  - High level strategic commissioning groups – This is about efficiency and saving money!

# Cancer Vanguard

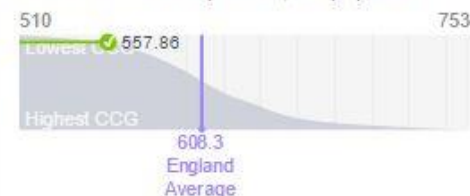
- *“The cancer vanguards are piloting various new models of care in three sites across the country”.*
- *“Consideration of vanguards in other health economies in the coming years”.*
- *“There is a significant opportunity to transfer the substantial learnings from the vanguards into the work of the Alliances as they are established”.*
- *“However it must be noted that not all aspects will be transferable without huge investment, even accepting the potential savings from working collaboratively. There is therefore a need to consider other mechanisms for spreading best practice and ensuring all areas of the country are well placed to drive improvements”.*
- Vanguard may not be representative of “typical” cancer economies.

# Cancer Dashboards

<https://www.cancerdata.nhs.uk/dashboard#?tab=Overview>

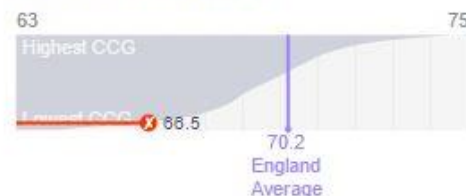
## Incidence rate 2014

Standardised rates per 100,000 population



## One-year survival 2013

Net survival index for adults



## Overall experience of care 2015

Average score (scale from 0 to 10)



## Quality of life

To be developed

## Survival

### One-year survival 2013

Net survival index for adults



### Cancers diagnosed at stage 1 or 2

FY2014-Q2

% diagnosed (for certain cancers)



### Cancers diagnosed through emergency presentation FY2015-Q4

% diagnosed (proxy measure)



### Cancers staged 2013

% of cases with valid stage recorded



### Five-year survival 2009

Net survival index for adults



### Ten year survival

To be developed

### One-year survival at stages 1&2

To be developed

### Five-year survival at stages 1&2

To be developed



# Meeting Makers

- Work is behind schedule, but significant progress has been made in last 2 months
- New membership database
- New Subscription rates (Lower) and payment methods
- New Logo
- New Website [www.theacp.org.uk](http://www.theacp.org.uk)
- Meetings management
- PLEASE LOOK OUT FOR THE EMAILS THAT WILL ALLOW YOU TO ACTIVATE YOUR NEW REGISTRATION AND MEMBERSHIP

# Board of Trustees

- Dr Alison Jones
- Professor Richard Begent
- Dr Chris Gallagher

# Exec Cttee and JSC Update

- ACP Executive
  - Deputy Chair – Vacant
  - Hon Treasurer – to be remodelled with support
  - Chair – term 1 more year.
- 
- JSC
  - College representatives – closes 1/11/16
  - <https://www.rcplondon.ac.uk/education-practice/volunteering/new-member-sought-joint-specialty-committee-medical-oncology>

# Meetings – Dr Ruth Board

Late Medical Effects of Cancer Treatment Conference (RCP London) –  
11<sup>th</sup> November 2016

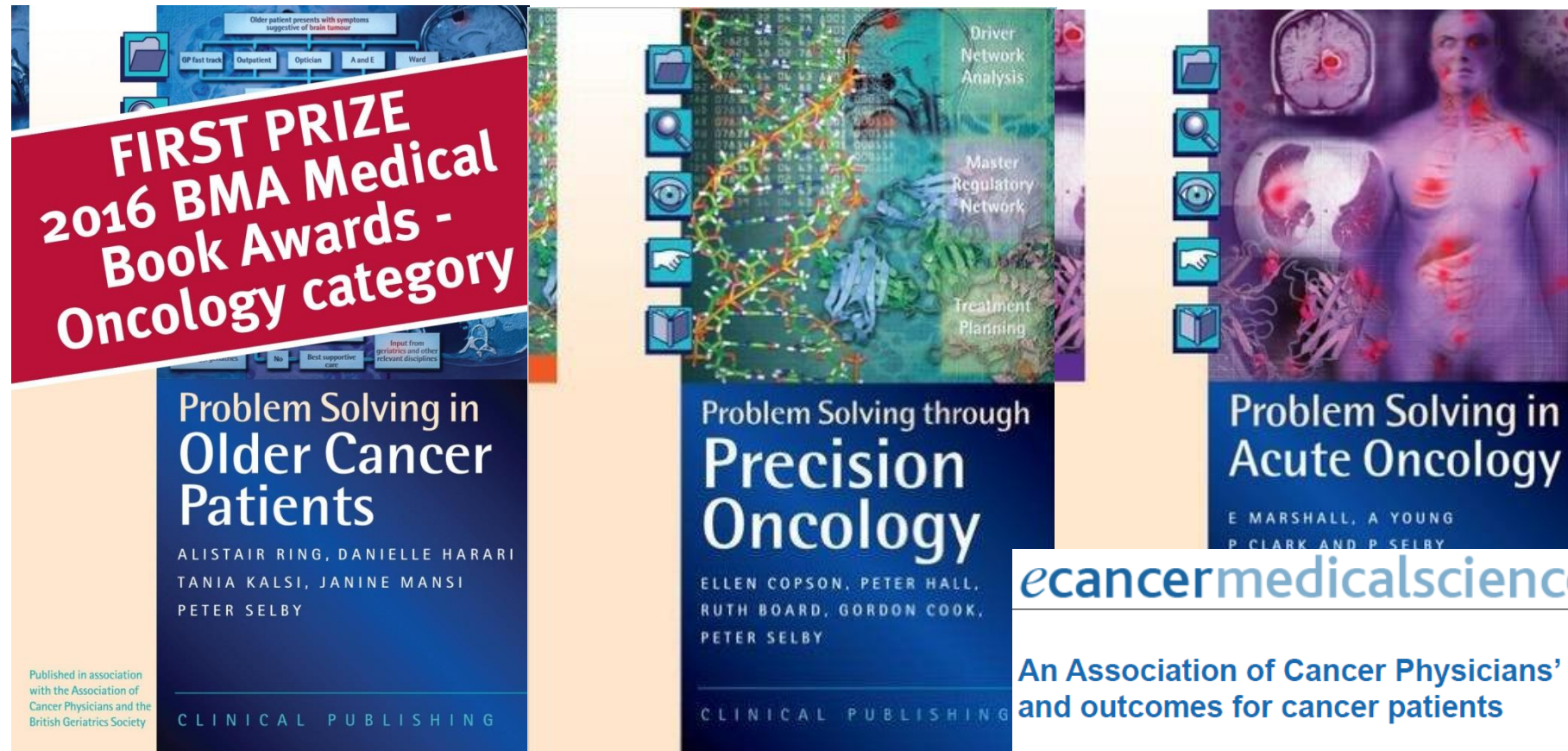
New Consultants Group Meeting, Manchester – 18/19<sup>th</sup> March 2016

Discussing an annual Spring Meeting with AGM

Educational Workshop on Immunotherapies – 13<sup>th</sup> October 2017 -  
Manchester

Cancer Physicians in Training Weekend – 14/15<sup>th</sup> October 2017 -  
Manchester

# ACP publications



Richard Baird<sup>1, 2, 3, 5</sup>, Ian Banks<sup>2, 3, 6</sup>, David Cameron<sup>1, 2, 7</sup>, John Chester<sup>1, 2, 3, 8</sup>, Helena Earle<sup>1, 2, 3, 5</sup>, Mark Flannagan<sup>2, 3, 9</sup>, Adam Januszewski<sup>1, 2, 3, 10</sup>, Richard Kennedy<sup>2, 11</sup>, Sarah Payne<sup>1, 2, 3, 12</sup>, Emlyn Samuel<sup>2, 13</sup>, Hannah Taylor<sup>1, 2, 3, 14</sup>, Roshan Agarwal<sup>1, 15</sup>, Samreen Ahmed<sup>1, 16</sup>, Caroline Archer<sup>1, 17</sup>, Ruth Board<sup>1, 18</sup>, Judith Carser<sup>1, 19</sup>, Ellen Copson<sup>3, 45</sup>, David Cunningham<sup>1, 3, 20</sup>, Rob Coleman<sup>1, 32</sup>, Adam Dangoor<sup>1, 3, 21</sup>, Graham Dark<sup>3, 35</sup>, Diana Eccles<sup>3, 45</sup>, Chris Gallagher<sup>1, 33</sup>, Adam Glaser<sup>3, 6</sup>, Richard Griffiths<sup>1, 3, 22</sup>, Geoff Hall<sup>3, 30</sup>, Marcia Hall<sup>1, 23</sup>, Danielle Harari<sup>3, 39</sup>, Michael Hawkins<sup>3, 42</sup>, Mark Hill<sup>1, 24</sup>, Peter Johnson<sup>3, 45</sup>, Alison Jones<sup>1, 25</sup>, Tania Kalsi<sup>3, 39</sup>, Eleni Karapanagiotou<sup>1, 26</sup>, Zoe Kemp<sup>3, 38</sup>, Janine Mansi<sup>1, 3, 26</sup>, Ernie Marshall<sup>3, 22</sup>, Alex Mitchell<sup>3, 34</sup>, Maung Moe<sup>1, 27</sup>, Caroline Michie<sup>1, 28</sup>, Richard Neal<sup>3, 40</sup>, Tom Newsom-Davis<sup>3, 36</sup>, Alison Norton<sup>3</sup>, Richard Osborne<sup>3, 37</sup>, Gargi Patel<sup>1, 29</sup>, John Radford<sup>3, 44</sup>, Alistair Ring<sup>3, 38</sup>, Emily Shaw<sup>3, 46</sup>, Rod Skinner<sup>3, 43</sup>, Dan Stark<sup>3, 30</sup>, Sam Turnbull<sup>1, 30</sup>, Galina Velikova<sup>3, 6</sup>, Jeff White<sup>3, 41</sup>, Alison Young<sup>1, 3, 30</sup>, Johnathan Joffe<sup>1, 2, 3, 4, 31</sup> and Peter Selby<sup>1, 2, 3, 4, 30</sup>

# ACP Strategy

- Published on eCancer (2015)
- Updates and implementation in progress

# Honorary Members and Fellows

- ACP has long had facility to create Hon members and has used this facility for the first time with respect to outside contributors to the strategy. – Hon members are expected to have ambassadorial function for the ACP
- You can nominate persons to the Exec Committee via Alison Norton
- Fellows – new concept. In recognition of significant contributions over time
- Limited number of senior ACP contributors and Non-ACP Hon fellows. Never more than 5% of numbers of full members.
- Needs approval by the AGM
- Not a money generating scheme!
- Nominations to Exec Board – will be an annual election / selection process approximately 5 awards / year.

# Current Honorary Members

- Professor Ian Banks (Belfast)
- Professor Adam Glaser (Leeds)
- Dr Danielle Harari (London)
- Dr Tania Kalsi (London)
- Mr Mark Flannagan (Beating Bowel Cancer)
- Dr Alex Mitchell (Leicester)
- Professor Richard Neal (Bangor)
- Dr Emily Shaw (Southampton)
- Dr Michel Coleman (London)



# Specialist Peer Support for New Consultants

- Cancer-site specific mentorship
  - Part of our strategy to support consultant members
  - For first 3 - 5 years after first appointment
  - For changes in sub-specialisation
- 
- Please complete this section when you register on the new membership database.



William Blake's  
watercolor of "Age  
teaching youth"

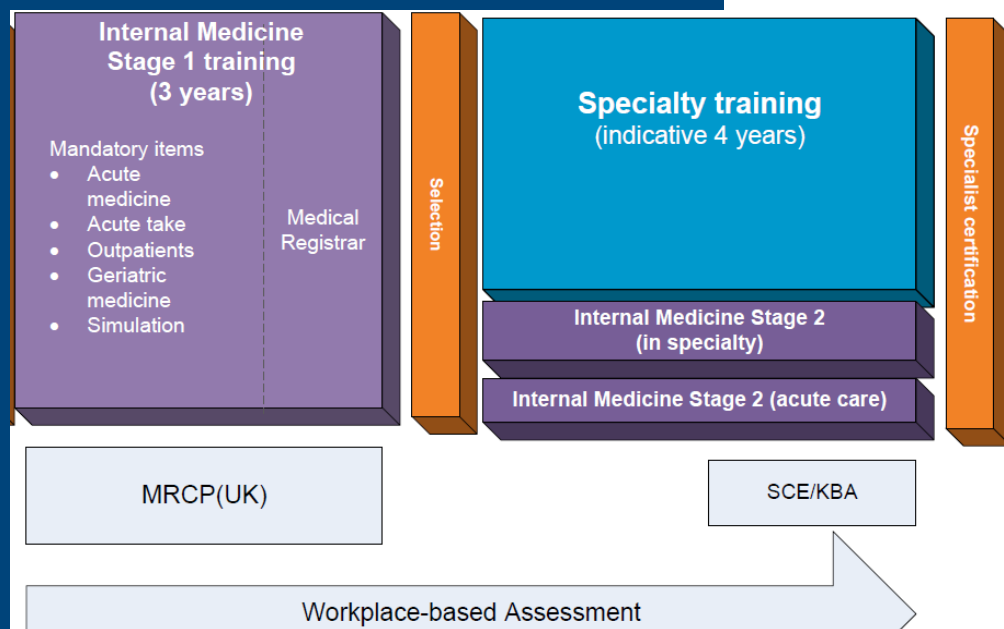
# Junior Doctors Contract



The proposed (imposed) contract is likely to adversely affect medical oncology due to its impact on those trainees who take time out of programme or work less than full time.

- Surveys and public statements
- Collaboration with the Junior Registrars Forum of the RCR
- Aim to apply for an 'exceptional specialty' to mitigate for the impact of the imposed contract

# Shape of Training



Most recent iteration:

Medical Oncology will NOT dual accredit with internal medicine  
Medical Oncology will NOT be part of the unselected take

CMT3 year (pre-specialisation)

Contribute to the medical take through AOS (Acute selected take)

## Trainees Weekend – Free to members



## Annual Cancer Physicians in Training Weekend – 2016

120 trainees

Speakers included Professor Chris Harrison (National Clinical Director for Cancer), Professor Ian Judson, Professor Mark Bower, Professor David Dodwell, Dr Susana Banerjee, Mr David Chang

@acpuk  
[cancerphysicians.org.uk](http://cancerphysicians.org.uk)

**Annual Study Workshops**  
2016 - Patient Centred & Integrated Cancer Care

# New Curriculum

Chemotherapy competencies will soon be included in e-portfolio

Change in the medical oncology curriculum (has been passed to GMC for ratification and will be introduced in 2018 for all trainees >18/12 from CCT (and those <18/12 may choose to migrate onto the new curriculum).

New proposed curriculum:

Upper GI 6/12

Skin and Melanoma 4/12

Urology 4/12.

Updated ARCP guide that is adjusted to provide a more realistic and achievable outcome for leadership and research

Quality improvement projects rather than audits

# New Trainees Committee

The 'ACP Trainees committee' will represent trainees within the association

It aims to promote the association, provide educational opportunities and aid networking between trainees

The committee will co-ordinate activities and ensure that representatives are present at meetings where a trainee should be a stakeholder

The committee will meet twice a year (1 x ACP Trainees weekend – October, 1x (proposed) Spring Study day) and have 2 teleconferences in between these times

# Treasurers Report- Dr Marcia Hall

Solvent

Collecting Subscriptions

New system through Meeting Makers

Last 2 meetings run at loss

Novel partnerships and sponsorships in planning



# National Chemotherapy Board

Established 2014

Representation from SACT, CRG, Patient Representatives

Respond to national issues and create/share national guidelines, service improvement



**Royal College  
of Physicians**



**Clinical  
Oncology**

**The Royal College of Radiologists**



**The Royal College of Pathologists**  
Pathology. the science behind the cure

**UKONS**  
Oncology Nursing Society

British Oncology Pharmacy Association  
**bopa**



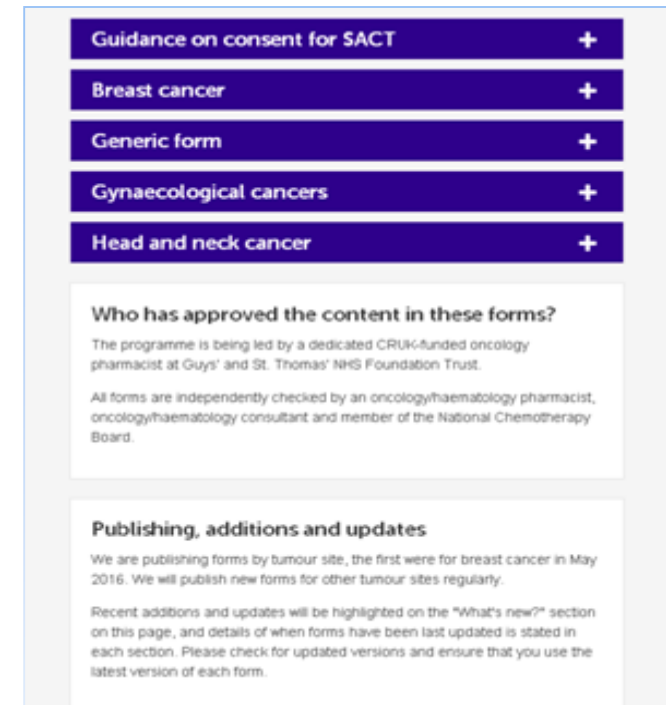
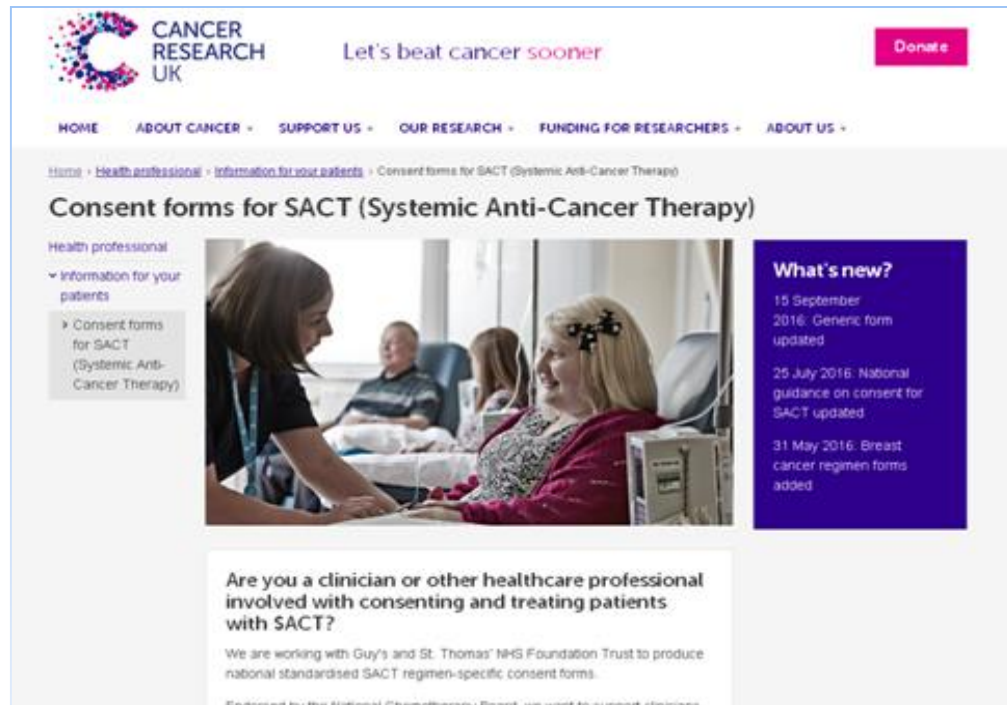
# National project: Regimen-specific consent forms

- Practice of consent for SACT varies in the UK
- Project to develop a national library of SACT regimen-specific consent forms initiated in 2015
- Cancer Research UK (CRUK) awarded a grant to GSTT to host the project
- The National Chemotherapy Board are the governing body for the project:



# Created the webpage


- To host the forms and associated documents: [www.cruk.org/sact\\_consent](http://www.cruk.org/sact_consent)



<p><b>PATIENT AGREEMENT TO SYSTEMIC ANTI-CANCER THERAPY:</b>  <b>Capecitabine</b></p>	<p><b>PATIENT DETAILS:</b>          PATIENT'S SURNAME/FAMILY NAME: _____          PATIENT'S FIRST NAME: _____          DATE OF BIRTH: _____          NHS NUMBER: _____          or email identified: _____  <input type="checkbox"/> MALE    <input type="checkbox"/> FEMALE</p>
<p><b>HOSPITAL NAME/STAMP:</b></p>	<p><b>SPECIAL REQUIREMENTS:</b>          (e.g. any long-term medication, medical condition)</p>
<p><b>RESPONSIBLE HEALTH PROFESSIONAL:</b>          Name: _____          Job title: _____</p>	
<p><b>NAMES OF PROPOSED COURSE OF TREATMENT</b> <i>(includes total capecitabine if medical team not clear)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capecitabine chemotherapy for the treatment of breast cancer.</li> <li><input type="checkbox"/> Tablets are taken orally twice a day (one 500 mg tablet 12-14 hours apart) for 7 day breaks. Treatment is supplied every 21 days (one cycle), for 6 to 8 cycles. Treatment may be continued until disease progression or unacceptable toxicity.</li> </ul> <p><b>WHERE THE TREATMENT WILL BE GIVEN:</b></p> <p><input type="checkbox"/> outpatients    <input type="checkbox"/> day unit/case    <input type="checkbox"/> inpatient    <input type="checkbox"/> other _____</p>	
<p><b>STATEMENT OF HEALTH PROFESSIONAL</b> <i>(to be filled in by health professional with knowledge of individual patient, and checked in the patient's best clinical interest)</i></p> <p><b>I have explained the procedure/treatment to the patient. In particular, I have explained:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> relevant issues</li> </ul> <p><b>THE INTENDED BENEFITS</b></p> <ul style="list-style-type: none"> <li><b>CURE:</b> – to give you the best possible chance of being cured</li> <li><b>DISEASE CONTROL/PALLIATIVE:</b> – the aim is not to cure but to control or shrink the disease. The aim is to improve health and quality of life.</li> <li><b>ADJUVANT</b> – therapy given after surgery to reduce the risk of the cancer coming back.</li> <li><b>NEO-ADJUVANT</b> – therapy given before surgery/radiation therapy to shrink the cancer, allow radical treatment and reduce the risk of the cancer coming back.</li> </ul>	

STATEMENT OF HEALTH PROFESSIONAL	
<p>Printed name of provider: _____</p>	
<p><b>SIGNIFICANT, UNCHANGABLE OR FREQUENTLY OCCURRING RISKS</b></p>	
<p><b>COMMON STATE EFFECTS:</b></p> <p>More than 20 in every 100 people have one or more of</p> <ul style="list-style-type: none"> <li>• Diarrhea, some hives and heat (some people develop rashes, redness and itching)</li> <li>• Stomach pain (nausea) and being sick (vomiting)</li> <li>• Muscle and aches, taste changes, weakness</li> <li>• Some loss of red blood cells, bruising and bleeding</li> <li>• Headaches, colds, changes, and feeling very tired</li> </ul> <p>A measured risk of getting an infection from a given blood sample is 1 in 10,000. Right infections and you can become very ill.</p> <p><b>Other risks that you may face include:</b></p> <ul style="list-style-type: none"> <li>• <b>your symptoms may worsen</b> over 37.3°C (99°F) or over 1000°F (400°C), depending on the advice you are given</li> <li>• <b>your symptoms get worse</b> when you have a normal temperature</li> </ul>	
<p><b>OCASIONAL STATE EFFECTS:</b></p> <p>More than 10 in every 100 people take one or more</p> <ul style="list-style-type: none"> <li>• Loss of appetite, abdominal (belly) pain and constipation, run nose or blowing of the nose, headache, dizziness, and an increased production of tears and a watery nose</li> </ul>	
<p><b>OTHER RISKS:</b></p> <ul style="list-style-type: none"> <li>• Chest pain (angina), and swollen arteries are rare side effects</li> <li>• Cancer can increase your risk of developing a blood clot (thrombosis), and hearing treatments with cancer medicines may increase this risk further. A blood clot may cause pain, redness, and swelling in your leg. Arteriosclerosis (hardening of your arteries) can increase your risk of heart disease. You must tell your doctor straight away if you have any of these symptoms.</li> <li>• Some anti-cancer medicines can damage women's ovaries and womb tubes. This may lead to infertility in men and women and/or early menopause in women.</li> <li>• Some anti-cancer medicines may affect the development of a baby in the womb. It is several months after treatment or before a child is born you are having treatment and for several months afterwards it is important to use contraception. It is important to tell your doctor about any pregnancy or if you are pregnant. You can talk to your doctor about this.</li> <li>• Very early completion of treatment with anti-cancer medicines can be life-threatening and are very difficult. The risks are different for every individual. You can talk to your doctor or nurse about what this means for you.</li> </ul>	

[illegible]

STATEMENT OF PATIENT	
<p>Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of the form. If you have had further questions, discuss them with your doctor or nurse. If you wish to change your mind, you may do so at any time. If you do not wish to continue with your treatment, please inform your doctor.</p>	
<p>I agree to the procedure and course of treatment described on this form.</p>	
<p>I understand that you cannot give me a guarantee that your particular course will perform the procedure. The patient will, however, have appropriate training and experience.</p>	
<p>I understand that my procedure in addition to those described on this form can only be carried out if it is necessary to save my life or to prevent serious harm to my health.</p>	
<p>I have been told about additional procedures which may become necessary during the treatment. I have listed below any procedures which do not wish to be carried out without further discussion:</p>	
Patient's signature: _____	Date: _____
Name: (PRINT) _____	
<p>A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people's signatures may also be a patient's sign below if they have listed.</p>	
Patient's/Witness' signature: _____	Date: _____
Name: (PRINT) _____	
COPY ACCEPTED BY PATIENT: YES / NO	
<p>YES _____ NO _____</p>	
CONFIRMATION OF CONSENT	
<p><b>PLEASE PRINT YOUR NAME AND SIGNATURE IN FULL IN THE SPACES PROVIDED</b></p>	
<p>On behalf of the team treating the patient, I agree, having discussed with the patient that she has no further questions and wishes the procedure to go ahead, as shown.</p>	
<p>Dr _____</p>	
<p>Date: _____</p>	
<p>Name: (PRINT) _____</p>	
<p>Job title: _____</p>	
IMPORTANT NOTES: (see if applicable)	
<p>See also advance discussion to return treatment</p>	
<p>See also patient's written consent</p>	
<p>See also patient's sign (see next)</p>	
<p>Signature: _____</p>	
<p>Date: _____</p>	
FURTHER INFORMATION FOR PATIENTS	
CONTACT DETAILS (if applicable in certain cases)	
<p>Consult your hospital team if you have any questions about cancer and treatment.</p>	
<p>Cancer Research UK may also answer your questions about cancer and treatment. If you want to talk to a counsellor, call our information number on telephone 0800 800 4034. Monday to Friday 9am to 5pm. <a href="http://www.cancer.org.uk">www.cancer.org.uk</a></p>	
<p>These forms have been produced by GAO &amp; St. Vincent's Health Foundation, which is part of a national project to support clinicians in ensuring all patients and carers have the information and support they need to make informed choices about their treatment, by Cancer Research UK. The ideas and information are being put in a clinical trial.</p>	
<p> CANCER RESEARCH UK</p>	
<p>TO BE SIGNED BY PATIENT (NOT FOR USE BY CLINICAL TEAM)</p>	
<p>Signature: _____ Date of sign and version: St. Vincent's</p>	
<p>Print name: _____ Date of sign and version: St. Vincent's</p>	
<p>See also patient's written consent</p>	
<p>See also patient's sign (see next)</p>	
<p>Signature: _____ Date of sign and version: St. Vincent's</p>	
<p>Print name: _____ Date of sign and version: St. Vincent's</p>	
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Guy's and St Thomas'  
NHS Foundation Trust





## National Chemotherapy Board:

- Mortality within 30 days of Systemic Anti-cancer Therapy (SACT): led by Dr Paula Scullin
  - Review of current practice
  - Suggested standardised review
- Good practice guideline: Promoting early identification of systemic anti-cancer therapies side effects – two approaches: led by Dr Catherine Oakley (President of UKONS)
- ABC Project: **A**ge is no **B**arrier to **C**hemotherapy: led by Dr Janine Mansi in conjunction with POI/ABPI



- Chair changes each year – next joint UKONS and BOPA
- Continue to
  - Develop Good Practice Guidelines for national use
  - Liaise with CRG and CCGs
  - Liaise with PHE SACT
  - Research/service improvement with a national interest

# New Members – Alison Norton

Sasha Badzek

Tariq Mughal

Kirsty Ross

Tim Robinson

Colin Barrie

Julien de Naurois

Carey Macdonald-Smith

Georgina Wood

Peter Gallagher

Gary Doherty

Deiva Venkatachala

Claire Dyke

Helen Creedon

Laura Spiers

# Date for Next Meeting

TBC – Keep an eye out for ...



Keep up to date

New Newsletter

Twitter

New Website

@acpuk

cancerphysicians.org.uk

acp

Association  
of Cancer  
Physicians

Representing and supporting medical oncologists in the UK

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The Association of Cancer Physicians

The ACP is recognised by the Royal College of Physicians and the Department of Health as the specialty association for clinicians representing the views of medical oncologists and an independent voice in the specialty.

acp

Association  
of Cancer  
Physicians

Representing and supporting Medical Oncologists in the UK

TWEETS  
259

FOLLOWING  
107

FOLLOWERS  
313

LIKES  
36

MOMENTS  
0

Edit profile

Tweets

Tweets & replies

Media

ACP @ACPUK · 5h

Join us tomorrow (Monday) for @ACPUK AGM @ACCLiverpool in room 12 @NCRI\_partners Lunch from mid #NCRI2016 #cancerconference

Johnathan Joffe, Simon Grumett, mark Openshaw and 3 others

Your Tweet activity

Your Tweets earned 4,926 impressions over the last week

Issue 1, November 2016

Representing and Supporting Medical Oncologists

acp advisor

The Newsletter of the Association of Cancer Physicians of the United Kingdom

In this issue:

New website and membership

President's Update

New website launch, newsletter & membership

Details about new membership



# 31<sup>st</sup> Annual General Meeting of the Association of Cancer Physicians

Monday 7<sup>th</sup> November 2016

Room 12, NCRI Conference, Liverpool

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