

Medical Oncology Timetable Guidance Document

Introduction:

This document has been designed as guidance for training programme directors (TPDs) and specialty tutors (STs) providing training for medical oncology registrars. It also serves to inform discussions between trainers and trainees when assessing the quality of medical oncology training. Timetables should be regularly reviewed as part of quality assurance processes to ensure adequate exposure to meet curriculum objectives.

Mindful that across the UK, each centre will provide differing learning opportunities, we aim to provide guidance rather than rules, to be flexibly applied to the varied hospital settings in which oncology training is delivered. There are however, areas to be prioritised, such as protected teaching time. Service provision is of course part of training but should not be at the cost of training opportunities. Opportunities to maximise learning opportunities whilst in the busy workplace with the aim of balancing service provision with training should be explored, as outlined in the RCP “Never too busy to learn” guidance.¹ We recognise that timetabling impacts upon trainee wellbeing and it is the responsibility of both trainers and trainees to consider this when writing timetables.

A national survey exploring trainee timetables across the UK was undertaken in 2024 to inform this document. 118 responses were received with wide coverage of deaneries and stages of training. Clinical workload differed widely across all whole-time equivalent (WTE) working patterns (60 – 100%). 86% of responders reported experiencing burnout symptoms at some point in their training.

A trainee’s timetable should balance the following:

- Exposure to both clinical and non-clinical experiences to achieve generic and specialty specific capabilities in practice as per the medical oncology curriculum 2021²
- Proportional adjustments for varied WTE working as well as intensity of clinical sessions
- Adequate preparation for the role of consultant
- Trainee wellbeing

1. Clinical sessions

Clinical sessions encompass outpatient clinics, trial clinics, ward rounds, acute oncology (including cancer outreach, acute oncology admissions) and other patient-facing activities. In total, 1.0 WTE trainees should have 5-6 clinical sessions per week. Clinical sessions (e.g number of clinics) will vary depending on each centre's individual training opportunities.

1.1 Clinics:

- Clinics should encompass a mix of new patients, patients on SACT and follow ups. Appointments should be a mix of virtual (e.g telephone or video) and face to face.
- Consideration should be given to appointment lengths and number of slots. If trainees are expected to complete associated clinical admin within their clinic time, then appointment times should be longer (or less slots) to accommodate this (e.g 1 hour for new patients, 30 minutes for follow ups).
- If it is not possible to complete administrative tasks in the allotted clinic time, either due to workload or shorter length of appointments, protected time should be allocated in the timetable to make up for this. Clinical workload and less than full time (LTFT) status should be considered when allocating admin time.

1.2 Acute oncology:

- Trainees need regular acute oncology experience to fulfill curriculum specialty CiPs 8 and 9.
- This could involve inpatient work, acute oncology admissions or cancer outreach work.
- Acute oncology sessions may be regular ward work or rotational on-call / 'hot' weeks.

2. MDTs

It is recommended that all trainees attend at least one MDT a week, relevant to their current tumour site. As per specialty CiP 10, focus should be on effective participation rather than attendance, tailored to the experience and training needs of the trainee. Presentation of cases and involvement in discussion should be encouraged for all trainees, with experience of chairing the MDT under supervision for ST5/ST6 trainees.

3. Professional development

Trainees need protected time to develop other skills key for medical oncologists, in alignment with the below curriculum objectives:

- Generic CiP 4: delivering effective quality improvement
- Generic CiP 5: carrying out research and managing data appropriately
- Generic CiP 6: acting as a clinical teacher and supervisor
- Specialty CiP 15: developing guidelines and protocols
- Specialty CiP 16: managing training and supervision of non-medical prescribers

This could encompass locoregional teaching, self-study, quality improvement work, research or education interests, and will be individual to each trainee depending on their personal development plan. Protected teaching opportunities should be provided, with flexible allowances for LTFT trainees to facilitate time to retrospectively watch recorded sessions missed due to working patterns, or seek alternative educational opportunities.

We recommend at least one session for professional development per week.

4. Example timetables

The examples below are designed to reflect a variety of clinical activities, as well as workload adjusted to LTFT status.

Example 1: 1.0 WTE trainee, lung and melanoma. This trainee does not do regular AOS, but works to a 1/8 “Acute SpR” rota where the timetable alters to be the AOS SpR for the week.

	Monday	Tuesday	Wednesday	Thursday	Friday *remote*
AM	Clinical admin	SACT review clinic or ward round	Satellite DGH clinic	IO tox clinic	Clinical admin
PM	New/follow up clinic	New/follow up clinic	Lung MDT Admin	Ward round of lung/melanoma inpatients Melanoma MDT	Professional development (including 1 hour regional teaching)

Example 2: 0.8 WTE trainee, urology and germ cell.

This trainee has regular acute oncology exposure through cancer outreach, in addition to out-of-hours on calls.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Cancer outreach (AOS)	Urology clinic	Clinical trial reviews/trials admin	Non-working day	Germ cell MDT Germ cell clinic
PM	Journal club (1 hour) Professional development	Urology clinic	Urology MDT (1 hour) Clinical admin	Non-working day	Clinical admin

Example 3: 0.6 WTE trainee, gynae-oncology.

This trainee works in a smaller centre and does a ward round of oncology inpatients and cancer outreach patients weekly. They do not have designated admin time, as their clinic appointment lengths are adjusted to facilitate admin within the clinic.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Non-working day	Gynae MDT	Ward round – inpatients/AOS	Non-working day	Gynae clinic
PM	Non-working day	Gynae clinic	Ward	Non-working day	Professional development (including 1 hour of regional teaching)

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References:

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2. Joint Royal Colleges of Physicians Training Board. Curriculum for Medical Oncology Training. London: JRCPTB, 2021. Available from: <https://www.thefederation.uk/sites/default/files/Medical%20Oncology%202021%20Curriculum%20FINAL.pdf>