

Deployment of Clinical Oncology Trainees in the provision of non-oncological acute care

Guidance from the Royal College of Radiologists

The College recommends that Clinical Oncology trainees should not provide acute medical care for non-oncology patients. Involvement in non-oncology acute care will reduce the time available for Clinical Oncology training and may impact on training progression. It also raises concern about the duration of trainees' competence to care for acutely ill non-oncology medical patients after they leave Core Medical Training (CMT).

In some centres, Clinical Oncology trainees are being required to take part in acute medical care teams. The Specialty Training Board of the Faculty of Clinical Oncology felt that guidance is required for use in hospitals where Clinical Oncology trainees are being required to take part in acute medical care teams despite the RCR recommendation.

1. It is acknowledged that work in the acute medical care setting could provide the Clinical Oncology trainee with team working and leadership skills. Overall, however, it is likely that Clinical Oncology training will suffer. Trainees in ST3 have to attend a formal course in preparation for the First FRCR examination (usually 1 day per week) and, at the same time, are required to gain new clinical competencies specific to Clinical Oncology. It is therefore unreasonable to expect more than 15 days of specialty training to be lost in one year while carrying out such duties.

Even so, the training progress of some individuals could be impaired and ARCP results will need to be monitored. In the event that training is shown to have been impaired, there may be no alternative to the extension of training.

2. Trainees appointed at ST3 level and having recently achieved MRCP (UK) and completed Core Medical Training (CMT) are competent to work as medical registrars in acute medical care teams for non-oncology patients, but will require close senior supervision.
3. Clinical Oncology trainees can be expected to retain acute management skills for only a limited period of time (maximum of one year). Acute medical care involvement should therefore apply only to ST3 trainees in Clinical Oncology and, where circumstances allow, it is desirable to concentrate such duties during the first 6 months of the ST3 year.

ST3 trainees must have completed CMT in the recent past, as they will become de-skilled if they have no continuing exposure to acute medicine. If more than 6 months has elapsed since completion of CMT, there is need for an assessment and/or refresher training before a trainee can be considered fit to lead the management of acutely ill medical patients. Such training would be the budgetary responsibility of the acute care service.

4. It is not desirable to insist that ST3 trainees in Clinical Oncology should lead the acute medical care team in hospitals other than their base hospital, about which they may have no previous knowledge.
5. These guidelines apply only to trainees entering Clinical Oncology via Core Medical Training.
6. It is recognised that different guidelines will be appropriate in the event that a doctor returns from a period of absence from acute medicine, and agrees to participate in acute medical care as a registrar, thereby accepting personal responsibility for their competence to undertake such duties. The decision as to whether a doctor is safe to undertake specific duties ultimately rests with the employer.

These guidelines are based on those originally published by the Joint Royal Colleges of Physicians Training Board.

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