

Clinical Oncology

Curriculum 2021



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The Royal College of Radiologists

Terminology Guide

The 2021 curriculum uses some terminology not present in the 2016 curriculum, reflecting the change from a competency based curriculum to an outcomes based curriculum and to assessment based on the concept of entrustable professional activities.

This guide explains some of the terminology used in the 2021 curriculum.

Assessment blueprint

An assessment blueprint defines the content of an exam or workplace-based assessment and shows which forms of assessment may be used to measure progress against each of the capabilities in practice (outcomes) given in the clinical oncology curriculum.

Capability in practice (CiP)

Capabilities in practice (CiPs) are the high level learning outcomes that describe what a trainee is expected to know and be able to reliably demonstrate by the time of CCT. The CiPs are underpinned by descriptors, which provide guidance on the range of clinical contexts that may support achievement of the CiPs. The descriptors are not intended to be prescriptive and do not represent an exhaustive list.

The clinical oncology curriculum contains generic CiPs, which are common across all specialties, common oncology CiPs, which apply to both medical and clinical oncologists, and clinical-oncology-specific CiPs, which apply only to clinical oncology.

Critical progression point

A critical progression point is a point in training where a trainee transitions to higher levels of professional responsibility or enters a new or specialist area of practice, including successful completion of training. These transitions are often associated with an increase in potential risk to patients or those in training.

Clinical oncology training progresses in a spiral manner, therefore it is difficult to identify a set point where responsibility increases significantly. For this reason, completion of training is the only critical progression point in clinical oncology training.

Entrustable professional activity (EPA)

An entrustable professional activity (EPA) is a key clinical or professional responsibility or task that can only be performed by an appropriately trained person, once sufficient competence has been demonstrated.

The competence of a trainee to perform an EPA is assessed based on the supervisor's professional judgement of whether they trust the trainee to act with direct, minimal or no supervision for that EPA. The concept of entrustment allows trainers to make competency-based decisions on the level of supervision a trainee requires.

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Generic professional capabilities (GPCs)

The [Generic professional capabilities framework](#) describes the minimum GMC requirements underpinning professional practice in the UK. Along with [Good medical practice](#), they must be included in all postgraduate curricula approved by the GMC.

Good medical practice (GMP)

[Good medical practice](#) is the core GMC ethical guidance for doctors, which sets out the values and principles of good practice. It is the foundation on which all other GMC guidance is built and is used to inform the education, training and practice of all doctors in the UK

High level learning outcome

High level learning outcomes describe what a trainee is expected to know and be able to reliably demonstrate by the time of CCT. They provide an overview rather than exhaustive detail and can be generic (common across all specialties), shared (common across groups or families of specialties) or specialty-specific. In the clinical oncology curriculum the outcomes have been called capabilities in practice, or CiPs.

Kaizen

[Kaizen](#) is the RCR's online learning tool and e-portfolio. It allows trainees and supervisors to record and track progress through training. The evidence recorded within Kaizen will be used by ARCP panels to make decisions about trainee progression.

Kaizen is a Japanese word meaning "change for better" and is a business philosophy of continuous improvement of working practices through personal efficiency.

Oncology common stem (OCS)

The oncology common stem (OCS) is the initial period of common training for clinical and medical oncology that constitutes ST3 for both specialties. The OCS has an indicative duration of one year, during which the focus will be on the development of the generic CiPs expected of all doctors and the common CiPs relating to the key areas of overlap between the two specialties.

Successful completion of the OCS will equip trainees with the necessary capabilities to progress to ST4 in either clinical oncology or medical oncology, with full recognition of the capabilities attained during OCS and without additional training time.

Clinical oncology and medical oncology will retain individual entry points and trainees will have either a clinical oncology or medical oncology training number. If a trainee wishes to transfer specialty at the end of ST3 they will still be required to apply, in open competition, through the existing national recruitment process.

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Outcomes-based curriculum

The curriculum sets out the intended aims, outcomes, content, teaching, learning, and assessment of training in clinical oncology. The 2021 curriculum is outcomes-based, whereas the 2016 curriculum is competency-based.

Outcomes-based education is a learner-centred approach that focuses on what a trainee is able to do on completion of training. An outcomes-based curriculum reflects the achievement of high level learning and mastery rather than demonstration of detailed lists of knowledge, skills and behaviours as found in a competency-based curriculum.