Advanced Training Curricula Renewal

DRAFT Curriculum standards

Advanced Training in Medical Oncology (Adult Internal Medicine)

November 2023



About this document

This document outlines the curriculum standards for Advanced Training in Medical Oncology (Adult Internal Medicine) for trainees and supervisors.

The curriculum standards should be used in conjunction with the Advanced Training in Medical Oncology (Adult Internal Medicine) learning, teaching, and assessment programs.

For more information or to provide feedback contact curriculum@racp.edu.au.

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Program overview

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and New Zealand.



Specialty overview

Medical oncologists specialise in the investigation, study, diagnosis, management, and systemic treatment of malignant disease. Medical oncology is a multidisciplinary specialty that requires proficiency in medical sciences, clinical medicine, diagnostic medicine, and pharmacology.

Medical oncologists exhibit these key attributes and skills to diagnose, treat and support patients with cancer, and other conditions:

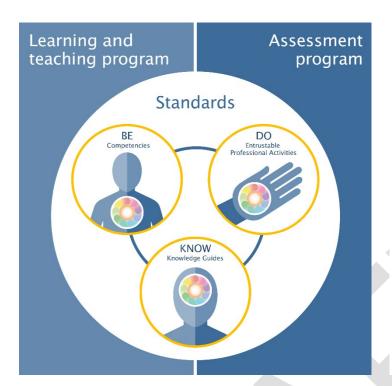
- Expert diagnostic skills. Medical oncologists manage a broad range of cancers, including developing optimal treatment plans for cancer patients and managing the side effects of cancer treatments. Medical oncologists must be able to effectively determine which type of cancer their patients have, as well as what stage the cancer is. Many forms of cancer are life-threatening, so being able to diagnose them correctly is an integral part of the job.
- Broad clinical experience and skills. Medical oncology requires a breadth of clinical experience and skills in caring for acute medical problems and chronic illness, patients' and families' emotional needs, symptom control, survivorship, and end-oflife care.
- Evidence-based treatment and therapy. Medical oncologists use a broad range of preventative, definitive and palliative medicines such as chemotherapy, hormonal

therapy, molecular targeted agents, immunotherapy and analgesics. A key role of a medical oncologist is to assess and manage patients' disease and symptoms using effective evidence-based techniques.

- Interpersonal and communication skills. Medical oncologists advocate for patients and their families within the healthcare system. Cancer patients and their families/carers experience one of the most emotionally vulnerable times of their lives when they are diagnosed with cancer. Medical oncologists must use compassion, empathy, clear and responsive communication techniques.
- Lead and work in a multidisciplinary team. Medical oncology care is multidisciplinary. Medical oncologists lead multidisciplinary teams, coordinating the contributions of different healthcare professionals to provide patients with holistic
- Research. Medical oncologists contribute to body of cancer research (therapeutics, biology, epidemiology and clinical outcomes research). Cancer research is constantly evolving, consequently medical oncologists must stay on top of current research and studies to be effective in their positions. This often involves attending medical conferences, critically appraising research from medical journals, and going to training workshops to stay informed on the most recent cancer treatments and methods. Medical oncologists are also commonly involved in the conduct of clinical trials and other research within established ethical frameworks.
- Teaching. Medical oncology roles include teaching responsibilities, training junior doctors, medical students and allied healthcare professionals and educating patients about their conditions.



Advanced Training curricula standards



The RACP curriculum model is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs

outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



• Competencies outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.



Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



Knowledge guides outline the expected baseline knowledge of trainees.

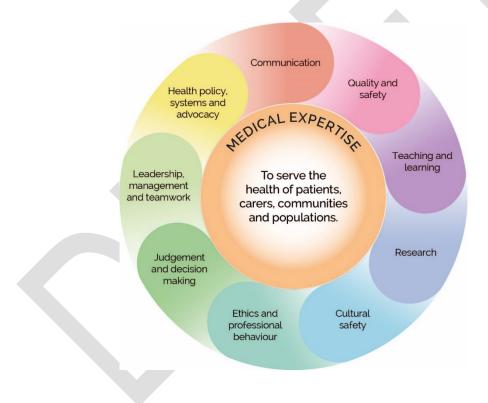
Common curricula standards

The renewed curricula for Advanced Training will consist of a mix of program-specific content and content that is common across Advanced Training programs.

- **Competencies** will be common across Advanced Training programs.
- Entrustable Professional Activities (EPAs) will contain a mix of content that is common and content that is program-specific.
- Knowledge Guides will be program-specific, although content may be shared between complementary programs.

Professional Practice Framework

The Professional Practice Framework describes ten domains of practice for all physicians.



Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery



Advanced Training learning, teaching, and assessment structure

- An entry decision is made before entry into the program.
- Progress decisions, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

The Advanced Training program may be started once the prospective trainee has completed the entry requirements. This includes completion of Basic Physician Training required for Divisional Advanced Training programs.

Curriculum standards

Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.



Medical expertise

Professional standard: Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

Knowledge: Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

Synthesis: Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

Diagnosis and management: Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, or carers¹, and in collaboration with the health care team.

² References to patients in the remainder of this document may include their families and/or carers.

Communication



Professional standard: Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

Effective communication: Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

Communication with patients, families, and carers: Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies: Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication: Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality: Maintain appropriate privacy and confidentiality, and share information responsibly.

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Quality and safety

Professional standard: Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

Patient safety: Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management: Identify and report risks, adverse events, and errors to improve healthcare systems.

Quality improvement: Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement: Enable patients to contribute to the safety of their care.



Teaching and learning

Professional standard: Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.2

Lifelong learning: Undertake effective self-education and continuing professional development.

Self-evaluation: Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

Supervision: Provide supervision for junior colleagues and/or team members.

Teaching: Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

Patient education: Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.



Research

Professional standard: Physicians support creation, dissemination and translation of knowledge and practices applicable to health³ They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

Evidence-based practice: Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

Research: Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

² Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework - Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

³ Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework - Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety

Professional standard. Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices, and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve, this brings awareness and accountability for the impact of the physician's own culture on decision making and health care delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau, and/or community and the physician, to improve health outcomes.



Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau, and/or community autonomy and agency over their decision making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health, and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services, and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.⁴

This is a placeholder for the competencies in the cultural safety domain, which are in development and will be added at a later date.

Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174

⁴ The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below): Cultural safety can be defined as:

the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery

[•] the commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided

the awareness that cultural safety encompasses a critical consciousness where health
professionals and health care organisations engage in ongoing self-reflection and self-awareness,
and hold themselves accountable for providing culturally safe care, as defined by the patient and
their communities.

Ethics and professional behaviour



Professional standard: Physicians' practice is founded upon ethics, and physicians always treat patients and their families in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes: Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

Honesty and openness: Act honestly, including reporting accurately, and acknowledging their own errors.

Patient welfare: Prioritise patients' welfare and community benefit above self-interest.

Accountability: Be personally and socially accountable.

Personal limits: Practise within their own limits and according to ethical principles and professional guidelines.

Self-care: Implement strategies to maintain personal health and wellbeing.

Respect for peers: Recognise and respect the personal and professional integrity, roles, and contribution of peers.

Interaction with professionals: Interact equitably, collaboratively, and respectfully with other health professionals.

Respect and sensitivity: Respect patients, maintain appropriate relationships, and behave equitably.

Privacy and confidentiality: Protect and uphold patients' rights to privacy and confidentiality.

Compassion and empathy: Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.

Health needs: Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

Medical and health ethics and law: Practise according to current community and professional ethical standards and legal requirements.

Judgement and decision making



Professional standard: Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

Diagnostic reasoning: Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation: Apply judicious and cost-effective use of health resources to their practice.

Task delegation: Apply good judgement and decision making to the delegation of tasks.

Limits of practice: Recognise their own scope of practice and consult others when required.

Shared decision-making: Contribute effectively to team-based decision-making processes.

Leadership, management, and teamwork



Professional standard: Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

Managing others: Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing: Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership: Act as a role model and leader in professional practice.

Teamwork: Negotiate responsibilities within the healthcare team and function as an effective team member.

Health policy, systems, and advocacy



Professional standard: Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

Health needs: Respond to the health needs of the local community and the broader health needs of the people of Australia and New Zealand.

Prevention and promotion: Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access: Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement: Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy: Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

Resource allocation: Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

Sustainability: Manage the use of healthcare resources responsibly in everyday practice.



Entrustable Professional Activities



Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

2 3	Supervision and teaching Quality improvement	Lead a team of health professionals Supervise and teach professional colleagues Identify and address failures in health care delivery
	and teaching Quality	
3		Identify and address failures in health care delivery
	mprovement	identity and address failules in fleatureale delivery
4	Clinical assessment and management	Clinically assess and manage the ongoing care of patients
5	Acute care	Manage the early care of acutely unwell patients
6	Longitudinal care, including management of transitions	Manage and coordinate the longitudinal care and appropriate transitions in care of patients with chronic illness, disability, and/or long-term health issues
7	Communication with patients	Discuss diagnoses, management plans and prognosis with patients
8	Prescribing	Prescribe therapies tailored to patients' needs and conditions
9	Investigations and procedures	Select, organise, and interpret investigations and procedures
10	Clinic management	Manage an outpatient clinic
11	Critical appraisal of evidence	Critical appraisal of evidence to provide the best cancer care, ensuring patient safety, wise allocation of resources, and advancement of research through evidence-based practice

EPA 1: Team leadership

Theme	Team leadership	AT-EPA-01
Title	Lead a team of health professionals	
Description	This activity requires the ability to: prioritise workload organise multiple concurrent tasks identify the range of team members' articulate individual responsibilities, team members ascertain and apply leadership technological collaborate with and motivate team in promote and adopt insights from team act as a role model.	expertise, and accountability of niques in daily practice members
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	 synthesise information with other disciplines to develop optimal, goal-centred plans for patients assess and effectively manage clinical risk in various scenarios demonstrate clinical competence and skills by effectively supporting team members 	 demonstrate adequate knowledge of healthcare issues by interpreting complex information assess the spectrum of problems to be addressed apply medical knowledge to assess the impact and clinical outcomes of management decisions provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team
Communication	 provide support and motivate patients or populations and health professionals by effective communication demonstrate a transparent, consultative style by engaging patients, families, carers, relevant professionals and/or the public in shared decision making work with patients and other health professionals to resolve conflict that may arise when planning and aligning goals demonstrate rapport with people at all levels by tailoring messages to different stakeholders 	 communicate adequately with colleagues communicate adequately with patients and/or the public respect the roles of team members

identify opportunities to improve participate in audits and other care by participating in activities that affect the quality surveillance and monitoring of and safety of patients' care adverse events and 'near misses' participate in interdisciplinary Quality identify activities within systems to collaboration to provide effective and safety reduce errors, improve patient and health services and operational population safety, and implement change cost-effective change apply appropriate use of electronic place safety and quality of care medical records and other first in all decision making technologies to improve safety regularly self-evaluate personal accept feedback constructively, professional practice, and and change behaviour in response implement changes based on the recognise the limits of personal expertise, and involve other health professionals as needed actively seek feedback from supervisors and colleagues on demonstrate basic skills in performance facilitating colleagues' learning **Teaching** maintain current knowledge of new and learning technologies, health care priorities and changes of patients' expectations teach competently by imparting professional knowledge manage and monitor learner progress, providing regular assessment and feedback demonstrate culturally competent demonstrate awareness of cultural relationships with professional diversity and unconscious bias colleagues and patients work effectively and respectfully demonstrate respect for diversity with people from different cultural and difference backgrounds Cultural safety take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs and socioeconomic background on decision making promote a team culture of shared support ethical principles in clinical accountability for decisions and decision making outcomes maintain standards of medical encourage open discussion of practice by recognising the health ethical and clinical concerns interests of patients or populations as primary responsibilities respect differences of respect the roles and expertise multidisciplinary team members of other health professionals recognise the ethics of resource Ethics and allocation by aligning optimal work effectively as a member of professional patients and organisational care behaviour a team effectively consult with promote team values of honesty, stakeholders, achieving a balance discipline and commitment to continuous improvement of alternative views acknowledge personal conflicts of demonstrate understanding of interest and unconscious bias the negative impact of workplace conflict act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying

Judgement and decision making	 evaluate health services and clarify expectations to support systematic, transparent decision making make decisions when faced with multiple and conflicting perspectives ensure medical input to organisational decision making adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health 	 review new healthcare interventions and resources interpret appropriate data and evidence for decision making
	care delivery	
	 combine team members' skills and expertise in delivering patient care and/or population advice 	 identify the range of personal and other team members' skills, expertise, and roles
Leadership, management, and teamwork	 develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others 	 acknowledge and respect the contribution of all health professionals involved in patients' care
	 build effective relationships with multidisciplinary team members to achieve optimal outcomes 	 participate effectively and appropriately in multidisciplinary teams
	 ensure all members of the team are accountable for their individual practice 	 seek out and respect the perspectives of multidisciplinary team members when making decisions
	 engage in appropriate consultation with stakeholders on the delivery of healthcare 	 communicate with stakeholders within the organisation about healthcare delivery
	 advocate for the resources and support for healthcare teams to achieve organisational priorities 	 identify methods used to allocate resources to provide high-quality care
Health policy, systems, and advocacy	 influence the development of organisational policies and procedures to optimise health outcomes 	 promote the development and use of organisational policies and procedures
	 identify the determinants of health of the population, and mitigate barriers to access to care 	
	remove self-interest from solutions to health advocacy issues	

EPA 2: Supervision and teaching

Theme	Supervision and teaching	AT-EPA-02
Title	Supervise and teach professional coll	leagues
Description	This activity requires the ability to: facilitate work-based teaching in a value teach professional skills create a safe and supportive learning promote learners to be self-directed support learners to identify learning activities to demonstrate achievement plan, deliver, and provide work-base facilitate learners in day-to-day work support learners to prepare for assess	g environment and identify learning experiences needs, formulate goals and plan nt of goals ed assessments and provide feedback
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	 combine high-quality care with high-quality teaching explain the rationale underpinning a structured approach to decision making consider the population health effect when giving advice encourage the learner to consider the rationale and appropriateness of investigation and management options encourage and support the use of evidence-based practice 	teach learners using basic knowledge and skills
Communication	 establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals communicate effectively when teaching, assessing, and appraising learners actively encourage a collaborative and safe learning environment with learners and other health professionals encourage learners to tailor communication as appropriate for different patients, such as younger or older people, and different populations 	demonstrate accessible, supportive, and compassionate behaviour

support learners to deliver clear, concise and relevant information in both verbal and written communication listen and convey information clearly and considerately support learners to deliver quality observe learners to reduce risks care while maintaining their and improve health outcomes own wellbeing apply lessons learned about patient safety by identifying and discussing risks with learners Quality assess learners' competence, and safety and provide timely feedback to minimise risks to care maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns demonstrate basic skills in the demonstrate knowledge of the principles, processes, and skills supervision of learners of supervision apply a standardised approach to provide direct guidance to learners teaching, assessment, and in day-to-day work feedback to without considering individual learner needs work with learners to identify professional development goals implement teaching and learning and learning opportunities based activities that are aligned to on their individual learning needs learning goals offer feedback adopt a teaching style that encourages learner act as a role model self-directedness participate in teaching and supervision professional development activities encourage self-directed learning Teaching and assessment and learning develop a consistent and fair approach to assessing learners tailor feedback and assessments to learners' goals seek feedback and reflect on own teaching by developing goals and strategies to improve establish and maintain effective mentoring through open dialogue support learners to identify and attend formal and informal learning opportunities recognise the limits of personal expertise, and involve others appropriately clarify junior colleagues' research guide learners with respect to the project goals and requirements, choice of research projects and provide feedback regarding Research ensure that the research projects

the merits or challenges of

proposed research

suitable standards

planned are feasible and of

- monitor the progress of learners' research projects regularly, and may review research projects prior to submission
- support learners to find forums to present research projects
- encourage and guide learners to seek out relevant research to support practice
- role model a culturally appropriate approach to teaching
- encourage learners to seek out opportunities to develop and improve their own cultural competence

function effectively and respectfully when working with and teaching with people from different cultural backgrounds

Cultural safety

- encourage learners to consider culturally appropriate care of Māori and Aboriginal and Torres Strait Islander peoples into patients' management
- consider cultural, ethical, and religious values and beliefs in teaching and learning
- demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect

provide learners with feedback

to improve their experiences

Ethics and professional behaviour

to teaching scenarios consider the patient during clinical

apply principles of ethical practice

- teaching and maintain standards of professional practice
- act as a role model to promote professional responsibility and ethics among learners
- respond appropriately to learners seeking professional guidance

- prioritise workloads and manage learners with different levels of professional knowledge or experience
- link theory and practice when explaining professional decisions
- promote joint problem solving
- support a learning environment that allows for independent decision making
- use sound and evidence-based judgement during assessments and when giving feedback to learners
- escalate concerns about learners appropriately

- provide general advice and support to learners
- use health data logically and effectively to investigate difficult diagnostic problems

Leadership, management, and teamwork

Judgement and

decision making

- maintain personal and learners' effective performance and continuing professional development
- demonstrate the principles and practice of professionalism and leadership in health care
- participate in mentor programs, career advice, and general counselling

- maintain professional, clinical, research, and/or administrative responsibilities while teaching
- create an inclusive environment whereby the learner feels part of the team
- help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement

Health policy, systems, and advocacy

- advocate for suitable resources to provide quality supervision and maintain training standards
- explain the value of health data in the care of patients or populations
- support innovation in teaching and training

integrate public health principals into teaching and practice



EPA 3: Quality improvement

Theme	Quality improvement	AT-EPA-03
Title	Identify and address failures in health	care delivery
Description	This activity requires the ability to: identify and report actual and potenti perform and evaluate system improv comply to best practice guidelines inspect clinical guidelines and outcor enhance the development of policies patients and enhance healthcare monitor own practice and develop in	mes and protocols designed to protect
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	 regularly review patients' or population health outcomes to identify opportunities for improvement in delivering appropriate care evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices use standardised protocols and best available evidence to adhere to best practice regularly monitor personal professional performance 	 contribute to processes on identified opportunities for improvement recognise the importance of prevention and early detection of cancer use local guidelines to assist patient care decision making
Communication	 support patients to have access to, and use, easy-to-understand, high-quality information about healthcare support patients to share decision making about their own healthcare, to the extent that they choose assist patients' access to their health information, as well as complaint and feedback systems 	 demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in healthcare apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information advocate for patients
Quality	 respectfully discuss with patients any safety and quality concerns they have relating to their care, and appropriately acting on these concerns implement the organisation's open disclosure policy demonstrate safety skills, including 	demonstrate understanding

	reporting, and effective clinical handover	improving the quality and safety of healthcare
	 participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged 	
	 participate in systems for surveillance of adverse events and 'near misses'; including the reporting of such events 	
	 ensure that identified opportunities for improvement are raised and reported appropriately 	
	 improve healthcare through the use of clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints 	
Teaching	 participate in professional training in quality and safety to ensure supervise and manage the 	 work within organisational quality and safety systems for the delivery of clinical care
and learning	performance of junior colleagues to deliver high-quality and safe care	use opportunities to learn about safety and quality theory and systems
Research	 ensure that any protocol for human research is: » approved by a human research ethics committee in accordance with the national 	 recognise that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential
	statement on ethical conduct in human research conducted in accordance with best Good Clinical Practice principles	benefits of the research
	 identify and address cultural bias in personal and group decision- making in order to prevent harmful impacts on patient outcomes 	 communicate effectively with patients from culturally and linguistically diverse backgrounds effectively assess, understand and
Cultural safety	 use the expertise of culture- specific liaisons (e.g. Māori and Aboriginal and Torres Strait Islander peoples Hospital Liaison Officers) to achieve best outcomes for patients and organisation 	respect cultural factors that contribute to patient decision-making, and healthcare engagement
Ethics and professional behaviour	 contribute to developing an organisational culture that enables and prioritises patients' safety and quality 	 comply with professional regulatory requirements and codes of conduct
Judgement and decision making	use decision-making support tools, such as guidelines, protocols, pathways, and reminders	 access information and advice from other health practitioners to identify, evaluate, and improve patients' care management
	 analyse and evaluate current care processes to improve healthcare 	

Leadership, management, and teamwork

- formulate and implement quality improvement strategies, collaboratively involving all key health professionals
- support multidisciplinary team activities to lower patients' risk of harm, and promote interdisciplinary educational programs
- actively involve clinical pharmacists in the medication-use process
- demonstrate attitudes of respect and cooperation among members of different professional teams, especially where concerns regarding the quality of healthcare provision are raised
- partner with clinicians and managers to ensure patients receive appropriate care and information on their care
- participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes
- measure, analyse, and report a set of specialty-specific processes of care and outcome clinical indicators, and a set of generic safety indicators
- take part in designing and implementing organisational systems for:
 - » defining the scope of clinical practice
 - » performance monitoring and management
 - » clinical, and safety and quality education and training

- maintain a dialogue with service managers about issues that affect patient care
- contribute to relevant organisational policies and procedures
- help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement
- identify local and major international agencies with a role in cancer control, research and/or treatment
- recognise legal issues relating to anticancer treatments, the institution and withdrawal of life support systems, and the Voluntary Assisted Dying Legislation

Health policy, systems, and advocacy

EPA 4: Clinical assessment and management

Theme	Clinical assessment and managemen	t AT-EPA-04
Title	Clinically assess and manage the one	going care of patients
Description	This activity requires the ability to: identify and access sources of releverable retrieve patient histories examine patients synthesise findings to develop providuscuss findings with patients generate a management plan present findings to other health professions.	sional and differential diagnoses
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	 elicit an accurate, organised, and problem-focused medical history considering physical, psychosocial, and risk factors perform a full physical examination to establish the nature and extent of problems synthesise and interpret findings from the history and examination to devise the most likely provisional diagnoses via reasonable differential diagnoses assess the severity of problems, the likelihood of complications, and clinical outcomes develop management plans based on relevant guidelines, and consider the balance of benefit and harm by taking patients' personal set of circumstances and preferences into account 	 take patient-centred histories, considering psychosocial factors perform accurate physical examinations recognise and correctly interpret abnormal findings synthesise pertinent information to direct the clinical encounter and diagnostic categories develop appropriate management plans
Communication	 communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to ask questions provide information to patients and their family or carers to enable them to make a fully informed decision from various diagnostic, therapeutic, and management options communicate clearly, effectively, respectfully, and promptly with 	 anticipate, read, and respond to verbal and non-verbal cues demonstrate active listening skills communicate patients' situations to colleagues, including senior clinicians

	other health professionals involved in patients' care	
Quality and safety	infection control, adverse event reporting and effective clinical	 perform hand hygiene, and take infection control precautions at appropriate moments take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients document history and physical examination findings, and synthesise with clarity and completeness
Teaching and learning	 set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals regularly reflect upon and self-evaluate professional development obtain informed consent before involving patients in teaching activities turn clinical activities into an opportunity to teach, appropriate to the setting 	 set clear goals and objectives for self-learning self-reflect frequently deliver teaching considering learners' level of training
Research	 search for, compile, analyse, interpret, and evaluate information relevant to the research subject describe 'Good Clinical Practice' in line with international directives for all aspects of the conduct of clinical trials recognise the role and limitations of clinical trials in regular practice identify the rapidly evolving landscape in basic scientific, translational and clinical research identify relevant resources to access up to date evidence and guidelines 	 refer to guidelines and medical literature to assist in clinical assessments when required demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice
Cultural safety		 display respect for patients' cultures, and attentiveness to social determinants of health display an understanding of at least the most prevalent cultures in society, and an appreciation of their potential culturally based beliefs, values and perspectives, whilst recognising that there is individual variance within cultural groups

	use a professional interpreter, health advocate, or a family or community member to assist in communication with patients, and understand the potential limitations of each acknowledge patients' beliefs and values, and how these might impact on health	appropriately access interpretive or culturally focused services
Ethics and professional behaviour	 demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients hold information about patients in confidence, unless the release 	 demonstrate professional conduct, honesty, and integrity consider patients' decision-making capacity identify patients' preferences regarding management and the role of families in decision making
benaviour	 of information is required by law or public interest assess patients' capacity for decision making, involving a proxy decision maker appropriately 	 not advance personal interest or professional agendas at the expense of patient or social welfare
	 apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients 	 demonstrate clinical reasoning by gathering focused information relevant to patients' care recognise personal limitations and seek help in an appropriate
Judgement and decision making	 use a holistic approach to health considering comorbidity, uncertainty, and risk 	way when required
	 use the best available evidence fo the most effective therapies and interventions to ensure quality care 	
Leadership,	 work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients 	 share relevant information with members of the health care team
management, and teamwork	 demonstrate awareness of colleagues in difficulty, and work within the appropriate structural systems to support them while maintaining patient safety 	
Health policy, systems, and	 participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases 	 identify and navigate components of the healthcare system relevant to patients' care identify and access relevant
systems, and advocacy	 aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources 	community resources to support patient care

EPA 5: Acute care

	Manage the early care of acutely unw This activity requires the ability to:	rell patients
•	his activity requires the ability to:	
•	appropriate care setting (e.g. common recognise clinical deterioration, and for escalation of care in a patient-ce recognise and manage acutely unwaregarding goals of care with resultar	ell patients who require decisions
Behaviours		
<u>framework</u> domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
T	he trainee will:	The trainee may:
Medical expertise	life-threatening conditions and deteriorating and critically unwell patients, and respond appropriately perform advanced life support, according to resuscitation council guidelines, to a high level of advanced resuscitation skills demonstrate knowledge of potential outcomes, risks and complications of resuscitation effectively assess, diagnose, and manage acute undifferentiated clinical presentations including oncological emergencies identify unwell patients that can be safely managed outside of hospital and initiate a robust and safe management for said patients select investigations that ensure maximum patient safety through excluding or diagnosing critical patient issues systematically identify causes of acute deterioration in health status and levels of physical and cognitive functioning	 recognise seriously unwell patients requiring immediate care apply basic life support as indicated identify general medical principles of caring for patients with undifferentiated and undiagnosed conditions identify potential causes of current deterioration, and comply with escalation protocols facilitate initial tests to assist in diagnosis and develop management plans for immediate treatment document information to outline the rationale for clinical decisions and action plans assess perioperative and periprocedural patients

- secondary prevention following acute events
- provide clear and effective discharge summaries with recommendations for ongoing care
- optimise medical management before, during, and after operations
- communicate clearly with other team members, and coordinate efforts of multidisciplinary team members
- use closed-loop and clear communication with other health care team members during resuscitation
- facilitate early communication with patients, families, and health care team members to allow shared decision making
- negotiate realistic treatment goals and determine/explain the expected prognoses and outcomes
- employ communication strategies appropriate for younger patients or those with cognitive difficulties
- explain the situation to patients in an understandable, sensitive and supportive manner, avoiding jargon and confirming their comprehension
- determine the level of health literacy of individual patients and level of understanding of agreed care decisions

- demonstrate communication skills to sufficiently support the function of multidisciplinary teams
- determine patients' understanding of their diseases and what they perceive as the most desirable goals of care

Communication

maintain up-to-date certification in advanced life support

- use clinical information technology systems for conducting prospective and retrospective clinical audits
- evaluate and explain the benefits and risks of clinical interventions based on individual patients' circumstances
- analyse adverse incidents and sentinel events to identify system failures and contributing factors
- identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes
- coordinate and encourage innovation, and objectively evaluate improvement initiatives for outcomes and sustainability

- evaluate the quality of processes through well-designed audits
- recognise the risks and benefits of operative interventions
- raise appropriate issues for review at morbidity and mortality meetings
- evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure

Quality and safety

Teaching and learning	 demonstrate effective supervision skills and teaching methods which are adapted to the context of the training encourage questioning among junior colleagues and students in response to unanswered clinical questions seek guidance and feedback from healthcare teams to reflect on the encounter and improve future patients' care mentor and train others to enhance team effectiveness provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills coordinate and supervise junior colleagues from the emergency department and the wards
	 select studies based on optimal trial design, freedom from bias, and precision of measurement demonstrate efficient searching of literature databases to retrieve evidence
Research	 evaluate the value of treatments in terms of relative and absolute benefits, cost, potential patient harm, and feasibility evaluate the applicability of the results of clinical studies to the circumstances of individual use information from credible sources to aid in decision making refer to evidence-based clinical guidelines and protocols on acutely unwell patients demonstrate an understanding of the limitations of the puidence.
	patients, especially those with and the challenges of applying multiple comorbidities research in daily practice specify research evidence to the
	 needs of individual patients negotiate health care decisions in a culturally appropriate way by considering variation in family structures, cultures, religion, or belief systems practise cultural competency appropriate for the community serviced proactively identify barriers to access to healthcare
Cultural safety	integrate culturally appropriate care of Māori and Aboriginal and Torres Strait Islander peoples into patients' management
	 consider cultural, ethical, and religious values and beliefs in the assessment and management of acutely unwell patients and when leading multidisciplinary teams
	 develop management plans that are based on medical assessments of the clinical conditions and multidisciplinary assessments of functional capacity communicate medical management plans as part of multidisciplinary plans establish, where possible, patients' wishes and preferences about care
Ethics and	 advise patients of their rights to refuse medical therapy, including life-sustaining treatment contribute to building a productive culture within teams
professional behaviour	 consider the consequences of delivering treatment that is deemed futile, directing to other care as appropriate
	 facilitate interactions within multidisciplinary teams respecting values, encouraging involvement, and engaging all participants in decision making

	 demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy
Judgement and decision making	 recognise the need for escalation of care, and escalate to appropriate staff or services integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and cause into clinical decision making reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty use care pathways effectively, including identifying reasons for variations in care involve additional staff to assist in a timely fashion when required recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	 work collaboratively with staff in the emergency department, intensive care, and other subspecialty inpatient units manage the transition of acute medical patients through their hospital journey lead a team by providing engagement while maintaining a focus on outcomes collaborate with and engage other team members, based on their roles and skills ensure appropriate multidisciplinary assessment and management encourage an environment of openness and respect to lead effective teams
Health policy, systems, and advocacy	 use a considered and rational approach to the responsible use of resources, balancing costs against outcomes prioritise patient care based on need, and consider available healthcare resources collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems identify the systems for the escalation of care for deteriorating patients recognise the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes

EPA 6: Longitudinal care, including management of transitions

Theme	Longitudinal care, including management of transitions AT-EPA-06		
Title	Manage and coordinate the longitudinal care and appropriate transitions in care of patients with chronic illness, disability, and/or long-term health issues		
Description	 This activity requires the ability to: develop management plans and goals in consultation with patients administer chronic and advanced conditions, complications, disabilities, and comorbidities collaborate with other health care providers to provide evidence based, patient centred, optimal management facilitate patients' and/or families/carers' self-management and self-monitoring identify the appropriate health care providers and other stakeholders with whom to exchange pertinent, contextually appropriate, and relevant patient information facilitate transitions of patient care to ensure the optimal continuity of care between providers and healthcare settings, within the context of the patient's goals of care and needs collaborate within the broader health policy context. 		
Behaviours			
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity		
	The trainee will: The trainee may:		
Medical expertise	 regularly assess and review care plans for patients based on shortand long-term clinical and quality of life goals provide documentation on patients' presentation, management, and progress, including key points of diagnosis, goals of care and decision making to inform coordination of care ensure patients contribute to their needs assessments and care planning monitor treatment outcomes, effectiveness, and adverse events anticipate possible changes in patients' conditions and formulate management plans facilitate optimal transitions in care for patients 		
Communication	 encourage patients' self-management through education to take greater responsibility for their care, and support problem solving provide healthy lifestyle advice and information to patients on the importance of self-management 		

- communicate with multidisciplinary team members, and involve patients in the dialogue
- communicate with patients about their management plans and relevant transitions of care, and engage and support these parties in decision making
- write detailed and relevant medical record entries and comprehensive handover documents, including accurate clinical assessments and management plans
- initiate and maintain verbal communication with other health professionals as required

- work in partnership with patients, and motivate them to comply with agreed care plans
- communicate clearly with clinicians and other care-givers
- communicate accurately and in a timely manner to ensure continuity and quality of care, including during transitions of care settings and providers

use innovative models of clinical care including telehealth and digitally integrated support

- review medicine use and ensure patients understand safe medication administration to prevent errors
- support patients' self-management by balancing between minimising risk and helping patients to become more independent
- participate in quality improvement processes impacting on patients' abilities to undertake normal activities of daily living
- demonstrate understanding of the medicolegal context of written communications and relevant consent requirements and processes for the release and exchange of information
- identify patients at risk of poor

- participate in continuous quality improvement processes and clinical audits
- identify activities that may improve patients' quality of life and experience of healthcare
- keep patient information secure, adhering to relevant privacy legislation
- ensure clinical handovers are complete and accurate

Quality and safety

- transitions of care and identify strategies to mitigate this risk

Teaching and learning

- contribute to the development of clinical pathways based on current evidence and guidelines
- educate patients to recognise and monitor their symptoms, and undertake strategies to assist their recovery
- integrate clinical education in handovers and transition of care meetings
- use clinical practice guidelines for chronic diseases management
- provide opportunities to teach junior colleagues

Research

- prepare reviews of literature based on patient encounters to present at journal club meetings
- search for and critically appraise evidence to resolve clinical areas of uncertainty
- search literature using problem/intervention/comparison/ outcome format
- recognise appropriate use of review articles

Cultural safety	 communicate with careful consideration to health literacy, language barriers, and culture, respecting patient choices recognise the timing, location, privacy and appropriateness of sharing information with patients encourage patients from culturally and linguistically diverse backgrounds to join local networks to receive the support needed for long-term self-management 	 provide culturally safe medical care consider whether an interpreter is required
Ethics and professional behaviour	 disclose and share only contextually appropriate medical and personal information, consistent with privacy laws and confidentiality and professional guidelines use consent processes for the release and exchange of health information 	 share information between relevant service providers acknowledge and respect the contribution of the patient, their family and carers, and health professionals involved in patients' care
	 assess patients' decision-making capacity, and appropriately identify and use alternative decision makers 	
Judgement and decision making	 ensure patient care occurs in the most appropriate facility or setting implement appropriate clinical care pathways in accordance with upto-date clinical evidence recognise patients' needs in terms of both internal resources and external support on a long-term health care journey 	 recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	 coordinate whole-person care through all stages of the patients' care journey use a multidisciplinary approach to manage patient care, showing respect for the roles and expertise of all involved health professionals and care providers develop collaborative relationships with patients, families, carers, and a range of health professionals 	 participate in multidisciplinary team meetings recognise factors which may impact upon optimal transfer and continuity of care
Health policy, systems, and advocacy	 use health screening for early intervention help patients access relevant initiatives, supports and services participate in government and local initiatives to reduce hospital admissions and improve patients' quality of life 	 demonstrate awareness of government initiatives and services available for patients with cancer and their carers, and display knowledge of how to access them

EPA 7: Communication with patients

Theme	Communication with patients	AT-EPA-07	
Title	Discuss diagnoses, management plans and prognosis with patients		
Description	 This activity requires the ability to: select a suitable context and include family and/or carers and other team members devise a patient-centred perspective, including adjusting for cognition and disabilities select and use appropriate communication strategies structure conversations intentionally negotiate a mutually agreed management plan verify patient understanding of information develop and implement a management plan discuss expected life expectancy and end of life care preferences document the conversation. 		
Behaviours			
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity	
	The trainee will:	The trainee may:	
Medical expertise	 seek to understand the concerns and goals of patients, and plan management in partnership with them provide information to patients about all aspects of their management to enable them to make informed decisions about diagnostic, therapeutic, and management options anticipate and be able to correct any misunderstandings patients may have about their conditions and/or risk factors 	 apply knowledge of the scientific basis of health and disease to the management of patients demonstrate an understanding of the clinical problem being discussed formulate management plans in partnership with patients 	
Communication	 use appropriate communication strategies for communication, such as emails, face-to-face, or phone calls elicit patients' views, concerns, and preferences, promoting rapport provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms encourage questions, and answer them thoroughly ask patients to share their thoughts or explain their management plan 	 select appropriate modes of communication engage patients in discussions, avoiding the use of jargon check patients' understanding of information adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors collaborate with patient liaison officers as required 	

- in their own words, to verify understanding
- convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed
- treat children and young people respectfully, and listen to their
- recognise the role of family or carers and, when appropriate, encourage patients to involve their family or carers in decisions about their care
- share confronting information including prognosis in a compassionate and clear way and in a supportive environment
- ensure communication is documented in a clear and accurate way and in an appropriate format
- discuss with patients the potential benefits and harms of their management options
- provide information to patients in a way they can understand before asking for their consent
- for decision making and consent
- recognise and take precautions where patients may be vulnerable, such as issues of child protection,
- participate in processes to manage patient complaints

- inform patients of the material risks associated with the proposed management plan
- treat information about patients as confidential

Quality and safety

- consider young people's capacity
- self-harm, or elder abuse

Teaching and learning

- discuss the aetiology of diseases and explain the purpose, nature, and extent of the investigation and treatment options
- produce informed consent or other valid authority before involving patients in teaching
- role model good communication strategies and techniques for junior colleagues and learners
- respond appropriately to information sourced by patients, and to patients' knowledge regarding their condition

provide information to patients that is based on guidelines issued by the National Health and Medical

- Research Council and/or Health Research Council of Aotearoa New Zealand provide information to patients in a
- way they can understand before asking for their consent to participate in research
- refer to evidence-based clinical guidelines
- demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice

Research

effectively communicate with members of other cultural groups including Māori and Aboriginal and Torres Strait Islander peoples by meeting patients' specific language, cultural, and communication needs

- identify when to use interpreters
- allow enough time for communication across linguistic and cultural barriers

Cultural safety

Ethics and

professional

behaviour

- use qualified language interpreters or cultural interpreters to help meet patients' communication needs
- provide plain language and culturally appropriate written materials to patients when possible
- respect the preferences of patients
- encourage and support patients to be well informed about their health. and to use this information wisely when they make decisions
- encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health
- demonstrate respectful professional relationships with patients
- prioritise honesty, patients' welfare, and community benefit above self-interest
- develop a high standard of personal conduct, consistent with professional and community expectations
- support patients' rights to seek second opinions

- communicate appropriately,
- consistent with the context, and respect patients' needs and preferences
- maximise patient autonomy, and support their decision making
- avoid sexual, intimate, and/or financial relationships with patients
- demonstrate a caring attitude towards patients
- respect patients, including protecting their rights to privacy and confidentiality
- behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours or the illness itself
- use social media ethically and according to legal obligations to protect patients' confidentiality and privacy

Leadership, management, and teamwork

- communicate effectively with team members involved in patients' care
- discuss medical assessments, treatment plans, and investigations with primary and healthcare teams, to align them with the appropriate resources
- facilitate an environment where all team members feel they can contribute and their opinion is valued
- answer questions from team members
- summarise, clarify, and communicate responsibilities of healthcare team members
- keep healthcare team members focused on patient outcomes

Health policy, systems, and advocacy

- collaborate with other services. such as community health centres and consumer organisations, to help patients navigate the healthcare system
- communicate with and involve other health professionals as appropriate

EPA 8: Prescribing

Theme	Prescribing	AT-EPA-08
Title	Prescribe therapies tailored to patients' needs and conditions	
Description Behaviours	taking into consideration age, comorrisks, and benefits communicate with patients about the	d on an understanding of pharmacology, rbidities, potential drug interactions, e benefits and risks of proposed therapies dministration effects and side effects rafety
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	 identify the patients' disorders requiring pharmacotherapy consider non-pharmacologic therapies consider age, chronic disease status, lifestyle factors, allergies, potential drug interactions, and patient preference prior to prescribing a new medication plan for follow-up and monitoring understand the mechanism of action, pharmacodynamics and pharmacokinetics of chemotherapeutic agents 	 be aware of potential side-effects and practical prescription points, such as medication compatibility and monitoring in response to therapies select medicines for common conditions appropriately, safely, and accurately demonstrate understanding of the rationale, risks, benefits, side effects, contraindications, dosage, and drug interactions identify and manage adverse events
Communication	 discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in partnership with patients write clear and legible prescriptions in plain language, and include specific indications for the anticipated duration of therapy educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication, addressing the common, rare, and serious effects at the time of prescribing to improve patients' adherence to pharmacotherapy 	 discuss and explain the rationale for treatment options with patients explain the benefits and burdens of therapies, considering patients' individual circumstances write clearly legible scripts or charts using generic names of the required medication in full, including mg/kg/dose information and all legally required information seek further advice from experienced clinicians or pharmacists when appropriate

- describe how the medication should and should not be administered, including any important relationships to food, time of day, and other medicines being taken
- ensure patients' understanding by repeating back pertinent information, such as when to return for monitoring and whether therapy continues after this single prescription
- identify patients' concerns and expectations, and explain how medicines might affect their everyday lives
- anticipate queries to help enhance the likelihood of medicines being taken as advised
- ensure appropriate information is available at all steps of the medicine management pathway
- review medicines regularly to reduce non-adherence, and monitor treatment effectiveness, possible side effects, and drug interactions, ceasing unnecessary medicines
- use electronic prescribing tools where available, and access electronic drug references to prevent errors caused by drug interactions and poor handwriting
- prescribe new medicines only when they have been demonstrated to be safer or more effective at improving patient-oriented outcomes than existing medicines
- participate in clinical audits to improve prescribing behaviour, including an approach to polypharmacy and prescribing cascade
- report suspected adverse events to the Advisory Committee on Medicines, and record it in patients' medical records

- check the dose before prescribing
- monitor side effects of medicines prescribed
- identify medication errors and institute appropriate measures
- use electronic prescribing systems safely
- rationalise medicines to avoid polypharmacy

Quality and safety

- ensure patients understand management plans, including adherence issues
- use appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines
- undertake continuing professional development to maintain currency with prescribing guidelines
- reflect on prescribing, and seek feedback from a supervisor

Teaching

and learning

	 use continuously updated software for computers and electronic prescribing programs
Research	 critically appraise research material to ensure any new medicine improves patient-oriented outcomes use sources of independent information about medicines that provide accurate summaries of the available evidence on new medicines consider enrolment in clinical trials and understand the rational for trial medications make therapeutic decisions according to the best evidence recognise where evidence is limited compromised, or subject to bias or conflict of interest recognise the critical role of clinical trials in cancer drug development
Cultural safety	 explore patients' understanding of and preferences for non-pharmacological and pharmacological management offer patients effective choices based on their expectations of treatment, health beliefs, and cost interpret and explain information to patients at the appropriate level of their health literacy appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches
Ethics and professional behaviour	 provide information to patients about: what the medicine is for what it does potential side effects how to take it when it should be stopped make prescribing decisions based on good safety data when the benefits outweigh the risks involved demonstrate understanding of the ethical implications of pharmaceutical industry-funded research and marketing consider the efficacy of medicines in treating illnesses, including the relative merits of different non-pharmacological and pharmacological approaches follow regulatory and legal requirements and limitations regarding prescribing follow organisational policies regarding pharmaceutical representative visits and drug marketing
Judgement and decision making	 use a systematic approach to select treatment options use medicines safely and effectively to get the best possible results choose suitable medicines only if medicines are considered necessary and will benefit patients prescribe medicines appropriately to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest recognise personal limitations and seek help in an appropriate way when required consider the following factors for all medicines: contraindications community funding and regulatory considerations generic versus brand medicines interactions risk-benefit analysis

	 evaluate new medicines in relatior to their possible efficacy and safet profile for individual patients 	
Leadership, management,	 interact with medical, pharmacy, and nursing staff to ensure safe and effective medicine use 	work collaboratively with pharmacists
and teamwork	and effective medicine use	 participate in medication safety and morbidity and mortality meetings
	 choose medicines in relation to comparative efficacy, safety, 	 prescribe in accordance with the organisational policy
	and cost-effectiveness against medicines already on the market	 explain issues surrounding cancer drug approval and prescribing
Health policy, systems, and advocacy	 recognise the processes of drug approval and marketing in Australia/Aotearoa New Zealand 	including equity of access to cancer care and drugs
	 prescribe for individual patients, considering history, current medicines, allergies, and preferences 	



EPA 9: Investigations and procedures

Theme	Investigations and procedures	AT-EPA-09	
Title	Select, organise, and interpret investigations and procedures		
Description	select, plan and perform procedures	orm procedures and post-procedure care investigation or procedure the decisions that are right for them of investigations	
Behaviours			
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:	
Medical expertise	 choose evidence-based investigations using them to compliment comprehensive clinical assessments assess patients' concerns, and determine the need for specific tests that are likely to result in overall benefit recognise and correctly interpret abnormal findings, considering patients' specific circumstances, and act accordingly determine procedures by assessing patient-specific factors, risks and alternatives, and perform if appropriate 	 provide rationale for investigations and indications for procedures recognise the significance of abnormal test results and act on these interpret results of common diagnostic investigations and procedures consider patient factors and comorbidities consider age-specific reference ranges 	
Communication	 explain to patients the potential benefits, risks, costs, burdens, and side effects of each option, including the option to have no investigations use clear language, ensure patient understanding and confirm their agreement to proposed investigations providing explanation on the rationale for individual test ordering and use written, visual material or other aids that are accurate and up to date to support discussions with patients explain findings or possible outcomes of investigations to patients 	 discuss the indications, risks, benefits, and complications of investigations and procedures with patients explain the results of investigations to patients arrange investigations and procedures, providing accurate and informative referrals, and liaise with other services where appropriate 	

	 deliver potentially distressing information to patients with care and empathy 	
	 explain the expected benefits as well as the potential risks of any proposed investigation before obtaining informed consent or other valid authority 	
	 identify adverse outcomes that may result from a proposed investigation, focusing on patients' individual situations 	 consider safety aspects of investigations and procedures when planning them seek help with interpretation of test
Quality and safety	 document appropriately, the notification and disclosure of adverse outcomes 	results for less common tests or indications or unexpected results
	 ensure appropriate informed consent is obtained before undertaking any procedures 	
	 use appropriate guidelines, evidence sources and decision support tools 	 participate in continued professional development
Teaching and learning	 participate in ongoing self- education to improve test ordering strategies as per evidence-based guidelines 	
	 provide skills training, and specific and constructive feedback to junio colleagues 	
	 provide patients with relevant information if a proposed investigation is part of a research 	refer to evidence-based clinical guidelines
Research	 program obtain written consent from patients if the investigation is part of a research program 	 consult current research on investigations
Cultural safety	 recognise patients' views and preferences about any proposed investigation and the adverse outcomes they are most concerned about 	 consider patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of proposed investigations
	remain within the scope of the authority given by patients (with the exception of emergencies)	 identify appropriate proxy decision makers when required
	 the exception of emergencies) recognition of own limitations and seeking assistance when required 	 choose not to investigate in situations where it is not appropriate for ethical reasons
Ethics and	 discuss with patients how decisions will be made once the investigation has started and the 	 practise within current ethical and professional frameworks
professional behaviour	patient is not able to participate in decision making	 practise within own limits, and seek help when needed involve patients in decision making
	 respect patients' decisions to refuse investigations, even if their decisions may not be appropriate or evidence based 	regarding investigations, obtaining the appropriate informed consent, including financial consent, if necessary
	 advise patients if there are additional costs, which patients 	•

	may wish to clarify before proceeding explain the expected benefits as well as the potential risks of any proposed investigation before obtaining informed consent or other valid authority
	demonstrate comprehension of genetic findings from investigations, and the complexities of subsequent disclosure
Judgement and decision making	 evaluate the costs, benefits, and potential risks of each investigation or procedure in a clinical situation adjust the investigative path depending on test results received consider whether patients' conditions may get worse or better if no tests are selected choose the most appropriate investigation for the clinical scenario in discussion with patients recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	 consider the role other members of the healthcare team might play, and what other sources of information and support are available ensure results are checked in a timely manner, taking responsibility for following up results demonstrate understanding of what parts of an investigation are provided by different doctors or health professionals
Health policy, systems, and advocacy	 select and justify investigations regarding the pathological basis of disease, appropriateness, utility, safety, and cost effectiveness consider resource utilisation

through peer review

EPA 10: Clinic management

Theme	Clinic management	AT-EPA-10
Title	Manage an outpatient clinic	
Description	This activity requires the ability to: facilitate medical procedures and treatments facilitate clinic services including appropriate resource allogof time and services (e.g.,. telehealth) measure quality improvement activities communicate with patients communicate with other health professionals and team measure appropriate and timely documentation, correspondent to other health practitioners demonstrate problem-solving skills use public resources responsibly.	embers
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision Requires some Possible behavious who needs some to perform the performance of the	ours of a trainee ne supervision
	The trainee will: The trainee may:	
Medical expertise	 effectively identify and address current clinical concerns, as well as longer-term clinical objectives, as appropriate to patients' context evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices maintain timely documentation on patients presentation, management and progress including creation of an accurate and appropriately prioritised problem list in the clinical notes or as part of an ambulatory care review demonstrate und of the importance early detection, maintenance, are condition managemented. 	e of prevention, health nd chronic
Communication	healthcare system to improve access to care by collaboration with other services, such as facilitate approp	needs
	communication with other health practitioners/general practitioners	
	maintain privacy and confidentiality	

	practice health care that maximises patient safety	 take reasonable steps to address issues if patients' safety may be compromised
Quality	 adopt a systematic approach to the review and improvement of professional practice in the outpatient clinic setting 	 recognise a systematic approach to improving the quality and safety of health care
and safety	 identify aspects of service provision that may be a risk to patients' safety 	 participate in organisational quality and safety activities, including clinical incident reviews
	 ensure that patients are informed about fees and charges 	
	 evaluate their own professional practice 	 recognise the limits of personal expertise, and involve other
Teaching	 demonstrate skills in educating junior colleagues 	professionals as needed to contribute to patients' care
and learning	 contribute to the generation of knowledge 	use information technology appropriately as a resource
	 maintain professional continuing education standards 	for modern medical practice
	 obtain informed consent or other valid authority before involving patients in research 	 allow patients to make informed and voluntary decisions to participate in research
Research	 inform patients about their rights, the purpose of the research, the procedures to be undergone, and the potential risks and benefits of participation before obtaining consent 	 refer to evidence-based guidelines to assist with decision making
	 identify up-to-date knowledge of availability of clinical trials relevant to clinician's patient cohort 	
	 apply knowledge of the cultural needs of the community serving, and how to shape service to those people 	 acknowledge the social, economic cultural, and behavioural factors influencing health, both at individual and population levels
Cultural safety	 mitigate the influence of own culture and beliefs on interactions with patients and decision making 	
	 adapt practice to improve patient engagement and health outcomes 	
	 identify and respect the boundaries that define professional and therapeutic relationships 	 identify the responsibility to protect and advance the health and wellbeing of individuals and communities
	 respect the roles and expertise of other health professionals 	 maintain the confidentiality of documentation, and store clinical
Ethics and professional behaviour	 comply with the legal requirements of preparing and managing documentation 	 notes appropriately ensure that the use of social media is consistent with ethical and legal
	 demonstrate awareness of financial and other conflicts of interest 	obligations
	 management of time and workload: 	
	» clinic schedule	

- feasible
- punctual

and chronic condition

reporting of errors, open disclosure

detection, health maintenance.

management, where relevant,

integrate prevention, early

Judgement and decision making

- into clinical practice work to achieve optimal and cost-effective patient care that allows maximum benefit from the available resources
- triage referrals appropriately by assessing urgency of care required
- recognise the need to refer to other health professionals

- identify the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and health care facilities
- identify general principles for local modalities

encounters in a well-organised and time-efficient manner work effectively as a member

prepare for and conduct clinical

of multidisciplinary teams or other professional groups

ensure that all important

- discussions with colleagues, multidisciplinary team members, and patients are appropriately documented
- review discharge summaries, notes, and other communications written by junior colleagues
- support colleagues who raise concerns about patients' safety

attend relevant clinical meetings regularly

Health policy, systems, and advocacy

Leadership,

management,

and teamwork

- demonstrate capacity to engage in the surveillance and monitoring of the health status of populations in the outpatient setting
- maintain good relationships with health agencies and services
- apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs
- identify common population health screening and prevention approaches

EPA 11: Critical appraisal of evidence

Theme	Critical appraisal of evidence	AT-EPA-11	
Title	Critical appraisal of evidence to provide the best cancer care, ensuring patient safety, wise allocation of resources, and advancement of research through evidence-based practice		
Description	This activity requires the ability to:		
	 examine research evidence to judge its valu context 	e and relevance in a clinical	
	 prepare informed decisions about cancer tre toxicities of treatment using the best availab 		
	 identify biases, limitations in research finding ineffective, clinically insignificant or potentia 		
	 prioritise interventions with proven efficacy, to optimise resource allocations and reducing healthcare costs 		
	 facilitate shared decision-making between patients and clinicians using the best available evidence 		
	 identify gaps in existing knowledge to improve future research and oncology studies 		
	 demonstrate institutional policy and guidelin date. 	es are evidence-based and up-to	
Behaviours			
Professional practice framework domain	who can routinely perform this activity without needing supervision	ossible behaviours of a trainee who needs some supervision to perform this activity ainee may:	
Medical expertise	 evidence-based medicine utilises research critically to provide considered expert opinions in all aspects of clinical care, pr 	scuss key findings from landmark als related to cancer managemer eep up to date with the publication nd presentation of actice-changing evidence with ference to clinical cases	
	 able to have evidence-based discussions with colleagues within and out of the specialty where a difference in opinion is observed 		
	with patients and their families on treatment options based on the best evidence with the ability to have in-depth discussion of the providence if	fer to the available evidence whe aking shared decisions with the atients cognise the timing, location, ivacy and appropriateness of paring information with patients	
Communication	 communicate evidence in a way that is understandable for the patients 		
	 communicate effectively with multidisciplinary members (allied health, scientists, statisticians) regarding best practice updates 		

Quality and safety	document the rationale behind decisions, including factors considered, evidence and research findings and patient's input as reference for future care	aware of updated consensus treatment guidelines and standards of care, with an ability to compare research findings with established best practices
Teaching and learning	contribute to teaching sessions to ensure critical appraisal skills are transferred successfully to the other members of the healthcare team	proactively seek to improve own ability for critical appraisal
Research	 demonstrate proficiency in the principles of evidence-based medicine (hierarchy of evidence, systematic reviews and critical appraisal tools) to evaluate research quality 	 demonstrate an understanding of research methodology (study design, statistical analysis, data interpretation) to identify biases, flaws and limitations in research studies
	 appreciate and discuss the limitations of published research identify gaps and evidence that will lead to future research 	
Cultural safety	 communicate with careful consideration to health literacy, language barriers, and culture, respecting patient choices considers gaps in evidence surrounding cultural groups and 	recognise the barriers to inclusion in clinical trials and the limitations of evidence due to underrepresentation of cultural groups
	considers ways to improve equity in clinical trial opportunities	a Understand the othical concets of
Ethics and professional behaviour	 reflect on ethical implications of applying the evidence or research findings, especially in cases where evidence may be limited, experimental or controversial apply self-learning and sharing updates on critical appraisal techniques, new evidence and best practices to ensure that they 	 understand the ethical aspects of oncology research such as patient consent, research ethic boards and conflicts of interest to ensure research integrity
	 stay current in their knowledge determine the applicability of research findings to a patient cohort considering factors such as age, comorbidities and patient treatment preferences 	assess the quality of research including study design, methodology, data analysis to determine reliability and validity of presented evidence
Judgement and decision making	 consider the potential benefits and risks of implementing a treatment based on research findings or evidence in clinical practice, considering the impact on patient outcome, quality of life and potential adverse effects 	
Leadership, management,	communicate with multidisciplinary members effectively to facilitate exchange of ideas and perspectives on new evidence	promote best practice treatment based on evidence-based findings
and teamwork	 identify areas of improvement and implementing evidence-based changes in their practice/institution 	

 provide recommendations for local and institutional guidelines based on best available evidence promote shared decision-making and patient-centred care based on best clinical evidence

Health policy, systems, and advocacy

- make effective decisions on resource allocation for treatment options with best efficacy, considering adverse effects and impact on quality of life
- advocate for improved access to new diagnostics, treatments and research funding



Knowledge guides

Knowledge guides provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.



Trainees are not expected to be experts in all areas or have experience related to all items in these guides.

#	Title	
1	Foundations of oncology	
2	Oncological emergencies and acute care	
3	Management of specific malignancies	
4	Anticancer therapies	





Knowledge guide 1 – Foundations of oncology

Medical Oncology, Adult Internal Medicine Division

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

Epidemiology of Cancer

- Aetiology of genetic and environmental factors in oncogenesis:
 - » causes of cancer
 - chemical
 - radiation carcinogens
 - viral
 - » contribution to cancer
 - chromosomal abnormalities
 - » role of cytogenetics
- Predispose to subsequent malignancy risk factors
 - » age
 - » comorbidities
 - » dietary
 - » environmental
 - » genetic
 - » occupational
 - » previous malignancy
 - » previous therapy
- Basic epidemiological factors
 - » calculate measures of frequency of disease:
 - incidence
 - prevalence
 - rates
 - risks
 - descriptors of disease
 - » epidemiological data from local and international sources
 - » incidence
 - » mortality
 - associated with the most common malignancies worldwide and within australia/aotearoa new zealand
 - » prevalence
 - » trends in cancer incidence
- Calculate measures of association between risk factors and disease
 - » odds ratio
 - » relative risk

Principles of Cancer Screening

- Cancer development
 - » methods of prevention
- Preventive measures for cancer development
 - » cancer control programs
 - national
 - worldwide
 - » health promotion
 - » national screening programs:
 - prophylactic interventions
 - chemoprevention
 - surgery
 - vaccine
 - » resources available

- Promote health literacy for cancer prevention
 - » cancer prevention strategies
 - promote
 - recognise
 - » counsel patients appropriately regarding risk factors for subsequent malignancy

Scientific Foundations of Oncology

- Cancer cell properties that differentiate it from a normal cell
- · Carcinogenesis and tumour growth
 - » mechanisms of
 - angiogenesis
 - metastasis
 - tumour cell invasion
- Cell cycle
 - » control by oncogenesis
 - » interaction with therapy
- Gene
 - » expression
 - » organisation
 - » regulation
 - structure
 - breakage
 - cytogenetics
 - inherited cancer
 - molecular mechanisms of mutagenesis
 - oncogenes
 - protein synthesis
 - repair
 - role of dna
 - tumour suppressor genes
- Intracellular signalling
 - » growth factors
 - » signal transduction
 - transcription
- Mechanisms of
 - » Cell adhesion
 - » contact inhibition
- Mechanisms of drug resistance
 - » changes in drug transport
 - » intrinsic versus inherited
 - » mutations in target protein or pathway
- Normal cell biology and carcinogenesis
 - » biology of normal cells
 - apoptosis
 - process of cell division
 - Tumour cell kinetics interpretation
 - » cell death
 - programmed
 - proliferation
 - » Balance between
 - cell death
 - cell proliferation

Tumour Immunology

- · Concepts of
 - » immune checkpoints which can be therapeutically targeted

- » immunoevasion
- » immunosurveillance
- Immune system components
 - » cellular
 - humoral
- Regulatory action of cytokines on the immune system
- Tumour and host immune systems inter-relationship
 - » action of cytokines on tumours
 - » antigenicity
 - » immune-mediated antitumour cytotoxicity

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Procedures:

- » Bone marrow biopsy
- » Lumbar puncture
- » Management of effusions:
 - ascitic
 - pericardial drainage
 - pleural
 - pleurodesis
- Nephrostomy
- » Stents
 - bronchial
 - gastrointestinal
 - ureteric

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

Principles and conduct of oncology clinical trials and research

- National clinical guidelines
- Statistical principles to
 - » Clinical trial design
 - common Terminology Criteria for Adverse Events (CTCAE)
 - response Evaluation Criteria in Solid Tumours (RECIST)
 - » Interpretation
 - likelihood
 - odds ratios
 - ratios
 - null hypothesis
 - confidence intervals
 - P-values
 - risk ratios
 - absolute
 - relative
 - values
- predictive
- sensitivity

- specificity
- » Risk score calculations
- » Statistical tests
 - analysis of variance (ANOVA)
 - Chi-square
 - kaplan-meir survival curves
 - power calculations
 - regression analysis type I and II errors
 - T-tests
- Study types
 - » Case reports
 - » differences between phase I, II, III and IV studies
 - » meta analysis
 - » observational studies
 - » randomised control trials
 - » registry analyses
 - » systematic reviews

Communication

- Communication skills specific to the practice of medical oncology:
 - » breaking bad news
 - » cancer survivorship
 - dietary
 - exercise
 - psychosocial well-being
 - secondary malignancy risk
 - » discuss
 - end of life care
 - prognosis
 - unfunded/novel therapy
 - » management of complex family meetings





Knowledge guide 2 – Oncological emergencies and acute care

Medical Oncology, Adult Internal Medicine Division

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

Manage a range of symptoms and syndromes associated with an initial presentation of malignancy and formulate appropriate diagnostic and treatment plans.

- Altered bowel habit
- Anorexia, weight loss and malnutrition
- Dyspnoea/cough
- Fatigue
- Fever
- Nausea
- Organ failure
- Pain
- Weakness

Conditions

Diagnose, systematically assess and manage acute oncological emergencies requiring urgent intervention.

- Brain metastasis metastases, raised intracranial pressure
- Cancer-related thromboses
- Cardiac tamponade
- Febrile neutropenia
- Hypercalcaemia of malignancy
- Severe immune related complications of immunotherapy
- Spinal cord compression
- Superior vena cava obstruction
- Tumour lysis syndrome

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- » recognise the clinical presentation identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnoses
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

LESS COMMON OR MORE COMPLEX **PRESENTATIONS** AND CONDITIONS

Advanced Trainees will understand these presentations and conditions. **Advanced Trainees** will understand the resources that should be used to help manage patients with these presentations and conditions

Presentations

- Uncommon presenting symptoms
 - neurological syndromes
 - pruritis

Conditions

Paraneoplastic syndromes

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL **SCIENCES**

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Acknowledge
 - contributing factors
 - emergencies
 - pathophysiology
 - risks of acute oncological presentations

INVESTIGATIONS, PROCEDURES. AND CLINICAL **ASSESSMENT TOOLS**

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure, and recognise the limitations of diagnostic investigations. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Procedures

- Bone marrow aspiration
- insertion of subcutaneous or intravenous devices for drug delivery
- lumbar puncture
- pleural and ascitic paracentesis and pleurodesis
- selection and interpretation of biopsy technique to obtain diagnostic tissue

Clinical assessments tools

- accurately stage cancers using the appropriate staging system
 - » formulate an initial management plan
 - tumour-node-metastasis
- assessment of performance status
 - Eastern Cooperative Oncology Group (ECOG)
 - Karnofsky Performance Scale (KPS) scores
- quality of life
 - patient reported symptom measures
- testing of
 - histopathology
 - tissue
- tumour markers

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Clinical trials in cancer
 - recognise vital role of research in advancing cancer care
 - consider suitability of clinical trials for all patients presenting with cancer
- Fertility considerations in men and women of child-bearing potential
- Indications for urgent systemic therapy for acute symptomatic presentations of cancer
- Recognition of the impacts of cancer on a patient and their family
 - cultural
 - financial
 - psychosocial
- Recognition of the importance of a multidisciplinary approach to
- Recognition of the importance of supportive care including early introduction to palliative care teams





Knowledge guide 3 – Management of specific malignancies

Medical Oncology, Adult Internal Medicine Division

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

Management of common cancer syndromes and symptoms

- Abdominal distension
- Altered bowel habit
- Anorexia and weight loss
- Dyspnoea and cough
- Emergency presentations
- Fatique
- Fever
- Hepatobiliary Cancers
- Malignant effusions
- Nausea
- Pain
- Presenting symptoms

Conditions

- Basal cell Cancer
- Breast Cancer
- Carcinoma of unknown primary
- Colorectal Cancer
- Gastric Cancer
- Gastrointestinal Cancer
- Genitourinary Cancer
- Gynaecological Cancer
- Head and Neck Cancer
- High grade gliomas
- Lung Cancer
- Melanoma
- Mesothelioma
- Neuroendocrine tumours
- Non-Small Cell Carcinoma
- Oesophageal Cancer
- Ovarian Cancer
- Pancreatic Cancer
- Prostate Cancer
- Renal Cancer
- Small Cell Carcinoma
- Squamous cell Cancer
- Testicular Cancer
- Urothelial Cancer
- Uterine Cancer

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.
Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Paraneoplastic syndromes
 - » Emergency presentations
 - » Management of less common cancers
 - Presenting symptoms

Conditions

- Endocrine Cancers
- Other Central Nervous System Cancers
- Other Gastrointestinal Cancers
 - » anal cancer
 - » gastrointestinal stromal tumours
 - » small bowel and appendiceal carcinomas
- Other Genitourinary Cancers
 - penile Cancer
- Other Gynaecological Cancers
 - » cervical
 - » gestational trophoblastic diseases
 - » vaginal and vulval
- Sarcoma

EPIDEMIOLOGY, PATHOPHYSIOL OGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Basic pathophysiology and specific molecular drivers of specific cancers
- National Screening programs for specific cancers
- Rationale for cancer-specific tests
 - » molecular testing
- Rationale and evidence underpinning therapeutic recommendations in cancer
- Selection and interpretation of diagnostic tests:
 - » cytology
 - » immunohistochemistry
 - » molecular tests
 - » radiological assessments

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be

Investigations

- Assessment of performance status
 - » ECOG
 - » KPS scores
- Available molecular techniques e.g. Next-generation sequencing
 - » fluorescent in-situ hybridisation
- · Biopsy selection method of appropriate
 - » endoscopic techniques
 - » radiologically guided
 - » surgical
- Blood tests

able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- » tumour markers
- Cell surface markers
 - » DNA
 - » FISH
- Cytology interpretation
- Germline testing for inherited cancer genes
- Imaging modalities
 - » CT
 - » MRI
 - » nuclear medicine scans
 - » PET
- Imaging techniques for cancer staging
- Immunohistochemistry techniques
 - » cell markers
 - » cytogenetics
- Molecular tests
 - » indications for expanded gene panels
 - » MBS funded gene panels
 - breast
 - colorectal cancer
 - lung
 - melanoma
 - » Specialised
 - predictive gene signatures to guide adjuvant therapy in breast cancer
- Obtaining diagnostic tissue
- Predictive value of testing
- Tissue:
 - » core biopsies
 - » cytology
 - fine needle
 - surgical specimens

Procedures

- Bone marrow aspiration
- Insertion of subcutaneous or intravenous devices for drug deliverv
- Lumbar puncture
- Pleural and ascitic paracentesis and pleurodesis
- Selection and interpretation of biopsy technique to obtain diagnostic tissue

Clinical assessment tools

- Assess patients' performance status:
 - » ECOG
 - » KPS scoring systems
- Consider other clinical tools
 - » geriatric screening tools
 - » nutrition scores
- Interpret diagnostic investigations to accurately stage cancers using the appropriate staging system
 - » tumour-node-metastasis
 - tumour specific staging systems
 - International Federation of Gynecology and Obstetrics (FIGO)

Treatments

- Detailed knowledge of:
 - » assessment tools
 - » cancer-specific treatment protocols
 - » management of complications of therapy

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Clinical trials in cancer
 - consider suitability of clinical trials for all patients presenting with cancer
 - recognise vital role of research in advancing cancer care
- **Inherited Cancer Syndromes**
 - genetic syndromes
 - principles of screening and counselling for affected patients and family members
- Multidisciplinary Cancer Care indications for
 - other speciality care in the management of cancer
 - radiotherapy
 - surgery
- Principles of
 - supportive care and symptom management, including early introduction to palliative care teams if indicated
 - survivorship
- Recognition of the psychosocial, cultural and financial impact of cancer on a patient and their family
- Specific communication techniques and skills and ability to
 - break bad news
 - lead an empathetic, balanced and culturally sensitive discussion of the prognostic implications of a diagnosis of advanced cancer
- Specific impacts of cancer
 - cognitive impacts of cancer and treatment
 - impacts of cancer on
 - body image
 - fertility
 - psychosocial wellbeing
 - sexuality
 - stoma management





Knowledge guide 4 – Anticancer therapies

Medical Oncology, Adult Internal Medicine Division

CLINICAL SCIENCES

Advanced Trainees will describe the principles of the foundational sciences.

Major therapies used in cancer:

- Radiotherapy:
 - » basic scientific principles and logistics
 - » benefits and risks
 - » indications
 - » role of concurrent chemotherapy as a radiosensitiser, and common chemoradiation regimens
- Supportive care
- · Surgery:
 - » indications in primary and palliative settings
- Systemic anti-cancer therapies:
 - » antibody-drug conjugates
 - » chemotherapy
 - » hormonal agents
 - » immune checkpoint inhibitor otherapy
 - » molecularly targeted therapy
 - » monoclonal antibodies
 - » theranostics
 - » tumour vaccines
 - » tyrosine kinase inhibitors

For each pharmacological therapy, describe:

- Assessment and adaptation of dose and scheduling
- Pharmacology:
 - » pharmacogenomics
 - pharmacokinetics
- Specific dosing considerations
- Toxicity profile and monitoring (acute and long term)

ELIGIBILITY CONSIDERATIONS

Advanced Trainees will assess the patient's current condition and plan the next steps.

- Accurately identify and discuss the stage of cancer and goals of care
- Describe indications for specific anti-cancer therapies (pharmacological and non-pharmacological) in the settings
 - » adjuvant
 - » concomitant
 - » definitive
 - » neoadjuvant
 - » palliative
- Identify and assess the special conditions that influence the treatment of older people with malignant disorders
- Identify the potential effect of a patient's comorbid medical conditions on the toxicity and efficacy of treatment
- Recognise the impact of socioeconomic, geographical, cultural and psychological factors in the accessibility and suitability of specific treatments

LESS COMMON
OR MORE
COMPLEX
PATIENT
CONSIDERATIONS

- Management of complex presentations
 - » conflicts in care decisions
 - » delayed diagnoses
 - » oncological emergencies
 - » pregnancy
 - » recognition of complex interplay between:
 - care wishes
 - medical and psychological comorbidities

Advanced Trainees will understand the resources that should be used to help manage patients.

- socioeconomic and cultural factors in patient presentations
- therapy choices
- Recognise the indications and role of repeat biopsies and predictive testing
 - » repeating immunohistochemistry or molecular testing after progression to guide future therapy
- · Principles and indications for specific predictive testing
 - » dihydropyrimidine dehydrogenase enzyme deficiency testing when considering fluoropyrimidine-based chemotherapy

UNDERTAKING THERAPY

Advanced Trainees will monitor the progress of patients during the therapy.

Management of administration of chemotherapy

- · Management of extravasation
- · Management of infusion reactions
- Types of venous access devices, management and complications

Identification, assessment and management of toxicities of systemic anti-cancer therapies, including:

- Constipation
- Cytokine release syndrome (CRS)
- Cytopenia and use of granulocyte- colony stimulating factors
- Diarrhoea
- Fatigue
- Febrile neutropenia and infections
- Impact on sex and fertility
- Mucositis
- Nausea and vomiting
 - » organ-specific effects
 - » cardiac toxicities
 - » cutaneous toxicities
 - » neuropathy
 - » ocular toxicities
 - » pneumonitis

Identification, assessment and management of the unique toxicities associated with immune checkpoint inhibitors, including:

- Cardiotoxicity
- Cutaneous toxicity
- Endocrinopathies including such as thyroid toxicity
- Gastrointestinal toxicity including colitis
- Haematological toxicity
- Hepatotoxicity
- Musculoskeletal toxicity
- Neurological toxicity
- Ocular toxicity
- Pulmonary toxicity
- Renal toxicity

Supportive treatments during anticancer therapy

- Complementary therapies
- Including role for multi-disciplinary care

Education of patients on identifying and managing the above toxicities related to anti-cancer therapies, including prompts for emergency escalation

Knowledge of biochemical, radiological and clinical markers of responsiveness to therapy

POST THERAPY

Advanced Trainees will know how to monitor and manage patients post-therapy.

- Surveillance schedules, role for shared care models
- Post-treatment effects
 - fertility
 - neuropathy
 - psychosocial impact
 - late complications of treatment:
 - chemotherapy
 - cardiotoxicity
 - > endocrine toxicities
 - secondary malignancy risk
 - immune related complications of immunotherapy

IMPORTANT SPECIFIC ISSUES

- Clinical trials in cancer
 - consider suitability of clinical trials for all patients presenting with cancer
 - recognise vital role of research in advancing cancer care
- Principles of
 - cancer drug development and the rapidly evolving landscape of clinical trials in cancer
 - principles of survivorship, including assessment of chronic/late drug toxicities and management of the fear of cancer recurrence

