BDI Consultants

Clinical Oncology Portfolio Pathway Evidence Map

Use this to test whether your evidence proves the UK Clinical Oncology consultant role: radiotherapy, systemic therapy, acute oncology, MDT work and professional capability.

1. Core evidence

Evidence	Planning prompt
CiPs	Map evidence across all 19 Clinical Oncology CiPs.
Uploads	Keep to directly relevant evidence; most applications contain no more than 150 uploads.
Recency	Use evidence from the last five years as current capability evidence.
FRCR	If no FRCR, prepare robust alternative evidence of knowledge and skills.
Referees	At least four, including clinical lead or clinical director for current post.

2. Route-specific map

Area	Evidence prompt
Radiotherapy	Planning, contours, DORPS, peer review, toxicity and treatment adaptation.
SACT	Treatment choice, consent, dose modification, toxicity and response assessment.
Acute oncology	AOS rota, emergencies, inpatient continuity and treatment complications.
MDT	Tumour-site decisions, imaging/pathology integration and treatment intent.
Communication	Consent, prognosis, recurrence, survivorship, ceilings of care and end of life.

3. Job-fit evidence

Post feature	Why it matters
Radiotherapy access	Without current RT evidence, Clinical Oncology portfolio is vulnerable.
SACT access	Shows safe combined modality and systemic therapy decisions.
AOS/inpatient work	Shows deterioration, complications and whole-patient management.
Governance	Audit, QI, incidents, peer review and safety systems.
Referee support	Referees must know the full current role, not one tumour site only.

4. Next 30 days

- Map all 19 CiPs and mark evidence as strong, partial or missing.
- Audit radiotherapy evidence: plans, contours, peer review and toxicity.
- Book observed SACT, acute oncology and MDT evidence.
- Ask referees whether they can comment across radiotherapy, SACT and acute oncology.