

# Medical Oncology Portfolio Pathway Evidence Map

Use this to test whether your evidence proves consultant-level systemic cancer medicine: SACT, DOST, acute oncology, trials, biomarkers and MCRs.

## 1. Core evidence

Evidence	Planning prompt
Uploads	Around 100 electronically uploaded documents is the expected guide.
Recency	Recent practice from the last five years carries more weight.
SLEs	Plan 18 SLEs, using Cbd and mini-CEX to level 4.
DOST	Plan 6 DOSTs across systemic therapies and decision types.
Patient survey	Approx 15 patients plus reflection.
QIPAT	One recent QIPAT for audit or service development.

## 2. Route-specific map

Area	Evidence prompt
SACT	Treatment choice, consent, toxicity, dose changes, response and discontinuation.
AOS	Deteriorating patients, complications and oncological emergencies.
Trials/GCP	GCP, trial recruitment, protocol work and PI/Sub-I evidence.
Biomarkers	Genomic and biomarker interpretation linked to treatment decisions.
MCRs	Consultants who can comment on systemic therapy and independent practice.

## 9. Job fit evidence

Post feature	Why it matters
SACT responsibility	DOST and prescribing evidence require real treatment decision exposure.
AOS exposure	Shows emergency cancer medicine and deteriorating patient decisions.
Trials and biomarkers	Medical Oncology needs research and precision oncology evidence.
MDT and clinic	Shows tumour-site decisions and patient-centred treatment strategy.
Appraisal/MCRs	Shows current capability through consultant-observed evidence.

## 4. Next 30 days

- Map all Medical Oncology CiPs and route-specific evidence.
- Book DOSTs and SLEs while current cases are live.
- Gather GCP, trials and biomarker evidence.
- Brief MCR writers on the exact curriculum areas you need them to cover.