Clinical oncology

Clinical oncologists are doctors who use radiotherapy [1] and chemotherapy [2] to treat and manage patients with cancer. They also use a range of other treatments to treat cancers, without using surgery.

This page provides useful information on the nature of the work and other roles that may interest you.

Nature of the work

The job is different to that of medical oncologists, who use non-radiological treatments for cancer. 85% of all clinical oncologists treat patients with a balance of chemotherapy [2] and radiotherapy [1].

Clinical oncologists are involved in the management of all types of cancer. They work closely with other colleagues in large multidisciplinary teams that focus on the treatment of cancer affecting particular parts of the body or systems. Clinical oncologists enjoy close working relationships with patients and manage their cancer throughout the disease. Some patients can be cured, but for others the emphasis is on effective palliative care and improving quality of life.

They use both radiotherapy [1] and also what is known as systemic therapy. This includes chemotherapy [2], hormone therapy and biological agents, all of which are used to treat cancer.

Technologies in the field of clinical oncology [3] are developing rapidly. For example some tumours can be treated with highly sophisticated precision external beam radiation therapy such as proton beam therapy [4].

Clinical oncologists determine which treatment to use by considering a range of factors including tumour type, the site of the tumour, the stage of the disease and the patient’s general health. They then assess the relative merits of different treatments before presenting these to the patient so that an informed decision can be made.

The actual cancer diagnosis is usually given by another specialist, but it is with the clinical oncologist that the patient can ask important questions about their condition and treatment. Helping patients to come to terms with their condition and treatment is a vital part of the work.
You’ll also spend time in the radiotherapy department, working alongside colleagues and planning individual radiotherapy treatments. These individual patient plans are also a very important part of your work.

Sub-specialties

Clinical oncologists undergo training in the management of all types of cancer but increasingly concentrate on treating one or two types of cancer as a consultant. These are known as site specialities (as there are no sub-specialties in clinical oncology) and include:

- breast
- central nervous system/neurological
- colo-rectal
- genito-urinary
- gynaecology
- head and neck
- lung
- haematological malignancy
- paediatric
- sarcomas
- skin
- teen and young adult
- thyroid
- upper gastro-intestinal

The most common site specialties are breast, lung and genito-urinary, with each having over 200 consultants specialising in these areas.

Want to learn more?

Find out more about:

- the working life of someone in clinical oncology
- the entry requirements and training and development

Pay and conditions Expand / Collapse

This section provides useful information about the pay for junior doctors (doctors in training), specialty doctors, consultants and general practitioners.

Find out more about the current pay scales for doctors, and there’s more information on the BMA website.

NHS Employers provides useful advice and guidance on all NHS pay, contracts terms and conditions.

Medical staff working in private sector hospitals, the armed services or abroad will be paid on different scales.

- Where the role can lead Expand / Collapse
Read about consultant and non-consultant roles in clinical oncology, flexible working and about wider opportunities.

You can apply for consultant roles six months prior to achieving your Certificate of Completion of Training (CCT). You will receive your CCT at the end of your specialist training.

There are excellent opportunities to undertake research within the field of clinical oncology.

Consultant roles

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Managerial opportunities for consultants include:

- clinical lead - lead NHS consultant for the team
- clinical director - lead NHS consultant for the department
- medical director - lead NHS consultant for the Trust

Most NHS consultants will be involved with clinical and educational supervision of junior doctors.

Here are some examples of education and training opportunities:

- director of medical education - the NHS consultant appointed to the hospital board who is responsible for the postgraduate medical training in a hospital. They work with the postgraduate dean to make sure training meets GMC standards.
- training programme director - the NHS consultant overseeing the education of the local cohort of trainee doctors eg foundation training programme director. This role will be working within the HEE local offices/deanery.
- associate dean - the NHS consultant responsible for management of the entirety of a training programme. This role will be also be working within the HEE local offices/deanery.

SAS doctor roles

There might be some opportunities to work at non-consultant level, for example as a SAS (Specialist and Associate Specialist) doctor. The number of SAS doctors working in clinical oncology is limited.

SAS surgeons (Staff, Associate Specialists and Specialty Doctors) work as career grade specialty doctors who are not in training or in consultant posts. You will need at least four postgraduate years training (two of those being in a relevant specialty) before you can apply for Specialty Doctor roles. Find out more about SAS doctors roles.

The role of an SAS surgeon can vary greatly. Depending on your experience, you might work on complex surgery or relatively minor diagnostic and outpatient work. SAS doctors will frequently participate in routine and elective surgery rather than
emergency work. They also train other staff.

Some surgeons are attracted to the SAS role as the hours are more regular than those of the consultant, and any on-call work and overtime beyond 7am-7pm is paid.

**Other non-training grade roles**

These roles include:

- trust grade
- clinical fellows

**Academic pathways**

If you have trained on an academic pathway or are interested in research there are opportunities in academic medicine within clinical oncology. [3]

For those with a particular interest in research, you may wish to consider an academic career in clinical oncology. [3]. Whilst not essential, some doctors start their career with an academic foundation post. Entry is highly competitive. This enables them to develop skills in research and teaching alongside the basic competences in the foundation curriculum. [16]

Entry into an academic career would usually start with an Academic Clinical Fellowship (ACF) at ST1-2 and may progress to a Clinical Lectureship (CL) at ST3 and beyond. ACFs are also offered at ST3 when beginning Clinical Oncology [3] training. Alternatively some trainees that begin with an ACF post then continue as an ST trainee on the clinical programme post-ST4.

After completion of the academic foundation trainees can then apply for academic core training posts (instead of normal core training). A PhD is often taken, either during core or specialty training.

Applications for entry into Academic Clinical Fellow posts are coordinated by the National Institute for Health Research Trainees Coordinating Centre (NIHRTCC). [17]

There are also numerous opportunities for trainees to undertake research outside of the ACF/CL route, as part of planned time out of their training programme. Find out more about academic medicine. [18]

The Clinical Research Network (CRN) actively encourages all doctors to take part in clinical research.

**Other opportunities**

There may also be opportunities to work in the private sector and overseas.

- **Job market and vacancies** Expand / Collapse
  This section provides useful information about the availability of jobs, how to find vacancies and sources of further information.
Job market information

At present there are 679 full time equivalent consultant clinical oncologists, and 342 medical registrars in England (NHS Digital, 2016 [20]). Women make up 46% of the consultant workforce and 64% of the higher specialty trainees in the UK (Clinical Oncology UK Workforce census report 2015 [21]).

In 2016, the competition ratio [22] for CT1 core medical training [23] was 1.53 and for ST3 clinical oncology [3] it was 1.63 (NHS specialty training, 2016) [24]. Further information about Clinical Oncology [3] is available in the Clinical Oncology UK Workforce Census Report 2015, Royal College of Radiologists [21].

For information regarding Scotland, Wales and Northern Ireland please click on the links below.

NHS Scotland medical and dental workforce data [26]

NHS Wales medical and dental workforce data [27]

Department of Health, Social Services and Public Safety workforce information for Northern Ireland [28]

Where to look for vacancies

Specialist clinical oncology [3] training is open to those who may want to train flexibly on a less than full-time basis (LTFT). You can request and apply for this after you have been offered the job. Restrictions apply. Link to our new article on LTFT

Recruitment into specialty oncology [3] training is coordinated by London and South East (LaSE) recruitment [29].

Registration and applications for clinical oncology [3] specialist training is online via Oriel [30].

- Further information Expand / Collapse

Organisations

British Medical Association [31]

BMJ Careers [32]

General Medical Council [33]

Royal College of Radiologists [34]

Real-life stories

What is it really like to be a clinical oncologist [35] (RCR)
Other roles that may interest you

- Haematology (doctor) [38]
- Medical oncology [37]
- General practice (GP) [38]
- Experienced paramedic [39]

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