

## **Specialty Training Requirements (STR)**

Name of Specialty:	Medical Oncology
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## Scope of Medical Oncology

*Medical Oncology* is a specialty within the field of medicine which deals with the medical care of cancer patients.

## Purpose of the Residency Programme

The Medical Oncology Residency Programmes aim to train residents in:

- Treatment of individual malignancies, with an emphasis on a coordinated multidisciplinary approach in both in and outpatient settings.
- Diagnostic and therapeutic procedures for the cancer patient.
- The key tools in basic science that apply to cancer patient management.

## Admission Requirements

At the point of application for this residency programme,

- a) Applicants must be employed by employers endorsed by Ministry of Health (MOH); and
- b) Residents who wish to switch to this residency programme must have waited at least one year between resignation from his/her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

- a) Have completed local Internal Medicine (IM) Residency programme and attained the Membership of the Royal College of Physicians (MRCP) United Kingdom (UK) and/or Master of Medicine (Internal Medicine) (IM) (National University of Singapore) (NUS) qualifications or equivalent. Potential residents without these qualifications will need to seek ratification from Joint Committee on Specialist Training (JCST) before they can be considered for the programme; and
- b) Have a valid Conditional or Full Registration with Singapore Medical Council (SMC)

## Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by MOH Holdings (MOHH).

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

## Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

### Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he/she meets the following criteria:

- a) He/she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom and Hong Kong, or in other centres/countries where training may be recognised by the SAB.
- b) His/her years of training are assessed to be equivalent to the local training by JCST and/or SAB.

*Applicants may enter residency training at the appropriate year of training as determined by the Programme Director (PD) and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.*

*Note: Entering at Year 1 of the senior residency phase by IMG in any of the IM-related programmes is regarded as 'mid-stream entry' because it requires the recognition of the overseas Junior Residency training.*

### Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation / exit, including residents who did not complete the programme.

### Duration of Specialty Training

The training duration must be 36 months.

Maximum candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length of their training programme (IM residency + Medical Oncology residency). The total candidature for Medical Oncology is 36 months Internal Medicine residency + 36 months Medical Oncology residency + 36 months candidature.

Nomenclature: Medical Oncology residents will be denoted by SR1, SR2 and SR3 according to their residency year of training.

### "Make-up" Training

"Make-up" training must be arranged when residents:

- Exceed days of allowable leave of absence / duration away from training or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by Clinical Competency Committee (CCC) and should depend on the duration away from training and / or the time deemed necessary for remediation in areas of deficiency. The CCC should review

residents' progress at the end of the "make-up" training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and / or before completion of residency training.

### Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 4 of the following EPAs by the end of residency training:

	Title
<b>EPA 1</b>	Providing oncological care in the outpatient clinic
<b>EPA 2</b>	Leading inpatient ward rounds
<b>EPA 3</b>	Leading patient and family conferences
<b>EPA 4</b>	Participating in multi-disciplinary tumour board discussions
<b>EPA 5</b>	Participating in clinical trials
<b>EPA 6</b>	Performing oncological procedures
<b>EPA 7</b>	Providing supportive and palliative care to patients with cancer
<b>EPA 8</b>	Using systemic therapies to treat patients with cancer

### Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competencies into the curriculum, and structure the curriculum to support resident attainment of these competencies in the local context.

Residents must demonstrate the following core competencies:

#### 1) Patient Care and Procedural Skills

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective, compassionate and appropriate health management, maintenance, and prevention guidance

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient relevant to oncological management
- Counsel patients and family members regarding oncological diagnosis, investigations and management especially systemic anti-cancer therapy
- Make informed diagnostic and therapeutic decisions regarding management of underlying malignancy
- Effectively and safely prescribe systemic anti-cancer therapy and perform essential medical procedure i.e. bone marrow aspirate and trephine biopsy
- Provide effective, compassionate and appropriate health management, maintenance, and prevention guidance specific to the patient's underlying malignancy.

## **2) Medical Knowledge**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioural sciences, as well as the application of this knowledge to patient care.

Residents must demonstrate knowledge of the following areas:

1. Thoracic malignancies including lung, mesothelioma, thymoma/thymic cancer
2. Gastrointestinal cancer including oesophageal, gastric, hepatobiliary, pancreatic, colorectal and anal cancer
3. Breast cancer
4. Genitourinary cancer including renal cell, urothelial, penile, prostate and malignant germ cell tumours
5. Gynaecologic malignancies including ovarian, cervical and endometrial cancer
6. Head and neck cancer
7. Sarcoma including soft tissue, bone and gastrointestinal stromal tumour
8. Skin cancer
9. Endocrine tumour
10. Central nervous system malignancies
11. Carcinoma of unknown primary
12. Lymphomas
13. Genetic testing and counselling
14. Cancer research
15. Basic science including cancer and molecular biology
16. Cancer epidemiology
17. Cancer diagnostics including molecular biology/pathology/genetic and genomic testing
18. Supportive and palliative care including management of treatment toxicities, end-of-life care

### **3) Systems-based Practice**

Residents must demonstrate the ability to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality. This includes effective transitions of patient care and structured patient hand-off processes.
- Participate in identifying systems errors and in implementing potential systems solutions

Residents must demonstrate the ability to:

- Incorporate considerations of cost awareness and risk/benefit analysis in patient care especially high-cost systemic anti-cancer therapy

### **4) Practice-based Learning and Improvement**

Residents must demonstrate a commitment to lifelong learning.

Resident must demonstrate the ability to:

- Investigate and evaluate patient care practices
- Appraise and assimilate scientific evidence
- Improve the practice of medicine
- Identify and perform appropriate learning activities based on learning needs

### **5) Professionalism**

Residents must demonstrate a commitment to professionalism and adherence to ethical principles including the Singapore Medical Council's Ethical Code and Ethical Guidelines (ECEG).

Residents must:

- Demonstrate professional conduct and accountability
- Demonstrate humanism and cultural proficiency
- Maintain emotional, physical and mental health, and pursue continual personal and professional growth
- Demonstrate an understanding of medical ethics and law

## 6) Interpersonal and Communication Skills

Residents must demonstrate ability to:

- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

## Other Competency: Teaching and Supervisory Skills

Residents must demonstrate the ability to:

- Teach and impart both medical and procedural knowledge to peers, junior doctors, medical students, student interns and other learners
- Provide supervision to junior doctors, medical students, student interns and other learners in the clinical setting

## Learning Outcomes: Others

Residents must attend Medical Ethics, Professionalism and Health Law course conducted by Singapore Medical Association (SMA).

## Curriculum

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience.

## Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

The programme must provide teaching sessions in the form of:

1. Clinical bedside teaching (based on clinic / ward / blue letter cases)
2. Multidisciplinary tumour board conferences
3. Morbidity and mortality conferences
4. Journal club and evidence-based reviews
5. Case-based planned didactic experiences
6. Seminars, conferences and grand rounds.

Residents must attend a minimum of 12 hours per month of provided teaching sessions

In the event of a protracted outbreak, didactic sessions should be conducted over virtual platforms.

### Learning Methods and Approaches: Clinical Experiences

Residents must complete 2 months per year of General Medicine/Geriatric Medicine rotation.

The medical oncology rotations should continue in the event of a protracted outbreak. Clinic and office logistics should be reshuffled to prevent cross-infection of residents on different rotations. If cross institution movement is restricted, cross-cluster medical oncology rotations should be suspended and residents should continue to receive their training in their parent institution. General medicine rotations should also be done in the parent institution.

### Learning Methods and Approaches: Scholarly/Teaching Activities

Residents must complete the following scholarly activity:

	<b>Name of activity</b>	<b>Brief description: nature of activity, minimum number to be achieved, when it is attempted</b>
1.	Topic review/journal clubs	Presentations on specific topics or articles in Oncology – at least 6 a year

*Elective Scholarly Activity that is encouraged*

	<b>Name of activity</b>	<b>Brief description: nature of activity, when it is attempted</b>
1.	<i>Research</i>	<i>Including presentations at conferences, publications, recruitment onto clinical trials</i>

In the event of a protracted outbreak, the scholarly activities should be conducted over virtual platforms.

### Learning Methods and Approaches: Documentation of Learning

From AY2026 intake onwards, residents must complete the following *case and procedure logs requirement*:

#### Case logs

Thoracic malignancies	
Lung	At least 20
Mesothelioma	At least 1
Thymoma/thymic cancer	At least 1
Gastrointestinal	
Oesophageal/gastric	At least 10
Hepatobiliary/pancreatic	At least 10
Colorectal	At least 20
Anal	At least 1
Breast	At least 20
Genitourinary	



Renal cell/urothelial/penile	At least 10
Prostate	At least 10
Malignant germ cell tumours	At least 5
Gynaecologic	At least 10
Head and neck cancer	At least 10
Sarcoma including soft tissue, bone and gastrointestinal stromal tumour	At least 5
Miscellaneous: skin cancer, endocrine tumour, central nervous system malignancies, carcinoma of unknown primary	At least 1 each
Lymphomas	At least 5

### Procedure logs

Bone marrow aspiration: at least 3

### Summative Assessments

Year of training	Core Competencies	Summative Assessment	
		Component a: <b>Written: MRCP (UK) SCE* in Medical Oncology</b> (2 papers: 100 MCQs, 3 hours each paper)	Component b: <b>Viva: Exit Examination</b> 6 case scenarios (15 minutes each)
R6  *can only be attempted at R6 of training	Patient Care		
	Medical Knowledge	✓	✓
	Professionalism		
	Interpersonal Communication Skills		✓
	Practice-Based Learning and Improvement		
	Systems-Based Practice		