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Letters

Is it Time to Have a Further Debate on Separating Radiation and Medical Oncology Specialties Rather than Continue the Clinical Oncology Model?

Madam — We read with interest the recent editorial highlighting the ongoing and future recruitment issues in clinical oncology in the UK [1]. Various contributing factors were discussed and some short- and long-term solutions presented.

Historically, this clinical oncology model combining radiation and systemic therapy skills has served the UK well, but now, as this editorial points out, both radiotherapy and systemic therapies, now also with immunotherapy, are rapidly changing, as never before. Can one keep up to date with the ever-increasing knowledge base for both?

Trainees in clinical oncology now have multiple-line chemotherapies, targeted therapies, immunotherapies as well as physics and radiobiology, but minimal essential imaging training, crucial for planning future high technology radiotherapy.

By emphasising systemic therapies, has radiation oncology been held back? A search on the ClinicalTrials.gov website for 'reirradiation' shows that there are 68 clinical trials on the website, either in progress or completed/withdrawn. Unfortunately, not a single of these purely radiotherapy-related trials is registered in the UK [2].

There is also a huge disparity and disadvantage in academic radiation oncology posts and research resource, when clinical oncology is essentially seen, not by the Royal College of Radiologists, but others, as for service only.

There is a need to re-visit the debate on separating radiation and medical oncology specialities. There will be reasoned opposition from 'traditionalists' within clinical oncology; hospital management where pleuripotential clinical oncologists are seen as very good value, and by some in private practice. Re-discussion is surely needed for the future of the profession.

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References

[1] Tharmalingam H, Vinayan A, Anyamene N. UK training in clinical oncology: tasters, coasters and the national recruitment crisis. *Clin Oncol* 2018;30:599–601.
[2] https://clinicaltrials.gov/ct2/results?cond=reirradiation&term=&cntry=&state=&city=&dist=. Accessed 23 September 2018.

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Is It Time to Rethink Non-surgical Oncology in the UK?

Madam — We agree with Drs Iqbal and Kelly [1] that a fresh appraisal of the roles of clinical and medical oncologists is required. Our current main challenge is to deliver increasingly complex, individualised treatment plans for more patients with a workforce that is shrinking in real terms [2]. This requires more collaboration with medical oncologists and other health professionals rather than more separation.

The SHAPE of Training report [3] favours more generalists and fewer specialists. With our medical oncology colleagues, we continue to argue that possession of an MRCP should not mandate taking part in acute unselected take but this argument is not won. In response to SHAPE, the General Medical Council has stipulated a curriculum rewrite for all specialties. We have been asked to identify transferable competencies common to clinical and medical oncology.