



MEDICAL ONCOLOGY ADVANCED TRAINEE GUIDE

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MESSAGE FROM THE MOGA CHAIR

Dear Medical Oncology Advanced Trainee,

On behalf of the Medical Oncology Group Australia Incorporated (MOGA), I would like to extend to you a warm welcome to our specialty and congratulate you for making it to this point in your career journey.

If you have not already, please do head to the [MOGA website](#) and sign up to become a Trainee member of MOGA. Membership is complimentary until you complete your training and members enjoy access to many great resources and education programs.

One such program is the MOGA Annual Scientific Meeting, the annual gathering of the medical oncology profession, which I strongly urge you to attend.

We wish you every success as you move forward with your career.

Kind regards,



Associate Professor Melissa Eastgate
Chair, Medical Oncology Group of Australia

INTRODUCTION AND WELCOME

The Medical Oncology Group of Australia (MOGA) warmly welcomes you to our speciality.

Something in your basic physician training obviously garnered an interest to pursue this area - it may have been the encouragement and influence of a supervisor or mentor; it may have been the realisation that this is an exciting and rapidly evolving specialty with widespread research opportunities; it may simply have been due to your experiences with patients you had treated. Whatever the reason, welcome!

While our specialty can be very rewarding, you are bound to face challenges and moments of doubt, particularly in the first few months when everything is new, and you realise that you need to know a lot more than you had to when you were a basic trainee. The most important thing to remember is:

You are not alone!

The aim of this guide is to cover some areas of oncology practice that may be useful to you as a reference, particularly when you begin your training. Although we update this guide annually, the rules and regulations may change, particularly regarding the Royal Australasian College of Physicians (RACP) and other authorities.

This guide will hopefully be a handy tool to refer back to in the coming weeks and months as you begin your medical oncology journey. Remember that this is one of medicine's most rapidly changing fields, and no-one expects you to be an expert. Ask for help and look after yourself.

If you have any questions, feedback, or things to share, feel free to reach out to us at moga@moga.org.au and please do sign up for membership.

We wish you all the luck for your future!

GENERAL INFORMATION

WHO ARE WE?

MOGA is the national, professional organisation for medical oncology and the profession in Australia, and a specialty society of the Royal Australasian College of Physicians (RACP). The Association works closely with Government, health organisations, affiliated international associations and societies, industry, consumer groups and Colleges throughout Australia to improve and develop the profession of medical oncology and the management of cancer both nationally and globally. MOGA works with the Advanced Training Committee-MO (ATC-MO) to provide supplementary educational programs for medical oncology trainees and consultants.

MOGA has a strong commitment to assisting trainees to receive the best possible educational and professional experience during the three years, or more, of advanced training. As a trainee, you can become a member for free, which gives you complimentary access to educational and professional events, industry events, awards, and a discount to the Annual Scientific Meeting. Sign up on the MOGA website at www.moga.org.au.



**Supporting Australian
Medical Oncologists
at all career stages**

RACP TRAINING REQUIREMENTS

Medical Oncology falls under the governance of the Royal Australasian College of Physicians (RACP). Advanced Training is undertaken by way of a prospectively approved program, supervised by accredited physician supervisors, and is accredited at the end of each 12-month period.

The RACP has several duties in relation to Medical Oncology advanced trainees:

- Developing and ensuring the maintenance of high quality professional care practised in an ethical manner;
- Liaising with, and provision of administrative support to the Advanced Training Committee (ATC) for each specialist discipline represented in the RACP;
- Final sign off on training and admission to Fellowship of the RACP; and
- Collection of training fees

Advanced training in medical oncology currently comprises three years of study, including two years core and one-year elective training. The full course curriculum can be found [here](#). The ATC makes decisions about training and accreditation of training sites, recommends changes to training requirements and liaises with the RACP Education Deanery. The ATC also works with MOGA on programs such as Communication Skills Training, Sciences of Oncology and other training programs.

In the first instance, enquiries regarding training should be directed to the Education Officer (MedicalOncology@racp.edu.au). Usually, they will be able to answer most questions but if uncertain, they will contact a member of the ATC for clarification and help.

OVERVIEW

Core Training

Core clinical training consists of 24 months in medical oncology in an accredited medical oncology department. During this period of core training, trainees should become experienced in managing patients with a range of common tumours and includes a mix of inpatient and outpatient care. In addition, there should be involvement in multidisciplinary meetings/clinics, some element of after-hours-on-call, an appropriate level of formal teaching/education, the opportunity to participate in clinical trials and to complete a research project.

RACP TRAINING REQUIREMENTS

Note that it is mandated that trainees do not complete all their advanced training at one site. Also, training must be approved prospectively. Retrospective accreditation of training is only considered in exceptional circumstances and when adequate documentation is provided. If you have any questions regarding consideration of retrospective approval of training, contact the ATC.

Elective (Non Core) Training

Trainees also spend 12 months in an elective (non core) training position. Some trainees choose to use their elective year to hone their oncology skills by doing another 12 months clinical attachment.

This period may also be used for research in a field of relevance to medical oncology, for other university-based higher degrees related to medical oncology, or to gain clinical or laboratory experience in a specialty related to medical oncology. MOGA has a national fellowship database that you can access on our website. Note that training in a variety of areas including haematological oncology, palliative medicine, molecular biology, radiation oncology or epidemiology may be suitable.

It is important that you contact the ATC-MO to discuss your elective term plans well ahead of time so that it can be approved. Many trainees choose to complete their elective term in a clinical or research position in an overseas oncology unit. Others choose to work overseas after completing their FRACP in Australia. Training in centres in the United States of America, Canada, United Kingdom or Europe remain the favoured sites. Your supervisors will often have worked overseas during their own training or developed close liaisons with overseas colleagues and are often able to suggest or recommend centres you might contact. Remember that organising posts in overseas centres will often require some time (3-18 months) to arrange, including issues of funding, provisional registration and clinical accreditation so if you are considering this training pathway, you need to plan ahead. Remember these key elements when organising your elective training:

- It must be specifically related to some area of cancer medicine, whether clinical or research.
- You should discuss your elective training proposal with the ATCMO ahead of time, particularly if you are uncertain whether it is appropriate.
- Any overseas training prior to you obtaining your FRACP must be prospectively accredited by the college.

RACP TRAINING REQUIREMENTS

ADMISSION TO FELLOWSHIP

Currently admission to Fellowship of the RACP is based upon the following:

- Satisfactory supervisors' reports each year for the three years of training;
- Mandatory PREP (Physician Readiness for Expert Practice) requirements (see below);
- Completion of a research project;
- Participation in an accredited, compulsory, half-day communications Skills Training workshop; and
- Participation in an Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course (if not done in BPT).

ASSESSMENTS

The RACP requires you to complete assessment and projects during your training. Further information, and access to the required forms, is through the Advanced Trainee Learning Portal.

Core Training

1. Learning Needs Analysis (LNA) - one to be completed per 6 month period.
2. Professional Qualities Reflection - one to be completed each year.
3. Supervisor's Report - one to be completed every rotation.
4. Case-based discussion (CbD) - one CbD to be completed per 6 month period. A Case-based Discussion encounter involves a comprehensive review of clinical cases between an Advanced Trainee and an assessor, resulting in feedback being given to the trainee across a range of areas.
5. Mini Clinical Evaluation Exercise (Mini-CEX) - 2 mini-CEX per 6 month period.
6. Mid-year Progress Report (one per 12 month training rotation) - Formative assessment.
7. 1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course (if not done in BPT).
8. Advanced Training Research Project - The ATRP requirement must be undertaken and completed during your Advanced Training.

RACP TRAINING REQUIREMENTS

ADVANCED TRAINING SUMMARY

After 36 months of certified training time, you will have completed:

- 24 months minimum of core training
- 12 months maximum of non-core training
- 1 x Advanced Training Research Project (trainees who commenced in 2017 onwards only)
- 2 x Medical Oncology Research Reports (trainees who commenced before 2017 only, research rotation only)
- Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course (trainees who commenced in 2023 onwards)
- Communication Skills Workshop (all Adult Medicine trainees, Paediatrics & Child Health trainees who commenced in 2023 onwards)

Please note that these assessments are trainee driven i.e. it is the responsibility of the trainee to organise a suitable time for the trainee and supervisors to meet to ensure satisfactory completion of the exercises - check the deadlines each year in advance.

KEY DATES

Mid Feb	Applications for Approval of Advanced Training for first half or whole year due
End Jun	LNA, Mini-Cx x2
Mid Jul	Supervisor's report due + trainee's report (recommended)
End Aug	Applications for Approval of Advanced Training for the second half of the year due
Mid Sep	Advanced Training research project due (final year)
Mid Oct	Supervisor's Report and all PREP tools due (trainees eligible for Fellowship in December)
End Jan	Previous year's Supervisor's Report and all PREP learning and assessment tools due (trainees not applying for Fellowship in December)

***Note that trainees seeking approval of training at a different centre for the second six months of the year will need to complete a second training application due end of August.** All mandatory PREP requirements for the rotation must be completed when the Final Supervisor's Report is due.

HELPFUL RESOURCES

The world of oncology is rapidly changing and there is much to know. Your consultants will be able to point you to key papers in different tumour streams. Below is a list of some resources that are helpful - remember UpToDate is a great resource for overviews of different malignancies and treatments.

READ

Guidelines

- EVIQ for Australian treatment protocols <https://www.eviq.org.au/>
- Cancer Council - Clinical Practice Guidelines <https://www.cancer.org.au/health-professionals/clinical-practice-guidelines>
- National Comprehensive Cancer Network (NCCN) - American guidelines https://www.nccn.org/guidelines/category_1
- European Society for Medical Oncology (ESMO) - guidelines & educational series <https://www.esmo.org/guidelines>

Email Subscriptions

- The Limbic for an Australian perspective
- American Society of Clinical Oncology (ASCO) Post
- ESMO Oncology News
- The New England Journal of Medicine (NEJM)
- Journal of Clinical Oncology (JCO)

LISTEN

Podcasts

- TOGA podcast series: thoracic cancers
- Oncology for the Inquisitive Mind: covers key trials in oncology, by Australian trainees for trainees
- The Oncology Podcast and The Oncology Journal Club: podcasts from Oncology News Australia that cover a variety of oncology topics
- Oncology Today with Dr Neil Love: American podcast covering a variety of oncology topics
- Pomegranate Health: podcast from the RACP about the culture of medicine

HELPFUL RESOURCES

Other Resources

- ASCO-SEP Digital
- OncoAssist: be sure to download this app. Useful for staging, risk calculation, dose calculators, etc.
- RACP Evolve Top-5 Recommendations: Medical Oncology Group of Australia.
<https://evolve.edu.au/recommendations/moga>

ATTEND

Throughout the year, there will many opportunities to attend local events and talks. There are annual courses which occur as below.

- MOGA Sciences of Oncology: a one-day program for trainees focused on the emerging developments in the sciences that underpin oncology.
- Basic Sciences of Oncology (BSOC) course: an NSW-based multidisciplinary training program that runs over 10 days, usually one Friday per month February through November in Sydney.
- ACORD: 6-days residential workshop program in effective clinical trial design for early career clinical cancer researchers from all oncology sub-specialties in the Asia-Pacific region.
- Preceptorships: educational events for trainees that typically last 2-3 days and involve an in-depth look at the major trials underpinning the management of different cancers. Offered by various specialist societies (see below) and ESMO.
- Communication Skills Workshops, such as those held by MOGA. Check here for upcoming workshops: <https://www.moga.org.au/education-programs>
- Local events - Keep an eye out for dinners and education events run in your own state. For example, VMOTG runs an educational program for Victorian/Tasmanian trainees, as does the NSW Med Onc AT Committee.

CONFERENCES

Attending local Australian conferences and the MOGA ASM are great opportunities to network with trainees and consultants from other institutions. Attendance also shows your support of Australian oncology. These meetings tend to provide a broader picture of oncology than the specialised international conferences. In your first year it would be best to focus on a local Australian meeting.

By your second year you should have a good grasp on the basics of Oncology and could now

HELPFUL RESOURCES

start to get benefit from attending international conferences, either a general conference such as ASCO or ESMO, or tumour specific conferences or annual ASCO cancer stream specific meetings including GI, breast and GU meetings. There are also local tumour site meetings run by the above groups. You can either self-fund attendance, apply for awards and/or grants, or enquire about department funding if you are presenting.

National Conferences

- The Medical Oncology Group of Australia (MOGA) ASM: August
- The Clinical Oncology Society of Australia (COSA) ASM: November
- Tumour stream specific ASM's: most tumour specific societies listed below have their own ASM

International Conferences

- American Society of Clinical Oncology (ASCO) ASM: May – June, USA
- European Society for Medical Oncology (ESMO) ASM: September, Europe
- Tumour-specific major conferences, e.g. ASCO GI/GU, San Antonio Breast Cancer Symposium etc.

The Limbic usually hosts conference update dinners after each major conference – mainly ASCO ASM, ESMO ASM and tumour specific major conferences (e.g. ASCO GI/GU)

SOCIAL MEDIA NETWORKS

- RACP Medical Oncology Advanced Trainees Facebook group
- RACP Trainees Facebook group
- Twitter/X: follow oncologists in your field of interest or societies (e.g. MOGA Twitter: https://twitter.com/MOGA_ORG). Also useful for following post-conference updates (e.g. #ASCO)

OTHER ORGANISATIONS

Join professional organisations to keep up to date with the latest news, educational events and conferences. These offer a good opportunity to meet other trainees and network. For example:

HELPFUL RESOURCES

Tumor Stream-specific and Clinical Trials Groups

- Australia New Zealand Gynaecological Oncology Group (ANZGOG)
- Australasian Gastro-Intestinal Trials Group (AGITG)
- Australia and New Zealand Sarcoma Association (ANZSA)
- Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group
- Breast Cancer Trials (BCT)
- Melanoma and Skin Cancer (MASC) Trials
- Thoracic Oncology Group Australasia (TOGA)
- Cooperative Trials Group for Neuro-Oncology (COGNO)

International Societies

- European Society for Medical Oncology (ESMO): offers a reasonable membership fee for trainees, which gives you access to OncologyPro for e-learning and handbooks
- American Society of Clinical Oncology (ASCO)

MOGA AWARDS AND GRANTS

As part of MOGA's commitment to trainee support, the Association negotiates several sponsored awards and grants every year specifically for advanced trainees. Some of the grants assist with travel to major international conferences such as the American Society of Clinical Oncology (ASCO) and the European Society of Medical Oncology (ESMO). MOGA also negotiates Trainee Travel Awards to help advanced trainees attend the MOGA ASM. These awards provide travel, accommodation, and registration for the recipients to encourage trainee attendance. The awards change on an annual basis and are open for applications within the first half of each year, so it is a good idea to check the Awards and Grants section of the MOGA website regularly to learn about the latest opportunities.

WELLBEING

As trainees, we are building the foundations of a long-term career in Medical Oncology. This involves being trained in the science and the art of oncology. But it also involves ensuring that we as carers of others' health are noticing and managing our own as well.

We know that burnout amongst medical oncology trainees and consultants is extremely high with a recent study finding rates of burnout at around 80% in both cohorts in Australia. Oncology can be a demanding specialty whether you are a full-time clinician or a blend of clinician/researcher/academic. Burnout includes three elements: emotional exhaustion, depersonalisation, and low personal accomplishment. MOGA is committed to helping address this issue.

Find below some resources and tips on clinician wellbeing. Also keep an eye out for announcements later this year regarding the MOGA endorsed and supported National Oncology Mentorship Program (NOMP), an initiative aimed at reducing burnout by connecting trainees and consultants one-to-one.

AUSTRALIA-SPECIFIC RESOURCES

Professional mental health support

- National service <https://www.drs4drs.com.au>
- South Australia <https://doctorshealthsa.com.au>
- Northern Territory <https://doctorshealthnt.com.au>
- Western Australia <https://www.dhaswa.com.au/personal-health-resources-for-doctors-medical-students-and-their-families-in-wa/>
- New South Wales <https://doctorshealth.org.au>
- Victoria <https://vdhp.org.au>
- Queensland <https://dhq.org.au>

Other resources

- The Royal Australasian College of Physicians: links to resources, podcasts and physician's stories: <https://www.racp.edu.au/fellows/wellbeing>
- The National Oncology Mentorship Program (NOMP): an opportunity for Australian medical oncology trainees or early career oncologists to be matched with a more experienced medical oncologist mentor. <https://www.moga.org.au/nomp>
- MDOK: <https://mdok.org.au> ; link to talk by Chief Medical Wellness Officer Bethan Richards <https://www.youtube.com/watch?v=yy7299HnHt8>

WELLBEING

GLOBAL RESOURCES

- Stanford Medicine WellMD & WellPhD Center: links to video resources and self-assessment tools focusing on well-being, professional fulfilment and burnout. <https://wellmd.stanford.edu>
- The BMJ Wellbeing: links to various articles and podcasts focusing on well-being for doctors. <https://www.bmj.com/wellbeing>
- The ESMO resilience task force: includes a link to an article and talk by Susana Banerjee, chair of the task force. <https://www.esmo.org/career-development/resilience-task-force>
- ASCO resilience skills training program consists of 8 modules, each addressing a specific resilience skill, targeted at trainees. <https://old-prod.asco.org/meetings-education/training-programs/resilience-skills-training-program>

BECOMING INVOLVED

STATE TRAINEE REPRESENTATION

MOGA encourages and appreciates feedback from trainees. Each state has at least one trainee representative. For the current trainee representatives, please visit the MOGA Website, and keep an eye out for an opportunity to join.

MOGA NATIONAL TRAINEE REPRESENTATIVE

If you are interested in becoming a trainee leader on a national level, you might consider running for the position of MOGA National Trainee Representative. The National Rep is elected by ballot to sit on the MOGA Executive Committee for a one - two year term. The National Rep is the key conduit to bring issues and concerns to the attention of the greater medical oncology community, as well as to represent trainee interests in national decision making.



Dr Gowri Shivasabesan
MOGA National Trainee Representative

SOME TIPS BEFORE YOU BEGIN

OUTPATIENT CARE

For many trainees, the first months of Advanced Training have a steep learning curve not only due to the amount of content to learn, but due to the transition to a busy outpatient workload. There are various strategies that can help make this easier:

- Learn how your chemo suite runs and what clerical and care coordinators are available. Delegate tasks as appropriate - For example: clerical to request tests and other specialist appointments;
- Every consultant has their own preference in running clinics and follow up correspondence – ask early so that you know expectations;
- Get script pads (including authority ones) early – can be ordered through your PRODA (Provider Digital Access) account; they can take some time to arrive so try order before you commence AT training;
- Aim to look at your clinic list in advance to ensure it will run smoothly, so you can chase results, and to plan any changes to treatment;
- Communicate with staff how you prefer to be contacted - e.g. pager or phone for any urgent tasks, emails otherwise. Try only to periodically check your emails if you find they are interrupting your workflow - email creates a sense of urgency but most are not urgent;
- Make a system of keeping track of jobs. Make sure to follow up on blood tests and scans if you have sent patients for them, particularly if you are not planning to see them for some time. Many trainees use a notebook with patient stickers or a digital to do-list to remind themselves;
- Prioritize important correspondence - there are a lot of letters to write in oncology - it is important to communicate new treatment plans and scan results in a timely manner; and
- Make sure you know when MDTs are being run and the submission deadlines for presenting patients.

BEING ON-CALL

Many advanced trainees have shared responsibilities in on-call rosters for admissions/the ward/patients after hours. Remember there is always consultant supervision, and contact them with any concerns or questions. In general:

- Keep your phone easily accessible with the volume turned up;
- Consider keeping a pen/paper handy wherever you go, to jot down patient details, relevant results or history;
- If you can have remote access, this is helpful to clarify information, especially in centres where the oncology system is separate to the usual hospital records;

SOME TIPS BEFORE YOU BEGIN

A framework that is helpful:

- What type of treatment is the patient on (e.g. chemotherapy, immunotherapy, targeted)
- What is goal of treatment (e.g. curative vs palliative)
- Presenting complaint details and investigations
- Whether the patient needs admission vs can be followed up closely as an outpatient;

- Remember sometimes even very senior non-oncology doctors may not know details and differences between different types of treatment;
- If a patient is on a trial, make sure you notify the trial team regarding the admission;
- You can always call back people if you need to talk to your boss or want to look up details; and
- Check your state award/hospital for what on-call pay rates exist (e.g. significant phone calls) and how to claim them.

PRESCRIBING CHEMOTHERAPY

Prescribing chemotherapy can be daunting and while there are guidelines, every consultant will have slightly different practices. In general:

- EVIQ has dose reduction vs delay guidelines for most toxicities (e.g. myelosuppression, rashes);
- EVIQ also contains a carboplatin dose calculator;
- Ideally bloods should be checked the day prior to chemo, or at most within 72 hours - it's helpful to have login access for local pathology providers so you can minimise time spent chasing bloods;
- [Nine Steps to Personalised Therapy: The Art and Science of Anti-Cancer Drug Dosing.\(a Guidance Statement of the Medical Oncology Group of Australia\)](#)
- Use the CT CAE criteria to grade severity of adverse events (Common Terminology Criteria for Adverse Events);
- BC (British Columbia) Cancer resources - website has chemo protocols and recommended dose reductions; and
- When you start, always discuss dose reductions or delays with your seniors.
- More resources <https://www.moga.org.au/resources>

COMMUNICATION SKILLS

SOME BASICS

1. Consider before you see the patient what you are expecting to achieve in the consultation and review their notes, x-rays and pathology results. If you don't know what they mean, check with someone else FIRST.
2. Introduce yourself not only by name but explain where you fit in to the overall scheme.
3. Try to get on eye level wherever possible. Eye contact makes a big difference.
4. Get a swivel chair on wheels in your consulting room and move the desk around so that the patient can be beside you and within reach.
5. The only essential props in an oncology consultation are paper for drawing and a tissue box - have them on hand; it is helpful to jot down key points so patients can take it home
6. Ask open questions
7. Ask about emotion - "How has your mood been?" is very useful.
8. Ask patients what concerns them rather than sticking rigidly to your own agenda.
9. Encourage patients to write down their questions and concerns so that they can be discussed at the next consultation - keeping a diary of what happens after chemo can also be useful, as is the vital list of medications.

BREAKING BAD NEWS

The Pam McLean communication guidelines for breaking bad news are based on NHMRC Guidelines but are easier to translate into practice. They are designed to remind you to avoid the temptation to drop the grenade from as far away as possible and escape as fast as you can:

1. Sit down
2. Identify yourself
3. Tell them the news in simple language
4. Pause and wait for an emotional response
5. Show empathy - a touch, eye contact; identify and reflect on their emotional response and normalise it
6. Give further information and show the evidence for your conclusions if asked e.g. scans, reports, viewing the body
7. Encourage questions
8. If possible avoid detailed treatment discussions until the news has been digested

BEYOND ADVANCED TRAINING...



Young oncologists of MOGA who are within 5 years of having received their Fellowship in medical oncology are the largest and fastest growing segment of the Australian medical oncology workforce. The Young Oncologists Group of Australia (YOGA) was established in 2014 to specifically address professional and educational needs of this group of oncologists. As you move into the medical oncology workforce you will face many career and lifestyle challenges. YOGA members and, the specially designed education and professional development programs they run can assist you in managing these challenges and making the most of your transition to consultant. It is recommended that Third Year trainees join YOGA as soon as they are nearing the close of their training to seek support and advice from this professional cohort.

However, the broader activities of the group in the future will include:

- Informing and advising the MOGA Executive about workplace, professional challenges and career development issues concerning Australian young oncologists.
- Developing an annual Australian YOGA Education Program as well as serving on the Planning Committees for the development and funding of these programs.
- Enhancing young Australian oncologists' expertise for future practice and career development
- To encourage and facilitate the professional development, peer support and representation of Young Oncologists.
- Promoting opportunities for developing research skills and conducting research among young Australian oncologists.
- Working and collaborating with global young oncologist networks and organisations.

Find more: <https://www.moga.org.au/yoga-committee>

MOGA MEMBER BENEFITS

Join our network of over 600 medical oncologists who receive:



EDUCATION PROGRAMS



PUBLIC POLICY, LOBBYING AND ADVOCACY



NEWS



AWARDS



PROFESSIONAL OPPORTUNITIES, NETWORKING AND WELLBEING



COMPLIMENTARY ACCESS TO THE LANCET ONCOLOGY



JOB POSTINGS



DISCOUNTED ESMO MEMBERSHIP



CLINICAL BEST PRACTICE



RESOURCES



RESEARCH

ADDITIONAL BENEFITS FOR TRAINEE MEMBERS

- Free membership and access to MOGA's professional support, advice and benefits for the duration of your training.
- Communications Skills Training and Sciences of Oncology Workshop
- Trainees Annual Scientific Meeting Program, including networking sessions.



Join Now > www.moga.org.au/join

Thanks to the following MOGA members for their contribution to this guide:

Dr Gowri Shivasabesan

Dr Rhiannon Mellor

*Disclaimer: This guide is prepared by MOGA to assist Australian medical oncology trainees and contains information that is accurate as of 1 January 2024. MOGA own all rights to the information herein and it cannot be revised or distributed without written approval. MOGA cannot be held responsible for any changes, errors or consequences arising from the use of this information.

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