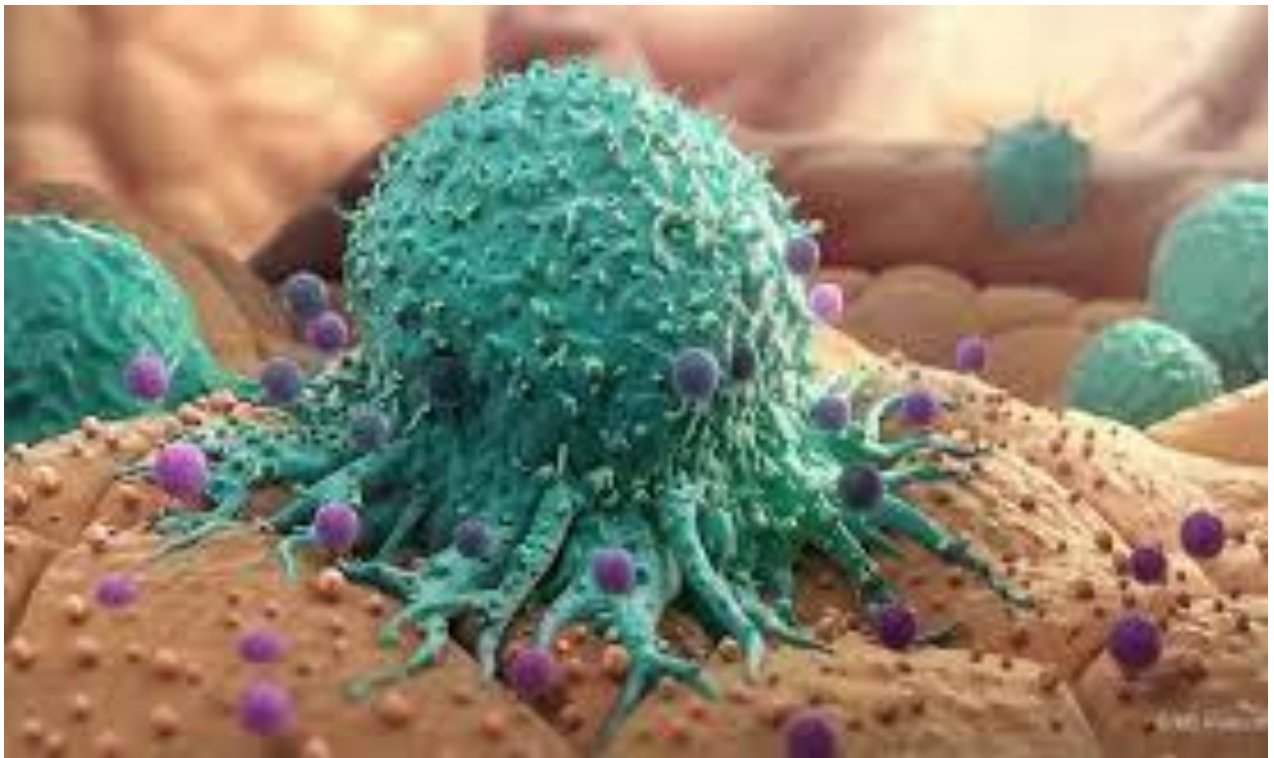




UNIVERSITY OF
LEICESTER

Cancer Care Block

Student Handbook 2026-7



Contact details for key people:

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WELCOME TO CANCER CARE!

- *More than 1 in 2 people in the UK will develop some form of cancer during their lifetime.*
- *There are greater than 360,000 new diagnoses of cancer each year; more than half of these are breast, prostate, lung, or bowel cancer.*
- *Cancer survival rates in the UK have doubled over the last 40 years such that 50% of people diagnosed with cancer now survive for more than ten years.*
- *The number of people living with cancer is expected to double in the next 20 years.*
- *By 2035, it is predicted that 46% of patients diagnosed with cancer will be 75 or older so cancer will increasingly need to be considered in the context of complexity, multi-morbidity, and frailty.*
- *It is anticipated that almost all doctors in clinical practice will encounter patients who have cancer or who have had cancer so it is essential that we offer you appropriate opportunity to develop your knowledge and communication skills.*

Aims of the block

To ensure that students feel prepared for caring for patients who have a cancer diagnosis as a foundation doctor.

For students to better appreciate how cancer arises and spreads, how therapies work, the prognosis and the effectiveness of therapies in common cancers and the impact of diagnosis and therapy on patients and their family.

To gain an understanding of how holistic cancer care is achieved in the UK, including the multidisciplinary management of cancers and timely consideration of palliative care.

We expect students to focus on the most commonly occurring solid cancers (lung, breast, colorectal, prostate, head and neck, and skin) and the key haematological malignancies (lymphoma, leukaemia, and myeloma), although of course the principles of assessment, diagnosis and treatment will be transferrable to other types of cancer.

Students should also take time during this block to address the linked haematology learning objectives (listed towards the end of the learning objectives section), that relate to the investigation of the abnormal blood count and the safe and appropriate use of blood products.

For the purposes of this block the term cancer encompasses patients with both solid tumours and haematological malignancies.

Links to overarching curriculum themes:

This block links to and builds upon the following overarching themes:

Basic sciences:

- Cell biology
- Genetics

Pathological processes:

- Cancer behaviour (at both cellular and systems levels) and how this influences treatment.
- This is especially important in cancer surgery, where students will be encouraged to consider:
 - staging of cancer
 - organization and interpretation of laboratory investigations in patients with cancer
 - when to operate – the aims and limitations of cancer surgery

Infection:

- Recognition of and initial treatment of infection in the immunocompromised (which may be iatrogenic secondary to oncology treatment)
- Appropriate use of anti-microbial therapy and safe prescribing

Imaging:

- Oncological radiology

Ethics and Law

- Clinical integrity: recognising and respecting patients' values, needs and wishes alongside weighing up which treatments or interventions are likely to bring genuine benefit to the individual patient.
- Care of the dying patient
- Consent and clinical trial practice
- Cancer genetics screening and testing

Curriculum Learning Outcomes

Students should revisit and build on knowledge and experience from Year 3 and by the end of the block they should be able to:

- Describe the concept of modifiable and non-modifiable risk factors for cancer development including genetic, lifestyle and environmental
- Demonstrate understanding of the principles of health promotion and cancer prevention
- Demonstrate understanding of the principles of cancer screening and an awareness of the major UK screening programmes. Gain an appreciation of the benefits and problems associated with the NHS offering such screening services? What are the aims of cancer screening? What issues are contentious? What new screening programmes are being evaluated?
- Discuss the basic pathophysiology and aetiology of cancer, including an awareness of common oncogenes and tumour suppressor genes
- Demonstrate an understanding of the epidemiological trends of cancer in the UK and more globally
- Understand the role of clinical trials (including different phases) in cancer management

Take a **focused history** from a patient with cancer and be able to:

- *Demonstrate an awareness that effective patient assessment should include physical, psychological, spiritual, and social domains, and include their performance status.*
- *Demonstrate patient-centered communication that is compassionate, patient centered, sensitive, and professional*

Perform an **examination** tailored to a patient with cancer:

- *Which is focused and relevant whilst being mindful of the patient's discomfort and needs during said examination*
- *Which reliably identifies the local and systemic sequelae of common solid tumours and haematological malignancies*

Regarding the **investigation** of a patient with cancer students should be able to:

- *Appreciate the relevant red flag symptoms and signs for individual patients*

- *Explain the rationale for and process of diagnostic procedures for patients with suspected cancer, using language that a patient can understand*
- *Describe the referral pathway for patients with suspected cancers.*

Regarding an **established cancer diagnosis** student should be able to:

- *Describe the histological patterns of metastatic spread of common cancers*
- *Describe the staging systems and prognostic markers of common cancers, and give reasons for the importance of these*

Regarding the **treatment** of cancer students should be able to:

- *Describe the following terms relating to cancer treatment*
 - *radical/curative*
 - *life extending*
 - *palliative*
 - *adjuvant*
 - *neo-adjuvant*
 - *maintenance therapy*
- *Describe the principles of the following anti-cancer treatments to a patient, including the **broad rationale and possible side-effects** (as one might expect from a foundation (F1 doctor):*
 - *surgery*
 - *radiotherapy*
 - *cytotoxic chemotherapy*
 - *hormone manipulation*
 - *immunotherapy*
 - *biologically targeted therapy*
- *Outline the factors that may influence treatment options such as treatment intent, co-morbidities, performance status and patient choice*
- *Describe the sources of information available to aid decision-making for clinicians and patients (including NICE guidance, online prognostic and predictive tools, genetic/mutation screening)*
- *Recognize the risk of long-term toxicities of cancer treatments*

- *Recognize the challenges of survivorship*
- *Describe the role/importance of the cancer MDT (multi-disciplinary team) in formulating management plans for patients, e.g. medical oncologists, clinical oncologists, histopathologists, radiologists, surgeons, and palliative medicine physicians*
- *Recognize the need for, and how to work effectively within, a multi-professional team which may include clinical nurse specialists, dieticians, physiotherapists, occupational therapists and psychologists etc*
- *Demonstrate an awareness of the key resources for patient information including websites such as Macmillan and Cancer Research UK*

Students should be able to recognize common and serious acute oncology presentations and instigate appropriate initial management. Common presentations would include:

- *Acute presentations secondary to complications of an underlying cancer such as*
 - *bowel obstruction*
 - *gastrointestinal bleeding*
 - *hypercalcaemia*
 - *ascites*
 - *pleural effusion*
 - *malignant spinal cord compression*
 - *raised intracranial pressure*
 - *seizures*
 - *superior vena cava obstruction*
 - *venous thromboembolism*
- *Acute presentations secondary to SACT (systemic anticancer therapy) and/or radiotherapy including:*
 - *neutropenic sepsis*
 - *tumour lysis syndrome*
 - *immune related colitis and pneumonitis*
 - *radiation mucositis*
 - *thrombocytopenia*

Students should demonstrate an appreciation that **good communication** is an essential component of caring for patients with cancer and develop key facilitative skills to:

- *Listen empathically*
- *Elicit the concerns of a patient and their family*
- *Discuss the diagnosis and treatment of malignancy with patients and their family*
- *Share bad news sensitively*
- *Discuss coping with uncertainty*
- *Explore patient preferences regarding future care including ceiling of treatment and where patients would prefer to be cared for at the end of their life. Appreciate the value of capturing these preferences on a ReSPECT form*
- *Demonstrate an awareness of ethically challenging decisions such as DNA-CPR and how these are shared with patients and their families*
- *Appreciate the importance of effective communication in facilitating the sharing of key information between primary and secondary care teams*

Students should gain an appreciation of what the following terms mean and how they are used (often interchangeably) in the clinical setting:

- *Palliative care*
- *Best supportive care*
- *Comfort care*
- *Hospice based care*
- *End-of-life care*

Whilst on placement they should demonstrate the skills and attitudes required for effective **team working and the development of their professional identity** which includes being able to:

- *Demonstrate an awareness of how doctors' personal values and belief systems may influence their professional judgement and behaviours*
- *Recognize the complexity and uncertainty in managing patients with cancer*
- *Demonstrate an awareness of their own limitations, both professionally and personally*
- *Develop knowledge of when and to whom they should refer to for help*

Regarding pain assessment and management students should be able to demonstrate an understanding of:

- *The different types of pain; nociceptive, visceral, neuropathic, and incident*
- *How the WHO ladder is used*
- *The principles of safe opioid prescribing*
- *How and when to introduce adjuvant analgesics*

Students are also expected to demonstrate a logical and holistic approach to the assessment and management of other symptoms commonly experienced by patients with cancer which include:

- *Nausea and vomiting*
- *Intractable breathlessness*
- *Constipation*
- *Psychological distress, depression, and anxiety*
- *Confusion and delirium*

Regarding palliative care students should be able to:

- *Recognize the effectiveness of multi-professional team working*
- *Demonstrate the potential need for palliative care concurrent with the disease modifying management*
- *Appreciate that palliative care is **a generic skill and duty of all resident doctors***
- *Describe the ethos and structure of cancer and palliative care services in the UK*
- *Appreciate how and when to refer to specialist palliative care services*

Regarding care of the dying patient they should be able to:

- *Describe an ethical framework for working through ethical dilemmas commonly encountered in patients with advanced cancer*
- *Demonstrate an awareness of the GMC guidance regarding “Treatment and care towards the end of life”*
- *Demonstrate an understanding of the Mental Capacity Act, Advanced Decisions to Refuse Treatment and Lasting Power of Attorney*
- *Demonstrate an understanding of the symptoms and signs that suggest a patient is dying*
- *Appreciate the benefit of timely anticipatory/pre-emptive prescribing and the drugs commonly used*

Learning objectives that are specific to Haematology include:

Being able to perform an **examination** relevant to a patient's presentation including:

- *Identifying bruising and purpura*
- *Identifying and characterizing lymphadenopathy*
- *Identifying and characterizing splenomegaly*

Regarding lymphadenopathy and the spleen students should be able to:

- *Describe the common causes of lymphadenopathy*
- *Outline the functions of the spleen*
- *List the important causes and management of hyposplenism*
- *Discuss the mechanisms and causes of splenomegaly*

Students should be able to describe the common clinical features and course of Hodgkin and non-Hodgkin lymphoma

With regards to multiple myeloma and MGUS (Monoclonal Gammopathy of Uncertain Significance) they should be able to:

- *Describe the basic haematological, biochemical, immunological, and clinical features of multiple myeloma*
- *Distinguish between multiple myeloma, MGUS and benign polyclonal hypergammaglobulinaemia*
- *Outline the very basic pathological and clinical features of primary amyloidosis*

With regards to acute and chronic leukaemias they should be able to:

- *Outline the natural history and presenting clinical and haematological features of acute leukaemia*
- *Describe the haematological and clinic-pathological features of chronic lymphocytic leukaemia and chronic myeloid leukaemia*

They should be able to outline the clinical and haematological features of the myelodysplastic syndromes and myeloproliferative neoplasms (myeloproliferative disorders) including:

- *The differential diagnosis in a patient with a raised haemoglobin concentration and being able to discuss the clinical and laboratory features that help to distinguish polycythaemia vera from other causes of a high haemoglobin concentration*
- *The main laboratory and clinical features of essential thrombocythaemia and be able to discuss the clinical and laboratory features that help to distinguish it from other causes of a high platelet count*

- *Outlining the main clinical and laboratory features of primary myelofibrosis*

With regards to transfusion students should be able to:

- *Describe the ABO and Rh D antigens and antibodies*
- *Explain the significance of allo-antibodies in relation to blood transfusion and haemolytic disease of the newborn*
- *Explain how to take and label blood samples and request blood components for transfusion and recognize the time scales to obtain blood components*
- *Explain what is meant by 'G and S' (group and screen), cross match (compatibility tests) and electronic issue*
- *Explain how blood products are safely stored and administered*
- *Explain how volunteer donors are recruited and screened*

Regarding the safe and appropriate prescribing of blood components and products they should be able to:

- *Discuss the indications for red cell transfusion*
- *Discuss the indications for platelet transfusion*
- *Discuss the indications for the use of fresh frozen plasma (FFP), cryoprecipitate and prothrombin complex concentrate*
- *Recognize that some patients require special blood components (e.g. irradiated components)*
- *Discuss the management of massive blood loss*
- *Discuss alternatives to blood transfusion and the need to conserve the blood supply*
- *Discuss the complications of transfusion and their prevention, diagnosis, and management:*

Immunological:

- *ABO mismatch*
- *Delayed haemolytic transfusion reactions*
- *Transfusion-related acute lung injury (TRALI)*
- *Anaphylaxis*
- *Non-haemolytic febrile transfusion reactions*

Non-Immunological:

- *Transfusion-associated circulatory overload (TACO)*
- *Transmission of infection*

Regarding procedural skills, during this block students should:

- *Complete their mandatory blood transfusion training*
- *Witness a bone marrow examination*
- *Where opportunity allows during their time on the cancer wards, admissions, and day-case units gain experience of:*
 - *blood culture taking*
 - *thoracentesis/management of chest drains*
 - *respiratory ultrasound and insertion of indwelling pleural catheters (IPCs)*
 - *therapeutic paracentesis*
 - *line insertion (PICC line, Hickman lines and venous portocaths)*
 - *phoresis procedures*
 - *blood film analysis*

Structure of the block

For all placements a blended learning approach is timetabled with on average:

- 60-70% of each week involving direct clinical contact/face to face teaching/ virtual teaching sessions
- 30-40% of each week using the virtual resources on blackboard to guide and complement their self-directed learning. (This allows time to cover the significant amount of additional learning required to meet the learning objectives)

Students based at UHL will be emailed a list of sessions they are expected to attend whilst on clinical placement. These sessions will be made up of a combination of pre-allocated timetable sessions and free choice/sign up. For larger group sessions there will be a register for others the students will need to collect evidence of engagement via MKM.

Those based in Northampton and Kettering will be offered individualised timetables and opportunities to achieve equivalent clinical exposure and are encouraged to use the forms on MKM where appropriate.

Exposure to thoracic medicine for students based at Northampton and Kettering is optional and offered via weekend and/or final sessions at GGH which will include bedside teaching and an opportunity to go to theatre. They can attend lung MDT and the associated thoracic outpatient clinic during their placement time in Northamptonshire. Any students who would

like to take up this opportunity are asked to **contact Dr Barbara Powell during induction week (bp162@le.ac.uk)**

The most effective way to learn about cancer care is to speak to as many patients as possible and learn from their experiences.

Learning opportunities in this block include:

Patient interaction: Students based at UHL will have a named CTF (Dr Anna Plunkett) who will deliver bedside teaching as well as helping in identifying suitable patients to practice history and examination skills. Students in out blocks will be helped to identify suitable patients to approach but will need to be proactive and ask the ward team for bedside teaching.

Additional clinical opportunities include: observing various outpatient clinics, visits to the radiotherapy suite and chemotherapy day-case unit, attending consultant/SpR ward rounds, time on the oncology/haematology assessment unit including out of hours experience, time with the acute oncology team, time on the haematology and oncology wards taking histories (supervised and un-supervised), time on the thoracic wards and other allied specialty wards and an opportunity to go to theatre, bedside teaching, attending one-stop breast clinic and exposure to Rapid Access Lung clinic, pleural effusion clinic and site-specific MDT exposure.

Cancer specific tutorials: haematology tutorials/teaching will cover the common haematological malignancies and blood transfusion training and oncology tutorials/site-specific tumour teaching covers many of the common solid malignancies. Students are expected to read around the topics to gain deeper insight and fully meet the learning objectives for the block outlined above.

LOROS simulation and communication days: all students will be offered a series of teaching sessions at LOROS which will include dealing with challenging communication scenarios, simulation practice relevant to the whole of cancer care, prescribing practice and using clinical reasoning skills when faced with the acutely unwell cancer patient. For those students on out block this will usually be timetabled at LOROS for the first and final week of the block.

Case based discussion and reflection tutorials: all students will have a named tutor who they meet 3-4 times across the block and who will collate and share individual student end of block feedback. Tutorials will be used to discuss specific patient cases (see patient portfolio below) as well as providing a space for sharing thought-provoking clinical experiences and ethical dilemmas.

Learning with the clinical team:

Students will have opportunities to see patients at all stages of their cancer journey. They are encouraged to explore with the individual patients that they meet what investigations, treatments, and procedures they have been through and the impact such things have had on them.

Students based at UHL should seek advice from the **oncology/haematology CTF Dr Anna Plunkett** or the ward teams caring for haematology and oncology inpatients regarding how best to access and optimise the opportunities available to them.

Student numbers on out block are small: their tutor and the ward teams will readily offer guidance in identifying key learning opportunities.

Not every patient in every clinic will have cancer; many patients referred to diagnostic services do not have cancer. Students are strongly encouraged to use the opportunity of meeting these patients to think about referral pathways and the appropriateness of referrals from primary to secondary care and between secondary care teams.

During this block students are expected to consolidate their knowledge regarding how patients with cancer present and the red flag symptoms that should prompt urgent assessment. Revision of the red flag symptoms for the common cancers (such as lung, breast, prostate, upper GI, head and neck, skin, colorectal and haematological) is strongly encouraged.

Students are not expected to know specific chemotherapy regimens for cancer treatment, but they are expected to appreciate which treatment modalities may be offered for different cancers together with the factors that influence such decision making. Students are expected to appreciate the common short- and long-term side effects of each treatment modality.

Students should revisit the surgery that they have previously learnt about/been exposed to in relation to treatment for common solid tumours. They are encouraged to consider how patients undergoing surgery for cancer are assessed and supported, including common post-op complications and the impact of such surgery (both physical and psychological). Students should take advantage of any available opportunities to spend time with the surgical teams involved in caring for patients with a known cancer diagnosis.

Students are also encouraged to enquire from the clinical teams they spend time with the rationale behind the choice and titration of medication for acute presentations related to their cancer and symptom control. Such discussion will help students to gain a better understanding of the factors that influence the choice of for example antibiotic, analgesic or anti-emetic.

Looking after oneself:

During the cancer care block, students will see many patients with life-changing diagnoses, many of whom are very unwell and some whom may be dying. Whilst the clinical team find the opportunity to care for such patients rewarding and a privilege, we recognise that for some it can feel distressing. A significant element of being a good doctor is being able to offer support and compassion to a patient whilst maintaining boundaries and keeping oneself well. We hope students will see this approach being modelled.

Any member of the team involved in an individual patient's care should be willing to offer support if a student feels distressed. If additional support would be helpful Dr Barbara Powell (barbarapowell@loros.co.uk or bp162@le.ac.uk) is readily contactable to discuss other avenues of support and possible strategies for dealing with the rest of the block.

Guide to the reflection:

The aim of reflection is for individual students to examine an event, or their practice, to reflect on what happened, what they learnt and how this might influence their behaviour, practice and learning needs in the future. Reflection is an established part of resident doctor assessment and a key element of the annual appraisal process for more senior doctors.

We strongly encourage students to reflect on some of the patients they have met and the interactions they have witnessed whilst on placement. Reflection is a key element of professional development.

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---a-guide-for-medical-students>

Confidentiality:

During the block students will encounter vulnerable patients and their families, at difficult times in their lives. Please remember that everything that is seen and heard is confidential but we would encourage you to share any key learning with peers.

There should be no patient identifiers in any written material/notes that are made— this includes the workbook, feedback forms and presentations.

Assessment will comprise the following components:

Formative Feedback:

A wide range of teaching methods are utilised in the clinical environment including bed-side teaching, ward rounds, seminars, student presentations, simulation and communication skills training. All provide the opportunity for real-time feedback regarding knowledge, clinical reasoning and the level of competency expected in the relevant skills.

Attendance and Professionalism:

Students are required to attend all timetabled sessions. Students must inform the undergraduate block lead if they are unable to attend any sessions and should also report any absence to Phase 2 as per the Medical School Attendance policy. Students are expected to demonstrate the professional attitudes and behaviour as outlined by the GMC guidance and are expected to engage in all learning opportunities made available to them.

SBA EOB test:

There will be an SBA question test delivered via Exam Soft in the final week.

Direct observation of student patient interaction form:

All students are required to submit TWO completed forms capturing feedback on their clinical history taking and/or examination skills.

Patient assessment sessions:

All students must have sign offs for attendance at OAU and other ward attendance where they have been involved in seeing patients via MKM.

Assessment re sharing information with a patient/relative.

All students will be offered a ten minute observed consultation to demonstrate their communication and information sharing skills.

Lympho-reticular examination:

All students must be observed successfully completing a lympho-reticular examination.

Practical procedures:

During this block all students must observe:

- a bone marrow biopsy
 - *Bone marrow biopsy lists are done on Monday, Tuesday, Wednesday and Friday mornings in the Osborne day-case unit. A bone marrow sign-up sheet will be available at reception for students to sign up to a slot. Those on out block will be directed to local opportunities to achieve this.*

- a blood transfusion
 - *Blood transfusions occur on the inpatient wards and day ward in Osbourne Treatment Centre.*
- Systemic anticancer therapy administration.
 - *Chemo suite sign up for UHL or via oncology team on out block*

Clinic attendance:

All students must attend and have signed off at least

- Two oncology clinics
- Two haematology clinics (2 different sites)
- Two allied clinics – from pleural effusion clinic, urology prostate cancer clinic, rapid access lung clinic, thoracic clinic and one-stop breast clinic or similar

Teaching Presentation:

All students are required to collect feedback via a form on MKM regarding their clinical presentation skills. Haematology student led tutorials provide opportunity for this.

All the relevant assessment forms that need to be completed for this block sit on the cancer care page of My Knowledge Map.

The **overall end of block assessment** form will be completed by the block leads. Both an academic grade and a clinical grade will be awarded based on completion of the above assessments. The end of block form outlines the minimum requirements for satisfactory progression regarding the cancer care block. Failure to submit appropriate evidence to will result in being graded accordingly.

The Head of Year, on behalf of the Phase 2 Board of Examiners will review the end of block assessment reports and the overall progress of each student at regular intervals, and define appropriate action in the case of students who do not fully engage with opportunities and complete all aspects of block assessment satisfactorily.

Additional Resources:

We have collected some resources to supplement students learning in the clinical environment which sit on blackboard. These are a mixture of PowerPoint presentations, short, animated videos providing an overview for topics in oncology, clinical cases from capsule and other resources that may help students develop a better understanding of the patient and carer perspective.

Other potentially useful sources of information include:

Oncology

'Cancer: principles and practise of oncology' E-book on Ovid, accessible through the university library website.

Most large undergraduate medical textbooks have a section on oncology, and this should supply plenty of appropriate and relevant information.

For those who would like to take their reading further, the following books, available in the clinical sciences library, will help.

- *Oxford Handbook of Oncology 5th edition (Oxford Medical Handbooks), Miranda Payne et al Ed. (2025)*
- *Oncology at a Glance 2nd edition by Graham G. Dark (2025) - More readable, better set out & possibly easier to understand*
- *The Molecular Biology of Cancer Ed S Pelengaris and M Khan – a comprehensive overview of cancer, including treatment and palliation. 5th edition (2021).*
- <https://www.uptodate.com/contents/toxicities-associated-with-immune-checkpoint-inhibitors>
- *The patient information leaflets available through these two sites can be helpful when thinking about how you would discuss diagnosis and treatment with a patient as a foundation doctor:*
<http://www.macmillan.org.uk/information-and-support>
<http://publications.cancerresearchuk.org/patientinfo>

Haematology

- *Haematology at a Glance, 4th edition, Atul Mehta & Victor Hoffbrand (2014), Wiley-Blackwell.*
- *Haematology: A Core Curriculum. Barbara Jane Bain. Imperial Press (2020),*
- *Hoffbrand's Essential Haematology 9th edition, Victor Hoffbrand & Paul Moss, (2024), Wiley-Blackwell.*
- *Lecture Notes on Haematology, 11th edition, Deborah Hay, Andrew King, Michael Desborough (2022), Wiley-Blackwell*

- *E resources:*
 - *British Society for Haematology website <https://b-s-h.org.uk/> – student area; this is linked to all the on-line haematology resources suitable for students*
 - *<https://www.bloodmed-u.com/> which has self-assessment questions prepared for UK medical students with instant feedback and answers.*
 - *<https://bukumedicine.co.uk/>*

Palliative Care

- *Oxford handbook of Palliative Care 4th edition, Rachel Campbell et al (released September 2026)*
- *Handbook of Palliative Care, 4th edition Christina Faull (2024) OUP*
- *With the End in Mind: Dying, Death, and Wisdom in an Age of Denial by Kathryn Mannix*
- *Dear Life: A Doctor's Story of Love and Loss by Rachel Clark*

