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## Original Article

## Current Views on Clinical Oncology Training from the 2015 Oncology Registrars' Forum Survey

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## Abstract

The major role of the Oncology Registrars' Forum (ORF) of the Royal College of Radiologists is to voice the opinions of the clinical oncology trainee body and work towards improving all aspects of clinical oncology training in the UK. In order to provide data to support these efforts, the ORF undertakes a biennial survey of all trainees. As with the previous surveys, this year's ORF survey produced data that highlight areas of good training as well as new and ongoing areas of concern. This summary highlights the key survey results and provides recommendations for improving the delivery of clinical oncology training in the UK. © 2016 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

*Key words:* Acute oncology; education; examinations; training

## Introduction

The Oncology Registrars' Forum (ORF) is a Royal College of Radiologists (RCR) committee made up of trainee representatives from every training region in the UK. The purpose of the ORF, as outlined in its terms of reference, includes providing representation for clinical oncology trainees within the College, supporting communication between the College and trainees and supporting the College's quality assurance of training [1].

In order to collect data to help meet these objectives, the ORF Survey is carried out every 2 years and is sent to all RCR-registered clinical oncology trainees. It is designed to assess trainees' views on all aspects of their work and training. The 2015 ORF Survey was structured similarly to the previous surveys to allow for easier comparison of results [2,3].

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## Materials and Methods

The survey was open from 23 July 2015 to 28 August 2015. Trainees were sent a link to the survey in a dedicated e-mail. Each trainee was allocated a unique identifier within the survey software, which allowed automated reminder e-mails to be sent to those who had not responded. The software allowed for the trainees to participate on a confidential and anonymised basis. Answers were given for the trainees' current posts (or most recent if out of programme).

## Results

The overall survey response rate was 57% (217 of 383 trainees). This is a reduction from a response rate of 66% (260 of 396 trainees) in the 2013 ORF Survey. Respondents were spread equally across the 5 years of training. Twenty-nine per cent were current or previous less-than-full-time trainees (LTFTs).

## Education

The amount of structured teaching per week is variable, with almost one-third of respondents (29%) having less than 1 h teaching per week. A minority (44%) of trainees have planned bleep-free teaching, but only 60% of these sessions are bleep-free in practice.

An increasingly important part of clinical oncology training is gaining knowledge and understanding of anatomy for radiotherapy planning. Since the 2013 survey there has been a substantial increase in trainees reporting learning radiology through self-taught methods (84% versus 35%), but only 6% reported using the Radiology-Integrated Training Initiative (R-ITI) online system. Additionally, only 7% of trainees reported having dedicated tuition from a radiologist. [Figure 1](#) shows the methods used by trainees to learn radiological anatomy.

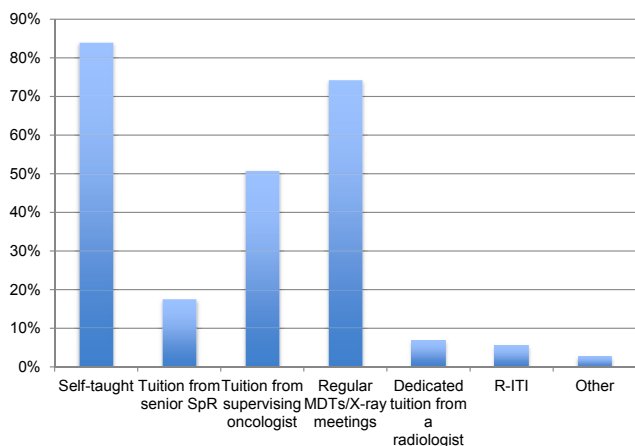
Radiotherapy planning meetings are viewed as being of strong educational value, although only 41% of respondents reported taking part in them. Seventeen per cent reported never reviewing radiotherapy plans with their consultant in their current or most recent post.

Radiotherapy planning itself often takes place out of normal working hours, with 21% reporting that most of their radiotherapy planning takes place out of hours. Only 20% of trainees have protected radiotherapy planning time that is interrupted only in cases of medical emergency. There is no published data from the UK or abroad on which to base a specific recommendation of a minimum requirement for protected radiotherapy planning time.

Reassuringly, 98% of respondents reported having appropriate levels of supervision when initiating and assessing patient fitness for systemic anticancer therapies.

## Recommendations

- The RCR should continue development of e-learning modules in anatomy for radiotherapy planning.



**Fig 1.** Methods for learning radiological anatomy (more than one response was permitted). R-ITI, Radiology-Integrated Training Initiative.

- Trainers should encourage trainee involvement in radiotherapy planning meetings.
- Trainers should ensure that protected radiotherapy planning sessions are scheduled within working hours.
- Trainees should regularly review radiotherapy plans with trainers as part of their informal learning and for Direct Observation of Radiotherapy Planning Skills (DORPS) assessments.

## Examinations

Ninety-five per cent of trainees agreed that higher examinations are required as evidence of competence in a technical speciality such as clinical oncology. A significant proportion of trainees continue to struggle to pass the examinations. Thirteen per cent of trainees reported having to extend their training in order to pass the First Fellowship of the Royal College of Radiologists (FRCR) examinations prior to ST5. Many reasons were given by trainees for not passing the First FRCR examinations, but 30% admitted underestimating the personal study time required. Only 81% had used the 'ORF First FRCR Examinations Guidance' document versus 94% for the 'ORF Final FRCR Examinations Guidance' document. These documents are both available through the RCR website [4,5].

Fewer than two-thirds of trainees felt that the courses they attended adequately covered the examination syllabus for the First FRCR. This has not significantly changed (64% currently versus 61% in 2013).

Forty-eight per cent also felt that target volume demonstrations and digital radiotherapy planning should contribute towards the FRCR. This opinion supports the proposed General Medical Council changes to national medical training curricula, moving them towards an outcomes-based approach utilising general professional capabilities with more rigorous and robust training requirements [6]. The aim for an objective measure of achievement in technical radiotherapy planning would support this.

Time constraints are still viewed as being a major impediment to success in all parts of the Final FRCR examinations. In the Final FRCR Part A single best answer papers, less than one-third (32%) felt that they had enough time to fully consider all questions.

Ninety-one per cent of respondents felt that the scenarios and treatment options in the questions in the Final FRCR were realistic. This is an improvement from 80% in the 2013 survey.

## Recommendations

- Trainers and senior trainees should increase awareness of the ORF Examination Guidance documents on the RCR website, particularly for the First FRCR.
- The ORF should support the RCR working group on digital radiotherapy planning for the FRCR examinations.
- FRCR Examination Boards should consider further reducing the time pressures within the examinations.

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