

Quality Assurance of Specialty Training

Role of the RCR Faculty of Clinical Oncology

1. Introduction

Quality Assurance (QA) of specialty training is necessary to ensure that:

- the clinical oncology curriculum is delivered
- consistent national standards are maintained
- there is continuous improvement in quality and sharing of good practice
- deficiencies are corrected

Postgraduate Deans are responsible to PMETB for the quality management (QM) of specialist training programmes. PMETB has indicated that Medical Royal Colleges and Faculties continue to have an important role in the QA of specialty training (Appendix A). College involvement is primarily with the specialty specific aspects of training (Appendix B defines specialty specific standards to supplement the PMETB generic training standards). QA of specialty training involves comparison with specialty training programmes in other deaneries to safeguard and improve national standards. Effective comparison with training programmes outside the deanery requires external peer review. This document proposes a framework for college involvement in the QA of clinical oncology specialty training including the appointment of a clinical oncology external advisor for each training programme to be available to provide external peer review.

This document is produced by the clinical oncology QA subgroup of STAC with grateful acknowledgement to the Clinical Radiology QA subgroup for permission to include extracts from their document on Externality.

2. Externality

PMETB's Quality Framework states that: "Deaneries must ensure active external scrutiny in the quality management processes. At specialty level there must be external advice on all the processes of delivery, assessment and evaluation of specialty training. PMETB would expect that such specialist advice will normally come from the medical royal colleges." (Appendix A).

2.1 RITA/ARCP

Externality in this process is to provide independent peer review of the ARCP process (including delivery of the curriculum) and advice. It is proposed that external peer review will be provided by a Regional Specialty Advisor from a different region who will liaise with the Deanery to ensure that College and Deanery processes are fulfilled.

The guiding principle is that the Clinical Oncology External Advisor (or deputy) is independent and from a different Deanery and that direct reciprocal arrangements should not exist.

The Gold Guide requires that 10% of ARCPs are externally reviewed by an external advisor from within the specialty but from outside the specialty training programme (Appendix A). The external advisor should review at least 10% of the outcomes and **any** recommendations from the panel about trainees for whom there is concern over progress. It would be optimal, though not essential, for externality in this context to be provided by the clinical oncology external advisor attending the ARCP/RITA panel in person. This is to enable an assessment of the process as a whole. Issues such as the effectiveness of review of trainee progression by the review panel especially of a trainee in difficulty cannot be easily assessed remotely through a review of paperwork. Additionally the sampling of 10% of ARCP and RITA outcomes, together with portfolio review enables an assessment of curriculum delivery. Educational supervisors will be required to undertake detailed assessment of trainee portfolios in preparation for the annual educational supervisor's report for each trainee. The external adviser should ensure that curriculum delivery across a training scheme is being assessed on the basis of these reports. Curriculum delivery will also be assessed using other methods as outlined in 2.2.

The clinical oncology external advisor will produce a summary report on the ARCP/RITA process (see 3.1) to be forwarded to the Chairman of the Deanery STC to be used as an evidence source for the Deanery Annual Quality Report. It will also form part of the evidence used to compile an annual report on each training programme for the RCR STAC.

Clinical oncology external advisors require formal training in appraisal and assessment, equality and diversity, requirements of the Gold Guide and PMETB's Training Standards. College training sessions will be arranged. Time within their job plans should be identified as an SPA activity. It is anticipated that a minimum of one full day per annum will be required; the time will vary according to the number of trainees in the training programme.

2.2 Curriculum Delivery

PMETB has set out requirements for curriculum delivery, including assessment, in Domain 5 of the Generic Standards of Training (Appendix A and B). This domain is concerned with ensuring that: "the requirements of the curricula set by the Royal Colleges are being met at the local level and that each post enables a trainee to gain competence as envisaged in the given curriculum". PMETB is clear that the Deaneries have responsibility in partnership with the Medical Royal Colleges, who will provide external peer review.

The STAC will need to be satisfied that each training scheme is delivering the curriculum effectively. Evidence on curriculum delivery will be included in the external advisor's ARCP/RITA report (see 3.1) and in each Specialty training committee's annual QA report to their Deanery.

2.3 Quality Assurance Subgroup of Specialty Training Committee (STC)

Quality assurance is a key function of the Deanery STC (or equivalent) either via a QA subgroup or shared by the full STC with advice from the Deanery QA committee and STAC. The Regional Specialty Adviser (RSA), as a member of the STC, will be involved with the QA of specialty aspects of training within his training programme, to ensure the delivery of the specialty curriculum. The STC is required to produce an annual QA report on their training scheme for the Deanery, mapped against PMETB training standards (Appendix B).

2.4 Triggered Visits

Deaneries will undertake targeted visits to specialties at a local level where there are concerns. Visits may be triggered in various ways including failure to comply with PMETB standards, specific concerns raised by individuals, concerns raised through PMETB trainee and trainer surveys or by the RCR STAC annual report (e.g. factors such as poor examination results; high attrition rate; high levels of adverse ARCP outcome).

PMETB has indicated that such visits will be led and undertaken by Deaneries in conjunction with college advisors. Deanery triggered visits are usually led by a member of the local faculty (eg Regional Specialty Advisor or Chairman of the STC). Some issues can be managed and investigated at a local level, such as poor training on a particular site, but more serious issues, such as relating to curriculum delivery across the training scheme, would trigger involvement of the clinical oncology external advisor (or alternative RCR STAC appointee). In order to determine the need for externality the local Regional Specialty Advisor in conjunction with the Training Programme Director and/or Chairman of the STC should consult the Deanery and College. The local faculty should recognise the value of independent external advice.

3 Reporting

3.1 ARCP/RITA External Advisor's Report should include:

- A summary of the session attended and/or paperwork reviewed.
- Numbers and outcomes for RITAs and ARCPs
- Reasons for trainee non-progression
- Effectiveness of the review of trainee progression by review panel
- Overview of curriculum delivery
- Effectiveness of interview with non-progressing trainee
- Appropriateness of recommended actions/training from non-progressing trainee
- Notable trends in curriculum delivery across the scheme.

- Comments

3.2 External Advisor's report on a Deanery Triggered QA Visit should include:

- Reason for Visit
- Documentation reviewed
- Hospital or scheme description
- Patient safety
- Curriculum delivery including assessment
- Support and Development of Trainees, Trainers and Local Faculty
- Training Management
- Highlighted areas of exceptional or poor practice
- Outcome and Recommendation

3.3 Annual report to STAC

The RSA and clinical oncology external advisor for each training programme will jointly consider evidence from the sources below and provide an annual report to STAC which is a précis of the strengths and weaknesses of the training programme, together with the source documents. These reports will be used in STAC's annual specialty report on the national state of clinical oncology training to PMETB.:

- Annual Specialty Report to the Deanery (prepared by the STC, including input from the Regional Specialty Advisor)
- External RITA/ARCP report (effectiveness of process, progression and attrition rates)
- PMETB Trainee and Trainer surveys (requires high response rate for validity)
- Examination and employment outcomes

The annual report to STAC on each training programme should include:

- Introduction including training sites, number of trainees (by year of training) and description of the training rotation
- Curriculum delivery including taught programme and clinical experience highlighting strengths and weaknesses
- Outcomes including examination results and destination of trainees leaving the training programme

The STAC QA group will consider the annual report and source documents on each training programme and will report to STAC. Where STAC identifies examples of exceptional good practice, these should be acknowledged in writing to the Chairman of the Deanery STC, copied to the Dean. Where STAC has concerns over any aspect of the training programme, written clarification of areas of concern will be requested from the Chairman of the Deanery STC, copied to the Dean. STAC will review the response and decide on one of the following outcomes:

- No further enquiry
- Action plan requested
- Evidence of action plan progress/completion
- Request for targeted visit with the Deanery
- Exceptionally a request for a PMETB targeted visit is possible

4 Summary:

This document proposes a framework for the future role of the college in the QA of clinical oncology training utilising a system of external peer review, to ensure that consistent national standards are maintained and that there is sharing of exceptional good practice. A clinical oncology external advisor will be appointed to each training programme. These external advisors will be RSAs in their own training programmes. They will be involved in the ARCP/RITA process and will produce a report on this for the Deanery and STAC, and will be available to give external advice on clinical oncology training issues as necessary, at the deanery's request. The STAC QA group will annually review a report on each training programme prepared jointly by the RSA and external advisor based on the evidence sources listed in 3.3 and will acknowledge areas of exceptional good practice and request clarification from the Deanery STC of any areas of concern and then take additional action as necessary dependant on the response. STAC will use the information from the annual training programme reports to compile its annual specialty report to PMETB on the national state of clinical oncology specialist training.

Appendix A Externality: PMETB and Gold Guide extracts

Appendix B PMETB Standards for training supplemented by clinical oncology specialty specific standards

Appendix A Externality: PMETB and Gold Guide extracts

1. PMETB quality Framework.

Excerpts relevant to Externality

For QM, deaneries in conjunction with colleges and faculties may need to have a form of local visiting with the goal of improving the education and training opportunities.

This may be helpful to the local education providers (LEPs) and enable local problem solving and dissemination of notable practice at specialty level. "All such visits will be targeted and proportionate to the concerns identified prior to the visit" (JACSTAG January 2007). Wherever possible, autonomy should be given to Trusts, Health Boards and other LEPs to monitor their own performance against PMETB standards and requirements. COPMed and AoMRC are members of the Healthcare Concordats and therefore will wish to reflect fully the principles of good regulation.

Deaneries with colleges and faculties need to undertake local QM visits within the following parameters:

Such local visits will be advisory and focus on improving the quality of training, only PMETB can award or withdraw approval training.

Visits are not to the deanery but with the deanery. Visits cannot be undertaken without the agreement of the dean.

Visits should have a very clear and articulated purpose and should be kept to the minimum needed to ensure that PMETB's standards and requirements are met and to promote improvement.

However, any college of faculty, or indeed any other interested party such as trainees or patients can raise concerns with PMETB (see responses to concerns). If there are concerns about the deanery itself, these must be raised by the deanery to enable them to provide reassurance. However, if problems persist, the individual or organisation may contact PMETB and an investigation will be undertaken promptly.

Day to day reassurance that the specific specialty training is being delivered to the standards required will be at quality management level. The college or faculty will continue to need information about individual trainees in order to prepare the evidence for submission to PMETB for an award of CCT. It is expected that the deaneries will *not* have to provide different information to each stakeholder body but to draw upon the same information for QA as that used for QM and QC.

Deaneries *must* ensure active external scrutiny in the QM processes. This can be addressed in two ways. First, at specialty level, there must be external advice on all the processes of delivery, assessment and evaluation of specialty training. **PMETB would expect that such specialist advice will normally come from the Medical Royal Colleges, colleges and faculties.** Secondly, deaneries should consider external review of employers; NES, SHAs or equivalent organisations; or both health professions or other deaneries.

External advisers

External advisers must have appropriate expertise and be independent of the deanery. Medical external advisers will have expertise appropriate for the programme, course or school being considered and will normally be drawn from the colleges, faculties, or specialty associations.

Deaneries must be able to demonstrate that all external advisers are independent of the programme, school or deanery, have the relevant expertise, and have no conflict of interest.

Triggered Visits

Triggered visits are an important option for responding to concerns. They will be undertaken where there may be possible serious educational failure which needs an investigation and where concerns cannot be satisfied in any other way. Examples are serious and persistent lack of supervision; trainees being persistently required to take on tasks for which they were not competent; lack of opportunity for trainees to learn new skills under supervision such that they were unable to reach the required competences; and failure of the employer to tackle behaviour by trainers or colleagues that was undermining trainees' confidence and could lead to unsafe practice.

Triggered visits are arranged by PMETB in partnership with a deanery, a local education provider, and the relevant college and faculty.

Further useful guidance from PMETB may be obtained from the document "Generic standards for training". Domain 2 - quality assurance review and evaluation - deals with governance issues and refers to the quality control procedures of deaneries. The responsibility lies with the postgraduate deans but needs to draw on the resources of local representatives of Medical Royal Colleges as appropriate.

2. PMETB Generic Standards for Training

Domain 5. Delivery of curriculum including assessment

This domain is concerned with ensuring that the requirements of the curricula set by Royal Colleges/Faculties or others developing curricula, **and approved by PMETB**, are being met at the local level and that each post enables the trainee to gain competence as envisaged in the given curriculum.

Responsibility:

Deaneries in partnership with Medical Royal Colleges/Faculties/specialties and employers.

Evidence:

Surveys, deanery data, visits.

Standard: The requirements set out in the curriculum must be delivered and assessed. The approved assessment system must be fit for purpose

(i) Education and Training

Mandatory:

- 5.1 Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the approved curriculum.
- 5.2 Each programme must show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post.
- 5.3 Trainees must be reminded about the need to have due regard to, and to keep up-to-date with, the principles of Good Medical Practice.
- 5.4 Trainees must be able to access and be free to attend training days, courses and other material that forms an intrinsic part of the training programme.

Assessment and appraisal**(ii) Assessment****Mandatory requirements**

- 5.5 The overall purpose of the approved assessment system must be documented and in the public domain and must be implemented.
- 5.6 The purposes of each and all components of the approved assessment system must be specified and available to the trainees, trainers, professional bodies including the regulatory bodies, and the public.
- 5.7 The sequence of approved assessments must match the progression through the career pathway.
- 5.8 Individual approved assessments within the system should add unique information and build on previous assessments.

(iii) Appraisal

- 5.9 Trainees must have regular feedback on their performance within each post.

3. PMETB Principles for Deaneries

This publication gives further guidance regarding externality from a Deanery perspective

External advisors

There must be external input at key stages of the postgraduate medical and education training involving “independent and impartial advisers”, the number of such externals required will depend on the size of the deanery and where relevant, the number of specialty programmes.

- External advisors may be medical or lay, depending on the area for advice and/or scrutiny
- The external advisors will verify that standards are being attained by trainees and so help deaneries maintain the quality of the provision.
- The externals advising on assessment should confirm that assessment processes are sound and fairly operated.
- Externals should record notable practice that they have identified. This should promote comparability of trainee experience between deaneries, in the same specialty.
- There must be clear identification of roles, powers and responsibilities assigned to external advisors by the Deanery.
- Deaneries should incorporate the external advisors’ comments and considerations into the annual report to PMETB.

4. Gold Guide

5. The Gold Guide (2008) also provides guidance for externality:

Managing specialty training programmes

4.10 Postgraduate Deans will implement a range of models to manage their specialty training programmes overall. The models will vary but will rely on senior doctors involved in training and managing training in the specialty providing advice and programme management. Various models are in existence or in development which rely on Deanery and Royal College/Faculty joint working (usually through their Specialist Advisory Committees – SACs) to support this, for example specialty training committees, specialty schools, transitional specialty boards.

4.11 Whichever model is used, these structures will seek advice and input from the relevant medical Royal College/Faculty and their delegated representatives on specialty training issues, including such areas as the local content of programmes, assessments of trainees, remedial training requirements and training the trainers.

Appendix B PMETB Standards for training supplemented by clinical oncology specialty specific standards

Standards for Clinical Oncology Training

The quality of postgraduate clinical oncology training should be assessed against the following standards, which are the mandatory PMETB “Generic Standards for Training” (shown in bold), supplemented by related standards specific to Clinical Oncology.

Domain 1: Patient Safety

Standard: The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

Responsibility: Training providers (hospitals and other institutions where training takes place), trainers, trainees.

Evidence: Surveys, deanery quality management data, data from healthcare regulators – e.g. PMETB visits, data from other healthcare regulators.

1.1 Trainees must make the needs of patients their first concern.

1.1.1 Trainees must maintain a record of training and competencies attained and must not undertake unsupervised procedures beyond their level of competence.

1.1.2 Trainees must be made aware of the system for reporting adverse incidents in the Trust in which they are working at induction .

1.1.3 Trainees must receive training in Radiation Protection, including the IR(ME)R regulations, during the first 6 months of training.

1.2 Trainees must be appropriately supervised according to their experience and competence

1.2.1 There must be a culture which encourages and supports trainees.

1.3 Those supervising the clinical care provided by trainees must be clearly identified, competent to do so, accessible and approachable by day and by night, with time for these responsibilities clearly identified within their job plan.

1.3.1 A consultant supervisor must be available when the trainee is timetabled for a particular activity. Trainees should only carry out clinics which are regularly attended and supervised by a consultant.

1.3.2 There must be consultant supervision of patient management. The degree of consultant supervision will vary with the trainee’s stage of training. There must always be an identified, contactable consultant available for advice.

1.4 Trainees are expected to obtain consent only for procedures which they are competent to perform.

1.4.1 Trainees should only obtain consent for treatments which, with appropriate supervision, they are competent to prescribe or perform and for which they know the potential acute and long-term complications.

1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation

1.6 Trainees in hospital posts must have well-organised handover arrangements ensuring continuity of patient care at the start and end of periods of day or night duties.

1.6.1 Arrangements for the supervision of the continuing clinical care of patients must be made explicit to trainees.

Domain 2: Quality Management, Review and Evaluation

Standard: Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.

Responsibility: Postgraduate deans, within an overall local quality management system, and drawing on the resources of local representatives of medical Royal Colleges/Faculties and others as appropriate.

Evidence: Data from the deanery, College/Faculty, local education provider, or other data and visits to deaneries.

2.1 Programmes, posts, associated management, and data collection concerning trainees and local faculty must comply with the European Working Time Directive (EWTD), Data Protection Act and Freedom of Information Act.

(PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; training programme directors, directors of medical education, clinical tutors, college tutors, and others with specific roles in educational supervision.)

2.2 Deaneries must show that they are developing their capacity for quality management, review and evaluation to meet PMETB's standards.

2.3 Deaneries, working with others as appropriate, must have processes for local quality management and, through local education providers, for quality control of all postgraduate posts and programmes designed to ensure that the requirements of PMETB standards for training, assessment and curricula are met.

2.3.1 The Specialty Training Committee (STC), which may be within a Postgraduate School, will contribute to Deanery quality management by reviewing and collecting evidence on Clinical Oncology training within the Deanery and preparing an annual report on the training programme measured against the PMETB generic standards and the specialty standards contained in this document. The Deanery will review the STC report and the outcomes of training (including FRCR examination results and the employment destinations of those leaving the training programme), take any actions necessary to maintain training standards and report any exceptions to PMETB.

2.3.2 The STC chairman and/or the training programme director (TPD) will lead the management of the training programme.

2.3.3 The Regional Specialty Adviser (RSA) will represent the RCR on the STC, will assist in monitoring the quality of Clinical Oncology training and will act as a link between the College and the Deanery. The RSA will ensure that the Deanery, STC, Trusts, trainers and trainees are fully informed of the curriculum and assessment requirements for Clinical Oncology training.

2.3.4 Each training programme will have access to external review via a nominated member of the RCR STAC, based in a different training programme, who will act as an external advisor. The Deanery, STC and trainees may seek the input of the clinical oncology external advisor as necessary.

2.3.5 For each training programme the RSA and the clinical oncology external advisor will present a précis of the STC annual report, relevant results of PMETB trainee and trainer surveys, FRCR examination results and any additional relevant information to the STAC annually, focusing on areas of good practice and areas requiring improvement.

2.3.6 The STAC will regularly review all Clinical Oncology training programmes to ensure consistent national standards, share good practice and to feedback any concerns to the relevant deanery. An annual report on the national state of Clinical Oncology training will be compiled by the RCR for PMETB, with outcome data including the results of the FRCR examinations.

Domain 3: Equality, Diversity and Opportunity

Standard Postgraduate training should be fair and based on principles of equality

Responsibility: Postgraduate deans and institutions providing training, trainers and trainees, other colleagues working with trainees and local faculty.

Evidence: Surveys, demographic data, deanery quality management data and visits.

3.1 At all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted and amended in the future, and be working towards best practice. This will include compliance with any public duties to promote equality.

3.2 Information about training programmes their content and purpose must be publicly accessible either on or via links to postgraduate deaneries and PMETB websites.

3.3 Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full time to work flexibly within the requirements of PMETB standards and rules. Deaneries must take appropriate action to encourage trusts and other training providers to accept their fair share of doctors training flexibly.

3.4 Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.

3.5 Trainees should have access to appropriate evidence on trainee recruitment, appointment, and satisfaction with the results analysed by ethnicity, place of qualification, disability, gender and part-time training/working.

Domain 4: Recruitment, Selection and Appointment

Standard: Processes for recruitment, selection and appointment must be open, fair and effective.

Responsibility: Postgraduate deans.

Evidence: Deanery data, trainee surveys.

4.1 Candidates will be eligible for consideration for entry into a specialist training programme if they:

- (a) are a fully registered medical practitioner or hold limited registration with the General Medical Council or are eligible for any such registration and**
- (b) are fit to practise.**

4.2 To be eligible for consideration for entry into a specialist training programme, candidates must be able to demonstrate the competences required to complete Foundation training. (This covers candidates who have completed Foundation Training, candidates who apply before completion and those who have not undertaken Foundation Training, but can demonstrate the competences in another way.)

4.2.1 Candidates applying for entry into a clinical oncology training programme must have completed core medical training in addition to Foundation training.

4.3 The selection process (which may be conducted by interview or by other process) must:

- (a) ensure that information about places on training programmes, eligibility and selection criteria and the application process is made widely available in sufficient time to doctors who may be eligible to apply;
- (b) use criteria and processes which treat eligible candidates fairly;
- (c) select candidates on the basis of open competition;
- (d) have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were discriminatory; and
- (e) seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria and which potential candidates have been told will be required.

4.3.1 Nationally agreed specialty specific criteria for selection must be used.

4.4 Selection panels must consist of persons who have been trained in selection principles and processes.

4.4.1 Selection panels should include the Training Programme Director, the Regional Specialty Advisor, a Lay person. The majority of the panel should be consultant Clinical Oncologists to provide professional input into the selection process.

4.5 Selection panels must include a lay person.

Domain 5: Delivery of approved curriculum including assessment

Standard: The requirements of the approved curriculum must be delivered and assessed. The approved assessment system must be fit for purpose.

Responsibility: Postgraduate deans in partnership with local education providers, medical Royal Colleges/Faculties/specialty associations and employers.

Evidence: Approvals, surveys, deanery data, visits.

Education and Training

5.1 Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the approved curriculum.

5.1.1 There must be a sufficient clinical caseload for the number of trainees, so that each trainee has the opportunity to acquire experience in all branches of Clinical Oncology and to enable acquisition of competencies as required by the curriculum.

5.1.2 During the course of training, the trainee should be allowed increasing responsibility for the investigation and management of both in- patients and out-patients, commensurate with the stage of training.

5.1.3 The timetable should contain an appropriate mix of outpatient clinics (new and follow up patients), radiotherapy treatment planning sessions, chemotherapy clinics, multidisciplinary meetings, ward rounds and other clinical activities.

5.1.4 There should be timetabled sessions for private study / research and for administration

5.1.5 There must be comprehensive teaching of radiotherapy planning appropriate to the stage of training, including simulation/virtual simulation, 3D conformal planning, portal image review, image fusion and IMRT. Each trainee must be timetabled for the equivalent of at least one radiotherapy planning session per week. There must be opportunities to discuss treatment plans with the responsible consultant.

5.1.6 Trainees must be trained in the acute and long term complications of radiotherapy and should have experience of radiotherapy treatment review clinics.

5.1.7 Training in the management of patients with interstitial or intracavitary brachytherapy and radio-isotopes must be available either within the training scheme or elsewhere.

5.1.8 There must be exposure to and experience of IP and OP chemotherapy for a wide range of malignancies, including management of complications of treatment

5.1.9 There must be exposure to appropriate new patient, follow-up and multi-disciplinary clinics, with opportunities to discuss clinical findings and management plans with the supervising consultant.

5.1.10 There should be additional special interest clinics appropriate to the trainee's stage of training in which the trainee may be supernumerary.

5.1.11 There must be involvement in the assessment and management of patients who present with oncological emergencies. Trainees must have experience of the management of out of hours emergencies by participating in an on call rota during at least half of their training period.

5.1.12 There must be access to appropriate and timely diagnostic imaging facilities, including MRI and PET scanning and training in their interpretation for radiotherapy planning.

5.2 Each programme must show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post

5.2.1 Rotations should be agreed within each training programme to ensure that all trainees are able to cover the curriculum

5.2.3 Trainee rotations must be planned to meet individual trainee needs, providing each trainee with structured training, to meet the curriculum requirements for assessment and to encourage the development of site-specific interests during Advanced Training.

5.2.4 The training capacities of the institutions involved in the training programme must be adequate to deliver the curriculum. If any programme cannot offer training in an area of the curriculum, such training should be made available to trainees at alternative centres after discussion with the Post-graduate Dean.

5.3 Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of *Good Medical Practice*.

5.4 Trainees must be able to access and be free to attend training days, courses, resources and other learning opportunities that form an intrinsic part of the training programme.

5.4.1 There must be a teaching programme, based on the Clinical Oncology curriculum, including formal tuition in the basic sciences of oncology as required for the First FRCR examination.

5.4.2 Trainees must be able to attend teaching sessions free from any clinical responsibility. Trainee attendance should be monitored.

Assessment and Appraisal

5.5 The overall purpose of the approved assessment system must be documented and in the public domain and must be implemented

5.5.1 The Deanery, through the STC, is responsible for the appraisal and work-place based competency assessment system.

5.5.2 The ARCP process should involve the RSA and may involve the designated clinical oncology external advisor. The Gold Guide recommends external review of at least 10% ARCP outcomes, including any concerns over progress.

5.5.3 Documentation for the ARCP process must be completed within the required timescales by the trainers/educational supervisors with feedback to the trainees.

5.5.4 There must be adequate time within the job plan of the clinical supervisor and the educational supervisor for completion of the work-place based competency assessments.

5.6 The purposes of each and all components of the approved assessment system must be specified and available to the trainees, trainers, professional bodies including the regulatory bodies, and the public.

5.7 The sequence of approved assessments must match the progression through the career pathway.

5.8 Individual approved assessments within the system should add unique information and build on previous assessments

5.9 Trainees must have regular feedback on their performance within each post.

5.9.1 As a minimum, trainees should meet their clinical supervisor at the beginning of each attachment to set learning objectives and for feedback on their performance at the end of each attachment (see also 6.2.1).

Domain 6: Support and development of trainees, trainers and local faculty

Standard: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

Responsibility: Local faculty, local education providers, employers and trainees.

Evidence: Surveys, deanery quality management data, visits.

Induction

6.1 Every trainee starting a post or programme must access a departmental induction to ensure they understand the approved curriculum, how their post fits within the programme, their duties and reporting arrangements, to ensure they are told about departmental policies and to meet key staff.

6.1.1 Induction must be undertaken within the first week of the trainee commencing the post.

6.1.2 It must provide information regarding departmental protocols and administrative information.

6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives for the trainee to achieve in the post.

6.2.1 The meeting will agree the learning objectives, personal development plans and schedule of assessments in line with the curriculum assessment framework.

Educational supervision.

6.3 Trainees must have a designated Educational Supervisor.

6.3.1 The educational supervisor must be a Consultant Clinical Oncologist who meets the standards for trainers outlined by PMETB

6.4 Trainees must sign a training/learning agreement at the start of each post.

6.4.1 Each trainee will meet his/her educational supervisor and training programme director annually, following the ARCP process, to plan the next phase of training.

6.4.2 Learning agreements will set and record goals against a specific time frame.

6.5 Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative).

6.5.1 A system must be in place to ensure that trainees maintain an up to date personal portfolio containing the information defined by the clinical oncology curriculum.

6.5.2 Trainees may also require printed evidence of completed assessments and other work from their e-logbook available for the ARCP

6.6 Trainees must have further meetings with their educational supervisor (or representative) at least three-monthly, to discuss their progress, outstanding learning needs and how to meet them.

6.6.1 Progress must be monitored and both trainee and clinical supervisor(s) alerted if there is a possibility that goals agreed at the start of an attachment may not be adequately met.

6.7 Trainees must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of local faculty.

6.7.1 Mechanisms must be in place for trainees to provide confidential feedback. This may be to their educational supervisor or to the RSA, The RSA should contact all trainees at the beginning

of their training with his/her contact details and the contact details of the clinical oncology external advisor, so that trainees can feedback any concerns confidentially to either of them.

6.8 There must be ready access to career advice.

6.8.1 The RSA or another member of the STC may provide this or trainees may request external career advice from the clinical oncology external advisor.

Training

6.9 Working patterns and intensity of work must be appropriate for learning (neither too light nor too heavy).

6.9.1 There must be an appropriate balance of service work and training.

6.10 Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.

6.10.1 There must be an appropriate range of supervised opportunities for learning including clinical experience in OP and IP settings and training in radiotherapy treatment planning.

6.11 Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.

6.11.1 The STC should support the Trust and Deanery in implementing anti-bullying and anti-harassment policies.

6.12 While trainees must be prepared to make the needs of the patient their first concern, routine activities of no educational value should not present an obstacle to the acquisition of the skills required by the approved curriculum.

6.12.1 Service demands must be organised to ensure that trainees can attain their educational objectives.

6.13 Trainees must regularly be involved in the clinical audit process, including participating personally in planning, data collection and analysis.

6.13.1 There must be opportunities for the trainees to attend clinical governance meetings.

6.13.2 Each trainee must lead the planning, data collection and analysis of at least 3 clinically relevant audits during their training.

6.14 Access to Occupational Health services for all trainees must be assured

6.15 Trainees must be able to attend relevant, timetabled, organised educational meetings or other events of educational value to the trainee, as agreed with the educational supervisor, and have time protected for this activity.

(See above section 5.4)

6.15.1 Trainees should attend relevant multidisciplinary team meetings.

6.15.2 Trainees must spend a minimum of one session per week (or equivalent) training and gaining supervised experience in radiotherapy planning. Clinical rotations should be planned to ensure that trainees acquire competence in radiotherapy planning, appropriate to their stage of training, as required by the curriculum.

6.15.2 Trainees should be able to attend local and national educational meetings appropriate to their stage in training.

6.16 Trainees must be able to access training in generic professional skills at all stages in their development.

6.16.1 Training programmes should include training in generic topics including management, teaching skills, time management etc

6.17 Trainees must have the opportunity to learn with and from other healthcare professionals.

6.18 Access to confidential counselling services should be available to all trainees when needed.

6.18.1 The Deanery, usually via the Training Programme Director, is responsible for provision of pastoral care.

6.18.2 In addition to local systems, the RSA and the clinical oncology external advisor will be available for confidential counselling if required.

Study Leave

6.19 Trainees must be made aware how to apply for study leave and be guided as to appropriate courses and funding

6.19.1 The Deanery through the STC will inform trainees of the local arrangements for study leave applications, funding and appeals.

6.19.2 The study leave programme for a trainee will be agreed by that trainee and their Educational Supervisor and Training Programme Director according to their stage of training.

6.20 Trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service

6.20.1 There should be adequate funding available to trainees to make full use of study leave.

6.21 The process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available.

Academic training

6.22 Trainees should be exposed during their training to the academic opportunities available in their specialty.

6.22.1 All trainees must have opportunities to develop competence in the critical assessment of scientific literature. This may be achieved through journal clubs, evidence-based medicine courses, case presentations with literature reviews and participation in basic and applied research.

6.22.2 The STC should have an academic lead to maintain a register of research projects and initiatives and liaise with trainees as they progress through the training programme. The academic lead should ensure access to a programme of teaching in research methodology.

6.22.3 Participation in academic training should be detailed in the e-Logbook.

6.22.4 Trainees should be encouraged to plan a period of advanced training or research either locally or outside of their programme at other units in the UK or abroad in order to broaden their outlook and develop special interests, within the parameters set by the STAC and PMETB for OOPE or OOPR.

6.23 Trainees who recognise that their particular skills and aptitudes are well-suited to an academic career should be encouraged and guided in that endeavour.

6.24 Trainees who elect, and who are competitively appointed to follow an academic path must be sited in flexible approved programmes of academic training that permit multiple entry and exit points throughout training (from standard training programmes).

6.24.1 The STAC will establish a system for assessing the contribution of academic training towards the award of a CCT.

Standards for trainers

All doctors who have completed specialist training can and do act as supervisors, many doctors develop the role to become educational supervisors. These standards apply to all such doctors; however the requirements may specify where they apply only to educational supervisors or others with educational responsibilities.

Standard: Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.

6.25 Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.

6.26 Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.

6.27 Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance, advise on career progression and understand the process for dealing with a trainee whose progress gives cause for concern.

***Standard:* Trainers must be involved in and contribute to the learning culture in which patient care occurs.**

6.28 Trainers must ensure that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.

6.29 Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialties and professions

***Standard:* Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.**

6.30 Organisations providing postgraduate medical education must ensure that trainers have adequate support and resources to undertake their training role.

6.31 Deaneries must have structures and processes to support and develop trainers.

6.32 Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer.

***Standard:* Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.**

6.34 Trainers must have knowledge of, and comply with, the PMETB regulatory framework for medical training.

6.35 Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme

Domain 7: Management of Education and Training

***Standard:* Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.**

***Responsibility:* Postgraduate deans, Royal Colleges/Faculties/specialty associations, local education providers, employing organisations and others as appropriate.**

***Evidence:* Deanery and local education provider data, surveys**

7.1 Training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of PMETB standards in the arrangement and content of training programmes.

7.1.1 Within each deanery, the training programme(s) will be managed by a Specialty Training Committee (or equivalent), which may be within a Postgraduate School.

7.1.2 The RSA will be a member of the STC and will assist the Deanery, via the STC, in ensuring that the Clinical oncology curriculum is delivered and that training conforms to the PMETB/STAC standards in this document.

7.1.3 A training programme director and educational and clinical supervisors will be appointed. Their roles should be clearly defined.

7.1.4 The Training Programme Director must have sufficient time and support to be responsible for the overall conduct of the education and training programme.

7.2 The schedule must set out the responsibilities and accountabilities of the Postgraduate Dean, Royal Colleges/Faculty/specialty associations, programme directors

and other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes.

7.3 There must be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern.

7.4 It is highly desirable that all employing organisations, as local education providers of postgraduate medical education and training, have an executive or non-executive director at Board level responsible for supporting training programmes, setting out responsibilities and accountabilities for training, and for producing processes to address underperformance in medical training.

7.5 There must be clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in administering and managing training and education at institutional level, such as Directors of Medical Education and Board level directors with executive responsibility, such as Medical Director, Finance Director or Director of Clinical Governance.

Domain 8: Educational Resources and Capacity

Standard The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum

Responsibility: Employers to provide, postgraduate deans to secure Royal Colleges and Faculties and others in developing curricula to clarify in approved curriculum.

Evidence: Deanery and local education provider/other organisation data, data from other regulators, surveys, visits.

8.1 The overall educational capacity of the institution and any unit offering training posts within it must be adequate to accommodate the practical experiences required by the curriculum, along with the educational requirements of all health care professionals in the same unit.

(see also above 5.1.1, 5.2.4)

8.1.1 There must be Trust support and resources to ensure that consultants have time and opportunities to provide training and assessment.

8.1.2 There must be an appropriate range of external beam therapy equipment and treatment planning facilities.

8.2 There must be access to educational facilities (including a library), and resources (including access to the Internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the programme as specified in the approved curriculum.

8.2.1 Trainees must have access to office accommodation and computers, with appropriate software for word-processing and data processing, and internet access.

8.2.2 There must be an IT system for accurate retrieval of data for the purposes of audit and research and to provide accurate activity figures

8.2.3 There must be a well stocked library, with ready access to standard medical textbooks, core cancer reference books and the major general and specialist cancer journals or electronic alternatives. The library should provide access to Medline, Cochrane database and Internet searches.

8.3 There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (e.g. undergraduate medical students, undergraduate and postgraduate health care professionals and non-training grade staff). With regard to trainers, including clinical supervisors, adequate time for training must be identified in their job plans.

8.3.1 The job plans of consultant trainers must allow them to train to the standards in this document.

8.4 Relevant specialty specific educational resources must be available and accessible where these are stipulated in PMETB-approved curricula e.g. clinical skills centres, 'wet labs'.

8.6 Trainees must have access to meeting rooms and audio-visual aids.

8.6.1 All training units must have access to a seminar room with digital projection facilities, intranet connections including PACS and internet access.

Domain 9: Outcomes

Standard: The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

Responsibility: PMETB, postgraduate deans, local education providers, medical Royal Colleges/Faculties/specialty associations.

Evidence: Trainee progression data, e.g. assessment and examination results.

9.1 Trainees must have access to analysis of outcomes of assessments and exams for each programme and each location benchmarked against other programmes. As part of the Quality Framework, PMETB will establish requirements for a minimum data set. This will be part of regular reports, as specified, from the postgraduate deaneries.

9.1.1 Outcome of FRCR examinations will be notified to the Deanery/STC and will form a part of the annual STAC report to PMETB.

9.1.2 Annual PMETB Trainee and Trainer surveys will be reviewed by the RSA and clinical oncology external advisor, and will form part of the evidence (with the STC annual report, FRCR examination results and employment destinations of trainees leaving the training programme) presented when each training programme is reviewed by STAC.