Why clinical oncology? Factors influencing trainees’ choice of career

Introduction

The Royal College of Radiologists (RCR) is the professional membership body and registered charity that leads, supports and educates those who work in the specialties of clinical radiology and clinical oncology.

Recruitment and selection into clinical oncology training posts across the whole of the UK is carried out through a nationally coordinated process, with two rounds held each year. In 2015 only 85% (53 out of 62) of available posts with National Training Numbers (NTNs) were filled. The position was even worse when looking at Locum Appointments for Training (LATs). This reflects a trend of declining applications. The Royal College of Radiologists (RCR) has therefore identified an urgent need to attract trainees into the specialty, exemplified by the fact that the RCR also believes a significant expansion of training numbers is required to meet predicted consultant shortfalls. Clearly any such expansion is put at risk if we are unable to even fill the currently available posts. In order to inform the RCR’s approach to this work, a survey was sent to all the current clinical oncology trainees to assess their motivations for choosing the specialty and their experience of the recruitment process. Although there was already anecdotal evidence available in some of these areas, the aim was to substantiate this with data to steer the RCR’s careers strategy.

Materials and methods

An online survey was sent in the week commencing January 4th 2016 to all 402 current clinical oncology trainees in UK programmes (including those out of programme for any reason). The survey was administered using Survey Monkey software and remained active for two weeks. It was divided into two sections: Part 1 – Why oncology; and Part 2 – The recruitment process. It contained a total of 10 questions - eight in a multiple-choice format and two inviting free text responses. Survey Monkey provided a quantitative summary of the results and the free text comments were manually analysed to identify the main themes.

Results

One hundred and seventy two trainees responded to the survey, which corresponds to 43% of those currently in training.

Part 1: Why oncology?

1. [https://www.rcr.ac.uk/clinical-oncology/careers-recruitment/specialty-recruitment/statistical-summary-previous-rounds](https://www.rcr.ac.uk/clinical-oncology/careers-recruitment/specialty-recruitment/statistical-summary-previous-rounds)
2. [https://www.rcr.ac.uk/clinical-oncology/careers-recruitment/specialty-recruitment/statistical-summary-previous-rounds](https://www.rcr.ac.uk/clinical-oncology/careers-recruitment/specialty-recruitment/statistical-summary-previous-rounds)
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The survey began by exploring trainees’ reasons for choosing oncology and the key characteristics unique to the specialty that most attracted them to it.

In regards to when trainees first consider a career in clinical oncology, respondents were more or less equally distributed between medical school (31%), foundation training (26.7%) and core medical training (35.4%).

The principal reason resulting in trainees’ choice to pursue clinical oncology [Figure 1] was the nature of the specialty itself, with 79% of responses; however exposure via a rotation during either foundation years or core medical training also featured highly (68%). Work-life balance was another popular response (59%), and more than 20% of respondents indicated that they gained exposure at undergraduate level.

Additionally, the survey showed that over 20% of trainees applying to clinical oncology did not have a preference for clinical over medical oncology.

The key aspects of the specialty highlighted as ‘uniquely attractive’ were: its variety; radiotherapy; the combination of radiotherapy and chemotherapy; holistic care; the physics aspect; technology and continuous advancement; and patient continuity.

Part 2: The recruitment process

A clear trend that appeared here was that the specialty rather than the geographical location of the post was the priority for trainees [Figure 2] when it came to applying for a training post.

Trainees are aware of the different competition ratios for different specialties and the different training programmes for clinical oncology but only a very small minority reported that this influenced either their preference of specialty (0.6%) or geographical preference (3%).

With it came to choosing a post, 60.2% of respondents reported that word of mouth was the most useful source of information, rather than information available on websites (22.9%) or at dedicated careers events (2.4%). 60% of trainees regarded the information available online and specifically on regional websites as inadequate, stating that in many cases the information was ‘inaccurate’, ‘lacking’, ‘too general’, ‘outdated’ or ‘published late’. 7.9% of these were actually discouraged in applying to certain training programmes as a result. Some trainees suggested ways in which to improve this, such as including information on the teaching, banding, on-call rota and rotations within each post and enabling a comparison to be made between different posts and regions via a centralised means.

At the end of the survey, respondents were asked to suggest ways in which they thought the RCR and training programmes could do more to attract trainees into clinical oncology. The responses were more or less representative of the views expressed elsewhere and they fundamentally address the same issues: a lack of exposure to and understanding of the true nature of clinical oncology and what a career within it might entail. Within this, it was suggested that specific areas were targeted, namely: junior doctor rotation experience; careers events; undergraduates; and information available online. 95% of trainees reported that the results from the GMC’s National Training Survey did not affect their choice of training programme.
Discussion

Part 1: Why oncology?

Our results show that there is no definitive stage when individuals first consider a career within clinical oncology, with respondents almost equally split between medical school, foundation training and core medical training. The likelihood is therefore that it is completely dependent on when an individual happens to gain exposure to the specialty and what the nature of that exposure is, something that can vary greatly from one case to the next.

We can deduce that since the overall majority of trainees do not consider clinical oncology until after medical school, we do need to make more effort as a specialty to increase exposure at undergraduate level. The RCR is in the process of establishing contact and an alliance with British oncological societies, which will help to develop undergraduate interest in oncology. Furthermore, there is a need to ensure an effective oncology presence at existing careers events aimed at medical students, or possibly to create specialty-specific events similar to other specialties such as obstetrics and gynaecology4.

The impact of exposure was reiterated by a high proportion of trainees having stated their reason for choosing oncology as a result of exposure via a rotation in the specialty, highlighting the importance that these experiences take place throughout foundation and core medical training. While it is unfortunately not possible to guarantee that all trainees do experience a rotation within clinical oncology, there are ways in which more can be done. Firstly, it is essential that those who do spend time in an oncology department gain a genuine insight into clinical oncology as a profession i.e. they do not only spend time on the wards. In addition, the RCR will continue to promote the importance of training programmes conducting taster weeks, for both foundation and core medical trainees, in order to provide an alternative means of experiencing the true nature of the specialty. This is supported by The Collin’s Report of 2010 which states that trainees should experience many different specialties by maximising and simplifying access to tasters5.

Since nearly two-thirds of trainees claim to have chosen clinical oncology because of the prospect of a work-life balance, the RCR needs to ensure that this remains a realistic prospect in the future with the increasing pressures on capacity that are impacting working days and seven-day working6.

Despite the fact that there is a noticeable proportion of trainees without a distinct preference for clinical oncology over medical oncology, it’s clear that the ‘uniquely attractive’ aspects of the specialty (see above) were labelled by the 78% that did, because they were heavily focussed on its encompassing of both radiotherapy and chemotherapy, a key characteristic that is not inherent within the training or career of a medical oncologist. It is important to identify the main motivators for choosing clinical oncology so that the RCR’s promotional careers material can be designed to sell the positive aspects of the specialty to encourage medical students and junior doctors to apply in the future.

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6 p27: [https://www.rcr.ac.uk/sites/default/files/publication/bfco152_census.pdf](https://www.rcr.ac.uk/sites/default/files/publication/bfco152_census.pdf)
Part 2: The recruitment process

It is reassuring that the priority when choosing a specialty is the specialty itself rather than geographical location. One limitation of this study is that many of the respondents may have applied five years previously and may have developed a bias in favour of the specialty when responding to this question.

The power held by ‘word of mouth’ in affecting trainees’ choice of programme reinforces the influence held by current specialty ambassadors and the duty that they have to ‘sell’ their profession to others, along with their individual training programmes, particularly in those areas that have had difficulty recruiting. It is therefore vital that existing trainees and consultants make an effort to attend medical student and foundation doctor careers events to advertise the specialty as well as making themselves available and approachable to answer questions from potential applications.

We can infer that the aforementioned reliance on word of mouth may be a by-product of the inadequate information available online about training programmes and regions. This is therefore an area that requires dedicated focus from individual programmes and trusts, to ensure that candidates are well-informed and enabled to make a balanced decision knowing the merits of each, whilst not being actively deterred from applying to any one region or programme. Nevertheless, it is still likely that word of mouth will remain an important tool for trainees during their decision making process.

Conclusion

This survey provides a timely insight into the when and why aspects of trainees choosing to specialise in clinical oncology, and how they perceive the recruitment process. It reinforces and expands upon some of the qualitative feedback that had already emerged in this domain, whilst also clarifying areas of uncertainty to allow for focus to be placed elsewhere. The results are now being used to inform RCR’s work in promoting careers in clinical oncology.

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6. p27: https://www.rcr.ac.uk/sites/default/files/publication/bfco152_census.pdf [accessed 04.05.16]