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Editorial

UK Training in Oncology: The View From 'the Other Side'

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There is rightly much focus on attracting trainees into the speciality of clinical oncology [1] and to maintaining and improving the quality of training during the speciality registrar years [2]. There are concerns about increasing stress and burnout in the medical workforce [3], which may be exacerbated by workforce pressures and increasing demand through an aging patient population and more effective and complex treatment options.

Attracting good-quality trainees into clinical oncology and then developing talent via high-quality training are priorities. There is, however, a significant transition between trainee and consultant as trainees move into senior roles with greater responsibility with the potential for this transition to deepen as workforce and workload challenges increase.

The Royal College of Radiologists (RCR) published results of their post-certificate of completion of training (post-CCT) surveys in 2012 and 2017 [4,5] highlighting perceptions of a need to improve training around advanced radiotherapy techniques, leadership/management, research and clinical governance. Reassuringly, clinical training was positively rated in both surveys.

These surveys highlight an ongoing but as yet unmet need to develop skills in non-clinical areas, as described by Benstead in 2006 [6]. Clinical oncology is not unique in this area. Stress, burnout and difficulties around the transition from trainee to consultant also feature in other clinical specialties [7,8], including medical oncology.

There is therefore the need to support trainees in the final stages of their training to prepare them adequately for the demands of consultant life and work.

The Transition from Trainee to Consultant

The transition from trainee to consultant can be daunting, raising feelings of anxiety and insecurity regarding how to fully adapt to the new professional role [6–8]. Trainees' perceptions of their needs are important to understand. For clinical oncology the Oncology Registrars' Forum trainee survey provides regular, detailed information [9–11]. A lack of advanced radiotherapy training and examination stress are highlighted as significant issues. It is also important to learn from those recently completing training who can 'look back' with the benefit of hindsight through new experiences and comment on what they feel they needed from their training. The RCR support this with their post-CCT survey [4,5]. We report more detailed information relating to this important transition period through detailed individual interviews with 11 consultants within 5 years of CCT (eight clinical oncologists and three medical oncologists). The median time in a consultant post was 3.5 years (range 1–5 years). All were based in the same region, where most had also trained, but some had trained outside that region. After the interviews, transcripts were reviewed and answers were structured into themes to allow analysis. We felt that involving both specialities was important given the close training and working relationships between them and the similarities in roles and responsibilities.

The common themes identified have been grouped together with supporting data for each theme written verbatim. CO or MO is written to identify if the text is taken from an interview with a clinical or medical oncologist. There was strong alignment across both clinical and medical oncology in the positive and negative themes, adding validity to their importance (see Table 1).

Clinical Training

Consultants generally felt that the duration of training was appropriate although some felt it could be lengthened

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Table 1
Summary of learning needs identified by the consultants [12]

Theme identified	Learning need/experience	Clinical oncologist	Medical oncologist
Clinical	Positive	Acting up Systemic anti-cancer therapy Out of programme experience	Acting up Systemic anti-cancer therapy Out of programme experience
	Negative	Radiology Advanced radiotherapy	Basic radiotherapy
Management	Positive		
	Negative	Management course Lack of understanding of complaints process	Management course Lack of understanding of complaints process
Leadership	Positive	MDT Committees	MDT Committees
	Negative	Lack of leading clinical trials MDT underutilised	MDT underutilised
Assessment	Positive Negative	FRCR Part 1 and 2	Speciality certificate examination

MDT, multidisciplinary team.

because of the increasing number of systemic anti-cancer therapy options and advances in radiotherapy techniques.

> I didn't feel it was quite long enough, I did a 9 month LAT beforehand, so I had slightly more than 5 years. But if I look back the year before the end of my training, effectively I would have hated to take up a consultant job at that point. CO

> 4 years does seem awfully short. MO

Interestingly, and importantly, out of programme time was described as a positive clinical experience, supporting core clinical skills as well as research/non-clinical skills, possibly supporting the premise that length of training is a concern.

Acting up was felt to be beneficial in giving practical experience of consultant duties and having increased responsibility.

> Just good to be making decisions, working independently but have good structure around you. MO

> It gives you a taste of what it's like without having the whole responsibility. If you're only acting up you're more able to go and seek advice and all the rest of it and you'd probably be a bit more supervised, it's like a transitional period. CO

Management and Leadership

Newly qualified consultants highlighted several areas that would have eased the transition from registrar to consultant. The most commonly identified related to management and in particular how attending a theoretical course did not prepare them for the actual issues they faced at consultant level.

> I felt completely underprepared for chairing committees, contributing to management projects. CO

> Management should be taught by gradually introducing it into the training program. MO

> Well not at all really, because there was a management course wasn't there? I can't even remember if I went on it, that shows how inspiring it was. CO

Multidisciplinary team (MDT) meetings were felt to be a very positive aspect of leadership training (and clinical training) but were underutilised. It remains a challenge as how best to use MDTs and involve trainees when time pressures can be significant.

Despite consultants realising it was an inevitable part of consultant life they had received little or no training in the complaints process.

> I have had a formal complaint and it was terrible and it's like the bottom drops out of your world. CO

> It would be good to have a record of complaints on file and use them as teaching cases to learn how to cope, especially with stress. CO

Satisfaction

Despite the learning needs identified by the new consultants they still felt very satisfied with their choice of career, highlighting some of the benefits that the longer term doctor–patient relationship gives as a consultant.

> The different relationship you have as a consultant compared to a trainee. CO

> I love my job, I have no regrets at all. MO

Discussion

This study and previous work identify particular learning needs to help bridge the transition between trainee and consultant – an important area for both medical and clinical oncology. There remains a challenge as to how best deliver

good-quality experience (and not just theoretical learning) in the senior years of training, especially in non-clinical aspects of training. Management courses in the final year to address these needs did not prepare the consultants for the real challenges faced. Two other specific challenges experienced by consultants were how to deal with complaints and developing and conducting their own research in the context of clinical trials. Time out of programme was beneficial for both clinical confidence and in supporting non-clinical aspects of training. Acting up as consultant was very valuable and should be encouraged in a structured, supportive manner.

The consultants interviewed felt positive about the benefits their new role brings, mainly through a more longitudinal relationship with patients, and overall still have satisfaction with their choice of career.

There were striking similarities between both specialities, although this is perhaps not surprising as the transition is in many ways similar.

It is positive that there is a national direction of travel towards addressing some of the learning needs identified: workplace-based assessment on MDT participation and radiology training will help, but theoretical training in other aspects does not replace practical experiential learning. One-year clinical fellowships in leadership are now available in each part of the country and may be one way to gain some of these important non-clinical skills. The RCR has also developed a post-CCT mentoring programme for newly qualified clinical oncology consultants [13].

The transition from trainee to consultant perhaps reflects one of the biggest changes in professional working life. The importance of this should not be underestimated. The final year of training is an important one, when specific training needs become more apparent to support trainees as they prepare for senior roles. Training schemes should focus on developing tailored, senior experiences for trainees in the final stages before CCT.

Recommendations

Final training years for both clinical and medical oncology:

- Develop a more senior role for final year trainees, supported but with developing independence
- Keep a strong emphasis on clinical training and decision making
- Make the best use of MDTs for clinical and leadership experience
- Consider time out of programme/leadership training and plan this in advance
- Utilise opportunities to act up
- Gain practical experience in management, chairing committees and handling complaints
- Gain practical experience of research

Conflict of interest

None.

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