

Current training

Please note- the survey is anonymous. All results will be presented collectively (with no individual identification)

* Indicates required question

1. Which deanery are you currently working in? *

Mark only one oval.

- East Midlands
- East of England
- Kent, Surrey & Sussex
- London (North Central - UCH/Royal Free/Mount Vernon)
- London (North West - Imperial)
- London (North East - Barts)
- London (South West - RMH)
- London (South East - GSTT/SGH)
- North East
- North West - Lancashire/Manchester
- North West- Merseyside
- Northern Ireland
- Scotland
- South West- Severn
- South West- Peninsula
- Thames Valley
- Wales
- Wessex
- West Midlands
- Yorkshire and Humber - Leeds/Hull
- Yorkshire and Humber- Sheffield

2. Which of the following best describes your current position?

Mark only one oval.

- Trainee in programme
- Trainee out of programme
- Other:

3. What level of training are you currently? If OOP, please select the grade when you started OOP.

Mark only one oval.

- ST3
- ST4
- ST5
- ST6
- Other:

4. Are you currently a Less than Full time (LTFT) trainee? *

Mark only one oval.

- Yes
- No *Skip to question 10*

Less than full time working

5. What whole time equivalent (WTE) are you currently working (if OOP, please specify the WTE you last worked at while in training)? *

Mark only one oval.

- 100%
- 90%
- 80%
- 70%
- 60%
- 50%
- Other:

6. As an LTFT trainee, how easy is it for you to arrange flexible working with your clinical teams (e.g. having to change non-working day with short-notice)? *

Mark only one oval.

- Very easy
- Easy
- Somewhat easy
- Difficult
- Very difficult

7. Do you feel your workload is sufficiently adjusted to your LTFT status? *

Mark only one oval.

- Yes, definitely
- Yes, somewhat
- No
- Other

8. Do you need to undertake work-related activities on your non-working day? E.g. *
emails, clinical administration, taking phone calls

Mark only one oval.

- Yes - often
- Yes - infrequently
- Rarely
- Never

9. Do you do the same number of outpatient clinics as your full time colleagues? *

Mark only one oval.

- Yes- on all rotations
- On some rotations but not others
- No

Skip to question 11

Less than full time working

10. If you work full time, do you have plans to work LTFT in the future? *

Mark only one oval.

- Yes
- No
- Unsure at present
- Prefer not to say

Shift patterns and remote working

11. Regarding night shifts in your current role: *

Mark only one oval.

- My night shifts are on-call from home, returning to site if required (non-residential on-call)
- My night shifts are on-site (residential)
- I do not participate in non-residential on-call duties or night shifts

12. If your night shifts are non-residential, how often do you need to return to site? *

Mark only one oval.

- Very often (>50% of occurrences)
- Quite often (10-50%)
- Rarely (<10%)
- Never
- Not applicable

13. How would you rate the level of out of hours consultant supervision in your current role? *

Mark only one oval.

- Excellent
- Good
- Neutral
- Poor
- Very poor
- Not applicable

14. Regarding remote working, are you able to work remotely on non-clinical days? *

Mark only one oval.

- Yes - regularly
- Yes - occasionally by arrangement
- No – working from home is not encouraged
- Not applicable

Teaching

15. Do you attend local structured teaching sessions (i.e. within your current hospital)? E.g journal club, department teaching. *

Mark only one oval.

- Yes
- No

16. How many hours of local teaching do you typically receive each month? *

Mark only one oval.

- No local teaching
- One hour or less
- 1-2 hours
- 2-4 hours
- > 4 hours

17. Who typically delivers the local oncology teaching? Select all that apply *

Check all that apply.

- Consultants
- Specialty registrars
- Other members of the MDT
- Not applicable

18. Please rate the usefulness of the local teaching you receive (please leave blank if you do not receive local teaching)

Mark only one oval.

1 2 3 4 5

Not Very useful

19. Do you attend regional or supra-regional teaching sessions? (Supra-regional refers to cross-deanery teaching). *

Mark only one oval.

- Regional only
- Supraregional only
- Both
- Neither

20. How often do you attend regional/supraregional teaching? *

Mark only one oval.

- Monthly
- Every 2 months
- Every 3 months
- Less frequently
- Not applicable

21. Who typically delivers regional/supraregional teaching? Select all that apply *

Check all that apply.

- Consultants
- Specialty Registrars
- Other members of the MDT
- Not applicable

22. Please rate the usefulness of the regional/supraregional teaching you receive (please leave blank if you do not receive regional/supraregional teaching)

Mark only one oval.

1 2 3 4 5

Not Very useful

23. Have you ever been asked to miss a regional/supraregional teaching session due to clinical obligations? *

Mark only one oval.

- No, never
- Yes, on one occasion
- Yes, on more than one occasion
- Not applicable

Oncology courses

24. Have you enrolled on, completed or plan to attend a formal postgraduate teaching course on the scientific basis of cancer and its treatments? *

Examples include the Christie-Biological Basis of Cancer Course, Institute of Cancer Research MSc in Oncology -London, Newcastle MSc/PGDip, Bristol Basic Science Course, Leeds ST3 teaching programme.

Mark only one oval.

- Yes
- No

25. If you have not participated in an oncology course, please explain why (if you have, please leave this question empty)

Mark only one oval.

- I am unaware of the available options
- I am unable to secure funding
- I have not considered it
- It is not supported by my deanery
- I have been unable to attend due to clinical commitments
- Other

26. If you have completed or are currently enrolled in an oncology course, what qualification will you receive? *

Mark only one oval.

- MRes
- PGCert
- PGDip
- MSc
- No qualification
- Not applicable

Study leave and study budgets

27. If you are currently undertaking or have previously completed a formal course, were you permitted to take study leave for this purpose?

Mark only one oval.

- Yes, for the duration of the entire course
- Yes, for part of the course
- No – I completed the course in my own time
- Not applicable

28. Was the course funded through your study budget or your employer?

Mark only one oval.

- Yes
- Partly funded
- No – self-funded
- Not yet – but I intend to claim back the total cost
- Not applicable

29. Do you encounter challenges in obtaining study leave to attend conferences, training courses (clinical skills), or tumour site specific meetings? *

Mark only one oval.

- Always
- Frequently
- Occasionally
- Seldom
- Never
- Not applicable

30. Do you experience difficulties in securing funding from your study budget to attend conferences, training courses (clinical skills), or tumour site specific meetings? *

Mark only one oval.

- Always
- Frequently
- Occasionally
- Seldom
- Never
- Not applicable

31. Do you find it necessary to seek funding from alternative sources (e.g. charitable funds, industry, scholarships, personal funding) to attend conferences, training courses, or meetings, in addition to your study budget? *

Mark only one oval.

- Always
- Frequently
- Occasionally
- Seldom
- Never
- Not applicable

32. Have you ever missed out on a course/conference/training opportunity due to the amount it would cost you? *

Mark only one oval.

- Yes
- No
- Not applicable

Meeting curriculum requirements for inpatient care

33. To what extent do you agree with the statement- Arrangements for inpatient care in your current unit allow you to develop effectively and meet the curriculum requirements *

(CiP 9- Providing continuity of care to oncology in-patients to include the effective management of disease and treatment-related complications, the acutely deteriorating patient and the palliative care/end-of-life needs of those with advanced cancer)?

Mark only one oval.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

34. Please rate the level of support you receive from your consultants in managing oncology inpatients (appropriate to your grade) *

Mark only one oval.

- I would like to take on more responsibility
- I have the right amount
- I have too much and would like more support

Outpatient care

35. Based on your current rotation- How many newly referred patients are you seeing on a weekly basis in outpatients? *

Mark only one oval.

- 0 - I do not routinely see new patients
- 1-2
- 3-4
- 5-6
- 7+

36. Based on your current rotation- How many follow-up consultations are you having on a weekly basis? *

Mark only one oval.

- Less than 10
- 11-20
- 21-30
- 31-40
- >40

37. Do you feel your workload and your consultants' workload/availability allows for discussion of cases whenever required? *

Mark only one oval.

- Always or almost always
- Frequently
- Occasionally
- Rarely
- Never

MDT working

38. To what extent do you agree with the statement- Your experience of tumour-specific MDTs to date is providing adequate preparation to provide the medical oncology opinion in MDT upon completion of training. *

(CiP 10- Working effectively within and contributing expert opinion to the tumour site-specific multidisciplinary team (MDT) meeting to inform evidence-based management plans individualised to the needs of each patient, leading discussions where appropriate)

Mark only one oval.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

42. Which of the following rotations do you undertake locally to meet the “intensive therapies” curriculum requirement? (CiP 14- Safely and effectively deliver, and manage patients receiving, intensive complex systemic anti-cancer therapies) *

Check all that apply.

- Sarcoma
 Germ cell tumours
 Lymphoma
 Cellular therapies
 Melanoma
 Early phase trials
 Other: _____

43. Were you made aware of local tumour-site specific guidelines at the start of your rotation? *

Mark only one oval.

- Yes - for all tumour sites
 Yes - for some tumour sites
 No
 N/A - I am OOP

Educational experiences

44. Does your clinical workload while on the training programme allow you to perform activities such as audit/QI, teaching, work on publications? N.B. Please do not consider work done while on an OOP scheme. *

Mark only one oval.

- Yes - on a regular basis and without difficulties
 More often than not, with occasional issues
 Not regularly, and most commonly having to carry out tasks in own time (out of working hours)
 Impossible due to high clinical workload

45. Does your work schedule include dedicated time to undertake these educational opportunities while on the training programme? *

Mark only one oval.

- Yes
- No

Acute Oncology (AO) and Cancer of Unknown Primary (CUP) experience

46. To what extent do you agree with the following statement- Your acute oncology experience allows you to meet the curriculum requirements *

(CiP 8- "Delivering the acute oncology take, managing oncological emergencies and providing oncology advice to other healthcare professionals as part of an Acute Oncology Service and managing the AOS team")

Mark only one oval.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

47. What types of Acute Oncology experiences are built in your training programme? Please select as many as applicable *

Check all that apply.

- Acute oncology assessment unit/admissions
- Outreach service in ED/non-oncology wards
- Oncology acute/hot clinics
- Acute Oncology audit/QIP
- Acute Oncology teaching
- Immunotherapy toxicity clinic/review
- Other: _____

48. Would you want a consultant job plan that specifically included programmed activities (PAs) relating to Acute Oncology? *

Mark only one oval.

- Yes
- No
- Not sure

49. Does your training programme allow you to gain relevant skills for the targeted investigation and rapid triage of patients presenting with a possible new diagnosis of malignancy, malignancy of undefined origin (MUO) and carcinoma of unknown primary (CUP)? *

Mark only one oval.

- Yes
- No

50. If you have answered 'No' to the last question, could you provide further details on why this is the case (white space)

51. What types of CUP/MUO experiences are built in your training programme? *
Please select as many as applicable

Check all that apply.

- CUP clinic
 CUP MDT
 CUP-related Audit/QIP
 Inreach to review new cancer diagnoses on wards
 Clinical trials/research
 Other: _____

Oncology Combined Stem

52. Were/are you training on the Oncology Combined Stem (OCS) for your ST3 year? *

Mark only one oval.

- Yes *Skip to question 53*
 No *Skip to question 60*

Oncology Combined Stem

53. Did your experience provide sufficient radiotherapy teaching to meet the requirements of the common oncology stem for ST3 year? *

(CiP7 – Knowledge of radiation biology and understanding acute and late radiotherapy reactions, as well as the relevant physics of radiotherapy)

Mark only one oval.

- Yes
 No – I have completed or plan to complete an additional course to cover radiotherapy requirements
 No – I have not been advised to complete additional radiotherapy training
 Unsure

54. Did you attend clinics with patients undergoing radiotherapy? *

Mark only one oval.

- Yes- in all tumour sites
- In some tumour sites but not others
- No

55. Did you have time in your job plan allocated to radiotherapy planning? *

Mark only one oval.

- Yes- in all tumour sites
- In some tumour sites but not others
- No

56. To what extent do you agree with the following statement: You had the same training in radiotherapy delivery as ST3 clinical oncology trainees *

Mark only one oval.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

57. How did you find getting the required number of DORPS (direct observation of radiotherapy planning skills)? *

Mark only one oval.

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

58. Overall, the OCS has improved your training *

Mark only one oval.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

59. Do you have any other comments about the OCS?

SACT prescribing

60. In your current post, do you consistently use a formal training record of SACT prescribing? E.g SACT "passport" or similar competency document *

Mark only one oval.

Yes

No

61. At the site where you currently work, are you required to undertake training before prescribing chemotherapy unsupervised? *

Mark only one oval.

Yes - for all tumour sites

Yes - for some tumour sites

No

N/A - currently OOP

62. What kind of training have you received on chemotherapy prescribing (at any time during your training programme or job)? Select all that apply *

Check all that apply.

Formal training

Workplace based assessment

Informal discussions

Prescribing course

None

Other: _____

63. At the site where you currently work, do you have chemotherapy protocols to follow? *

Mark only one oval.

- Yes - for all tumour sites
- Yes - for some tumour sites
- No
- N/A - I am OOP

Specialty Certificate Examination (SCE)

64. Have you attempted the Medical Oncology Specialty Certificate Examination? *

Mark only one oval.

- Yes *Skip to question 65*
- No *Skip to question 67*

Specialty Certificate Examination

65. How would you rate the availability of revision resources for the Medical Oncology Specialty Clinical Examination? *

Mark only one oval.

- 1 2 3 4 5
-
- Very Very good
-

66. How would you rate your level of agreement with the following statement: The exam questions were based on up-to-date oncology guidelines and practice *

Mark only one oval.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Out of programme activities

67. Have you taken (or plan to take) an out of programme activity/experience? *

Mark only one oval.

- Yes
- No
- Maybe

68. How would you rate the opportunities for out-of-programme schemes available within your deanery or geographical region? *

Mark only one oval.

1 2 3 4 5

Very Very good

69. What are the most significant barriers to starting an OOP experience? (select all that are applicable) *

Check all that apply.

- Insufficient opportunities
- Lack of funding
- Competition with other trainees
- Lack of knowledge/awareness regarding organising OOP schemes
- Personal circumstances
- Other: _____

Research and Clinical Trials

70. Do you have a postgraduate degree relating to research? *

Mark only one oval.

- Doctorate level e.g. PhD, DPhil
- Masters level e.g. MD, MRes, MPhil
- Currently working towards PhD/DPhil
- Currently working towards Masters level qualification
- None

71. If you have performed research SINCE starting your Medical Oncology training, was this as part of an Academic training programme? *

Mark only one oval.

- Yes
- No
- Not applicable

72. What type of research have you performed SINCE starting your Medical Oncology training? Please select all that apply. *

Check all that apply.

- Laboratory based research
- Clinical research (i.e. using clinical data)
- Clinical trials- early phase
- Clinical trials - late phase
- Qualitative research
- Meta-analysis/systematic review
- I have not performed any research
- Other: _____

73. If you are NOT in an academic training post, do you feel that there is adequate opportunity for you to become involved in research (if you wish)? *

Mark only one oval.

- Yes
- No
- Don't know
- N/a - I have an academic training post

74. During your training to date, have you consistently provided care to patients on clinical trials? *

Mark only one oval.

- With every tumour rotation
- With some tumour rotations but not others
- Rare/absent involvement in care for trial patients

75. Thinking about clinical trial work, what trial-related tasks have you been actively involved in in your training so far (select all that apply) *

Check all that apply.

- Recruitment
- Consent
- Patient follow-up/reviews
- Trial oversight/sub-PI role
- Other: _____

76. Have you had the chance to undertake the NIHR Associate PI programme? *

Mark only one oval.

- Yes
- No but I plan to do this
- No and I do not plan to do this
- I am unaware of this

77. To what extent do you agree with the statement- Exposure to clinical trial work during your training programme will allow you to take on the principal investigator role for clinical or observational trials upon completion of training? *
N.B. Please do not consider work done while on an OOP scheme.

Mark only one oval.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

78. In relation to your current post, which of the following professions are members *
of the oncology team that you would work with on a regular basis (select all
that apply)?

Check all that apply.

- Pharmacists (non-prescribing)
- Pharmacists (prescribing)
- Advanced Nurse Practitioners (ANPs)
- Advanced Care Practitioners (ACPs)
- Physician associates (PAs)
- Physiotherapists
- Occupational therapists
- Clinical nurse specialists

79. How frequently do you supervise SACT prescribing by non-medical *
prescribers?

Mark only one oval.

- Frequently
- Sometimes
- Rarely
- Never

80. How frequently are you expected to request cross-sectional imaging on behalf *
of non-medical prescribers?

Mark only one oval.

- Frequently
- Sometimes
- Rarely
- Never

81. How easy have you found it to provide evidence for the curriculum CiP (capability in practice) 16 of the medical oncology curriculum- “Managing the training and supervision of non-medical prescribers of SACT”? *

Mark only one oval.

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

Overall experience of Medical Oncology training

Please note all of these answers will remain confidential

82. How would you rate the quality of your Medical Oncology training to date? *

Mark only one oval.

1 2 3 4 5

Very Very good

83. Have you had access to a mentor during your specialty training? *

Mark only one oval.

- Yes- within my deanery
- Yes- from outside my deanery
- Yes- outside of the NHS
- No

84. Rate your level of agreement- I feel well supported by my training programme director *

Mark only one oval.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

85. Rate your level of agreement- I feel well supported by my educational supervisor *

Mark only one oval.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

86. If you had concerns about your training, who would you approach FIRST to discuss these with? *

Mark only one oval.

- Clinical supervisor
- Educational supervisor
- Training programme director
- Other consultant (who is not your ES, CS, TPD)
- Other:

87. I am confident that my concerns would be listened to *

Mark only one oval.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

88. Following completion of training I intend to: *

Mark only one oval.

- Apply for a consultant post in the UK
- Apply for a non-consultant grade post
- Take a career break
- Apply for work outside the NHS eg. academia / industry
- Apply for a consultant post outside of the UK
- I am not sure
- Other:

89. Do you have any other comments about your training experience that have not been covered in the survey?

Demographics

We are asking these questions to identify any bias against any gender, sexual orientation, ethnic group or religion in UK Medical Oncology training. The survey answers are anonymised and will not be used to identify any individual person or individual circumstances. We understand that these can be sensitive and for each question there is an option of "Prefer not to say".

90. What is your gender identity? *

Mark only one oval.

- Female
- Male
- Non-binary
- Prefer not to say
- Other:

91. Is the gender you identify with the same as your sex registered at birth? *

Mark only one oval.

- Yes
- No
- Prefer not to say

92. Which of the following best represents your sexual orientation? *

Mark only one oval.

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Asexual
- Prefer not to say
- Other:

93. What is your ethnic group? *

Mark only one oval.

- Prefer not to say
- Arab
- Asian or Asian British- Indian
- Asian or Asian British- Pakistani
- Asian or Asian British- Bangladeshi
- Asian or Asian British- Chinese
- Asian or Asian British- Any other Asian background
- Black, Black British, Caribbean or African- Caribbean
- Black, Black British, Caribbean or African- African
- Black, Black British, Caribbean or African- Any other Black, Black British, or Caribbean background
- Mixed or multiple ethnic groups- White and Black Caribbean
- Mixed or multiple ethnic groups- White and Black African
- Mixed or multiple ethnic groups- White and Asian
- Mixed or multiple ethnic groups- Any other Mixed or multiple ethnic background
- White- English, Welsh, Scottish, Northern Irish or British
- White- Irish
- White- Gypsy or Irish Traveller
- White- Roma
- White- Any other White background
- Other ethnic group

94. What is your religion *

Mark only one oval.

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other:

95. Where did you obtain your primary medical qualification? *

Mark only one oval.

- UK
- Outside of the UK

This content is neither created nor endorsed by Google.

Google Forms