



### Training Programme Evaluation Form

*This form is to be completed by the RCR Regional Specialty Advisor (RSA) and/or Oncology Registrars Forum (ORF) representative on the specified training programme to reflect the consensus view of all trainees. **The completed form should be sent via the RSA to the Training Manager at the College and copied to the Training Programme Director.** Where there is more than one training programme in a Deanery a separate form should be completed for each training programme.*

*This form is to be completed as a summary of the discussion held at the trainee forum where the majority of trainees on the training programme were present. The forum should be jointly chaired by the ORF representative and the RSA.*

**The Training Programme Director, Educational or Clinical Supervisors should not be present.**

Name of RCR RSA	
Name of ORF Representative	
Name of Training Programme	
Region	
Name of specific Hospitals/Trusts within training programme	
Date form completed	

This form reflects the consensus view of the overall delivery of training.

Please complete this form indicating which response most closely matches the experience on the relevant placement.

Highlight or indicate one number from 1 to 5 according to the criteria below:

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

1. The areas of the curriculum to be covered are made clear at the beginning of attachments 1 2 3 4 5

2. The agreed curriculum objectives for attachments are achievable 1 2 3 4 5

3. Resources are suggested for learning e.g textbooks, journals, papers, courses 1 2 3 4 5

Please specify:

4. All of the required appraisals take place 1 2 3 4 5

5. It is easy to arrange work place based assessments 1 2 3 4 5

6. Handover routinely occurs for on-call/emergency duties 1 2 3 4 5

7. Senior support is easily available 1 2 3 4 5

8. On-call/out of hours work presents good learning opportunities 1 2 3 4 5

9. Systems are in place to obtain feedback from clinical cases and radiotherapy planning 1 2 3 4 5

10. There is good access to IT systems e.g. PACS, internet 1 2 3 4 5

- |                     |                          |   |   |   |   |   |
|---------------------|--------------------------|---|---|---|---|---|
| 11. Formal teaching | a) Didactic lectures     | 1 | 2 | 3 | 4 | 5 |
| sessions – delivery | b) Interactive tutorials | 1 | 2 | 3 | 4 | 5 |
| methods             |                          |   |   |   |   |   |

12. Are there any specific highlights or examples of excellent practice within the programme??

13. Please specify the areas of concern with this training programme. NOTE: As stated above, this should be a consensus view of trainees with recent experience of this attachment, not the isolated opinion of a small number of trainees.

## Training Programme Evaluation Guidance

### Introduction

Each year the RCR is required to submit an Annual Specialty Report (ASR) to the GMC. This covers a number of aspects of training whilst also addressing any areas of concern or best practice, including those identified in the annual GMC trainee survey. As a result we are unable to use the GMC survey as a source of evidence and must rely on information gathered from elsewhere.

The College has always been able to rely on the RSAs to look into, report back on and often help to resolve problems. We now also hold a register of concerns raised as we are required by the GMC to report on those brought to the College's attention, how they have been resolved or what plans have been put in place. Serious concerns may be escalated directly to the GMC. This mechanism, whilst addressing patient safety concerns, is inherently somewhat ad hoc, and from the perspective of completing the ASR as accurately as possible there may be gaps in the information we have available to us.

Therefore in 2012 the joint QA committee of the Specialty Training Board (STB) began to systematically collect information via the Training Programme Evaluation process with Clinical Oncology joining this system in 2014.

### **Description of the process:**

- The RSA for the region liaises with the ORF representative for the training programme in question to arrange a meeting with as many of the trainees as possible.
- The RSA and ORF representative co-chair the meeting to address the questions set out on the Training Programme Evaluation form. Some Deaneries may wish an additional chair to be present, such as a Deputy Dean or a non-oncologist with educational expertise. This will depend on local resource and practice.
- During the meeting the thirteen points on the Training Programme Evaluation should be discussed and a consensus reached. The consensus discussion should then be recorded by the ORF representative. Where there is a significant difference of opinion between the trainees this should also be commented upon.
- If a patient safety concern becomes apparent the RSA should share this with the Training Manager at the RCR ([QATraining@rcr.ac.uk](mailto:QATraining@rcr.ac.uk)) as well as the Training Programme Director and other individuals within the LETB and relevant Trust in accordance with local arrangements.
- Once the Training Programme Evaluation form has been completed it should be forwarded to the Training Manager at the RCR and copied to the relevant Training Programme Director
- The Training Manager at the RCR will send a copy of the Training Programme Evaluation form to the relevant Postgraduate Dean.
- It is acknowledged that some trainees may feel inhibited about discussing issues with the RSA from their own region. Using external RSAs to overcome this is not discouraged but may be difficult due to funding constraints and limitations on professional leave. As an alternative, any trainees who have concerns are asked to discuss them with their ORF representative so that they can be documented anonymously.