Clinical Oncology
Curriculum 2021

Clinical Oncology
The Royal College of Radiologists

Clinical Supervisor's reports

The role of the clinical supervisor

All trainees should have a named clinical supervisor for each clinical attachment. Where an attachment covers more than one major tumour site, the trainee may have a clinical supervisor for each tumour site. Clinical supervisors should be specifically trained for their role and recognised by the GMC. The RCR provides workshops that have been designed to allow supervisors to develop the required capabilities for GMC recognition as a clinical supervisor.

The named clinical supervisor is responsible for overseeing a specified trainee's clinical work during a training attachment. This includes providing appropriate and individualised learning opportunities, undertaking assessment, and giving constructive feedback. Although other members of the multi-professional team may at times be involved in supervision, feedback and delivery of specific learning opportunities, the clinical supervisor has overall accountability for these activities. Further details of the role of the clinical supervisor can be found in the clinical oncology curriculum.

The clinical supervisor is also responsible for providing an induction, mid-attachment and end of placement review of the trainee's progress, which will feed into the educational supervisor's structured report and ARCP panel's decision on whether the trainee should progress to the next stage of training. This is a crucial aspect of the clinical supervisor's role, and the quality of these reports is key to enabling the educational supervisor and ARCP panel to make accurate judgements of the trainee's progress.

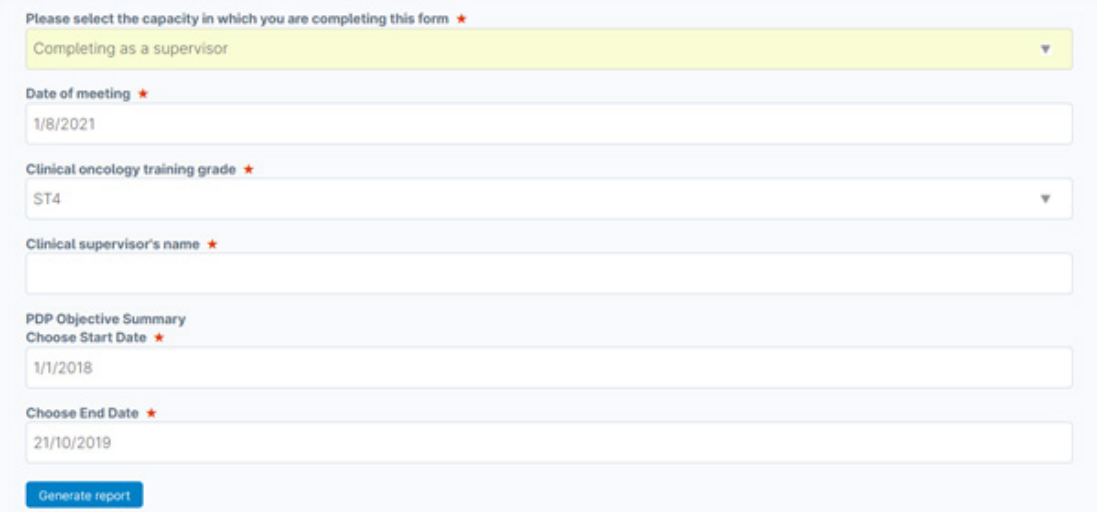
The clinical supervisor's induction appraisal

The clinical supervisor should meet with the trainee at the beginning of their attachment to review the trainee's progress in their training so far and what they need from this attachment. They should agree learning outcomes specific to the attachment ahead and relate these to the trainee's progress towards the CiPs. They should also refer to the trainee's personal development plan (PDP) to discuss opportunities for the trainee to work towards these goals during this attachment. The clinical supervisor and trainee should discuss and identify the learning opportunities available during this attachment, and any support/resources that the trainee needs to allow them to meet their objectives. This meeting should be documented using the 'clinical supervisor's induction appraisal' form in the Kaizen e-portfolio.

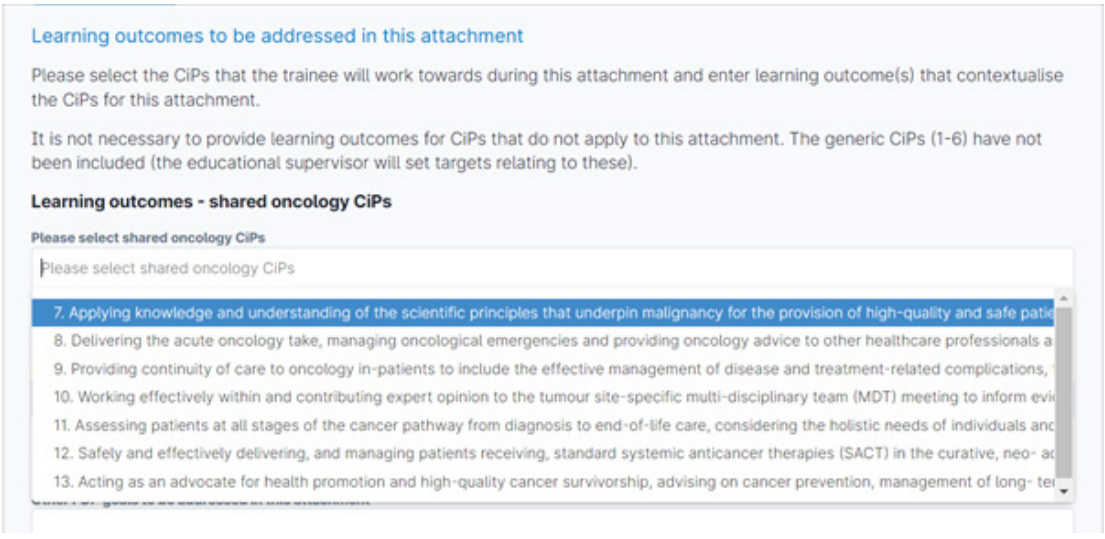
Either the trainee or the clinical supervisor can create the clinical supervisor's induction report, however the report can only be completed and added to the trainee's timeline by the clinical supervisor. If the trainee starts the form, they will complete section 1 and send this to their clinical supervisor for review. The supervisor can then edit any of the information in section 1 and add comments in section 2. If the supervisor creates the report, they will complete section 1 and there will be no requirement to complete section 2.

Section 1 of the form initially asks for basic information about the trainee. It also provides the ability to pull the trainee's PDP objectives into the report. For this function to work properly the date range entered must cover the full date range

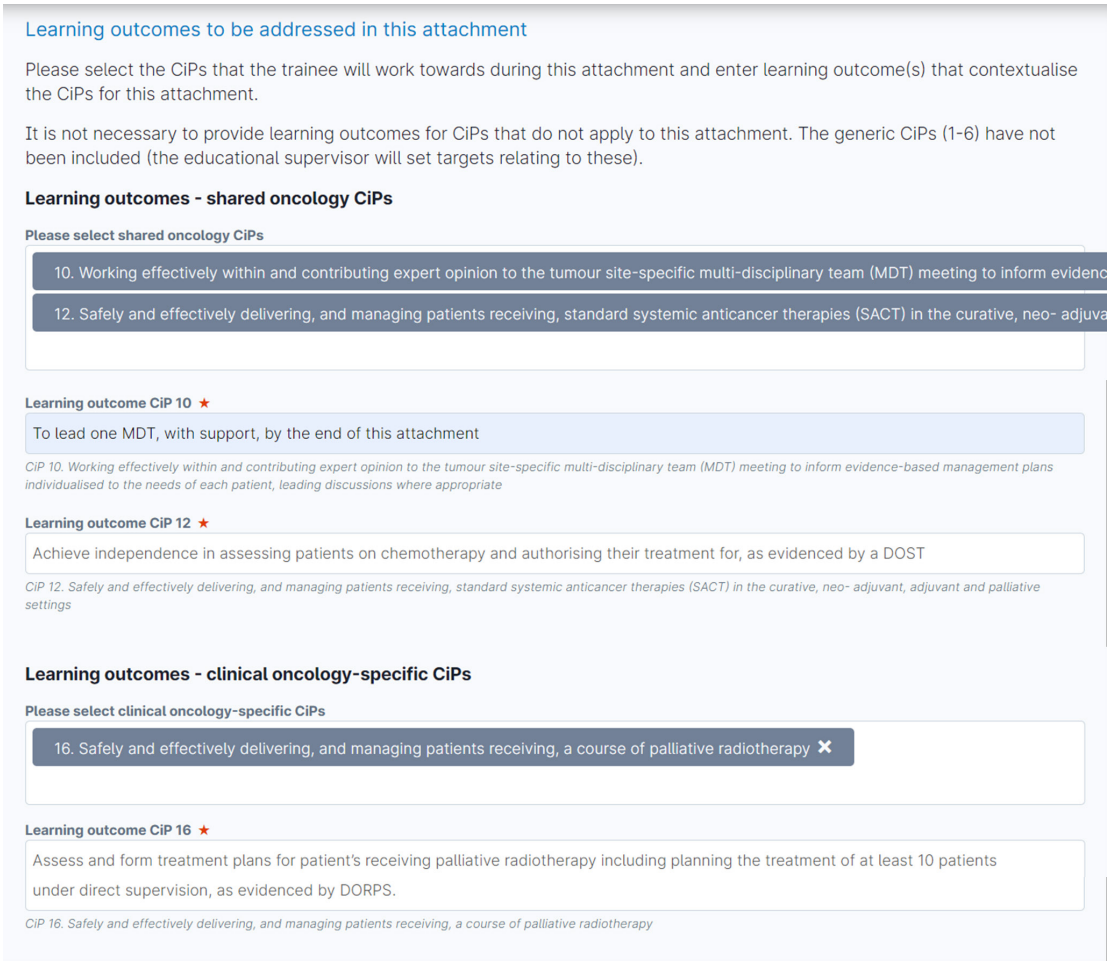
detailed in the PDP, not just the date the PDP was created. If you find that this data isn't being pulled through correctly you should check that the full date range covered by the PDP is included in the date range entered in the report.



Following this, the report asks the supervisor and trainee to identify learning outcomes related to the CiPs for this attachment. The CiPs are high level, and most attachments are likely to cover many of the CiPs. It is not necessary to agree a learning outcome for every CiP; the induction report allows you to select a small number of the most relevant CiPs and to create a learning outcome for the CiPs most relevant to this attachment.

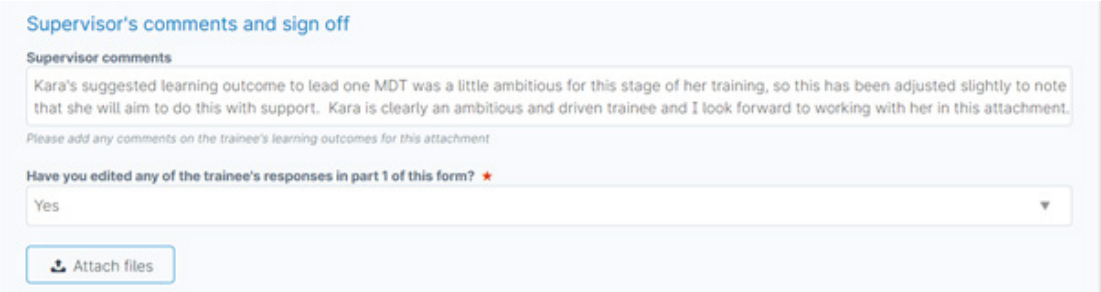


When you select the most relevant CiPs, a box will appear for each CiP where you can include a learning outcome for this attachment related to that CiP. The help text in italics below each box reminds you of the description for that CiP.

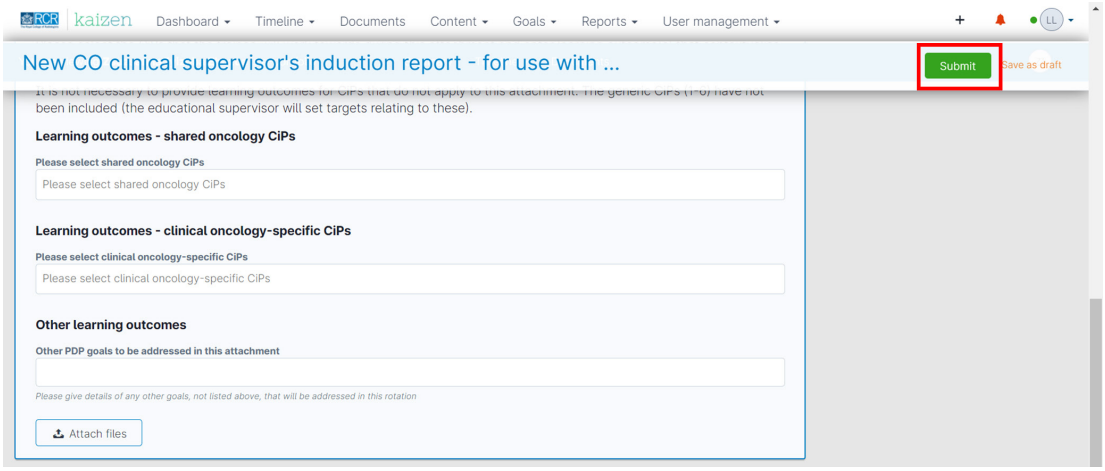


The final part of section 1 asks the supervisor and trainee to comment on any other PDP goals that the trainee will work towards during this attachment. These may be more generic than the site-specific outcomes set for the selected CiPs. There is a button at the bottom of this section, which allows you to attach any documents which may be relevant to the induction report.

If the trainee wishes, they may start the form before their induction meeting with their supervisor and this can form the basis of the discussion in the meeting. The supervisor can edit any information that the trainee has entered in section 1, for example adjusting learning outcomes. The supervisor will then be asked complete section 2, which allows them to confirm whether they have made any adjustments to section 1 and add any further comments that they have. Similar to section 1, there is a button at the bottom which will allow the supervisor to attach any relevant supporting documents.



The report can be completed by clicking on the green 'submit' button that appears at the top, right-hand side of the screen while the report is open. This will send it to the trainee's timeline where it can be viewed by anyone with appropriate access to the trainee's account (e.g. their educational supervisor).

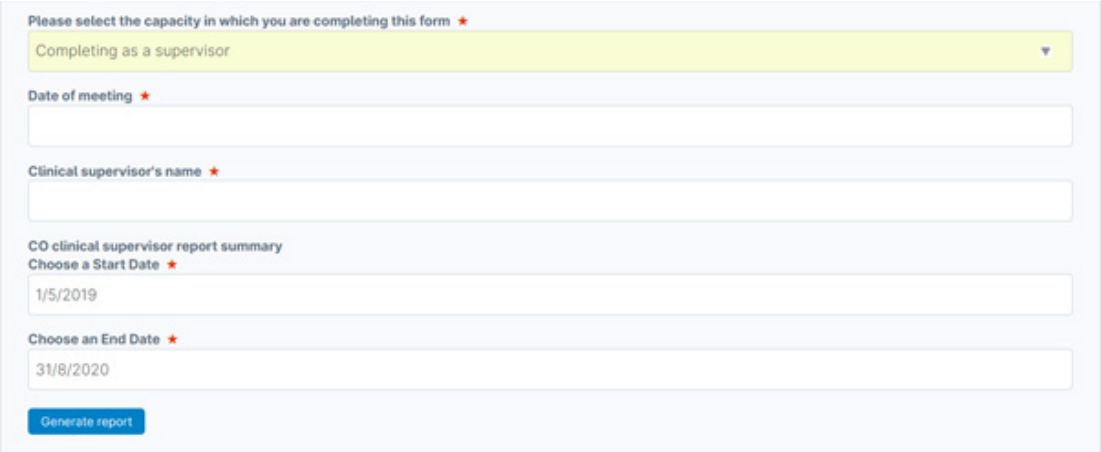


The clinical supervisor's midpoint review

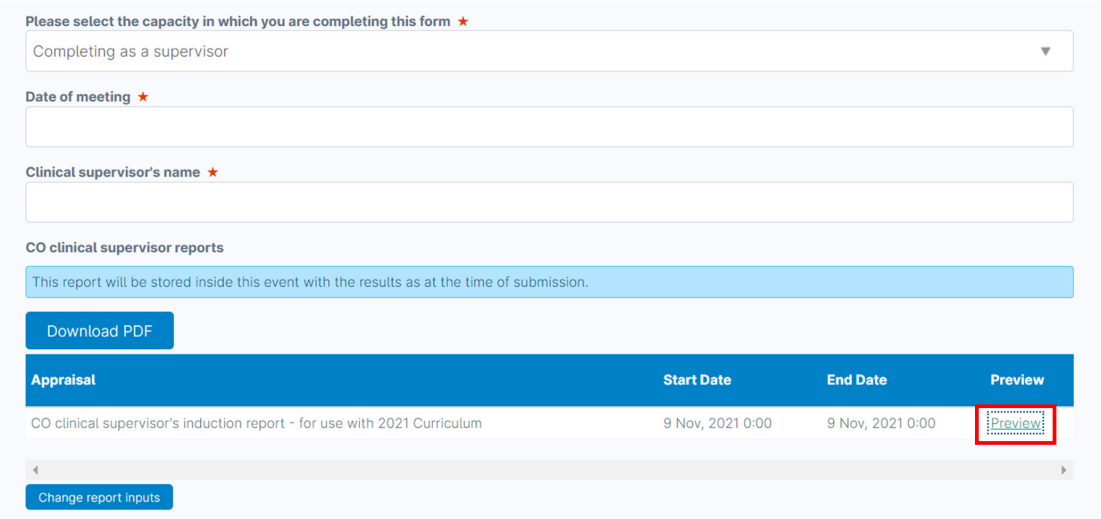
A mid-point meeting during an attachment is not mandatory, but is highly recommended, particularly if either the trainee or clinical supervisor has training concerns. It gives the trainee and clinical supervisor the opportunity to review the PDP and e-portfolio, look at the progress of the trainee so far and highlight areas for future development.

Similar to the clinical supervisor's induction report, the midpoint review can be created by either the trainee or the clinical supervisor. If the trainee starts the form, they will complete section 1 and send this to their clinical supervisor for review. The supervisor can then edit any of the information in section 1 and add comments in section 2. If the supervisor creates the report, they will complete section 1 and there will be no requirement to complete section 2.

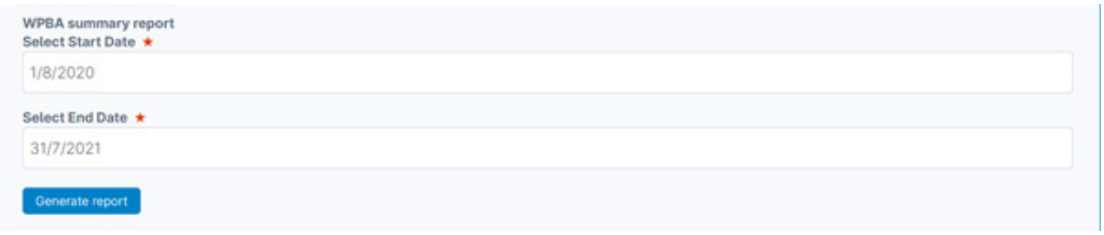
The midpoint review provides the ability to pull through the trainee's previous clinical supervisor reports, so that you can easily see the objectives set in the induction meeting. For this function to work properly the date range entered must cover the date that the induction appraisal was completed. If you find that this data isn't being pulled through correctly you should check that the date that the induction appraisal was created is included in the data range entered in the report.



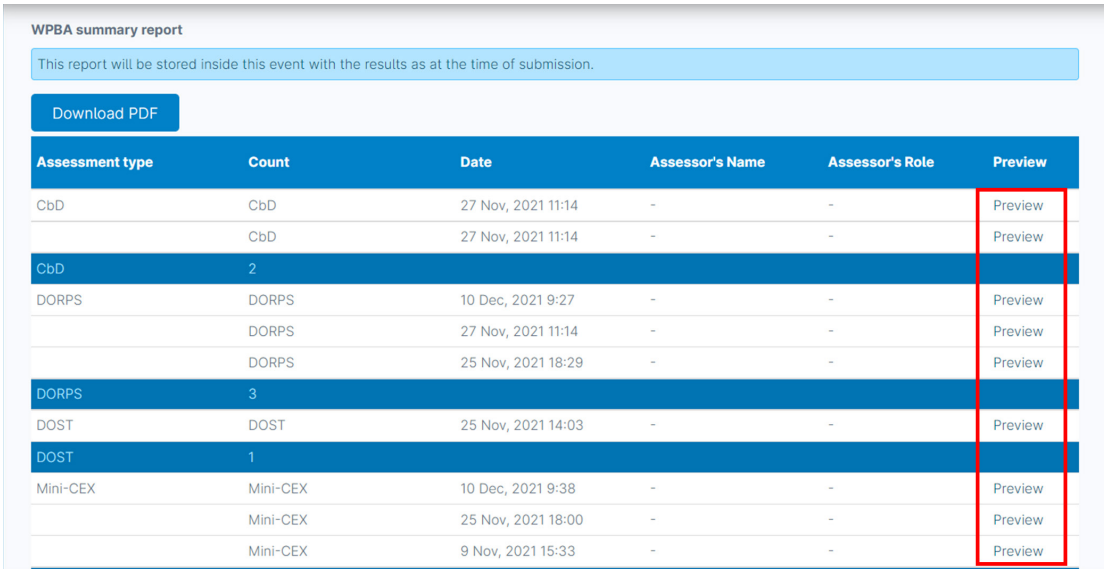
A summary of any clinical supervisor reports in the given date range is shown. Clicking on 'preview' next to any listed report will open that report in a separate window so that you can view the details of this report without navigating away from the midpoint review form.



You can also create a summary of the workplace-based assessment (WPBA) that the trainee has completed so far during this attachment, by setting the start date to the date on which the attachment commenced and the end date to the day of the meeting. This can be a useful way of checking that the trainee is spreading their WPBA appropriately throughout the attachment.



As with the summary of clinical supervisor's reports, clicking on 'preview' next to any given WPBA allows you to review the details of this WPBA in a new window, without navigating away from the midpoint report.



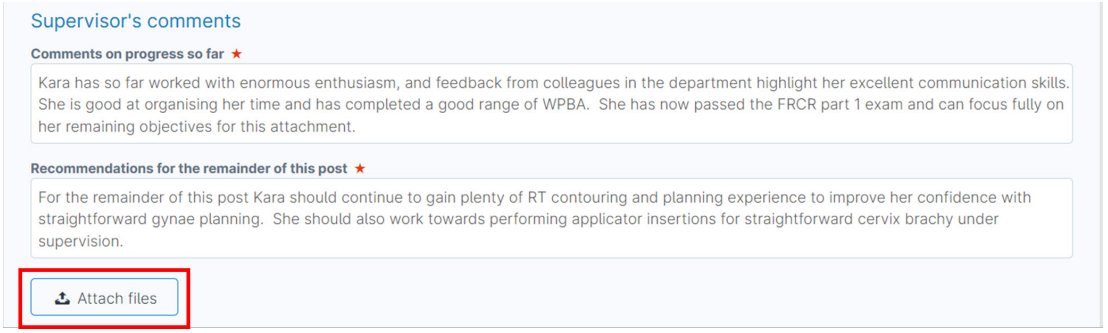
WPBA summary report

This report will be stored inside this event with the results as at the time of submission.

Download PDF

Assessment type	Count	Date	Assessor's Name	Assessor's Role	Preview
CbD	CbD	27 Nov, 2021 11:14	-	-	Preview
	CbD	27 Nov, 2021 11:14	-	-	Preview
CbD	2				
DORPS	DORPS	10 Dec, 2021 9:27	-	-	Preview
	DORPS	27 Nov, 2021 11:14	-	-	Preview
	DORPS	25 Nov, 2021 18:29	-	-	Preview
DORPS	3				
DOST	DOST	25 Nov, 2021 14:03	-	-	Preview
DOST	1				
Mini-CEX	Mini-CEX	10 Dec, 2021 9:38	-	-	Preview
	Mini-CEX	25 Nov, 2021 18:00	-	-	Preview
	Mini-CEX	9 Nov, 2021 15:33	-	-	Preview

Finally, there is space for the clinical supervisor to record their comments on the trainee's progress so far and recommendations for the remainder of the post. The 'attach files' button at the end of the form allows any supporting documents to be attached to the report.



Supervisor's comments

Comments on progress so far ★

Kara has so far worked with enormous enthusiasm, and feedback from colleagues in the department highlight her excellent communication skills. She is good at organising her time and has completed a good range of WPBA. She has now passed the FRCR part 1 exam and can focus fully on her remaining objectives for this attachment.

Recommendations for the remainder of this post ★

For the remainder of this post Kara should continue to gain plenty of RT contouring and planning experience to improve her confidence with straightforward gynae planning. She should also work towards performing applicator insertions for straightforward cervix brachy under supervision.

Attach files

If the trainee has created the form, they can populate the clinical supervisor report and WPBA summaries and submit this to their supervisor who can then complete the report by adding their comments. If the supervisor has created the form, the section for supervisor comments will appear automatically.

The report can be completed by clicking on the green 'submit' button that appears at the top, right-hand side of the screen while the report is open. This will send it to the trainee's timeline where it can be viewed by anyone with appropriate access to the trainee's account (e.g. the educational supervisor).

Clinical Oncology
Curriculum 2021

Clinical Oncology
The Royal College of Radiologists

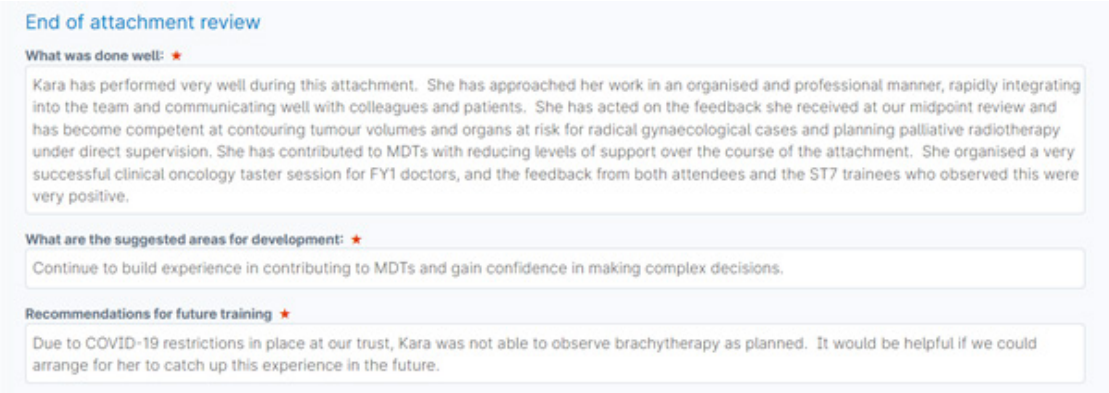
The clinical supervisor's end of post review

Towards the end of the attachment, the trainee and clinical supervisor should meet again for a final appraisal. They should review the evidence recorded in the e-portfolio during this attachment, including feedback from colleagues who have worked with the trainee, WPBA, and any other assessments made during the attachment. This meeting should be documented using the 'clinical supervisor's end of post review' form in the Kaizen e-portfolio.

The end of post review provides essential information regarding the trainee's progress to the educational supervisor and ARCP panel who will determine whether the trainee is ready to progress into the next stage of training. It is important therefore that this report includes sufficient detail for the educational supervisor and ARCP panel to clearly understand the trainee's performance during this attachment including any outstanding issues that still need to be addressed. If there are significant concerns regarding the trainee, the clinical supervisor should ensure that these are clearly recorded and that the educational supervisor and training programme director (TPD) are informed.

The end of post review begins in the same way as the midpoint review, asking for the same initial information and allowing summaries of previous supervisor reports and WPBAs. It can also be created by a trainee or a supervisor. If created by a trainee, following the input of this initial information the form will be submitted to the supervisor so that they can complete their feedback on the trainee's progress during this attachment.

The clinical supervisor's feedback begins with overall comments on what the trainee has done well, areas for development, and recommendations for their future training. The detail given in these free text boxes will be essential to help the educational supervisor and ARCP panel understand the trainee's progress.


End of attachment review

What was done well: *

Kara has performed very well during this attachment. She has approached her work in an organised and professional manner, rapidly integrating into the team and communicating well with colleagues and patients. She has acted on the feedback she received at our midpoint review and has become competent at contouring tumour volumes and organs at risk for radical gynaecological cases and planning palliative radiotherapy under direct supervision. She has contributed to MDTs with reducing levels of support over the course of the attachment. She organised a very successful clinical oncology taster session for FY1 doctors, and the feedback from both attendees and the ST7 trainees who observed this were very positive.

What are the suggested areas for development: *

Continue to build experience in contributing to MDTs and gain confidence in making complex decisions.

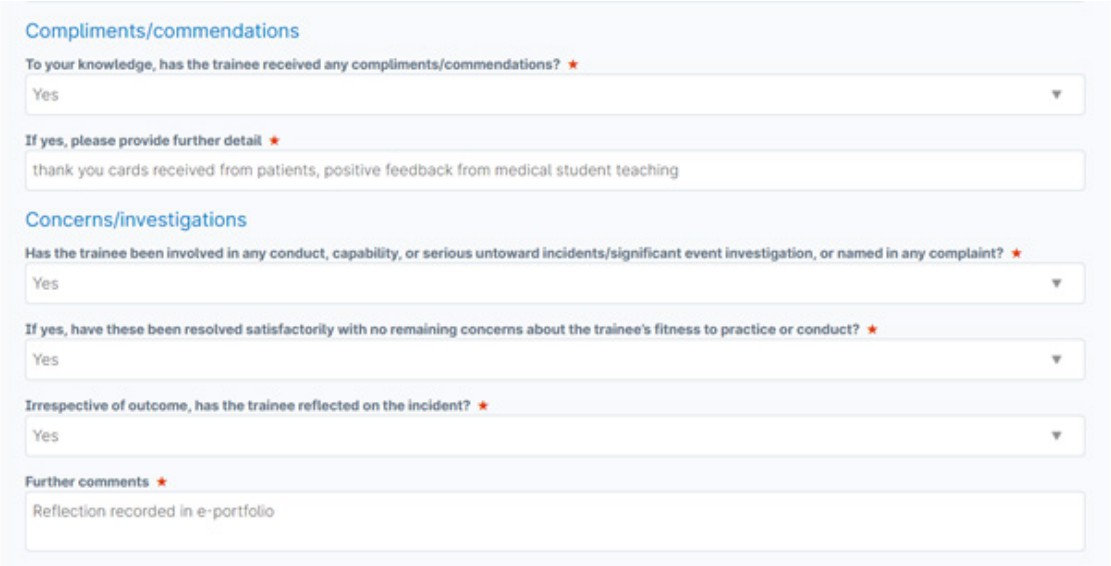
Recommendations for future training *

Due to COVID-19 restrictions in place at our trust, Kara was not able to observe brachytherapy as planned. It would be helpful if we could arrange for her to catch up this experience in the future.

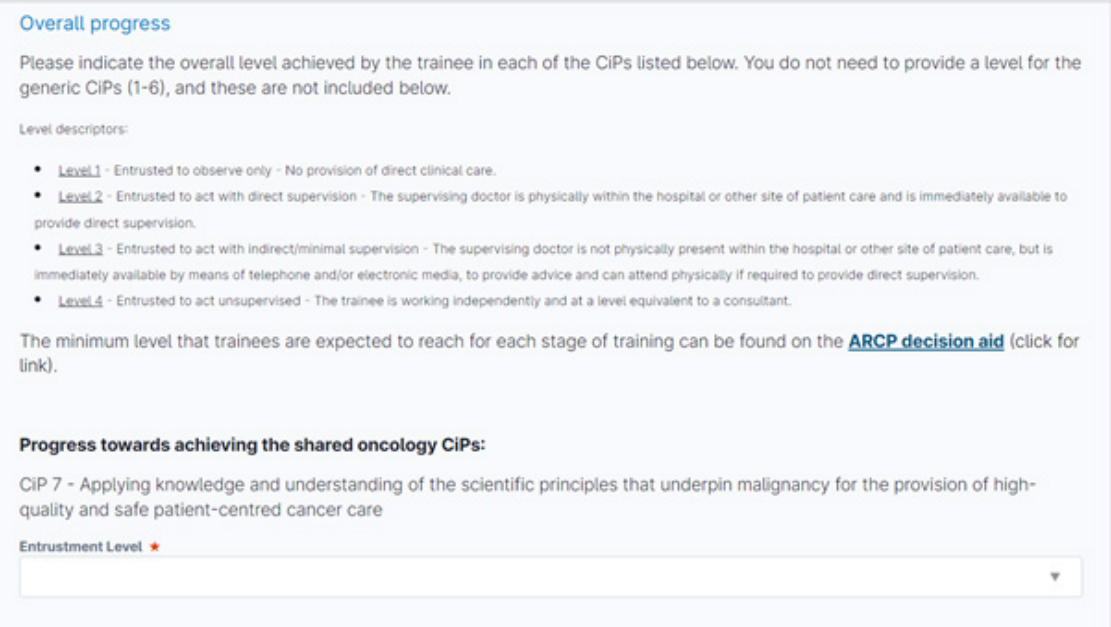
Following this, there is space to record details of any complements or commendations that the trainee has received, as well as details of any concerns or investigations. If you select 'no' when asked if you are aware of any commendations/investigations, then no further information is required. If you select 'yes' then text boxes will appear so that you can record further details. It is important that where there are any concerns about a trainee's progress that these are documented as thoroughly as possible in the structured report to allow appropriate consideration by the ARCP panel.

Clinical Oncology
Curriculum 2021

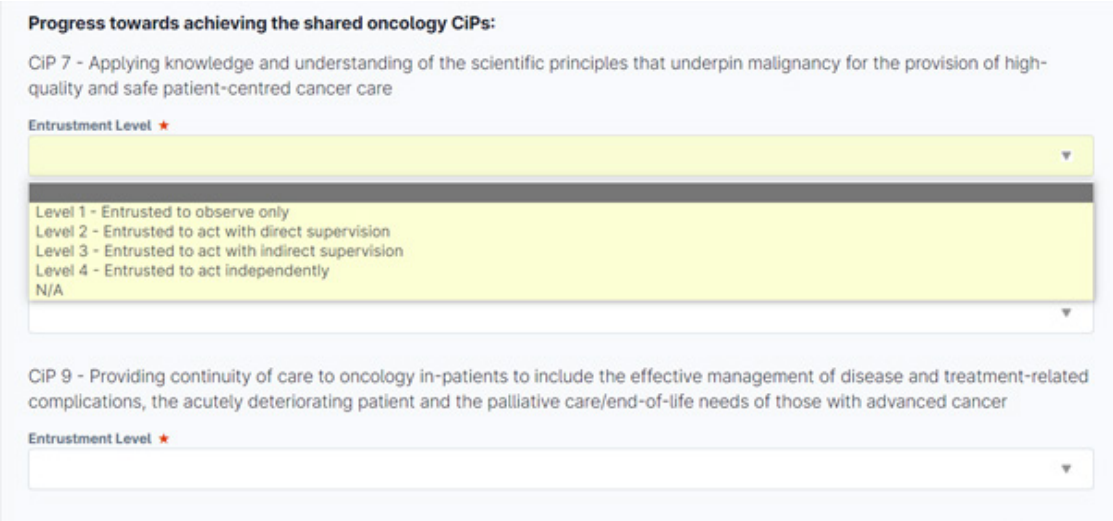
Clinical Oncology
The Royal College of Radiologists



The next section of the end of post review asks supervisors to indicate the level that the trainee has achieved for each of the shared oncology and clinical oncology-specific CiPs. Clinical supervisors are not asked to provide levels for the generic CiPs. The levels entered on the end of post review should reflect the capabilities demonstrated by the trainee during this attachment, for the tumour site covered. There is a link to the ARCP decision aid in the introduction to this section of the report which will allow you to review the minimum expectations for the trainee's stage of training. This opens in a separate window so that you don't need to navigate away from the report.



Since the CiPs are high-level, it should be possible to assign a level for the majority of CiPs, however if a CiP does not apply to this attachment you can select N/A.



The educational supervisor will take an overview of progress across attachments and tumour sites to determine the overall level that the trainee has reached for each CiP over the course of their training year.

The end of post review finishes with a section for any final comments and a question that asks if you have any concerns about the trainee's progress. It is important that any concerns are recorded and raised with the educational supervisor and TPD. Such concerns need not imply any failure or deficiency on the part of the trainee; they could relate to circumstances out of the trainee's control that have nonetheless impacted on their progress (such as illness or COVID-19 redeployment for example). If there are concerns about progress the clinical supervisor should explain these fully. It is important that where there are any concerns about a trainee's progress that these are documented as thoroughly as possible in the end of post review for consideration by the educational supervisor.

Any additional evidence relating to any part of the report can be added by using the 'attach files' button at the end of the form.

The report can be completed by clicking on the green 'submit' button that appears at the top, right-hand side of the screen while the report is open. This will send it to the trainee's timeline where it can be viewed by anyone with appropriate access to the trainee's account (e.g. the educational supervisor).

Clinical Oncology
Curriculum 2021

Clinical Oncology
The Royal College of Radiologists

Useful resources for clinical supervisors

- The RCR's curriculum web pages contain several useful documents to support clinical supervisors, including ARCP decision aids, a guide to entrustment levels and guides for individual WPBA, which can all be found in the 'assessment' section.
- The 'Gold Guide' (also known as 'A Reference Guide for Postgraduate Foundation and Specialty Training in the UK') sets out the arrangements agreed by the four UK health departments for specialty training programmes. It includes requirements for supervision and appraisal of trainees.
- Clinical supervisors are required to be specifically trained for this role and recognised in line with the GMC's 'Recognition and Approval of Trainers' requirements.
- The RCR provides workshops that have been designed to allow supervisors to develop the required capabilities for GMC recognition as a clinical supervisor. These include an introductory supervisor skills course and a course focusing on the specific skills required to support trainees in difficulty. The GMC use the Academy of Medical Educators' Professional standards for medical, dental and veterinary educators (2014) as the criteria against which all trainers in recognised roles must provide evidence of their ongoing professional development. These standards have since been updated and although the GMC continues to use the 2014 edition for approval and recognition of trainers, the updated standards are also a useful resource for clinical supervisors.
- In collaboration with the University of Dundee, the RCR has developed a postgraduate certificate in medical education. The PgCert for oncology is designed for trainee and consultant oncologists with an interest in developing their careers in medical education.