Evaluating the training and support of resident doctors within the London POSCU service

Authors: Jennifer Whitby[1], Neelakshi Ghosh[1], Dominic Carr[1], Conan Lundy[1], on behalf of The London REACH Network Collaborative[1]
[1]*The London Research, Evaluation and Audit for Child Health (REACH) Network, London, UK*

REACH
Research, Evaluation & Audit for Child Health

Paediatric oncology shared care units (POSCUs) deliver a key priority in childhood cancer care: treatment closer to home[2]. Resident doctors in POSCUs have variable experience levels in paediatric oncology.

The POSCU service specification provides guidance on medical and nursing cover, but does not define clear standards for training and induction of resident doctors undertaking rotational placements in POSCUs[3].

This gap may cause variable training, support, and resources, potentially impacting resident doctors' ability to deliver high-quality care.

Aims

1. To evaluate the training, support, and resources available to resident doctors across London POSCUs for the assessment, investigation, and management of children with cancer.

2. To identify common barriers resident doctors encounter in delivering this care.

Methods

18 London POSCUs were surveyed about POSCU induction training for resident doctors including topics covered, and awareness of the Pan London Supportive Care Protocol[4].

The survey also explored the likelihood of resident doctors contacting oncology specialist nurses, availability of local guidelines/templates, and perceived adequacy of current resources.

They survey was completed the REACH local lead after discussion with resident doctors, POSCU lead and local oncology specialist nurse.

Open comments collected on barriers and suggestions for improvement.

Results

14 POSCUs responded (78% response rate).

Topics covered in POSCU induction training were variable: febrile neutropenia (71%), blood transfusions (36%), chemotherapy side effects (14%), central line complications (7%)

14% of respondents reported no POSCU-related training.

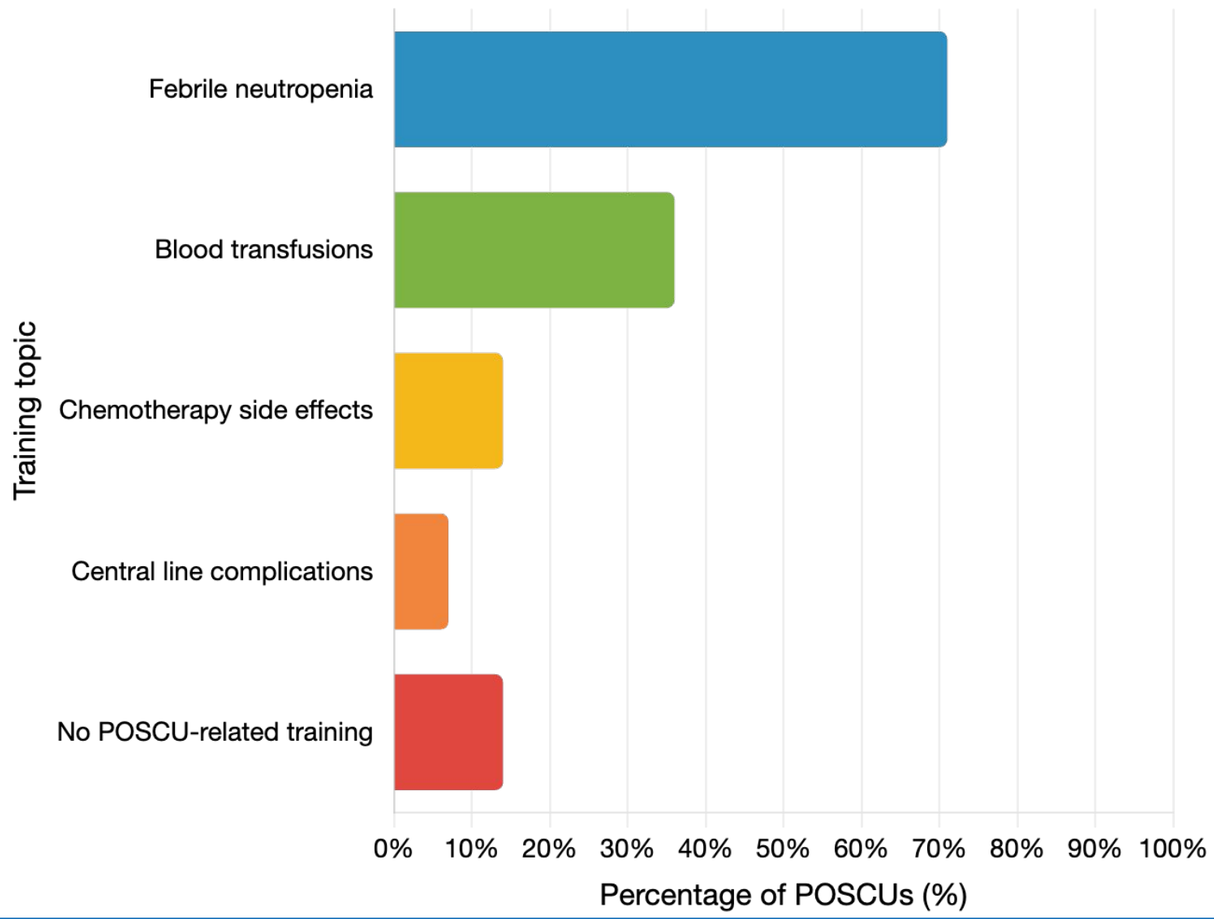
Support mechanisms were more consistent: awareness of supportive care protocols (79%), access to trust-specific guidelines (57%), support from local oncology specialist nurse (79%).

Thematic analysis highlighted limited training beyond febrile neutropenia and difficulties accessing up-to-date patient information.

Local oncology specialist nurse support is largely accessible, but only during normal working hours.

Reliance on non-electronic patient records at some POSCUs limits access to accurate, up-to-date records on treatment status and chemotherapy regimens — information critical for safe shared care decision-making.

Results



Conclusion

Training and support for doctors in London POSCUs is inconsistent, with gaps in key areas of paediatric oncology care.

Establishing clear training standards, providing structured education, and ensuring accessible guidelines are essential to strengthen local care.

Our next steps will involve sharing these results across the North and South Thames Paediatric Network and developing targeted objectives in improving training and support for resident-doctors working in POSCUs.

Contact: reachnetworkldn@gmail.com @reachnetworkldn

References:.
2. Research priorities in children's cancer: Final report of the James Lind Alliance Children's Cancer Priority Setting Partnership, Children's Cancer and Leukaemia Group (CCLG), 2023
3. Children's cancer services: Paediatric Oncology Shared Care Unit service specification, NHS England, 2021
4. Paediatric Haematology & Oncology: Supportive Care Protocols: 5th Edition version 1.2, A collaborative publication from Great Ormond Street Hospital for Children NHS Foundation Trust The Royal Marsden NHS Foundation Trust University College London Hospitals NHS Foundation Trust, February 2025