

NIMDTA
Deanery Review of Histopathology Specialty Programme

FINAL REPORT

Specialty Programme Reviewed	Histopathology			
Type of Visit	Specialty Review			
Training Programme Director	Dr Damian McManus			
Date of Review	22nd September 2020			
Visiting Team	Dr Jackie Rendall, Associate Dean for Deanery Visits (Chair) Dr Anton Collins, Head of School for Diagnostics Mr Robert Colvin, Lay Representative Miss Sabrina Duffy, Quality Executive Officer, NIMDTA Mrs Paula Costello, Quality Executive Officer, NIMDTA Miss Rebekah O'Neill, Quality Administrator, NIMDTA			
Rating Outcome	Red	Amber	Green	White¹
	2	1	1	0

Purpose of Deanery Visits	The General Medical Council (GMC) requires UK Deaneries and LETBs to demonstrate compliance with the standards and requirements that it sets (Promoting Excellence, 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the Northern Ireland Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPS) and Specialty Training Programmes. NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in Northern Ireland.
Purpose of this review	The purpose of this review is to assess the training environment and the postgraduate education and training of trainees in the Histopathology Specialty Programme.
Circumstances of this review	The Deanery Visiting Team met with the Training Programme Director, Specialty trainees in the Programme and trainers from the Belfast, Southern and Northern Trusts
Relevant previous visits	23 rd February 2017
Pre-review meeting	22 nd September 2020
Purpose of pre-review meeting	To review and triangulate the information about postgraduate medical education and training in the Histopathology Specialty Programme to be visited.
Pre-visit documentation review	Programme Background Information Template, September 2020 Background Information Template from Belfast, Northern and Southern HSC Trusts, September 2020. LEP Trainee Questionnaire for Deanery Visit (Specialty Review) Feb to Aug 2020. Previous report of Visit to Histopathology BHSCT, NHSCT, SHSCT and WHSCT 23 rd February 2017 TPD Action Plan to Specialty Review Report, 27 th March 2017 LEP Action Plan to Deanery Visit Report, 22 nd March 2017
Types of Visit	<u>Cyclical</u> Planned visitation of all units within 5 years <u>Re-Visit</u> Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service <u>Problem-Solving Visit</u> Request of GMC Request of RQIA Quality Management Group after review of submitted evidence sufficient to justify investigation and not suitable for investigation at Trust or Specialty School level.

¹ Risks identified during the visit which were closed through action planning by the time of the final report.

This report reflects the findings from the trainees and trainers who were available to meet with the visiting team on the day of the visit and information arising from the pre-visit survey.

Please note the following recommendations from the Francis Report on Mid-Staffordshire NHS Foundation Trust Public Inquiry on Training and Training Establishments as a Source of Safety Information:

- **Recommendation 160:** Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.
- **Recommendation 161:** Training visits should make an important contribution to the protection of patients. Obtaining information directly from trainees should remain a valuable source of information.

Educational Leads Interviewed

Dr Damian McManus, Training Programme Director

Trainees Interviewed

	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Total Posts	16		1	1	
Interviewed	1 x ST1 1 x ST2 2 x ST3 6 x ST5 1 x CCT		1 x ST2	1 x ST2	

Trainers Interviewed

	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Interviewed	4		1	1	1

Feedback provided

Dr Damian McManus, Training Programme Director

Contacts to whom the visit report is to be sent to for factual accuracy check

Dr Damian McManus, Training Programme Director, Histopathology Specialty Programme
Dr Anton Collins, Head of School for Diagnostics

BHSCT Annex: Dr Chris Hagan (Medical Director) and Dr Simon Johnston & Dr Ruth Eakin (Directors of Medical Education)

SHSCT Annex: Dr Maria O’Kane (Medical Director) and Dr Gail Browne (Director of Medical Education)

NHSCT Annex: Mr Seamus O’Reilly (Medical Director) and Dr Kate Scott (Director of Medical Education)

Background

Trainees in Programme: There are 18 posts in the training programme.

Programme Training Sites: Most trainees are posted to the BHSCT, at the RVH site. Altnagelvin, Antrim and Craigavon Area Hospitals each have 1 post that the trainees rotate through during the programme.

NTS: No NTS completed this year due to the covid-19 pandemic.

Previous Visits or Concerns: The 2011 visit to RVH was graded B2: Satisfactory (with conditions). The visit of February 2017, again highlighted an issue in regard to educational resources. Concerns were raised in relation to practical experience, patient safety, trainee safety and undermining.

Feedback from Training Programme Director (TPD)

Theme 5: Delivery of Approved Curriculum including Assessments

S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

(R5.9, 5.11)

Recruitment and Selection to the Programme (R2.20)

The TPD reported that over the last 3 years of recruitment, the programme has continued to attract a large number of high quality candidates. Although local recruitment is in place, the TPD has previously taken part in National recruitment, and as a result adapted the current interview process to include a written element.

Induction to the Programme (R3.5, 3.8, 5.9c)

Induction involves two PowerPoint presentations, the specialty induction delivered by the TPD and the laboratory induction delivered by an ES.

Allocation Process (R3.7)

Year 1 placement is centralised within the RVH site.

Years 2, 3 and 4 placements are rotational 6 months RVH site and 6 months peripheral sites. All trainees will now rotate through Craigmavon Area Hospital, Altnagelvin Area Hospital and Antrim Area Hospital.

Trainee Support (R3.2, 3.3, 3.5, 3.11, 3.14, 5.12)

The TPD advised that a number of trainees have been referred to the PSU service within NIMDTA with successful outcomes.

LTFT Trainees (R3.10)

There are currently a number of trainees who are in LTFT within the programme. The TPD feels that the specialty works well in conjunction with the LTFT programme.

Regional Training Events (R1.16)

There is now a weekly run joint teaching programme between Northern Ireland and the Republic of Ireland. This runs every Thursday afternoon on MS Teams and has now been successfully delivered over the last 6 months. As it is delivered on an all island basis, more consultants are available to contribute to the teaching programme. As this was set up due to the covid-19 pandemic, the TPD expressed concern at being able to continue this long term. It has been difficult to monitor attendance online.

The previously run monthly Wednesday, regional teaching session still runs. It has been a long term challenge to secure continued engagement in teaching within the Northern Ireland consultant team.

Formal Education including Exam Preparation/Pass rates (R2.5)

There continues to be success at passing the Part 1 exams. Historically however there have concerns with the high fail rate in the Part 2 exams. It was quoted that 2 out of 5 local candidates are currently passing 1st time round (40%). Further discussion on the exams looked at whether the trainees need to be encouraged to take the exam earlier to avoid an adverse outcome. Dr Anton Collins, the Head of school commented on the difficulty of the current process for the trainees. This is a run through programme with several complex stages that require completion before the exam can be attempted. The TPD advised that glass slides are still being used for the exam but due to the COVID 19 pandemic, there is a proposal to change the exam process to use digital slides instead which might improve the situation.

Study Leave (R3.12)

No concerns.

Support for Academic Opportunities (R3.8)

No concerns.

Support and Development of Trainers (R4.4-4.6)

The TPD advised that there is a small number of trainers available and recruitment to these posts can be a challenge.

The Lay Representative queried the difficulty in getting more trainers and the likelihood of this continuing to being an ongoing issue for the specialty. The TPD advised in order to become a recognised trainer there are several GMC requirements that in turn deters people from applying to be a recognised trainer in histopathology. The TPD was positive about the fact that the courses

are more streamlined and now delivered online. It was noted by the Chair that all trainers currently were recognised trainers.

Specialty Training Committee (R2.4)

The Education Committee meets twice yearly.

ARCP Process (R2.12, 2.16)

Trainers engage well with the ARCP process.

Quality Management of Programme (R2.5, 2.8, 2.9, 2.17)

It was acknowledged that previously the NTS had highlighted some areas of concern. The NTS, ARCP process and exam success rate have been used appropriately to effect change within the training programme.

Summary of Programme Review Findings

Comments:

The visiting team were made aware that there is currently no paediatric pathology service available here in Northern Ireland, which makes it difficult for the trainees to have access to perinatal pathology training, a mandatory curriculum requirement.

The low rate of consented adult post mortems in Northern Ireland is having a serious impact on the training programme.

Areas Working Well

1. Newly introduced North/South weekly teaching programme on MS Teams has been well received.
2. Good support of trainers with encouraged engagement at STC, recruitment and ARCP panels.

Areas of Good Practice (includes areas of strength, good ideas and innovation in medical education and training):

1. Recruitment, although local, the TPD has involved himself in National Recruitment process and incorporated a new element as a result.
2. Excellent induction at ST1.
3. Transparent allocation of posts policy in place. Discussed at induction to the specialty programme.

Areas of Opportunity:

1. More of a focus placed on PDP especially in trainees entering the programme, in the months following the initial specialty induction.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

1. **Formal Education.** There is a concern about the poor success rate at Part 2 exam. The trainees are keen to seek a structured approach with the trainers to improve this.
2. **Trainer Engagement.** Increased engagement from trainers in the monthly regional Wednesday training days.

Areas of Significant Concern (Patients/trainees within the training environment area at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programmes)

1. **Practical Experience.** There is currently no paediatric pathology service available here in Northern Ireland, so no access to perinatal pathology training locally, a mandatory curriculum requirement.
2. **Practical Experience.** Northern Ireland has an extremely low rate of consented adult post mortems. If this remains the case going forward this will make this a vulnerable training programme and will impact further on other training specialities such as forensic pathology.