

## TPD Action Plan to Deanery Visit Report



This report will be used to inform GMC of both good practice and areas of concern through the GMC Online Quality Reporting System.

<b>Local Education Provider (LEP) Visited</b>	All Trusts				<b>Factual Accuracy Report</b> (15 working days to respond)	<b>Date Issued:</b> 27 October 2020 <b>Date Trust Response Received:</b> 16 November 2020
<b>Specialty Visited</b>	Histopathology				<b>Interim Report and Action Plan Timeline</b>	<b>Date IR &amp; AP Issued:</b> 16 November 2020 <b>For Response by:</b> 07 December 2020
<b>Type of Visit</b>	Specialty Review					<b>Response Received:</b> 04 January 2021 <b>Date Post Visit Follow Up Meeting:</b> 14 January 2021 <b>Date Updated Action Plan Reviewed at QMG:</b> 22 January 2021
<b>Head of School &amp; Training Programme Director</b>	Dr Anton Collins Dr Damian McManus					<b>QM Updated Action Plan Issued to TPD:</b> 12 February 2021 <b>For Response by:</b> <u>30<sup>th</sup> April 2021 (Items 1, 2, 4 &amp; 5 only)</u> Item 3 will be followed via the LEP Quality Report.
<b>Date of Visit</b>	22 September 2020					<b>Date Response Received:</b> <b>Date Reviewed at QM:</b>
<b>QMG RAG Decision &amp; Date</b>	Red	Amber	Green	White <sup>1</sup>	<b>Final Report &amp; Action Plan</b>	<b>Date Final Action Plan Issued:</b> <b>Date Final Report Uploaded to Website:</b> <b>Final Report Sent to:</b> Dr Anton Collins & Dr Damian McManus <b>Date Final Report Sent:</b> 12 February 2021
	2	1	1	0		

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

Visit Team Findings against GMC Standards for Training									
	Educational and/or Clinical Governance	Area for Improvement /Area of Concern/ Area of Significant Concern (at the time of the visit)	Areas Identified by Visit Team:	Action Plan: Please consider the following questions when providing a Trust action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	Lead Individual:	Date to be completed by:	QMG Comment	Risk Rating	Status
1		Area of Significant Concern	<b>Practical Experience.</b> There is currently no paediatric pathology service available here in Northern Ireland, so no access to perinatal pathology training locally, a mandatory curriculum requirement.	<u>BHSCT/TPD Comment 04/01/2021:</u> Discussed with TPD who has advised the following and included in his own action plan: 1. SLA agreed with Alder Hey Paediatric/Perinatal Pathology but unit unable/unwilling to deliver training during the current pandemic. Have sought attachments with the paediatric / perinatal pathology TPD in Scotland, but there is currently no capacity to provide training in Scottish centres. 2. Will approach the President of the Royal College of Pathologists for help but it may not be possible to progress this until the pandemic has improved.	TPD Damian McManus	30 <sup>th</sup> April 2021	The Deanery QM Group thanks the Trust/TPD for the response provided.  This issue was discussed at the Post Visit Follow Up meeting on 14 January 2021.  The Deanery QM Group have requested an update from the TPD on this issue <b>by 30<sup>th</sup> April 2021.</b>	High impact Medium likelihood	Stage 2
2		Area of Significant Concern	<b>Practical Experience.</b> 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.	<u>BHSCT/TPD Comment 04/01/2021:</u> Discussed with TPD who has advised the following and included in his own action plan: 1. The low rate of consented adult hospital autopsies is beyond the remit of the TPD. 2. Attempts will be made in December to re-establish an OOPT attachment in a department in UK to provide basic mandatory autopsy light training. 3. Once the OOPT is re-established, then an attempt will be made to develop a 3 month OOPT for CHAT training that will be offered to trainees on a competitive basis. 4. Transfer of 50 suitable cases a year from the	TPD Damian McManus	30th April 2021	The Deanery QM Group thanks the Trust/TPD for the response provided.  This issue was discussed at the Post Visit Follow Up meeting on 14 January 2021.  The Deanery QM Group have requested an update from the TPD on this issue <b>by 30<sup>th</sup> April</b>	High impact Medium likelihood	Stage 2

				Forensic Pathology Service would provide adequate training numbers for the trainees in Histopathology but would likely require appointment of a consultant trainer with the CHAT exam and a recognised trainer.			<u>2021.</u>		
3	Educational Governance	Area of Concern	<p><b>Curriculum Delivery.</b> Trainees are experiencing difficulties getting access to the minimum number of cases to fulfil curriculum requirements while placed centrally on the RVH site.</p>	<p><u>Trust Comment 04/01/2021:</u></p> <ol style="list-style-type: none"> <li>1. This has been raised at two separate meetings of the non-Education Role specific consultant body (the majority of the department). Also raised at quarterly meeting of Histopathology Ed Supervisors. All meetings had a trainee representative.</li> <li>2. A new rota was implemented 2 years ago due to necessity after a merger of BCH and RVH labs and some trainees have felt it may have had some negative impact on case numbers at RVH site.</li> <li>3. An audit is underway (led by trainees Corinna Clarke and Fionnuala Hinds (StR) and supervised by Consultants Lakshmi Venkatraman and Gerry McVeigh; however current activity has been altered by the coronavirus pandemic. There has been a global decrease in specimen numbers to the lab during a dip in clinical activity. Recently the input to the lab has begun to normalise. We will await further details from the audit and revisit with more concrete data in the coming 3-6 months.</li> </ol>	<p>Corinna Clarke and Fionnuala Hinds (StR) are performing Audit</p> <p>Consultant input Lakshmi Venkatraman and Gerry McVeigh</p>	30 <sup>th</sup> September 2021	<p>The Deanery QM Group thanks the Trust for the response provided, and notes that there is an ongoing audit.</p> <p>This issue was discussed at the Post Visit Follow Up meeting on 14 January 2021 where it was agreed with the BHSCT &amp; TPD that an update will be provided following completion of the audit.</p> <p>This item is now closed on this TPD Action Plan and will be monitored via the LEP Quality Report.</p> <p><u>Next Update due 30<sup>th</sup> September 2021</u></p>	Medium Impact / Medium Likelihood	Stage 3
4		Area for Improvement	<p><b>Formal Education.</b> 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.</p>	<p>At the last sitting of the FRCPATH Part 2 exam, all 4 candidates passed. It would be unprecedented to have a 100% pass rate in our dept. with 4 candidates sitting the Part 2 exam (in what is a very hard exam with typical pass rate of 40%). Prior to this, in the last approx. 2 year we had 4 other trainees pass the exam and exit or are about to exit into consultant jobs. At the time of inspection, the trainees would not have been aware of the latest exam results.</p> <p>We have had continued formal teaching throughout</p>		30th April 2021	<p>The Deanery QM Group thanks the Trust/TPD for the response provided.</p> <p>This issue was discussed at the Post Visit Follow Up meeting on 14 January 2021.</p> <p>The high standard Part</p>	Low Impact Medium Likelihood	Stage 4

				the pandemic via remote digital sessions (including an all-Ireland tie in). We were utilising these methods before the suggestion from the Trust and in fact one of our Consultants received a certificate of recognition for his work in relation to this from The Education Dept. of Belfast Trust			1 pass rate of 100% is noted. It was advised at this meeting that further coordination and forward planning between TPD & BHSCT is required in order to ensure improvements that allow the repatriation and delivery of regional teaching, less reliance on the ROI all Ireland tie in digital sessions.  The Deanery QM Group have requested an update from the TPD on this issue <b>by 30<sup>th</sup> April 2021.</b>		
5		Area for Improvement	<b>Trainer Engagement.</b> Increased engagement from trainers in the monthly regional Wednesday training days.			30 <sup>th</sup> April 2021	This item has been added to the TPD action plan as it is highlighted as an Area for Improvement in the Visit Report.  The Deanery QM Group have requested an update from the TPD on this issue <b>by 30<sup>th</sup> April 2021.</b>	N/A	N/A

**Good Practice Items / Areas Working Well from Visit Report [if applicable]**

<b>Good Practice</b> (includes areas of strength, good ideas and innovation in medical education and training):
<ol style="list-style-type: none"> <li>1. The RVH Site has implemented a buddy system for clinical supervision.</li> <li>2. Trainers said that they felt valued by their HSC Trusts in their educational roles.</li> </ol>

## Areas Working Well

1. Induction into the specialty was positive. Trust induction is delivered regularly.
2. There are a number of positives as a result of the merger of the RVH and BCH sites within the BHSCT. In particular relating to educational value, training opportunities and the administration of trainee postings.

## Impact, Likelihood & Risk

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

### 'Impact'

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue can be rated high, medium, or low impact according to the following situations:

*High Impact:* patients or trainees within the training environment are being put at risk of coming to harm. Or trainees are unable to achieve required outcomes due to poor quality of the training posts / programme.

*Medium Impact:* trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

*Low Impact:* issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

### 'Likelihood'

Likelihood measures the frequency at which issues arise. For example, if a rota has a gap because of one-off last minute sickness absence, the likelihood of issues occurring as a result would be low.

*High Likelihood:* the issue occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

*Medium Likelihood:* the issue occurs with enough frequency that if left unaddressed could result in patient safety issues or affect the quality of education and training. For example, if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of issues arising as a result would be 'medium'.

*Low Likelihood:* the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

### 'Risk'

Risk is then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

### Risk Rating

LIKELIHOOD ↓	IMPACT →		
	LOW	MEDIUM	HIGH
LOW	GREEN	GREEN	AMBER
MEDIUM	GREEN	AMBER	RED
HIGH	AMBER	RED	RED

### Status Ratings

Stage 1: <b>NEW CONCERN IDENTIFIED</b> - a concern has been identified and an action plan is not yet in place.
Stage 2: <b>PLAN IN PLACE</b> - an action plan for improvement is in place but has not been fully implemented and evaluated.
Stage 3: <b>PROGRESS BEING MONITORED</b> - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.
Stage 4: <b>CHANGE SUSTAINED</b> - actions have been implemented and there is evidence of improvement through monitoring.
Stage 5: <b>CLOSE CONCERN</b> - solutions are verified or there is evidence of sustained improvement over an appropriate time period. If this is an open item on the GMC Dean's Report, a request will be made to the GMC to close the concern.

### New GMC Standards for Medical Education and Training [Promoting Excellence - Jan 2016]

Theme 1: Learning Environment & Culture	Theme 2: Educational Governance & Leadership	Theme 3: Supporting Learners	Theme 4: Supporting Educators	Theme 5: Developing and Implementing Curricula and Assessments
<p><b>S1.1:</b> The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p><b>S1.2:</b> The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p><b>S2.1:</b> The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.</p> <p><b>S2.2:</b> The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p><b>S2.3:</b> The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</p>	<p><b>S3.1:</b> Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>	<p><b>S4.1:</b> Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p><b>S4.2:</b> Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p><b>S5.2:</b> Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>

--	--	--	--	--

**Additional Comments from the TPD:**

<b>TPD Signature:</b>	<b>Signature:</b>
	<b>Date:</b>