

## Educational Update Zoom webinar Held on 26 November 2021

### Questions & Answers

These are the questions that were asked at the meeting – with the accompanying responses by the respective speaker.

#### Speakers at the meeting:

Welcome and introductions and summing up

- Professor Angharad Davies, Chairperson, Vice President for Learning, RCPATH

New developments in medical education

- Professor Sheona MacLeod (**Keynote speaker**)  
Deputy Medical Director for Education Reform, Health Education England (HEE)  
Honorary Professor, University of Nottingham and University of Leicester

Medical licensing assessment (MLA) – effects on postgraduate training

- Professor Nicki Cohen, Clinical Director of Training and Assessment, RCPATH

Implementing the new curricula – practical guidance and support for those involved in training and assessing pathology trainees

- Ms Joanne Brinklow, Director of Learning, RCPATH

RCPATH examinations – present and future

- Dr Sanjiv Manek, Clinical Director of Examinations, RCPATH

Pathology Portal update

- Dr Hasan Rizvi, Clinical Lead for the Pathology Portal, RCPATH

**Q1: I work in Histopathology. Consultants are exhausted and under huge clinical pressures to catch up - we have significant surges in work with evening and weekend clinics/theatre sessions. Turnaround pressures are huge. There is plenty of work but allowing trainees to deal with this results in us failing turnaround. There are significant Consultant shortages with understaffing and sick leave. Where do we begin to fix this? Is training or turnaround the priority?**

**A1:** Professor Sheona MacLeod said that turnaround and training are both priorities: we know consultants are exhausted, but we need to help the trainees learn. The system doesn't appear to value this. Conversations have been had with Amanda Pritchard and the Medical leads in NHSE/1: the message has been that the pressure for purely service delivery needs to be taken off, or in a few years there will not be a workforce. We are aware of the pressure. It's not an easy decision for



trusts so we have to work to get NHS England to say the same message, i.e., that training is as important as turnaround.

**Q2: There is National shortage of Microbiologists. Geography is a huge issue, with hospitals outside cities finding it very difficult to recruit. What can be done to address this?**

**How do we unravel the difficult conundrum of areas struggling to recruit to consultant posts due to few trainees in the area - noting most stay close to where they trained. So, departments with few consultants and high workload and therefore there isn't the capacity to support specialist training in the area and therefore the cycle of unfilled posts and stretched consultants continues.**

**A2:** For trainees, regions are the most important thing now. Patients need us in the peripheral areas, so we need to work with NHSE/I on how that is incentivised and also place trainees there. Adrian Brooks' work in HEE is about this: distribution of training to places where training is needed. The piece of joint work with NHSI is to help level out investment in training funding distribution and support the placement of more trainees at a distance from the big cities.

**Q3: What can we do about the exodus of junior doctors?**

**A3:** The pandemic has caused people a great deal more personal and work-related stress. It's so essential to look after doctors' wellbeing. Allowing medicine, and training, to change so that it fits with society now is really important, e.g., allowing someone in Paediatrics to work in CAMHS to develop further interests. HEE has a strong focus on trying to properly listen to the concerns of junior doctors. We are exploring how to reduce the pressure. Many are looking at exhausted consultants and wondering if they want to progress to that level.

**Q4: Is this pathology portal available to members of RCPATH who are not part of the NHS?**

**A4:** Yes, it will be.

**Q5: Could you comment on how the indexing of information uploaded on to the portal will be achieved?**

**A5:** Dr Hasan Rizvi stated that the cases/learning material being uploaded will be indexed/categorised using anatomical site, SNOMED code/diagnoses, aetiological categories and specialties. Any questions regarding this can be directed to the pathology portal team at: [pathologyportal@rcpath.org](mailto:pathologyportal@rcpath.org).

**Q6: Please can you explain more about internships?**

**A6:** From the point of view of a model of the future, undergraduate training. Internships would allow students to move earlier into employment. Some other countries have more of an internship as final year schedule. That preparation for real practice is very much a focus on really preparing doctors so that the transition from undergraduate to graduate work is less intimidating. We need to think about how we take this forward across the country.

The Medical Degree Apprenticeship is currently in development and designed to widen access and participation through a new flexible entry route into medical education. It is supported by a broad



range of employers and currently on track to start in 2022/23. The apprentices would gain a medical degree from Medical School but working while learning.

**Q7: As a post-Part 2 histopathology trainee I have really valued my Stage D time to help with the transition from senior trainee to junior consultant. What are the college's plans for Stage D equivalent in the new curriculum? How will you support trainees with the transition? Senior trainees need time to learn how to practice / act up as a consultant.**

**In histopathology, the training time is short and fast as it is. I have reservations about shortening the post Part 2 experience. This is an extremely beneficial time for professional development and maturity. Anything less than a year seems too short.**

**A7:** We have intentionally removed the 4-stage nomenclature (in response to feedback in the 2021 curriculum), but the experiential nature of post part-2 working, alongside phased independent reporting starting earlier in training is really important. We are encouraging independent reporting earlier in the curriculum: that equivalent time remains as a time for growth and settling. The College is putting together more advice for trainees preparing to become consultants. We're also looking at a day for new consultants to come to the college: this will be cross-specialty.

**Q8: Is the MLA for experienced doctors from abroad (replacement of PLAB). If like a replacement of finals, is it likely to reduce recruitment. How relevant is it for a histopathologist/microbiologist to know current management of an MI?**

**A8:** It will replace PLAB at a junior level: at a basic safety assessment level. Please review information available from the GMC for further details. The College has other programmes that support international medical graduates in obtaining GMC registration, e.g., our sponsorship and MTI schemes. Please contact [international@rcpath.org](mailto:international@rcpath.org) to find out more.

**Q9: The Learning Hub has great potential. The eLfH is so limited for lab medicine so will be good to have this resource. It is a lot of work and the idea of contributing when already struggling to meet the demands of the working day concerns me. Would be good if there was good training for potential contributors (will help develop resources) and also oversight to ensure it meets standards for training and hopefully CPD for consultants.**

**A9:** Dr Hasan Rizvi replied to say that the Editorial Board for the Pathology Portal represents members from all major specialties within pathology, who were selected via an open call for expression of interest. All learning material will be added with editorial board oversight and contributions. Pre-existing learning material in different regions/with individuals can be scanned and uploaded and support for scanning is available. The editorial board specialist teams are mapping the learning material to respective curricula. There is some support available in the form of a technical editor to help with any uploading or platform related issues and in the form of some bursaries/funding to support development of learning material. There are plans for an education fellow and some specialist groups are recruiting medical students to help in uploading/development of material. If you are running a course and have the material available and want to upload it, please submit it. It's a national project and individual contributions will help develop build up volume over time. If you wish to submit material, please contact the pathology portal team at [pathologyportal@rcpath.org](mailto:pathologyportal@rcpath.org).

**Q10: I have been told it is 'recommended' to have an educational supervisor sign off CiPs who is also a specialist in the same area. As a microbiologist with a CCCT in MM/MV who**



**also train doctors who are training in ID/general medicine, can I be expected to sign off CiPs for these trainees?**

**A10:** Professor Nicki Cohen stated that there is guidance about this in the [Rough Guide](#) on the College website.

**Q11: RE: workplace-based assessments. In the ePortfolio the assessments are very patient focused. The CiPs include need for manage laboratories. Is there a process of asking for review/addition to be more relevant for laboratory-facing trainees?**

**A11:** This will be picked up and explored at a later date through the relevant CSTCs. Workplace-based assessments form part of our GMC-approved curriculum so we need to make amendments accordingly following implementation.

**Q12: How are the results of psychometric tests [of the Medical Licensing Assessment] used? Might this also result in competition between medical schools and increase risk of teaching to the exam?**

**A12:** In terms of psychometrics, each school already goes through the performance of each question after each exam to ensure that decisions are made based on the blueprint and questions between high-performing and poorly-performing candidates. This is standard procedure (part of work for each school to adhere to Promoting Excellence).

I'm not sure that there is significant competition between medical schools. The Medical Schools Council which is the umbrella organisation is very supportive and schools work together to share best practice. This has been particularly evident during the last 20 months. Remember that each school already has varying admissions criteria – A level grades, aptitude test requirement differences, WP strategies and areas of emphasis within their curricula. Teaching to the exam might more be an issue if learning to the exam – schools will need to work harder to help students learn broadly across their curricula rather than focussing just on MLA content.

**Q13: There are some of us in forensic pathology that do not have NHS or university emails as we are self-employed. Is there any access to the learning hub for those of us without such email domains?**

**A13:** It is confirmed that access would be granted in time.

**Q14: Histopathology has been a shortage specialty (for at least the 22 years I've been involved). How many current nationwide consultant vacancies are there? 34 new training posts seems like a drop in the ocean to me?**

**A14:** There was a workforce survey in 2018 which estimated 96 consultant vacancies not covered by a locum, and 130 covered by locums at that time - you can find the full report on the [RCPath website](#). A new survey is about to be rolled out by the College's Workforce Department.

**Q15: Is digital the 4th wave of globalisation an opportunity or threat. Do HEE have a view with regards outsourcing training/service provision abroad?**

**A15:** Digital is a disruptive innovation and definitely transformational which affects operational aspects of service delivery and lays the foundation for future innovation (machine learning/AI).



However, it will not affect the current requirements for practising as a specialist in the UK. Any healthcare provision (local or global) requires the physician/pathologist to be deemed competent to the level of a UK-equivalent (doctor with specialist registration), currently attained via either the CCT route or the CESR route.

**Q16: There has been a lot of change in personnel in the RCPATH exams team, which has made some of our tasks in terms of setting exams very difficult. Is there a plan to enlarge this team going forwards? They have a lot of exams to oversee!**

**A16:** A number of appointments have been made to the team recently and the team is almost up to full complement.

**Q17: How will the College ensure that online training and examination developments (which are great!) do not impact negatively by exacerbating any accessibility issues trainees/members may have - am thinking in particular about not compounding any attainment disparities.**

**A17:** As more information becomes available regarding IT needs for examinations, these will be added to exam information/regulations well in advance of implementing any changes. So far, there have not been any serious issues about accessibility and what has been learnt has been utilised to guide candidates for exams, e.g., candidates are advised not to take the online exams from their workplace because of firewall restrictions.

**Q18: Who should sign out the histopathology trainees for independent reporting in early training years and how to persuade Consultants to engage in this process?**

**A18:** This is an important area and will be addressed through the Cellular Pathology CSTC. There is already some guidance material available on the [College website](#).

**Q19: Can this online learning pathology portal be used towards numbers in particular sub-specialty and sign them off for ARCP?**

**A19:** This is a request that has come in recently. It is not part of the current scope but can be looked at once the new platform has been fully implemented.

**Q20: Are there any opportunities for Physician assistant - like posts in histopathology which might be attractive for trainees?**

**A20:** No, not at present. The RCPATH is strongly committed to the value provided to patients from careful regulation of healthcare providers. There was a recent consultation about Physicians Associates and we support the principles espoused in consultation around the standards and outcomes of Physician Assistant training and assessment.

**Q21: Would you please clarify what is the cut-off date for final year trainee. i.e., should they be on Year ST5 before their next ARCP, or will it include those who move to ST5 at next ARCP. Thanks**

**A21:** This depends on the specialty – further information will be available next year, 2022.

