The Royal College of Pathologists
Pathology: the science behind the cure

Educational Update 2024

This annual meeting was held remotely on Friday 8 November 2024

Questions and answers

	Question	Answer
	KEYNOTE PRESENTATION **Reasonable adjustments – creativity and a positive mindset** **Professor Kim Piper, Professor of Oral and Maxillofacial, Kings College London**	
1.	The Educational Supervisor's report asks whether the registrar will be able to work as a consultant in future. What if we think they can't? How can we concentrate solely on the present, given that question?	Think about the present; not the future and be honest in the Educational Supervisor's report.
2.	Removing barriers, building bridges and offering inclusivity to enable trainees to achieve outcomes requires time, education (and money?) for supervisors and trainers. How can we address this locally e.g. may need supernumerary numbers? Increasing time for educational supervisor?	This requires speaking to the relevant parties on best ways to support the trainees.

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Question		Answer
3.	The candidate may not be aware they are neurodivergent, how do you balance such situation? Thanks.	As part of the inclusive actions, universities are proactively identifying such students and achieving correct diagnosis. If difficulties are picked up later in the trainee's cycle, do meet with the Trust to identify the potential barriers for correct solutions.
4.	If the trainee is neurodivergent and they are vocal about it but does not want this information to be written in the ES report even though they are aware that this is a way to support them in their training. How would you deal with such situation? Thanks	It is the right of the trainee not to have information declared. However, it is always best to have an open and honest conversation. Also, remedies can be put into place without having to make any disclosures.
5.	Is it reasonable/appropriate to suggest to a trainee that they might be neurodiverse if you strongly suspect it, but they have not raised it?	Sometimes having open conversations and sharing challenges in order to create opportunities works best.
6.	Many years ago, I was asked to support a trainee in difficulty. The person had failed the exam many times and I was essentially expected to ease the person out of the programme (euphemism). Somehow, I spotted that the person knew the stuff but couldn't present cases. I suspected that the diagnosis was dyslexia. A formal diagnosis was made through the Deanery (that ages this anecdote!). I convinced the College to allow an extra sitting. I then trained the person on exam techniques, not content and the person passed. The person is now a consultant and has been in post for a good 10yrs and functioning well.	This is fabulous!
7.	Should a longer curriculum training time be an option for these residents (rather than training extensions), similar to extra time given in examinations?	This is a good concept and can be worked through with deaneries according to individual cases.

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Question		Answer
8.	We have a large number of international medical graduates (IMGs) working as SA doctors. How can we address improving communication skills and overcome language barriers? Are there any particular resources available?	Trusts may well have different communication skills training. These may be helpful: • London Deanery: Specialist Clinical Communication & Linguistic Services | London • London Deanery: Induction Package for International Medical Graduates - English Language Skills | London • Leicester: English for Medics International Spring Programme | English Language Teaching Unit | University of Leicester Partnering with Trusts may also be an option to help support individuals. Think outside the box!
Making reasonable adjustments to training – RCPath guidance **Professor Ronan McMullan, Clinical Director of Training and Assessment, RCPath**		
9.	Is there any allowance for shaping training if a prospective trainee cannot participate in cut-up due to physical disability?	Adjusting training (and assessment) is entirely appropriate. The challenge is to establish whether the doctor can participate sufficiently in lab (and presumably mortuary) work to achieve curriculum outcomes – particularly CiP 11. For example, they may be unable to participate in the frequency and volume of cut-up that their peers do but they may be able to demonstrate the necessary capability through macroscopic examination and preparation of specimens with some physical assistance.

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10.	The wording of ARCP Outcome 3 is very negative but is often the mechanism we use to extend training for multiple different reasons. I would like to see the wording of Outcome 3 rewritten.	It is understandable that sometimes ARCP panels hesitate to use Outcome 3 given the tone that 'inadequate progress' may seem to set. That is particularly relevant when training time is being added to enable fulfilment of learning outcomes for a doctor with disability needing that extra time to overcome the barriers that they face.
11.	Delegate 1: We have a number of trainees in our programme who have come to us with previous pathology experience, many have an MD. Often, they will sit PG exams sooner than trainees coming straight from FY2. However, none of them have wanted to accelerate their training. There is so much more to training than acquiring diagnostic knowledge. Often, the more challenging parts of our role are concerned with non-diagnostic elements. More experience in these areas before CCT is an advantage. Delegate 2: Also, sometimes the training time is just necessary to become a 'rounded' consultant. And would trainees be keen to accelerate the path to consultant responsibility? Delegate 3: Yes, communication skill and HOW to communicate as well as personal confidence needs time to acquire.	We are recognising and making provisions for those who can accelerate through training because we are recognising prior training and experience. It is a valid point that time spent in a training programme is fantastic for experiential learning and there is a substantial benefit that comes with that, including generic capabilities, and which is difficult to replace. Therefore, not all doctors who have had significant prior experience will want to have their time reduced in the training programme. We can make it possible for those suitable but not promote it as standard practice.
12.	Delegate 1: Sometimes reasonable adjustment for a trainee may have unintended consequences for another trainee e.g. allowing extra time in a rotation may mean you need to delay another trainee's placement where there was agreed training need. How do you justify the balance?	Possible ways to prioritise is to check whether both trainees need to be in the training programme at the same time or whether one's examination is sooner. Perhaps the doctor who needs to extend their training in the post could come back a little later in the programme to complete.

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	Delegate 2: Within trainee groups who are not always aware of other trainees' needs, friction can occur if they feel one trainee is being treated in a perceived favourable way.	
13.	Can the training curriculum be personalised, tailored and focused on what particular disabled doctor could do successfully in their future employment? Perhaps to create a Diploma in certain subspecialty for their ability inclusion.	The GMC requirement is that every doctor that is given a CCT needs to meet all the required outcomes in the curriculum. The idea of tailoring the curriculum and dropping some of the outcomes for some doctors including those with disabilities is not an option. But there is room for being creative about how we approach the situation by ensuring that someone in a programme can adapt what they do, and how they are trained and assessed.
14.	Can time spent on OOPE be retrospectively considered in context of reducing training time (assuming its deemed relevant to training)?	Out of programme experience (OOPE), in itself, cannot be counted towards training time. However, if a doctor has spent a significant amount of time out of programme getting relevant experience and have developed capabilities during that time then those enhanced capabilities may allow them to be accelerated through the programme via that pathway, albeit not directly because of the counted time spent out of programme.
15.	Wishing to acknowledge the considerable amount of time that an ES may spend supporting a trainee who is disabled/needs reasonable adjustments, whilst this does need to be job planned at a local level. Does the College have any supporting guidance?	There are no specific College supporting guidance, but the College acknowledges that the Trusts need to offer support locally to educational supervisors for the work they do. Also, the GMC have set some standards but there are no guidelines about the amount of time to be spent – please see the GMC Educational Training Standards for what is expected of educational supervisors.

Question		Answer
16.	Can we (attempt to) extrapolate the guidance from the College about training time etc for haematology (and immunology) trainees, which are of course covered by the JRCPTB?	The JRCPTB has guidance of their own that is linked to this – please contact them directly. COPMeD also has guidance on the topics. The RCPath guidance is modelled on the COPMeD guidance in terms of aligning with their expectations for recognising training time.
Examinations – making assessment more reasonable **Professor Nicki Cohen, Clinical Director of Examinations, RCPath**		
17.	Any experience to share if a trainee is unable to write in an exam due to synovitis of the hands? Does the College allow other modes of giving answers? Typing/scanned slides etc?	Yes, we can facilitate the use of a laptop for the FRCPath Part 2 examination (FRCPath Part 1 is online anyway).
18.	Why did the College suddenly stop rest stations in the last exam sitting, when this made it hard for some candidates?	It was clarified during the meeting that this relates to the Histopathology FRCPath Part 2 examination; for which rest stations very much remain part of the examination.
19.	When a candidate is identified as needing adjustments, should this be shared with the relevant lead examiners as soon as possible so that the exam can be reviewed and adjusted if appropriate? If so, this is not happening currently.	There is a process in place already for adjusting how candidates sit the examinations. Reasonable-Adjustments-Request-Form.docx
20.	Excellent talks and useful content. What training and guidance does the College provide to Lead Examiners to equip them to deliver reasonable, accessible exams and to promote equivalence across the specialties?	There will be a newly established Reasonable Adjustment Panel to evaluate all applications for reasonable adjustments so as to ensure a consistent approach for all specialties across the board – medical or otherwise. There is guidance for Lead Examiners so that they can employ it but the decision about what can/will be allowed as reasonable adjustments will be taken by the Panel.

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21.	The general view is that the new format is not very accessible, very tiring – Histopathology Part 2.	There is some work to be done within Histopathology Part 2. However, please make contact with any specifics of the comments to: exams@rcpath.org.
22.	Does the College hold meetings for all Lead Examiners to share reflections on each exam sitting, best practice, learning etc to promote comparability across specialties?	Yes, there is a governance structure. There is an Examinations Committee comprising specialty panel chairs/lead examiners for assessing/reviewing the marks before results are released. This meeting is held twice per year. In addition, there are a further 2 meetings held per year. The purpose of these meetings is to delve strategically into future developments. In terms of issues on a site-by-site delivery basis, the examination Panel Chair is able to pick these up and share at the College meetings for discussion and agreement.
23.	Please can you advise who is on the new panel for considering adjustments? And how is the selection made?	Members for the Reasonable Adjustment Panel are currently being assembled through the governance structure of the College.
24.	Is there currently a timeframe in place for making examination retakes modular?	Any changes to the postgraduate medical examinations have to be approved by the GMC, the regulator. We are working through the proposals received during the last year and are yet to submit them to the GMC.

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25.	What about the autopsy component of the FRCPath? I'm a physically disabled person and consultant and have been approached by other physically disabled people who couldn't satisfy the autopsy requirement but could other aspects?	The completion of training for CCT requires all competencies of the curriculum to be demonstrated. For Neuropathology, Paediatric Pathology and Forensic Histopathology, undertaking an autopsy is compulsory for the award of FRCPath Part 2. For Histopathology, the requirement does have opportunity for greater nuance, but it is difficult to see how the competencies will be met without any physical autopsy practice whatsoever. Do note that autopsy is not part of the Part 2 exam for Histopathology trainees who have not chosen to pursue autopsy to a higher level and undertake the CHAT exam.
26.	With regard to the question regarding trainees with disability/carer roles, it is important to note that the current exam structures for certain specialities would not be accessible for such trainees requiring long periods away from home. *(this refers to Item Q33)*	There is regional variation in where many of our exams are held. We are certainly trying to ensure most of our exams are achievable with as one night stay. Further discussion with the College around specific circumstances here may allow for a manageable outcome.
An educational supervisor's perspective – best ways to support trainees **Dr Chris Tiplady, Consultant Haematologist, Honorary Senior Clinical Lecturer and Director of Undergraduate Studies, University of Sunderland**		
27.	How do you recommend trainees give feedback to try to make their training programme more accessible - to the College or to their programme?	Create the opportunities for trainees to give feedback regularly every which way they can, take charge and ensure it is followed through.
28.	As a consultant we can sometimes pick and choose specimens that we may be less keen on, even going into subspecialist work. But for trainees they have to do everything to achieve the training programme objectives. Would it be possible to make allowances for	It's all about gathering facts and details, understanding what might be going on for that trainee too.

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	trainees to not report or dissect particular specimens if they find them particularly challenging or overwhelming and still achieve objectives of training?	It is possible for trainees to cover certain aspects of their training at another time when they feel more able to cope. Also work with trainees regarding cognitive behaviour therapy so as to manage those challenges.
29.	In your experiences, can you please provide some examples that you have come across of reasonable adjustments within training departments for: dyslexia, dyspraxia, ADHD, autism spectrum, visual/auditory difficulties. And on the flip side...any examples of non-reasonable adjustments that you may have come across.	Making sure that computers are available everywhere. Making everything digital in the Trust has made a huge difference. Non-reasonable adjustment includes forcing one to do what they don't want to do or suggesting that they seek psychiatrist advice. The key is to get expert advice! Use your occupational health department.
30.	Delegate 1: Thanks Chris, great presentation. Time to train and good HR, not within your control and something increasingly getting squeezed in current NHS environment. How can HEE & RCPath support? Thanks once again. Delegate 2: Very important point. And any advice on how we can we protect ourselves and thrive as educational supervision with all the competing pressures on us in the current challenging climate where demand>capacity for all our services? Delegate 3: Agreed and the comment on understanding HR processes - this is really difficult alongside staying in touch with curriculum/training assessments and then your clinical job. I try and keep in touch with HR but they are quite invisible within such a large Trust.	Collecting the evidence of what you do as an educational supervisor is very important – share it at your appraisal. The more people are doing this in your department, the more recognition will be achieved on how long it takes. Use the College guidance on the expectations of a supervision – you will be coaching, meeting, training, assessing, giving feedback, supporting, and the skills and time to do all this will be required – share this as job planning at your appraisal.

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31.	Delegate 1: How to deal with trainees with poor attitude, confrontational…? Delegate 2: There was a question earlier in the day about trainee attitudes and Dr Tiplady said he would make a comment later. I would like to hear his views.	This is about dealing with trainees who perhaps does not take the feedback very well and how is attitude and behaviour dealt with and also the professional issues. These are tricky situations and where supervision plays a big part with reliance placed on other team members who are willing to give feedback. For example, encourage the trainees to take the multi-source feedback (MSF) assessment. Get advice, don't feel as if the situation must be dealt with by yourself. When there are alarm bells, use the educational supervisor chain, your training programme director but also be willing to get feedback yourself on how the situation was dealt with.
32.	How would the College deal with trainees who develop, over time, formalin sensitivity?	This would be dealt with by the Trusts and occupational health by limiting/reducing exposure, if not eliminating.
33.	Can reasonable adjustments be considered for trainees, not because of their disability, but because of their child/children having any disabilities?	Yes. Think about what is reasonable and what is possible. Try as much as possible to work with the trainees.
34.	Brilliant talk, thank you. Please can you remind me the term you used near the beginning when talking about medics not taking sick leave.	Presenteeism.
35.	It's an enormously privileged position being an educational supervisor. Often, the education part is a more minor role. Trainees can share with us things about themselves or their personal life that they haven't shared with family. It becomes difficult, then, to know where to "draw the line" when we are privy to private matters.	I agree. You do have to remember it is not a confidential patient/Dr relationship though - if they raise concerns, you can't ignore them.

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Question		Answer
36.	Thanks Chris. Really helpful to hear your perspective. How do you approach a circumstance where a trainee or colleague wants subjective feedback about how they are managing a situation/communication and you feel they ought to approach it differently e.g. person says, 'I need help in dealing with this situation, I was going to do it like this, how would you do it?'	Good one. Feedback has to be a common occurrence in your department, and you have to be willing to get feedback on yourself too.
37.	I appreciate we need to be objective in our meetings e.g. state what was observed rather than giving opinion etc. What if our feedback is consistently met with anger, tears and emotional dysregulation, both during the meeting and in subsequent emails? How do we deal with this?	This is difficult. I would advise escalation in this situation – make sure someone higher up the supervisor chain knows – ideally the TPD. It suggests lots of things and it would be impossible to guess what could be going on without some long discussions
38.	Delegate 1: Would you consider a request to move clinics and lab work to afternoon sessions, because the trainee has sleeping problems, reasonable/acceptable? Delegate 2: And are you being fair if you do move the clinic timings in this example as surely this would not be feasible for their consultant in post in the future? Delegate 3: OH and HR advice input and workplacebased passport/reasonable adjustments forms could be useful here if they have additional needs or a disability? Delegate 4: Sleeping problems are usually one issue and usually secondary - there might be modulation that can occur. They might be secondary to another medical condition e.g. depression; or some people are just night owls and are better in their work later in the day. Clarification (by the trainee + OH).	If you can do it – yes. It may be utterly impossible though. I would advise liaison through occupational health as always - something else is going on here and this issue will impact ability to work in the future.

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Question		Answer
39.	Very interested in coaching. Can Chris Tiplady recommend any books/resources/courses he has used himself. Thanks	Lots out there. Look for ILM accreditation – level 3, 5 or 7. Books wise – many, many out there too. The Skilled Helper, The Complete Handbook of Coaching
Pathology Portal update **Mr Luke Thrower, Pathology Portal Officer, RCPath**		
40.	Hi. Is there any microbiology content on the portal? Didn't see it in the list of specialties.	We have reached out to several Microbiology networks and so now there are several new contributors. Over the next few months there will be an increase in content. A sub-group have already been convened, and they will collaborate and discuss new resources. We are appreciative of all the help in gathering materials for the Pathology Portal – please contact us at pathologyportal@rcpath.org.
41.	Can pathologists from low-middle income countries access the portal even if not RCPath fellows? Would it be possible to have differential access?	Yes, there is a form on the College website for completion by those overseas – it is available at: Pathology Portal.
42.	It can be difficult to know when new content is added to the Pathology Portal. It would be useful if this could be highlighted to trainees with regular email updates.	This has been mooted at meetings but with different thoughts and so will be discussed further with the developers to see how best to go forward – whether it ought to be development work from them.
43.	Does the portal allow full access to RCPath members? I tried to open few sessions in Haematology section, but a message popped up saying I don't have access to all the content, though I'm a fellow but not an NHS employee.	This should not be the case as access is for all materials. Please contact us at pathologyportal@rcpath.org so that we can investigate.

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