

Pan-London Quality and Regulation Unit

**Imperial College Healthcare NHS Trust
Histopathology
Specialty Focused Visit**



Quality Visit Report

3 November 2015

Final Report



Visit Details			
Trust	Imperial College Healthcare NHS Trust		
Date of visit	3 November 2015		
Background to visit	The Head of School of Pathology had concerns regarding the organisation and delivery of training at Imperial College Healthcare NHS Trust and requested to join the visit. The Head of School was keen to investigate how the delivery of efficient training in histopathology was conducted across three sites and was also keen to ascertain whether issues raised at earlier visits had been addressed. The General Medical Council National Training Survey highlighted a number of outliers in histopathology and the Head of School wished to explore how these were being addressed.		
Visit summary and outcomes	<p>During the visit the visit team met with clinical and educational leads, seven histopathology trainees from specialty training year one to specialty training year seven five in addition to a wide range of clinical and educational supervisors.</p> <p>The visit team found that rotas had improved since the last visit with trainees spending blocks of three to four months at each site. It was felt that the Trust had tried to ensure that the new rota structure mitigated the multi-site issues.</p> <p>The visit team noted improvements across the board in the teaching programme: undergraduate teaching involving pathology and examination training at regional level were to be commended.</p> <p>The visit team found that individual supervisors had a strong commitment to training.</p> <p>The visit team noted the following areas for improvement:</p> <p>Although the visit team acknowledged the efforts that the trainers had put in to solve some of the department's problems, the visit team felt that excellence would not be attained without solving the multi-site issues. The visit team felt that there was a strong need for the centralisation of pathology services onto one site in order to maximise the training opportunities and develop high quality training. The visit team found that there was no integrated Trust-wide approach to training in histopathology.</p> <p>The visit team was pleased to hear about the improved autopsy opportunities that could be provided more locally and within London and requested a plan for future self-sufficiency.</p>		
Visit team			
Lead Visitor	Dr Sarah Hill, Head of London School of Pathology	External Representative	Dr Kevin West, Consultant Histopathologist, University Hospital of Leicester
Deputy Lead Visitor	Dr Martin Young, Deputy Head of London School of Pathology	Deputy Director Lead Provider (External)	Dr Orla Lacey, Consultant Anaesthetist, The Royal Marsden NHS Foundation Trust
Lead Provider Representative	Dr Morgan Moorghen, Consultant Histopathologist, London North West Healthcare NHS Trust	Trainee Representative	Dr Duaa Saeed-Chesterman, Trainee Representative
Lay Representative	Catherine Walker, Lay Representative		

Scribe	Jane MacPherson, Deputy Quality and Visits Manager	Observer	Josie Turner, Quality and Visits Manager
Findings			
Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
GMC Theme 1) Learning environment and culture			
His1.1	Patient safety No issues were reported in this area.		
His1.2	Serious incidents and professional duty of candour Trainees were aware that they needed to fill in incident forms if clinical incidents occurred. One trainee had reported an incident about mislabelling in the laboratory.		
His1.3	Appropriate level of clinical supervision The educational and clinical supervisors reported that they supervised the trainees both in surgical pathology, cytology and when they conducted any post mortems performed with their clinical supervisor. Trainees were able to accompany one consultant to Westminster public mortuary to carry out post mortems there. The visit team heard that trainees also regularly went to Hemel Hempstead Hospital to gain additional exposure to autopsy work. It was reported however that there may be opportunities for autopsies to be performed by one of the supervisors at Barnet General Hospital, which meant that potentially there could be access to up to 250 autopsy cases within Imperial College Healthcare NHS Trust itself. In cytology, the clinical supervisors reported that they ensured that trainees were appropriately supervised by matching a senior trainee with a junior trainee. The clinical supervisors reported they took each trainee's level of expertise into consideration to guarantee appropriate supervision. At St Mary's Hospital, where mainly gastro-intestinal (GI) work was carried out, the visit team heard that discussions took place between the consultant and trainees to ensure that the less experienced trainees were appropriately supervised by the senior trainees. The consultants working in breast and skin at Charing Cross Hospital stated that they ensured that trainees did no more than 2.5 hours cut up per day. It was reported that either the trainees picked their own cases or the consultants allocated cases to them. On many occasions consultants undertook cut up work too to ensure that trainees were not overloaded. The trainees corroborated this view. It was reported that each site had a multi-headed microscope.	The Trust is required to provide evidence of the improved autopsy opportunities that can be provided more locally and within London and how this maps to the curriculum.	Amber Mandatory Requirement

	<p>The visit team heard that at St Mary's Hospital and Charing Cross Hospital, where there was a single reporting room, the trainees worked more collaboratively together whereas at Hammersmith Hospital, where there were three reporting rooms, there was less discussion of cases and the consultant was not always close by. At Charing Cross Hospital in particular the consultants often brought cases to the trainees and there was greater interaction as everyone was in the same room.</p> <p>Nevertheless, the consultants at Hammersmith Hospital felt very strongly that cases were discussed appropriately and that there was no shortage of exchanging ideas.</p> <p>The trainees commented that the heavy workload at St Mary's Hospital and Hammersmith Hospital meant that they did not always have enough time to discuss cases with their colleagues.</p> <p>The trainees reported however that they had a great deal of exposure to cases at Hammersmith Hospital.</p>		
His1.4	<p>Rotas</p> <p>The visit team found that rotas had improved since the last visit with trainees spending blocks of three or four months at each site. It was felt that the Trust had tried to ensure that the new rota structure mitigated the multi-site issues.</p> <p>The visit team heard that there were not enough trainees to cover each sub-specialty and therefore priority was given to the busy specialties to ensure that a trainee was allocated to them. At the time of the visit due to understaffing, no trainees were allocated to gynaecology or non-gynaecological cytology.</p> <p>It was reported that each site had a separate laboratory. Specimens were taken to the site where they were going to be reported. The majority of consultants were based at the site where the reporting was due to take place. A few others travelled to another site on a weekly rota.</p>	Given that the trainees and trainers reported high workloads, we recommend that the Trust conducts a manpower review of its capacity in line with College recommendations.	Green Recommendation
His1.5	<p>Induction</p> <p>The visit team heard that following trainee feedback, attempts had been made to provide the trainees with more dedicated sub-specialty training. For specialty training year two (and above) trainees, there was a new welcome booklet which contained information about the department, targets etc.</p> <p>Trainees reportedly received an appropriate induction at each site.</p>		
His1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The visit team heard that clinical supervisors were required to meet with the trainees every morning to organise the day's activities and ensure that cut up time was not excessive. 80% of cut ups were undertaken by the bio-medical scientists (BMS). Trainees were therefore able to concentrate on cutting up interesting cases whereas the cases of lower educational value were undertaken by the BMS.</p>		

	<p>None of the trainees felt that they were working beyond their level of competence. They all reported that they were happy to call their consultants for help if required.</p> <p>The trainees did not believe that their consultants were taking away cases too often. Some trainees reported that they double-headed almost all their cut-ups.</p>		
His1.7	<p>Protected time for learning and organised educational sessions</p> <p>The visit team heard that there was an organised programme of teaching which included lectures, black box teaching, digital teaching and sub-specialty teaching. There were also quarterly journal club meetings where trainees were expected to present papers. Attendance records were kept.</p> <p>The trainees reported that the organised teaching sessions were generally good.</p> <p>The visit team heard that the specialty training year one trainees had a different rota when they first started in post: they had an induction week which included an introduction to each sub-specialty followed by a two week cytology introductory block. The trainees also attended the national one week block based at Bristol. Following this one month teaching period, they spent time undertaking simple cut-ups in the specialist areas before gradually progressing to more complex areas. Only one of the five specialty training year one trainees was present and this trainee agreed that it would be useful to have a separate interview with all five trainees at some point in the near future.</p>	<p>The Head of School will liaise with the department to arrange a separate interview with the specialty training year one trainees in order to collect information pertinent to these trainees and share with the Trust.</p>	
His1.8	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>The trainees confirmed that they met with their educational supervisor on a frequent basis.</p>		
GMC Theme 2) Educational governance and leadership			
His2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The trainees interviewed were not aware of any departmental governance meetings.</p>	<p>The department must ensure that there is trainee representation at clinical governance meetings in order to ensure learning from clinical incidents.</p>	<p>Amber</p> <p>Mandatory Requirement</p>
His2.2	<p>Service design (impact on learners)</p> <p>The visit team heard about the north-west London pathology laboratory review which aimed to bring together pathology services across north-west London and concentrate facilities, services and expertise. The visit team heard that no long-term consensus had yet been agreed and that it was unlikely that major changes would occur until 2020. The visit team heard that in the meantime there would hopefully be some further consolidation of services on the Imperial College Healthcare NHS Trust site and likely to be Charing Cross Hospital.</p> <p>The visit team heard that services in gynaecology, histology, lung, endocrinology and all non-gynaecology were housed at Hammersmith Hospital. Gynaecological cytology, upper GI, liver and</p>	<p>There is a strong need for the centralisation of pathology services onto one site in order to maximise the training opportunities and develop high quality training. There is currently no integrated Trust-wide approach to training.</p>	<p>Amber</p> <p>Mandatory Requirement</p>

	pancreas services were at St Mary's Hospital. The remainder of specialties including breast, urology, head and neck, and skin were at Charing Cross Hospital.		
His2.3	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The visit team heard that it was difficult for all consultants and trainees to come together due to the restrictions of multi-site working. The consultants, however, did not think that this presented any issues as they felt they all communicated well cross-site via email and occasionally video-conference. It was reported that training and education were discussed at each site meeting, which was in effect functioned as a local faculty group. A trainee representative was due to be invited to these divisional meetings which took place every quarter at a different site each time.</p> <p>The trainees interviewed were not aware of any local faculty group meetings. However, one trainee representative confirmed that he would be invited to a divisional meeting soon.</p> <p>Meetings between training leads and trainees also regularly took place which fed into the local faculty group / divisional meeting.</p> <p>The lead educational supervisor felt that there was good communication across the different sites. Prior to each subsequent local faculty group meeting, the unit training lead planned to meet with the trainees to tease out any training issues.</p> <p>The trainees commented that although there was no cross-site team structure, they kept in touch with each other and got on well as a group.</p>	The Trust should arrange a regular single educational faculty group meeting with membership drawn from all three sites to provide a forum to discuss training issues. Membership to include trainees.	Amber Mandatory Requirement
His2.4	<p>Organisation to ensure access to a named educational supervisor</p> <p>The trainees confirmed that they all had an assigned educational supervisor.</p>		
His2.5	<p>Systems and processes to identify, support and manage learners when there are concerns</p> <p>The visit team heard that following the previous visit, the practice of trainees cutting up without a BMS present had stopped. The unit training lead reported that each consultant was expected to have a conversation at the start of the day with the trainees to decide what they were going to cut up and what they were going to report. The unit training lead stated that they were trying to instill more of a collaborative approach to cut-up. The lead educational supervisor commented that the trainees reported the majority of cases that they cut up.</p> <p>The visit team heard that the Trust also planned to employ advanced practitioners to help with the workload as many cases took longer than two hours per day.</p>		
GMC Theme 3) Supporting learners			
His3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The lead educational supervisor reported that access to educational resources had improved following</p>		

	the last visit. The department had secured funding for additional text books. The Trust had also rolled out Uptodate and all trainees and trainers had access to this system.		
His3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The trainees reported no issues with undermining. At times, they felt under pressure to complete their cut up quickly to meet targets, but they reported that their consultants were supportive.</p>		
	<p>Regular, constructive and meaningful feedback</p> <p>The trainees highlighted a number of trainers as being particularly engaging and approachable, in particular: Dr Francis, Dr Sanderson, Dr Osbourne and Dr Wright.</p>		
GMC Theme 4) Supporting educators			
His4.1	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The clinical and educational supervisors confirmed that they had enough time in their job plans to meet their educational responsibilities.</p>		
GMC Theme 5) Developing and implementing curricula and assessments			
His5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The lead educational supervisor reported that whereas previously the trainees had spent three to four weeks in one specialty, a rota had since been created which ensured that the trainees remained on one site for as long as possible e.g. three to four months. Trainees were therefore able to follow the cases that they had cut up. To ensure that their exposure to cytology was not impacted, trainees would possibly spend three months at one hospital and then spend a few weeks undertaking cytology at Hammersmith Hospital or gynaecological cytology at St Mary's Hospital.</p> <p>With regards to gynaecological cytology, where often there were different consultants reporting different cases, the department had tried to make the rota as rigid as possible so that one consultant was available each day to go through cases with trainees.</p> <p>Trainees were asked to complete a feedback form at the end of each block so that it became quickly apparent if the trainees were meeting their curriculum competencies or not.</p> <p>With regards to non-gynaecological cytology, one or two consultants reported all the cases during the week, therefore trainees had more consistent clinical supervision.</p> <p>With regards to autopsies, efforts were made to incorporate this into the trainees' blocks of sub-specialty training. At times trainees had to go to a different site for a few weeks to gain sufficient exposure.</p>	<p>The visit team recommends that there is improved communication between the lead educational supervisor at Imperial College Healthcare NHS Trust and the lead</p>	<p>Green Recommendation</p>

		educational supervisor at Hemel Hempstead Hospital to ensure an agreed process rota for autopsy training.	
His5.2	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>The ST1 trainees based at Charing Cross Hospital were positive about their training experience and felt that they had the opportunity to report slides.</p> <p>The more senior trainees in cytology at Hammersmith Hospital reported that they looked at slides most of the day and had double-heading reporting sessions with two different consultants. They felt that they managed to report most slides.</p> <p>In non-gynaecology, again the trainees were happy with their experience and felt that they had sufficient exposure to cases.</p> <p>The trainees felt that they had time to report the slides before they were removed for the multi-disciplinary teaching session.</p> <p>The trainees reported that they typed the reports and sat with their consultants to double-head them.</p> <p>In gynaecological cytology, the trainees reported that during the week they cut up for two weeks at a time and a different consultant came in every day for a few hours. The trainees reported no problems in achieving curriculum numbers.</p> <p>Consultant attendance in the cut up room reportedly varied from site to site. In GI and breast, for example, trainees reported that there was a great deal of consultant input.</p> <p>Some trainees commented that they would like a greater range of types of autopsies when they were at Hemel Hempstead Hospital in order to maximise their curriculum competencies. They were however hopeful that there were more interesting trauma autopsies at St Mary's Hospital.</p>		
His5.3	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>On the whole, the trainees felt that the balance between providing services and accessing educational and training opportunities was appropriate. They commented that sometimes they had to stay late to meet their curriculum needs but this was usually due to staffing issues.</p>		
Good Practice		Contact	Brief for Sharing
Other Actions (including actions to be taken by Health Education England)			

Requirement	Responsibility
The Head of School will liaise with the department to arrange a separate interview with the specialty training year one trainees in order to collect information pertinent to these trainees and share with the Trust.	Sarah Hill
Signed	
By the Lead Visitor on behalf of the Visiting Team:	<i>Dr Sarah Hill</i>
Date:	<i>8 December 2015</i>