QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Guy's and St Thomas' NHS Foundation NHS Trust

Histopathology

Risk-based Review (education lead conversation)

Quality Review report

9 May 2017

Final Report

Developing people for health and healthcare

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Quality Review details

Training programme	Histopathology (paediatric perinatal pathology)
Background to review	The Head of School was made aware of concerns regarding histopathology training governance at Guy's and St Thomas' NHS Foundation Trust (GSTT). This included a lack of clear educational supervision for perinatal paediatric pathology undertaken by the paediatric pathology trainers. In addition, the Head of School was concerned about the potential lack of engagement in histopathology between the training programme director / trainers / departmental management to support developments in training. In particular, the School had not been able to take forwards proposed new autopsy training arrangements for the wider London and the South East programme with GSTT despite a formal meeting to do so. In the General Medical Council National Training Survey 2016, histopathology at GSTT returned one pink outlier in educational supervision.
HEE quality review team	Dr Martin Young, Head of School of Pathology, London and the South East Dr Catherine O'Keeffe, Deputy Postgraduate Dean, South London, Health Education England Jane MacPherson, Deputy Quality Reviews Manager, Health Education England Matthew Howard, Quality Support Officer, Health Education England
Trust attendees	Dr Claire Mallinson, Director of Medical Education Dr Catherine Horsfield, Training Programme Director Dr Ran Perera, Educational Supervisor Dr Simi George, Paediatric Pathologists Dr Mudher Al-Adnani, Paediatric Pathologists Dr Mufaddal Moonim, Clinical Lead

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
2	**Educational supervision** The Head of School outlined the reasons for the review (as above) and expressed his concerns regarding a trainee who had previously been training at the Trust whose educational supervisor had not been a trained paediatric perinatal pathologist. The Head of School stated that he had reservations about a non-paediatric perinatal pathologist signing off a paediatric perinatal trainee since this sub-specialty had its own Certificate of Completion of Training. Furthermore, he suggested that it would be better to follow best practice by ensuring sign-off by an appropriately qualified educational supervisor rather than risk potential problems if a trainee were to challenge his ARCP outcome. The panel was satisfied that the trainee in question (who had since moved to another Trust) had been well supervised by three paediatric perinatal pathologists who had been his clinical supervisors (rather than his educational supervisor) during his time at the Trust. The Trust attendees reported that a consultant who had been nominated as educational supervisor for paediatric perinatal pathology was now undertaking the required educational supervision training.	

	The Director of Medical Education (DME) stated that the clinical supervisors who had been looking after the trainee in question had correctly evaluated the trainee's progress according to College standards. She suggested that the trainee had been allocated to the Trust at late notice and therefore the paediatric perinatal pathology team had not had the time to ensure that there was an appropriate educational supervisor in post. The Head of School reiterated that the department should try to establish an appropriate educational supervision structure for any new trainees placed there. The panel praised the department for its support of the trainee in question and stated that the trainee's new clinical supervisors at his subsequent Trust had given a ringing endorsement of the training that the trainee had received at GSTT.	Y
2	**Relationship with Training Programme Director** The Trust attendees stated that they had a positive and cooperative relationship with the lead provider and training programme director. The Trust attendees reported that there were no regular meetings per se, but reiterated that communication was good.	Y
5	**Autopsy training** Although a formal meeting had already previously taken place regarding developing autopsy training at the Trust, the Head of School was concerned that further progress had stalled in this area. The Trust attendees explained that the plan had been to recruit a fourth paediatric pathologist in order to support the extended autopsy service. Although an offer had recently been made to a potential new consultant, this was still pending. The Trust attendees hoped to be able to finalise this by August 2017 once the paperwork had been signed. The Trust attendees agreed to send through the proposal regarding extending the autopsy training to the Head of School. The DME agreed to help push this appointment forward, where possible.	Y

Requirements / Recommendations

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
H2a	Educational supervision governance at the Trust to be developed so that paediatric perinatal pathology trainees have an educational supervisor who is trained in paediatric perinatal pathology. HEE would encourage the Trust to continue to support the consultant paediatric perinatal pathologist to train as an Educational Supervisor.	Provide confirmation that this is in progress.	R2.15
H2b	There should be regular minuted meetings with the paediatric perinatal TPD to discuss training matters.	Provide evidence in the form of minutes.	R2.1
H5	The Trust should submit the current proposal for extending autopsy training to the Head of School.	Submission of proposal.	R2.4

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
n/a	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Martin Young
Date:	23rd May 2017

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.