



Comhairle na nDochtúirí Leighis  
Medical Council

## **Accreditation of Postgraduate Training Bodies Under Part 10 of the Medical Practitioners Act 2007**

### **Report on the Accreditation of The Faculty of Pathology and the Programme of Specialist Training in Histopathology**

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### **Statement with regard to the Freedom of Information Acts, 1997 and 2003**

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, [www.medicalcouncil.ie](http://www.medicalcouncil.ie) in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

FINAL

## **A. Preface**

### **1. Context of the Accreditation Session**

The Medical Council Accreditation Team met with the Faculty of Pathology on 7<sup>th</sup> March 2013. The Accreditation Team's remit was to assess the College, and the Programme of Specialist Training in Histopathology against the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1<sup>st</sup> June 2010) and to subsequently formulate a recommendation in respect of each to the Medical Council's Professional Development Committee (PDC).

### **2. The Team**

The Medical Council Accreditation Team is listed in Appendix 1 of this Report. The Council particularly appreciates the contribution of external assessors Prof Alan Johnson, Dr Jason Last and Dr David Bailey; they brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the representatives from the Faculty of Pathology for their co-operation. In addition, the Medical Council wishes to thank the trainees who met the Team on the day, whose feedback was most helpful in formulating this Report.

### **3. Documentation**

As part of the accreditation process, the Faculty was asked to complete and document a self-evaluation process based upon the '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' (approved 1<sup>st</sup> June 2010). In addition, the Faculty was asked to provide details of the process and associated timescale by which consideration is given to and recommendations made to Council arising from assessment of applications to the Specialist Division of the Register in accordance with Section 47(1)(f) of the Medical Practitioners Act 2007 and Rules of Registration 2011. This documentation was reviewed by the Team. Full details of the material which was requested from the College is included in Appendix 3 of this report.

### **4. Schedule**

The accreditation session included a private morning meeting of the Medical Council Accreditation Team, a meeting with a number of trainees representing the different stages of training in Histopathology and an in-depth discussion between the Team and representatives from the Faculty.

### **5. Appendices**

The agenda for the Accreditation Session is attached as Appendix 1. Relevant correspondence with the Faculty is attached as Appendix 2. The accreditation standards which were applied throughout this process are attached as Appendix 3.

### **6. The Report**

The '*Medical Council Accreditation Standards for Postgraduate Medical Education and Training*' formed the basis of the evaluation of both the Faculty and the Programme of Specialist Training in Histopathology; the observations, comments and recommendations contained in this Report are grouped under the relevant section of these standards.

## B. Summary and General Assessment

### 1. Conclusion and Main Recommendations to PDC

The Team's main recommendations to the Medical Council's Professional Development Committee are that:

- 1. The Programme of Specialist Training in Histopathology** should be approved by Council under the terms of Section 89(3) (a) (i) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council.

- 2. The Faculty of Pathology** should be approved by Council under Section 89(3) (a) (ii) of the Medical Practitioners Act 2007 as the body which may deliver the Programme of Specialist Training in Histopathology approved under 1. above. This recommendation is made on the grounds of the Faculty's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Sections 87(3), 88(1)(a), 88(4)(b), 88(4)(d) and 89(3) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council.

### 2. Priority Recommendations to the Body

The Team makes twelve priority recommendations to the Faculty of Pathology as follows:

- (a) The Faculty should provide the Medical Council with an update following the Faculty's review of its training site inspections process and documentation.
- (b) The Faculty should provide the Medical Council with details of the specific anticipated impact of the RCPI Exemplar Programme on the Faculty and the Programme.
- (c) The Faculty should seek to increase the level of lay involvement within its governance structures, and ensure that lay involvement is fully supported through terms of reference. In addition, the Faculty should fully communicate opportunities for lay involvement.
- (d) The Faculty should provide the Medical Council with details of its engagement with patient and community groups, and examples of how these engagements have contributed towards quality improvements within the Faculty.
- (e) The Faculty should introduce a system to formally document the numbers of trainees who leave the training programme, and the reasons behind these decisions.

- (f) The Faculty should formalise the advice provided to trainees and prospective trainees in relation to likely numbers of training posts at different stages of training, and the likely availability of consultant posts on completion of training.
- (g) The Faculty should clarify the process by which BST trainees can extend their training in order to meet exit criteria. The Faculty should also be asked to clarify the operation of its Registrar Training Programme (RTP), and the position of the RTP within the histopathology training pathway.
- (h) The Faculty should provide the Medical Council with an update in relation to the specific opportunities being developed which are intended to widen the range of inputs in the area of curriculum development.
- (i) The Faculty should actively seek trainee inputs as part of the ongoing development of the ePortfolio.
- (j) The Faculty should provide the Medical Council with an update in relation to the RCPI Assessment Strategy Review, and the impact of this review within the Faculty.
- (k) The Faculty should continue to ensure that trainees are equally supported to avail of training opportunities, and that trainees are not disadvantaged due to the geographical location of their training posts.
- (l) The Faculty should formalise its process for receiving trainee feedback, and for communicating the outcomes of this feedback to trainees.

### **3. Other Recommendations to the Body:**

- (a) The Faculty should re-constitute its Education and Training Committee at the earliest opportunity.
- (b) The Faculty should provide the Medical Council with some examples of how domestic and international collaboration has led to positive change within the Faculty.
- (c) The Faculty should consider increasing the focus on the development of cut-up skills in the early stages of training.
- (d) The Faculty should clarify the independent reporting requirements for trainees, and the supports which are available to trainees in this area.
- (e) The Faculty should provide trainees with indicative job descriptions, including rotation details, for the different stages of training.
- (f) The Faculty should maximise the use of technology, including video-conferencing, to facilitate engagement with trainees who are in out-of-programme research posts.
- (g) The Faculty should continue to ensure that trainees are having a broadly similar training experience, and that there continues to be an appropriate mix of practical and theoretical content within training posts.

- (h) The Faculty should clarify the supports which are made available to trainees who are deemed unsuitable to progress in training following the BST aptitude assessment.
- (i) The Faculty should ensure that its process for resolving disputes is kept under review to help overcome the natural reluctance of some trainees to raise concerns.
- (j) The Faculty should provide the Medical Council with full details of the framework of trainer competencies as soon as they have been finalised.
- (k) The Faculty should consider increasing the frequency of training site inspections.

#### **4. Commendations:**

The Team would like to commend the Faculty for the following:

- (a) The contribution of the trainees who met with the Team and whose professionalism reflected very well on the Faculty.
- (b) The professionalism demonstrated by the Faculty, both during the self-evaluation stage of the process and also throughout the accreditation meeting.
- (c) The high quality of the documentation which was submitted by the Body as part of the accreditation process.
- (d) The Faculty's explicit reference to the Medical Council's '*Eight Domains of Good Professional Practice*' in all aspects of programme delivery.
- (e) The Faculty's commitment to, and support of, research opportunities.
- (f) The recent appointment of hospital trainee representatives, and the formal recognition of a histopathology trainee representative.

#### **5. Recommended Further Action:**

Ongoing engagement with the Faculty will be a key part of this quality assurance process. In support of this process, the Faculty will be required to engage in a process of annual declaration with the Medical Council.

In addition, a progress report on all the issues highlighted in this document, in particular those issues relating to priority recommendations, should be requested of the Body.

## **C. Evaluation of the Body and the Programme**

The evaluation of the Body and the Programme is based on the Medical Council Accreditation Standards for Postgraduate Medical Education and Training (Appendix 3)

### **1) CONTEXT OF EDUCATION AND TRAINING**

Standard (1) incorporates the following elements:

- 1.1 GOVERNANCE
- 1.2 PROGRAMME MANAGEMENT
- 1.3 EDUCATIONAL EXPERTISE AND EXCHANGE
- 1.4 INTERACTION WITH THE HEALTH SECTOR
- 1.5 CONTINUOUS RENEWAL

The Team discussed the content of the submission which described the establishment of the Faculty, its stated aims and full range of responsibilities which includes promotion of the highest standards within the discipline of Pathology, and acting as principal advisor to national stakeholders on matters relating to Pathology.

The Faculty operates within the wider structure of the Royal College of Physicians of Ireland (RCPI) as one of six constituent training bodies. The Faculty was established in 1981 and is the most recent institution to have been established with the RCPI. Each training body has access to a number of shared resources including operational, administrative, financial and educational resources. The RCPI is constituted in such a way that its Council and core committees include representation from the six training bodies. Based on the information provided by the Faculty, and the many references to the RCPI within the documentation, the Team were unclear of some of the boundaries between the Faculty and the RCPI in relation to strategy development, ownership of intellectual property and financial autonomy. The Team agreed that it was important that the Faculty's independence as a training body, and the associated responsibility to meet the Medical Council's standards in this area, is supported by an appropriate degree of authority and autonomy. The Team recognised that there are likely to be advantages to the Faculty's current arrangements with the RCPI, but agreed that these advantages must be underpinned by a clarification of boundaries, responsibilities and independence. The Faculty representatives advised the Team that the College viewed itself as being a net beneficiary of the current arrangement with the RCPI. In addition, the Team were advised that the College benefits from access to a range of supports and services from the RCPI which would not be feasible outside of current arrangements. It was acknowledged that the above issues are likely to be common to each of the six training bodies operating within the RCPI structure. The Team recommended that the Medical Council clarifies the Faculty's arrangements with the RCPI, in order to clarify the Faculty's autonomy and accountability as a training body.

The Team noted that the RCPI is currently reviewing its governance structure. As part of this re-structuring initiative, the RCPI propose to establish the 'Institute of Medicine'. Based on the information provided in the submission, the 'Institute of Medicine' is intended to function as a postgraduate training body which would have a direct relationship with the Medical Council. The College representatives in attendance at the meeting confirmed that the College intends to formally approach the Medical Council in this regard. While this discussion was ancillary to the main focus of the accreditation meeting, the Team agreed that it was important for the RCPI to clarify its current and proposed governance arrangements.

The Team discussed the details provided in relation to the range of committees which have been established by the Faculty. The Team agreed that the range of committees, and their accompanying remits, is sufficient to bring an appropriate degree of focus to the main functions and responsibilities of the Faculty. The Team noted the absence of detail provided regarding the composition of the Faculty's Education and Training Committee, which was in contrast with the membership details provided for other committees. The Team were advised that this committee is in the process of being re-constituted and will include the Dean, Honorary Secretary, National Specialty Directors and a trainee representative in its membership. The Team recommend that the Faculty re-constitutes this committee as soon as possible, given that the area of focus of this group is likely to support a range of other activities within the Faculty.

The Team were keen to explore the degree to which the composition of committees met with the Medical Council's expectations in the area of lay and public representation. The Faculty confirmed that it was fully committed to meeting Council's expectations in this area, and confirmed the high value which must be placed on patient-focussed inputs. The Faculty confirmed that there have been significant patient group engagements by the Faculty, including the presentation of the Faculty's National Quality Assurance Programme in Histopathology to a number of patient groups. However, the Faculty acknowledged that there was significant scope to increase lay representation within the Faculty, and that this issue was under active discussion by the Faculty and the RCPI. The Team were agreed that the Faculty is proactive in this area, but agreed that the Faculty should seek to formalise its commitment to lay and patient involvement. Given the broad role which the Faculty has as the authoritative body in Ireland in matters concerning pathology, including public interest matters, the Team agreed that the Faculty should seek to increase lay involvement within the Faculty's governance structures, and to ensure that lay involvement is fully supported through formal terms of reference. In addition, the Faculty should ensure that opportunities for lay involvement are communicated appropriately.

The Team discussed the details provided in relation to the standards which focus on funding and resource allocation. The Faculty confirmed that while a uniform budget and financing model is employed throughout the RCPI structure, each constituent training body operates as an independent body. The principal source of funding for the Faculty is *via* training agreements with the Health Service Executive Medical Education and Training (HSE MET). Other funding sources are Fellow and Member subscriptions, training courses and project funding. The Team were advised that income is pooled across the College structure, and that Faculties generally have access to a level of funding which is commensurate with their relative size. In summary, the Faculty confirmed that it enjoyed financial autonomy, and has independent revenue streams to those of the College. The Team acknowledged that funding arrangements and autonomy should be a feature of the recommended governance evaluation referenced in the condition being attached to the approval of the Faculty.

The Team noted the range of domestic and international collaborations through which the Faculty compares its training programme, curriculum and assessment methods. The Faculty is a member of the Forum of Irish Postgraduate Medical Training Bodies, and this Forum facilitates an ongoing information exchange between each of the thirteen training bodies operating in the State. The Faculty are benefitting from the support of the RCPI's Education and Professional Development function which ensures that curricula are developed in line with international best practice. The Team also noted the Faculty's established relationships with the UK, Australasian, American and Canadian Royal Colleges. The Team commended the range of collaboration in this area which has been demonstrated by the Faculty. The Team agreed that the Faculty should be encouraged to provide some specific examples of how these extensive collaborations have led to significant positive change within the Faculty. The Team



agreed that it is important for the Faculty to assure Council, and itself, that collaboration is yielding sufficient and tangible outputs.

Under discussion of the Faculty's interaction with the Health Sector, the Team acknowledged the significance of the Faculty's National Quality Assurance (QA) Programme in Histopathology which was established in 2009, and which is referenced earlier in this report. The QA programme, which includes participation from a number of national stakeholders, was viewed by the Team as a commendable initiative and an example of effective collaboration between the Faculty and partner stakeholders.

The Team discussed the frequent reference within the Faculty's submission to the RCPI Exemplar Programme. The Exemplar Programme is a series of quality initiatives being undertaken on a College-wide basis which will drive significant positive change throughout the RCPI and its constituent training bodies. It was acknowledged that it may take a number of years to fully assess the impact of these initiatives; however, the Team recommended that the Faculty confirm with Council the specific impact which it is anticipated the Exemplar Programme will have on the Faculty.

## **2) THE OUTCOMES OF THE TRAINING PROGRAMME**

Standard (2) incorporates the following elements:

### **2.1 PURPOSE OF THE TRAINING ORGANISATION**

### **2.2 GRADUATE OUTCOMES**

The Team appreciated the clarity of the information provided which confirmed the object and purpose of the Faculty. The Faculty makes explicit reference to the public outcomes and public benefits of its endeavours, which the Team viewed as being very appropriate. The Team agreed that the Faculty could strengthen its obvious commitment in this area by maximising formal opportunities within the Faculty's governance structure for lay involvement. In addition, the Faculty should clearly signpost these opportunities with relevant stakeholder and public interest groups. This observation is raised elsewhere in the report.

The Team noted the information provided in relation to graduate outcomes, and appreciated the conciseness of the material. The training outcomes make explicit reference to the Medical Council's '*Eight Domains of Good Professional Practice*' which the Team viewed as being noteworthy, and a strong indication of the Faculty's commitment to the quality assurance of its training.

The Faculty does not currently publish data on graduate outcomes, although the Team acknowledged that this requirement will be greatly supported by the RCPI's ICT strategy. The purpose of this strategy is to consolidate a number of separate data flows into a cohesive management system which will allow the College, and the Faculty, to capture, measure and interpret data in this area. In addition, the ongoing development of the College's ePortfolio will complement these activities. The College's ePortfolio is discussed in further detail elsewhere in this report.

The Team were not provided with details of attrition rates, which would have enhanced the Team's assessment of certain aspects of the training programme. This was raised with the Faculty, who confirmed that attrition rates within the training programme are very low, and that in some years, no trainees left the programme. The Team were advised that the drop-out rates at BST level are relatively higher than at HST, and that the reasons for trainees leaving the programme at BST level include pursuing specialist training in other disciplines. The Team

identified an opportunity for the Faculty to strengthen its activities in this area by formally documenting the numbers of trainees who leave the programme at different stages, and documenting the reasons behind this movement. The Team agreed that the Faculty should be more proactive in this area, in order to assure itself and the Medical Council that trainee movement is being accounted for, and that the reasons behind this movement are assessed, and acted upon as appropriate.

The Team queried whether trainees were formally advised of the opportunities to become consultant histopathologists, and the vacancies which typically arise on an annual basis. The trainees who met with the Team confirmed that they are advised on an informal basis of the numbers of posts coming on stream, and the anticipated competition which trainees might face if applying for such posts. The Team agreed that the Faculty should formalise the advice provided to trainees (and prospective trainees) regarding the likely numbers of training posts at each stage of training, anticipated 'bottlenecks' in training and the likely availability of consultant posts on completion of training.

### **3) THE EDUCATION AND TRAINING PROGRAMME - CURRICULUM CONTENT**

Standard (3) incorporates the following elements:

- 3.1 CURRICULUM FRAMEWORK
- 3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION
- 3.3 RESEARCH IN THE TRAINING PROGRAMME
- 3.4 FLEXIBLE TRAINING
- 3.5 THE CONTINUUM OF LEARNING

Specialist training in histopathology is delivered at BST and HST stages. In recognition of the unique and laboratory-based nature of the specialty of histopathology, applicants to the HST stage of training must have completed the BST in histopathology. The Team noted that entry requirements for HST training in other pathology specialties are less prescriptive and accommodate doctors who have completed BST training in general internal medicine. The duration of histopathology training is two years at BST, with a further four to five years completed at HST level. The Faculty also delivers a Registrar Training Programme (RTP) which was introduced on a pilot basis in 2010. The maximum duration of the RTP is two years, and is intended to support doctors who wish to pursue the HST programme but who have not, as yet, been successful in the application process. The trainees were broadly supportive of the concept of the RTP, and agreed that it is preferable for doctors to continue their formal training while continuing to attempt to access HST. The Team noted that no information was available in relation to the RTP curriculum. The Faculty confirmed that there were no trainees currently enrolled on the RTP programme, and that the RTP programme was not as relevant to specialist training in histopathology as it is to other disciplines. The Team were advised that BST trainees who have not yet met all exit criteria and competencies may *extend* their BST training. The Team were unclear as to the process by which BST can be extended and recommend that the Faculty clarify this process. The Faculty should also clarify the position of RTP within histopathology training pathway.

The curriculum is developed and monitored by the Faculty in collaboration with the shared Education and Professional Development function within the RCPI. Domestic and international requirements and best practice are factored into these activities. Changes in the curriculum are highlighted with trainees on an annual basis, and trainees have been consulted previously before major changes were introduced. There is a moderate degree of patient input in certain areas of the curriculum such as ethics. Overall, the Team noted with some concern the current 'top down' approach to curriculum development within the Faculty, and noted that

international best practice would seek trainee and patient input at the outset of curriculum development and revision. The Faculty acknowledged this deficit and confirmed that it was committed to driving improvement in this area. As mentioned earlier in this report, the Faculty expects to benefit from a series of College-wide quality initiatives being undertaken within the College's Exemplar Program, including quality improvements in the area of trainee and public involvement. The trainees confirmed that their main opportunities to shape and influence the curriculum are informal, and are *via* their regular interactions with trainers and other Faculty representatives. The Team identified a significant opportunity for the Faculty to formally seek trainee inputs in this area. The Faculty should provide the Medical Council with an update in relation to the specific opportunities being developed which are intended to widen the range of inputs in the area of curriculum development, including opportunities for trainees.

The Team identified an opportunity for the Faculty to increase the focus on the development of cut-up skills in the early stages of training, and this was supported by the views of trainees. The Team acknowledged that the amount of time spent in laboratory settings and performing cut-ups can vary between training sites, but agreed that trainees at all stages of training should be equally well-prepared for these duties. The Faculty confirmed that these observations would be brought to the Specialty Training Committee (STC) for further discussion. The Faculty should provide a specific update to Council on developments in this area.

Under discussion of the encouragement and supports for trainees to report independently, the trainees expressed some variability in their experiences. The Team noted that it was a requirement for trainees to report independently as part of the RCPATH curriculum, and recommend that the Faculty drive consistency in the supports for trainees at all sites to report independently when the relevant requirements for independent reporting have been met.

The Team noted an opportunity for the Faculty to provide trainees with indicative job descriptions for different stages of training. This would increase the trainees' understanding of their training pathway, and may increase the practical usage of the training curriculum by linking it to everyday training and practice.

The Team discussed the prominence of research within the training programme. Research courses are mandatory for all BST and HST trainees, and course content focuses on research methods, critical appraisal and interpretation of data. Further research training is available for HST trainees on a non-mandatory basis. At HST, trainees who have expressed an interest are encouraged by the Faculty to spend a period of time in full-time research in the pursuit of an MSc, MD or PhD. The suitability of research opportunities are assessed prospectively by the Faculty, and trainees may subsequently receive up to one year of training credit. The Team noted the range of medals and other acknowledgements which are awarded by the Faculty to reward academic and research achievement. The Team viewed these awards as a strong indicator of the Faculty's commitment in this area. The Team were advised that it is likely that trainees who are 'out of programme' pursuing research opportunities are expected to keep the Faculty informed of their progress. In addition, trainees are obliged to meet with the Faculty in person on an annual basis to discuss progress, and to generally provide an update to tutors. The Faculty should maximise the use of video-conferencing and other technology solutions for such annual meetings, particularly in cases where trainees may otherwise be required to travel from other jurisdictions.

The Faculty confirmed that it was supportive of trainees who may wish to pursue flexible training opportunities. Trainees who wish to avail of these opportunities do so through the Health Service Executive (HSE) Flexible Training Scheme. It was noted that there is limited availability on this scheme, as the scheme is available to all specialist trainees in all disciplines.

The trainees confirmed that they were aware of opportunities in this area and acknowledged the increasing difficulty of securing flexible training posts, given the growing demand.

#### **4) THE TRAINING PROGRAMME - TEACHING AND LEARNING**

The training programme incorporates a mix of generic and specialty-specific components, and the development of competencies is referenced against the Medical Council's '*Eight Domains of Good Professional Practice*'. As mentioned earlier in this report, this reference to the eight domains is commendable.

The trainees confirmed that the proportion of time spent in cut-up activities varies between hospitals, as too does the level of supervision and assistance during laboratory work. The Team acknowledged that the variability in the balance between training, service-delivery and supervision at different training sites is not unique to histopathology; however, the Faculty must strive to ensure that trainees are having a broadly similar training experience.

As trainees progress through training, they carry out their clinical duties with increasing degrees of independence, as would be the typical model of competence-development within specialist medical training..

#### **5) THE CURRICULUM - ASSESSMENT OF LEARNING**

Standard (5) incorporates the following elements:

- 5.1 ASSESSMENT APPROACH
- 5.2 FEEDBACK AND PERFORMANCE
- 5.3 ASSESSMENT QUALITY
- 5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

The Team noted the Faculty's commitment to the use of summative and formative assessment methods, and the appropriate use of its assessment tools. The formative methods described include the use of the ePortfolio, and a range of Workplace Based Assessment (WBA) methods including Directly Observed Procedural Skills (DOPS), Case Based Discussions (CBD) and Multi-Source Feedback (MSF).

The Team were advised that the ePortfolio is a recent introduction within the RCPI, and is anticipated to contribute significantly in many aspects of training, including assessments. The trainees confirmed that the ePortfolio is not yet user-friendly and can be somewhat cumbersome to use. The Faculty anticipates that all technical and other shortcomings of the ePortfolio will be addressed over the coming two to three years, and that a full cycle of graduates would be necessary in order for the ePortfolio to fully embed in the training programme. The Team agreed that it was vital for the Faculty to seek trainee inputs throughout the development and refinement of the ePortfolio.

The Faculty confirmed that WBAs were another recent introduction within the Faculty. To date, WBAs have been used on a trial-basis and primarily as a summative assessment tool, which the Faculty acknowledged was not appropriate or best practice. However, the Faculty confirmed that the full potential of WBAs would be explored as part of the RCPI Assessment Strategy which is underway. The Team recommend that the Medical Council is provided with an update in relation to this strategy review and its anticipated impact upon the Faculty.

The summative assessments include six-monthly 'in house' assessments throughout training, annual assessments during RTP and HST training, and penultimate assessments. Penultimate assessments are in-depth assessments which are undertaken before trainees enter the final year of specialist training. They present a significant opportunity for trainees to be made aware of training requirements which have yet to be met, and of areas where it is recommended that trainees pay particular close attention to during their final year.

The Team welcomed the information provided in relation to the BST Aptitude Assessment, a particularly high stakes assessment which takes place during the early stages of training. The purpose of this assessment, which is similar in many ways to a mini-interview and which incorporates a comprehensive report from local trainers, is to ensure that trainees are well-suited to a career in histopathology, and are suitable for further HST training. The Team agreed that there are many advantages to early intervention and that it was likely to be in a trainee's best interests to discontinue training in a specialty to which they may not be suited. The Team were advised that there is a structured appeals process available for those trainees who are not deemed to be suitable for progression. For those trainees who are deemed unsuitable to progress following this assessment, the Faculty should clarify the supports which are made available in terms of career advice.

The official examination for Specialist Registrars (SpRs) in histopathology is the FRCPath (Royal College of Pathologists UK). Irish SpRs are also required to pass the separate autopsy examination that is a requirement for the award of a Certificate of Satisfactory Completion of Specialist Training (CSCST).

The trainees updated the Team on the financial burden of completing mandatory courses during the training programme. The Team acknowledged that the HSE had discontinued the training grant which had previously been made available directly to trainees. The Faculty confirmed that many of its training courses are based in Dublin but that it was exploring the possibility of establishing regional training centres, while being mindful of the requirement for such facilities to be financially viable. The Faculty are also committed to maximising the use of technology in this area through the use of online modules. The Faculty should continue to ensure that trainees at all training sites are equally supported to avail of training opportunities.

Under discussion of the mandatory courses which trainees attend, the Team were advised by trainees of the occasional duplication and overlap in the content of training courses. In addition, trainees felt that some course content was not relevant to the discipline of histopathology. The Faculty confirmed that this feedback is received regularly and that it was committed to minimising any unnecessary duplication. However, the Faculty confirmed that certain training courses are conceived with a broad audience in mind for economic reasons, and the course content at times is necessarily generic.

The Team discussed the range and frequency of feedback which is provided to and sought from trainees during the programme. Trainees have an opportunity to provide feedback on their training experience at each of the summative assessments mentioned earlier. Trainees are asked to complete a 'post review form' on completion of each training post, and the Faculty's hospital inspection process includes opportunities for trainee feedback. In addition, as the ePortfolio is developed, it is anticipated that there will be enhanced opportunities for trainees to provide feedback online. The Team were keen to explore the opportunities which may exist to document feedback and concerns, and the process by which this feedback is assessed and acted upon. In addition, the Team wished to explore whether a process exists whereby trainees are advised of the output of their feedback. The trainees confirmed that there were opportunities to document feedback but were unclear as to how or if their feedback is acted upon. The trainees confirmed that they were comfortable raising concerns with the Faculty, but did not expect positive change to arise in all cases. The Faculty confirmed that it

placed a very high-value of trainee feedback, and as an example cited the previous introduction of a non-mandatory training modules in stress management as a direct result of trainee feedback. The Team agreed that the Faculty should formalise its process for receiving trainee feedback, and communicate the outcomes of trainee feedback for the benefit of all trainees. The Team agreed that the Faculty's processes in this area must reflect the Faculty's obvious commitment to its trainees. In addition, trainees must be made aware that their feedback has led, and will continue to lead, to significant positive change.

The Team noted the information provided in relation to the Faculty's assessment of overseas training specialists. The Team acknowledged that the Medical Council is in discussions with all postgraduate training bodies to establish more formal and commercial arrangements in this area. The Faculty confirmed that it will fully meet Council's expectation in this area.

## **6) THE CURRICULUM - MONITORING AND EVALUATION**

Standard (6) incorporates the following elements:

### **6.1 ONGOING MONITORING**

### **6.2 OUTCOME EVALUATION**

The Team were satisfied that the College is committed to the regular evaluation and review of the training programme. The dedication of the NSDs in this area, combined with the supports available to the Faculty through its involvement with the RCPI, ensures that there is an appropriate focus on quality improvement throughout the programme. A recent addition to the curriculum was the inclusion of the Medical Council's *'Eight Domains of Good Professional Practice'* as mentioned earlier in this report.

Particular developments within the Faculty have been the implementation of the Core Pathology Skills programme, and also the option of a further Diploma in Core Pathology. The Team were keen to explore the potential for duplication of content with the introduction of the Diploma in Core Pathology, which includes training in leadership skills, laboratory organisation and financial management. While there may be some overlap in 'concepts' between certain training modules, the content is different and focuses on some of the more intangible aspects of professional practice in histopathology.

As mentioned earlier in this report, the Faculty must increase formal opportunities for trainees to contribute to curriculum and programme development, and signpost these opportunities fully. The Faculty are committed to clarifying the role and responsibilities of trainers, with particular focus on developing the formal role of trainers to contribute to programme development and monitoring.

The Faculty was viewed as being proactive in the area of graduate tracking, and the Team appreciated the information provided in relation to the current postings of the 2010-2012 histopathology graduates. The RCPI has recently established a Research Department, one of whose priorities will be to focus on graduate outcomes and career tracking. The Team agreed that this shared resource within the RCPI will help the Faculty to continue to meet its obligations in this area.

## **7) IMPLEMENTING THE CURRICULUM – TRAINEES**

Standard (7) incorporates the following elements:

7.1 ADMISSION POLICY AND SELECTION

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

7.3 COMMUNICATION WITH TRAINEES

7.4 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

The Team agreed there was a clear set of publicly-available principles which underpins the Faculty's selection process. The Dean of Postgraduate Specialist Training, the Director of Education and the Faculty's senior management team are responsible for ensuring the fair application of the selection process, and the Team were satisfied that the Faculty is committed to best practise in this area.

Under discussion of the requirements for training bodies to facilitate the involvement of trainees in governance structures, and as mentioned elsewhere in this report, the Faculty must continue to drive improvements in this area. These improvements will be implemented as part of the College-wide Exemplar Programme. The Team noted that a number of hospital trainee representatives have been recently confirmed at each training site to represent the views of trainees in pathology disciplines at those sites, and that a trainee representative in histopathology has been nominated by trainees. The Team viewed these updates very positively.

The Team discussed the information provided by the Faculty in relation to the processes through which the Faculty addresses training disputes. Where concerns are raised in relation to underperforming trainees, these trainees are supported through remedial activities. The Team raised the issue of dispute resolution and remediation with the trainees to ensure that their experiences, perception and understanding of arrangements in this area supported the documentation provided to the Team by the Faculty. It was the trainees' perception that the Faculty is committed to ensuring best practise in this area, and the trainees' experience is that their consultants are generally very approachable, as are the National Specialty Directors.

The Faculty confirmed that no negative feedback has ever been received in relation to individual trainers. The Team agreed that the Faculty must continue to assure itself, and the Medical Council, that this lack of negative feedback solely reflects the high quality of trainer inputs. The Faculty must continue to ensure that its dispute resolution policy and process fully supports trainees, and overcomes the natural reluctance of trainees to raise concerns in relation to trainers.

## **8) IMPLEMENTING THE TRAINING PROGRAMME – DELIVERY OF EDUCATIONAL RESOURCES**

Standard (8) incorporates the following elements:

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

The Faculty has defined specific and general trainer responsibilities. In addition to general supervisory responsibilities, trainers work with trainees to develop training plans at the outset of posts, participate in hospital inspections and are involved in remedial activities. The Faculty confirmed that it was committed to providing greater definition to the role of trainers, in order to drive consistency and standardise inputs from trainers. The introduction of the ePortfolio will

help to assess the contribution of individual trainers. The RCPI, and the Faculty, are working towards the development of a framework of trainer competencies and skills, and will be introducing a performance management system for trainers. The Faculty should provide the Medical Council with full details of the framework of trainer competencies as soon as it has been finalised.

The Faculty has a defined policy and set of criteria for the selection and accreditation of hospital training sites, and training posts. There are currently 22 hospital training sites which support training in all pathology disciplines at BST, RTP and HST level. The College has a well-established inspection regime and the outcomes of inspection have led to withdrawal or suspension of approval in instances where standards were not being met. Hospital sites are typically accredited for five years, barring unanticipated or triggered inspections. The Team felt that there may be an opportunity to increase the frequency of such inspections, particularly with a view to soliciting feedback from trainees on individual training sites and training posts. This view was shared by the trainees who engaged with the Team on the day of the meeting.

The assessors agreed that the Faculty's hospital inspection process would be strengthened through increased emphasis on the health and safety of trainees in the workplace, and in particular in laboratory settings. The Faculty's inspection forms do not appear to explicitly assess those particular aspects of the pathology work environment which could impact on trainee health and wellbeing. For example, it was unclear how the Faculty would gauge the effectiveness of formalin monitoring in a laboratory setting, or how it would assess the availability of protective clothing to trainees. In addition, it was unclear if the Faculty's inspection process is cross-referenced with local risk assessment or health and safety functions. The Team were advised that the Faculty was due to re-inspect its training sites in early 2013 and as such, the above concerns were shared with the Faculty shortly after the accreditation meeting and before the production of this report. In response, the Faculty confirmed that it had deferred its inspections while it reviewed all inspections documentation and processes relating to histopathology. The Faculty should update the Medical Council on the outcomes of this review.

## **9) CONTINUING PROFESSIONAL DEVELOPMENT**

Standard (9) incorporates the following elements:

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMMES

9.2 RETRAINING

9.3 REMEDIATION

Under discussion of this element of Council's accreditation standards, the Team noted that the Faculty has already entered into arrangements with the Medical Council under Part 11 of the Medical Practitioners Act 2007 in relation to the establishment of Professional Competence Schemes (PC Schemes).

## **END REPORT**



## **D. Appendices**

### **Appendix 1- Agenda**



## **Comhairle na nDochtúirí Leighis**

### **Medical Council**

**Faculty of Pathology**  
**Accreditation Session**  
**Hilton Hotel, Charlemont Place, Dublin 2**  
**7<sup>th</sup> March 2013**

**Accreditation Team**  
Dr Anna Clarke (Chairperson, Council Member)  
Dr David Bailey (External Assessor)  
Professor Alan Johnson (External Assessor)  
Dr Jason Last (External Assessor)

#### **Agenda**

9.30- 10.00 am	Initial accreditation team discussion
10.00-11.30 am	Review of documentation specifically relating to the Body
11.30-11.45 am	Break
11.45-1.00 pm	Review of documentation specifically relating to the Programme
1.00-1.30 pm	Lunch
1.30-2.30 pm	Meeting with Trainees
2.30-4.30 pm	Meeting with College Representatives
4.30-5.00 pm	Private session
5.00-5.15 pm	Clarification Session with College Representatives