Royal College of Physicians

Minutes

Intercollegiate Committee on Haematology (ICH) – a joint committee of the Royal College of Pathologists (RCPath) and the Royal College of Physicians (RCP)

Notes of a meeting held on Tuesday, 23 April 2013 at 10.30hrs in the Donald Hunter Room of the Royal College of Physicians (RCP)

Present	Dr Tim Littlewood	Chairman, RCP and British Society for Haematology (BSH)
	Professor Martin Beaman	Lead postgraduate dean for haematology
	Dr Tom Butler	RCP trainees representative
	Dr Patrick Cadigan	RCP registrar *[up to item 08/13]*
	Dr Scott Marshall	Haematologist and Association of Clinical Pathologists (ACP) representative
	Dr Joel Newman	RCPath trainee representative
	Professor Tony Pagliuca	RCP representative
	Dr Archie Prentice	RCPath president
	Dr Deepti Radia	Joint Royal Colleges of Physicians Training Board (JRCPTB) Haematology Specialist Advisory Committee (SAC) chair
	Dr Mallika Sekhar	RCPath London Council chair
	Ms Elaine Storey	Committee manager
	Mr Alan White	RCP Patient and Carer Network (PCN)

01/13 Welcome, apologies for absence and declarations of interest

The chairman opened the meeting and welcomed all.

Apologies were received from Dr Brenda Gibson, Dr Jim Murray, Dr Timothy Nokes, Dr Anne Parker, Dr Mike Scott, Dr Angela Thomas and Dr Lorna Williamson.

02/13 To receive the minutes of the meeting held on 6 November 2012

The minutes of the previous meeting were approved as an accurate record subject to the amendment of the titles of two committee members.

03/13 Matters arising from the minutes (not addressed elsewhere on the agenda)

There were no matters arising.

04/13 Intrathecal chemotherapy

The chairman referred to **(DOC 01/13)** and explained there were examples of chemotherapy designed for intravenous use that had been given intrathecally. He explained that following on from this changes had been made to the process of administering intrathecal chemotherapy, separating intrathecal chemotherapy from intravenous chemotherapy, and he had not been aware of any examples of intravenous chemotherapy being given intrathecally in the last few years. He added that there were, however, examples in Europe of bortezomib being given intrathecally and reports of death. It was obvious, he stated, that this risk needed to be reduced and different connectors needed to be used although the Association of Anaesthetists had queried this by raising the risk of infection which was why the implementation had been delayed.

05/13 LAC representative

The chairman brought the attention of the ICH to **(DOC 02/13)**, the terms of reference for the Lay Advisory Committee (LAC) at the RCPath, as a representative to be on it was sought, and commented that it seemed to be a useful committee to have. Mr White stated he would be happy to be on the committee if a lay representative was sought, and Dr Prentice replied that all the lay positions had been filled. Dr Prentice suggested that the minutes of the LAC be sent to the ICH, and the chairman agreed this would be a good idea.

Action: Committee manager

06/13 Mentoring for new consultants

The chairman spoke to a letter about newly appointed consultants, **(DOC 03/13)**, that had been sent from Professor David Black, senior censor and vice president for Education and Training, to Sir Richard. He explained that the letter raised a point about the need for Post CCT Fellowships in some areas which he had some mixed feelings about because it meant that training was not adequate. He added that the RCP wanted to regulate it rather than allow trusts to set up potential sub-consultant grade posts. Dr Cadigan replied that this was correct, and that some specialties had expressed the same type of reservations as the chairman. He added the RCP believed if these posts were to exist it would be advantageous for the educational content to have some RCP regulation and be time limited in order to not become permanent service posts. He also raised the point that the *Shape of Training* review and the General Medical Council's (GMC's) views about credentialing made it important that the RCP consider how Post CCT Fellowships should be structured and what input the RCP should make to them.

The chairman commented that mentoring for new consultants probably happened in many hospitals to some extent, but that he was unsure whether there was any formality to this process. He added that Sir Richard had referred to the formal mentoring of new consultants at a recent Medical Specialities Board (MSB) meeting.

Dr Prentice commented that he suspected a new sub-consultant grade had been decided on which made him consider whether Post CCT Fellowships and training programmes were fit for purpose. He added there was evidence that new consultants were finding their workloads difficult and a meeting with the Foundation Trust Network (FTN) had taken place to discuss this. Some key points had been agreed with the FTN, he explained,

Final

such as the point that some form of formal mentoring for a fixed period of time was essential for new consultants. He informed all a draft document had been written, which was an agreement between the FTN and the RCPath on how to work on some of these issues, and that it was going to the FTN Board on 1 May 2013. He also added that the royal colleges had to be firm about the criteria for patient safety which included foundation trusts treating consultant staff properly.

07/13 Improving haematology laboratory training

The chairman introduced all to a document on improving haematology laboratory training, **(DOC 04/13)** and Dr Butler explained that focus groups were set up to discuss common themes around this, to highlight good practice as well as deficits and to come to conclusions. He added that the first focus group started in London, an initial document and themes were produced then the focus groups were extended out to other areas in the country when similar themes arose. He commented that these were then put together in to a consensus document which, it was hoped, was a way of representing the way that the trainees felt which would be a starting point to making positive steps towards improved laboratory training for haematologists.

Dr Radia made the following points:

- she had sent out a survey for JRCPTB Haematology SAC members' trainers on laboratory training
- 24 responses had been received over a period of three weeks. Out of 23 deaneries 16 were represented
- themes that arose from the survey were the same such as the training was inadequate, although there were different angles
- every trainer had responded that they had provided morphology training, although there was an exam discrepancy of failure
- 17 people who had responded had thought the examination was good and useful
- it was felt that the examination represented real life more than before
- the same themes were emerging for trainers such as finding work difficult because of the change of structure
- one theme that had arisen from both trainers and trainees was that the laboratory job was constantly cross covering
- a theme had arisen about trainees being reluctant to work in the laboratory

Dr Sekhar raised the issue of transfusion and explained there were problems such as the incapacity to provide complex advice to patients with complex needs. She added that it was therefore difficult at hospital level for trainees to be able to provide advice without help from transfusion scientists or consultants, so she had established at the Royal Free hospital weekly bench meetings that were attended by biomedical scientists and trainees. She explained that attendance by trainees at the meetings was more regular than when they were first set up one and a half years ago, although they were mainly laboratory registrars. She expressed concern about, with the emphasis on examinations and formal training, hospital based training and transfusion being consigned to a lesser importance. She added that not many hospitals provided hospital based transfusion based training at all.

Final

Professor Beaman questioned whether the haematology curriculum was fit for purpose for modern NHS requirements given that technologies were changing and there was an increasing change in the nature of patients. He added that this was the question he suggested should be continually reflected on.

Dr Prentice stated that it was hoped the RCPath would re-design the representation of its interests so that posts, many of which were redundant, were taken away and reconstructed to mirror Local Education and Training Boards (LETBs). He added that this needed to be done in order to have an influence on localism and training. Dr Butler raised the importance of local leadership to deliver the curriculum, and Dr Radia replied that this was being cascaded through the Haematology SAC. Dr Prentice asked to see any paper that would arise from this work as soon as possible as an urgent meeting would be held with LETB representatives.

Action: Dr Radia

The chairman pointed out that it was important to consider not only what training would be delivered, but also what sort of haematologists would people become and what jobs would be available.

08/13 To receive reports from committees

a) RCPath Examinations Committee

The chairman brought the attention of the ICH to the Electronic Exams Committee Report – February 2013 **(DOC 05/13)**, and a report on the FRCPath Haematology Examination Autumn 2012. He reminded all that a discussion had taken place about the high failure rate of part two of the examination at the last ICH meeting.

b) RCP Medical Specialties Board (MSB) meeting

The chairman introduced all to the minutes of the 5 February 2013 MSB meeting **(DOC 06/13)**. Mr White referred to the section about the Liverpool Care Pathway and raised the issue of the withdrawal of food and fluid. The chairman noted that the Liverpool Care Pathway was just one aspect of palliative care and that many problems arose from the fact that on-going training did not occur.

c) RCPath Transfusion Medicine Sub-committee

The chairman informed all that the minutes of the 25 September 2012 Transfusion Medicine Sub-committee of the ICH had been provided as **(DOC 07/13)**. He also explained the RCPath had requested that the ICH discuss the Keele University Haematology Specialty Panel at its meeting. He commented that he would email Dr Lorna Williamson about this.

Action: chairman

d) RCPath College Council

Dr Sekhar explained that the representation of the RCPath would be divided based on the LETBs, so London would be divided in to three and would be one of four regions in England. She added that the LETB structure was still in development and did not pay

attention to the patient pathway, which were issues being discussed at the RCPath.

e) JRCPTB – SAC on Haematology

The chairman brought the attention of the ICH to the 11 October 2012 SAC in Haematology meeting minutes **(DOC 09/13)**.

09/13 Workforce

a) Centre for Workforce Intelligence medical specialty workforce

The chairman reminded all a discussion on workforce had taken place at the last ICH meeting, and that there was no update for this meeting.

10/13 Revalidation

Professor Pagliuca commented that an issue had arisen for most trusts in that everyone, including those with no significant patient contact, had to have a 360 assessment carried out with patient returns.

Dr Prentice informed all that the RCPath had a team of national revalidation advisors, specialty specific, where concerns could be sent.

11/13 Trainee issues

Dr Newman commented on the Australian examinations model where parts that were failed could be taken again, and questioned whether this would be a suitable option to improve the experience for trainees taking the examination. Dr Prentice replied this model did not apply to any RCPath training programmes but that it was still worth discussing. He added they had a tight control over the laboratory component in their training programmes and that he would ask to find out how they managed to do this.

Dr Newman informed all there was a training day for new ST3's on 5 July 2013 that was open to anyone who wanted to attend. He also stated that the NHS Blood and Transplant (NHSBT) and the British Society for Haematology (BSH) were developing web-based transfusion cases to try to assist with transfusion training. Dr Marshall recommended having weekly training in each blood bank and added that, although web-based training was good, interaction with knowledgeable people was better.

12/13 RCP updates

Mr White referred to the Francis Inquiry internal update paper, 27 March 2013, **(DOC 10/13)**, and explained that someone had prepared a patient response on the Francis Inquiry, which had been seen by the PCN, and would be redrafted and worded in a stronger way. He added that there needed to be a large change in relation to trust boards that should involve detailed and specific information going to them, and having committees that dealt with patient safety.

The ICH was provided with a Map of Medicine report – April 2013 **(DOC 11/13)**.

13/13 Consultation updates

The chairman commented that he regularly received requests to respond to consultations related to the National Institute for Health and Care Excellence (NICE). He added the RCP had endorsed a NICE guideline and that he had subsequently been asked whether the

RCPath and the BSH would also endorse it. He explained that he had sent it to the British Committee for Standards in Haematology (BCSH) who had replied that it was not their responsibility to endorse NICE guidelines, which was a view he supported. Dr Prentice replied this process had happened before and that the BCSH needed to be persuaded to get accredited as a guideline writing body.

The chairman informed all that a representative was sought for an Intercollegiate Standing Committee for Nuclear Medicine, and the Committee Manager agreed to assist with this.

Action: Committee manager

14/13 Any other business

There was no other business.

15/13 Date of next meeting:

The chairman informed all of the next meeting time and date:

- **2pm – 5pm Thursday 7 November 2013**

There being no further business the meeting closed at 12.30hrs

Elaine Storey
Committee manager
Elaine.Storey@rcplondon.ac.uk
Tel: +44 (0)20 3075 1307

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