



The Royal College of **Pathologists**

Pathology: the science behind the cure

Response from the Royal College of Pathologists to ECR0197- Call for Ideas - Health Education England

The Royal College of Pathologists' written submission

August 2017

For more information please contact:
Rachael Liebmann
Registrar

The Royal College of Pathologists
4th Floor
21 Prescot Street
London
E1 8BB

Phone: 020 7451 6700
Email: registrar@rcpath.org
Website: www.rcpath



1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists response reflects comments made by Fellows and members of the College Committee during the consultation, which ran from 12th July 2017 until the 26th July 2017 and collated Dr Alice Wort, Chair of the Trainee Advisory Committee and Prof Tim Helliwell, Vice-President for Learning.

2 CONTENTS

2.1 What are the current issues faced by junior doctors when they return to training? Specific examples and case studies are welcomed.”

2.1.1 Confidence/resilience

Frequently trainees felt that they were often expected to “carry on where they had left off”, although some also reported that adjusting to the return to work usually only took a couple of weeks - ‘like riding a bike.’

2.1.2 Clinical competence

Respondents from among pathology members reported that the stress associated with the return to clinical work had both positive and negative effects. An expectation of immediate clinical competence provided the incentive to reactivate clinical knowledge rapidly, while also creating a need to more active mentoring/supervision than was available in some instances.

2.1.3 Pastoral support/mentoring

Of those who responded, there was a general feeling that more pastoral support/mentoring would have been helpful. Some who were trainees returning to work reported excellent support from Educational Supervisors and Training Programme Directors.

2.1.4 Up to date knowledge

The issue reported by RCPATH respondents was related to changes in curricula and WPBA during the period of absence; clearly this is highly context dependent. In general, there were few concerns about a lack of theoretical and clinical knowledge.

2.1.5 Adjusting to new personal requirements

Some of the College members felt that the lack of understanding and a flexible response to the demands of childcare were significant contributors to trainees leaving programmes.

2.1.6 Potential mitigations:

- Clearer direction on KIT days and their reimbursement
- One point of contact at HR/ Payroll would have been helpful
- Support within the training programme for extra time to get up to speed
- Easier access and more information regarding financial support for childcare through wages -6 month contracts and uncertainty with rotations are not ideal for this

2.1.7 Organisational culture

This may be context dependent – one respondent reported a lack of organisational interest in, or awareness of, their activities during OOP experience.

2.1.8 Other

It is important that the response to the HEE initiative should not put people off taking time out and also should not put limits on the amount of time out people are allowed to take.

2.1.9

Additional comments

A key issue will almost certainly be variations in practice across geographies (and the devolved nations) and specialties and the lack of any coordinated improvement process that helps spread best practice.

2.1.10 The principle issues relate to NHS T&Cs on pregnancy and maternity leave not being met and the lack of phased return and enhanced support in relation to clinical activity and out of hours commitments. These may primarily sit with NHS employing organisations but with Deanery/LETB input.

2.1.11 RCPATH has many members who are clinical scientists. The HEE process, in addition to ensuring comparability across regions and countries, needs to ensure comparability in approach between medical, dental and scientific staff groups.

2.1.12 Ideas for mitigation

HEE should consider a compulsory enhanced period of pro-active supervision for trainees returning to programme which may include pastoral support/mentorship from others who have recently done the same.

2.1.13 As appropriate to particular specialties and circumstances, refresher courses organised locally or nationally might be helpful. An online programme of cases, MCQs etc that could be done in the evenings prior to the end of maternity leave may help to focus on the return to work and make trainees more productive in the first few weeks back. This would not necessarily be a formally assessed programme, just an aid to re-engaging the brain in scientific thought.

2.1.14 For some trainees, a phased return to work from maternity or other OOP leave would allow them to regain clinical confidence gradually. Several of the College members reported that a phased return to the normal level of activity over a few weeks was helpful, particularly when taking place with supportive supervisors.

2.1.15 A practical approach could include:

- A meeting between the trainee and educational supervisor. During this meeting, all the worries and apprehensions the trainee has should be addressed.
- A plan should be set out with short term goals the trainee would like for themselves. Fortnightly meetings or more if required, can be arranged to discuss problems or obstacles.
- Less or graded responsibility during the first 3 months to make the transition easier.
- Supervision and guidance/mentoring from a senior trainee should be readily available to the trainee.

2.2 What existing examples of good practice are there for supporting junior doctors who return to training?"

2.2.1 Accelerated learning

One of the respondents, a clinical scientist, reported value they derived from being involved in teaching within the department, with the need to prepare and deliver sessions on topics of day-to-day relevance.

2.2.2 Resilience and well being coaching

Another respondent reported that they found the availability of mentoring by a Consultant who they felt respected them to be of value. "I was able to safely ask questions on a daily basis for several months without feeling that I was exposing critical ignorance. I rapidly decreased my dependence on this individual."

2.2.3 One College member reported that they found the availability of mentoring by a Consultant who they felt respected them to be of value. "I was able to safely ask questions on a daily basis for several months without feeling that I was exposing critical ignorance. I rapidly decreased my dependence on this individual."

2.2.4 Buddy systems or "pairing with a peer" (an appropriate peer), encouragement to participate in phased manner in all on-going educational/work opportunities.

2.2.5 Encouraging the returner to ask for help - with either designated individuals or a trainer being available if help was considered to be needed and would allow the trainee to set their own pace on returning to work.

2.2.6 Enhanced induction

One trainee reported that it was imperative (depending on the length of time away) to have a proper (re) induction into the system not a tick box exercise. Ideally, this should be preceded by sending a 'returners pack' to include a 'welcome back' letter and relevant forms and contact details (e.g. HR/payroll contact, occupational health, IT, educational supervisor, local trainee rep, sources of help – BMA etc.)

2.2.7 Having, a "re-entry interview" (drawing on the exit interview as a learning tool) within an enhanced initial educational supervision meeting to discuss expectations, capacity/capability and competencies is very helpful to identify how much needs to be invested in terms of time, courses and intervention.

2.2.8 Other

One of the respondents said that having recently moved deaneries the new deanery they automatically extended the trainee's CCT on the assumption that a period of

time to get back up to speed would be required. This was not based on any 'evidence' in the portfolio of non-competence but just pragmatic, common sense and was welcomed by the trainee.

2.2.9 Finally, having a central anonymous helpline (supported by someone at PSU at HEE? Or similar) was suggested in case an issue needs to be flagged up.

2.3 What other innovative ideas could you suggest for delivering improvements to the current support system/s for doctors who return to training?"

2.3.1 Accelerated learning

It is important that the support provided is personalised to each trainee/returning scientist/doctor.

Topics could include:

- Technical skills and up to date practice to include:
- Audit activity related to current guidelines
- Teaching activity related to current practice and guidance
- Quality and safety: review of previous incidents and events
- Leadership and management to include
Strategy and context: familiarisation with the current professional issues eg CRUK and NHSE/S/W/NI strategies.

2.3.2 Information resources

One of the Fellows of the Royal College of Pathologists is developing an online competency assessment tool for haematology trainees and scientists in the fields of morphology and the provision of clinical advice.

2.3.3 Other

It would be helpful for HEE to fund a comprehensive review of current practice and facilities available through Deaneries/LETBs with data on the numbers of doctors supported and outcomes which should be on a UK-wide rather than HEE-basis (i.e. limited to England only) in order to understand the magnitude of the problems to be fixed and to start a dialogue about how to agree standards and reduce variation.