

# Histopathology training schools 4 years on

**The initial three pilot histopathology senior house officer schools have improved training efficiency and effectiveness. Additional schools have been established to develop a national network of histopathology training schools. Their success provides lessons for the organization and delivery of structured training in other medical specialties.**

Four years on and the training schools in histopathology have proved to be a great success. The senior house officer (SHO) schools (now known simply as histopathology training schools) were set up to address the manpower shortage in histopathology by training cohorts of SHOs in centres with sufficient capacity to deliver the training. However, the effects have been much more wide-ranging than simply to increase the number of histopathology trainees.

In all specialties, training of SHOs is being reformed in line with NHS requirements, as Donaldson (2002) outlined in *Unfinished Business*. The histopathology training schools, in conjunction with the Department of Health and Royal College of Pathologists, provide an example to other specialties of how the proposed reforms may work in practice.

## Background

*Unfinished Business* highlighted several weaknesses in traditional SHO training, which were as true for histopathology as for other specialties. Before 2000, a junior doctor interested in a career in histopathology had to apply and be appointed to one of the randomly advertised SHO jobs. Appointments were made locally, with ill-defined and variable appointments procedures and job descriptions. Some SHOs began as the only SHO in their department. With no defined curriculum or training objectives, their initial experience was unstructured and depended on the case mix of the department and the interest of the senior staff. Integration of non-UK graduates into SHO posts was also haphazard.

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## The recruitment process

From the outset, the histopathology training schools have employed centralized and standardized recruitment processes. Although centralized recruitment offers a substantial logistic challenge, it provides significant advantages with the fair and consistent application of selection criteria throughout the country. Applicants are initially assessed against a national person specification by submission of a structured application form which probes a set of predefined areas – CVs are not accepted and web-based submission is preferred. Applications are scored by four different short listers using carefully defined criteria to mark each section. Applicants receive a copy of the scoring system at the time of application, for self-assessment purposes. Accurate definition of these selection attributes and scoring criteria are central to the success of the process.

The number of applicants has increased substantially every year. The interviews are held in London, and take three full days. Three interview panels each of three or four consultant histopathologists ask predefined questions to complement the information scored in the short listing form. Candidates are seen by all three panels, each probing a different aspect of the person specification. At the final selection meeting, short listing and interview scores are combined to identify a final rank order. In advance of the interviews, a minimum acceptable aggregate score is determined. Candidate's short listing and interview scores are used to derive their final score and those reaching the defined minimum are considered for appointment. Over five recruitment exercises, this minimum score has remained fairly steady at just above 60% of the possible maximum score. This offers strong evidence that the standard of appointees has remained consistently high. The recruitment process is constantly under review. A formal recruitment working party aims to use the experience gained so far to allow refinements to the process.

## Improvements in SHO training

Providing a tailor-made, structured training at an appropriate level has been a guiding principle of the histopathology training schools from the outset. The development of the schools demonstrated the

need for a national curriculum and syllabus, and this was promptly addressed by the Royal College of Pathologists. Trainees all start the programme at the same time (August), in cohorts of 6–12, with formal teaching sessions and a structured curriculum, and most have locally refurbished facilities with new equipment. They have the advantages of peer support from other school SHOs, which also generates some healthy inter-peer competition. The schools deliver bespoke training, carefully designed (and now tested) for SHOs. Grant et al (2005) have shown that standards of training have clearly improved, and the new Royal College of Pathologists curriculum (Joint Committee on Higher Pathology Training, 2005) has provided clarity on what achievements are expected in year one of training. SHO training is more standardized and of a higher standard than in the past, with a substantial proportion of protected teaching time, improved standards of 'apprenticeship' training and proper support for audit, research and teaching. Gallagher et al (2003) quantified the ratio of traditional 'clinical apprenticeship' training to formally timetabled teaching and learning as around 3:1.

Despite standardization of training, substantial diversity still exists, with some schools continuing to deliver the training as it was initially designed, and others modifying elements of training. Such diversity should be seen as an inherent strength of the process, although no school is an isolated unit. All schools have formed close relationships with others, with the 11 schools split geographically into four 'buddy groups', each covering around 30 trainees. Each school in a buddy group delivers a week-long block teaching for all the trainees in that group. This facilitates exposure of all trainees to specific areas of expertise within the group. Group members also collaborate in delivering the other elements of training, and meet regularly to discuss SHO training. Thus the emerging diversity is enabling further development and an overall enhancement of the training provided at all of the centres.

Explicit feedback has been sought from each year's trainees and trainers and this has been valuable in further evolution of the training programme. For example, in the Leicester, Eastern and West Midlands buddy group the ratio of apprenticeship hands-on training and formal teaching has been increased to counter a perception that hands-on experience was being inappropriately compromised. However, this is emphatically not a return to the bad old days of SHOs teaching themselves in the post-mortem room, during unsupervised cut-ups or reporting surgicals, but presupposes close supervision by consultants, and close integration and working with specialist registrars in delivering the service.

## Assessment

A consistent and valid approach to assessment is important for guiding trainees and ensuring appropriate career

progression. The radical change in training brought about by the schools has encouraged a restructuring of trainee assessment.

The objective structured pathology examination (OSPE) has been developed and adapted from undergraduate assessment methods. It has now been validated and has been adopted by the Royal College of Pathologists as the formal assessment tool at the end of the first year. The OSPE assesses trainees' aptitude for histopathology, and their knowledge and application of this knowledge, by taking them through a series of stations where they are required to answer structured questions based on the material presented. This provides a consistent assessment of depth as well as breadth of knowledge. Generic issues, such as communication skills, health and safety, and clinical governance, are also addressed. All trainees in the training schools will be required to reach a satisfactory standard in the year one assessment in order to progress, regardless of their previous level of experience.

The schools also endeavour to strengthen the trainee's portfolio, particularly with reference to skills and attitudes other than the basic pathology knowledge base, so that, together with an educational supervisor's report, it can provide validated evidence suitable for consideration during the record of in-training assessment (RITA) process.

## What is the effect of the SHOs on the departments that they enter?

Previous evaluation (Gallagher et al, 2003) has indicated that the majority of staff report a beneficial effect of having a training school in a department. There is absolutely no doubt that this benefit remains, even after 5 years. The SHOs bring fun and stimulation to a department, with high levels of energy, enthusiasm and application, not just socially but also in questioning how training is organized and working to improve the quality of training. Although a training school increases the workload of medical and non-medical staff in a department, most schools report that trainers remain keen to train. Some schools now have to operate a rotation system for educational supervisors, as volunteers invariably exceed trainees.

## Run-through training

Although still subject to final approval by the Postgraduate Medical Education and Training Board, it is anticipated that the current intake to the training schools will be the first cohort to progress through run-through training, with seamless transition from year 1 (previously the SHO year) to years 2–5 of training, subject to satisfactory end of year 1 assessment. In preparation for this, the Royal College of Pathologists' curriculum provides clear documentation of what should be achieved at each stage of training, through to acquiring the certificate of completion of training. The introduction of run-through training will see the struc-

tured and organized approach to training developed by the histopathology training schools extend into higher specialist training (current specialist registrar grade). Lessons learnt in development of OSPE examinations are already incorporated in the Membership examination of the Royal College of Pathologists, and many of the developments in appraisal and assessment will be applicable to higher specialist training and the RITA process as trainees progress.

### Lessons for other specialties

The move to a national programme of selection, education and training has delivered major educational benefits in terms of efficient and effective training. It has significantly increased the number of recruits to histopathology, and has improved morale in training departments and across the specialty. Many of these gains would be available to other specialties.

Involvement of the appropriate Royal College in developing a robust and agreed curriculum is also a key step in ensuring success, and this must be integrated with the development of fair and robust assessment and appraisal methods.

Reorganization of SHO training in histopathology has not been without its teething problems. Transferring from local trust-based posts to regional, often rotational, posts has resulted in significant re-organization of contractual and funding arrangements, which would not have been possible without the support and help of the postgraduate deans. Allowing for the differing requirements of trainees, including flexible training, is also a challenge in such a structured programme, requiring all of the resources of a central administrator who is a key individual in the schools' development.

Identifying training resources at the beginning of the school year, when training requirements are highest as a result of the intensive 'introductory block' nature of the timetable, can be a challenge as this often coincides with the period of maximum leave from the department (August), and other specialties may wish to consider a different start date.

Histopathology has shown that recruitment procedures can successfully be centralized, and lead to increased rigour in selection and equity for candidates. Centralized recruitment has now been adopted for recruitment to foundation programmes and could be applicable to other specialties.

Despite these organizational challenges, schools of histopathology would appear to offer a successful model for the way forward in training. In common with the Modernising Medical Careers initiative, they offer a structured approach to training and add value to both the trainees and the departments involved.

### Conclusions

Histopathology has now implemented a complete transfer to national training schools for basic specialist training, incorporating a much more structured appointment process and training pathway adopting the principles outlined in *Unfinished Business*. The experience gained in developing a structured basic specialist training programme has provided a firm foundation for the introduction of run-through training. The experience of both trainers and trainees who have undertaken this model of training is very positive. Several of the lessons learnt through implementation of histopathology training schools are applicable to other specialties. **BJHM**

*Conflict of interest: none.*

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## KEY POINTS

- Histopathology has now implemented a complete transfer to national training schools for basic specialist training.
- The development of this model of training has resulted in a much more structured appointment process and training pathway which adopt the principles outlined in *Unfinished Business*.
- The experience of both the trainers and trainees who have experienced this model is very positive.
- The experience gained in developing a structured basic specialist training programme has provided a firm foundation for the introduction of run-through training.
- Several of the lessons learnt during implementation of histopathology training schools are applicable to other specialties.