

Winter 2017 Update for all UK Haematology Trainees from your National Committee Representatives

Dear Haematology Trainee,

Here is our bi-annual update of what has been happening at the various national training meetings. If you have any training concerns whatsoever, please feel free to contact us at the emails below so that we can discuss these issues within the relevant committees.

1. General Issues from the Haematology SAC Meeting (October 2017)

The Haematology Specialist Advisory Committee (SAC), part of the Joint Royal Colleges of Physicians' Training Board (JRCPTB), holds twice yearly meetings and includes training programme directors from across the UK as well representatives from the BSH and trainees to discuss issues related to training, recruitment, and the curriculum/assessments. Before the meeting the trainee representatives emailed trainees to ask for any specific concerns and some of the feedback received included the following issues:

Rota Gaps

This has again been highlighted as an issue of concern for trainees. Representatives from all of the deaneries in the UK discussed the impact that this was having on the training that they were able to deliver. There was discussion about local solutions that have been negotiated and implemented, to see if they can be transferable between deaneries.

A new factor appears to be 'zero days' due to the new contract in England and Wales, as well as the 7 day working rule in Scotland. As this is a relatively new phenomenon, we are keen to know what local experience of this is. There is concern that this causes lower staffing levels during the week which could affect a trainee's ability to gain important lab experience and attend specialist clinics. Therefore, please email us (see emails below) if you believe this issue is affecting you so that we can bring this up at the SAC meeting to see if regional solutions can be found/supported.

GMC Survey Questions – Changes to the Haematology Specific Questions

The GMC survey is an extremely important tool to make trainee's voices heard. The aim is to get a better picture of the quality of training throughout the United Kingdom. It not only highlights issues that require improvement and action, but helps to identify areas that perform well so that we can all learn and improve. The questions specific to haematology training were revised for the 2017 survey and the response to this was generally positive. If you have any comments or suggestions after the 2018 survey then please get in touch. All

suggestions will be gratefully received and will be taken into account as we refine these questions over the coming years.

Inter-deanery Transfers

The SAC is requesting information regarding the use of inter-deanery transfers, and trainees experience of the process. Please contact us with any comments and it will be discussed at the next meeting.

2. Shape of Training and Curriculum Development

Following the Shape of Training report and various other drivers for curriculum change, the SACs of the physicianly specialties at the JRCPTB have been working on developing their curricula. As has recently been communicated by Professor Black, medical director of the JRCPTB, a new internal medicine (IM) curriculum has been accepted by the GMC and will come into place for Core Medical Trainees in August 2019.

The JRCPTB website shows the planned model for physician training, which can be found at https://www.jrcptb.org.uk/new-internal-medicine-curriculum?utm_campaign=8960602_Training%20matters%20-%20December%202017&utm_medium=email&utm_source=RCP%20London&dm_i=1V2N,5C21M,QY3C2X,KLOHS,1

Haematology is classified as a 'group2' specialty, meaning that there will be a single CCT, i.e. not dual accrediting with Internal Medicine (IM). Haematologists will not be involved in the acute unselected take on the receiving wards. Haematology trainees will continue to support all hospital specialities and GPs through laboratory and liaison haematology, manage haematological emergencies, inpatients, out patients and day care patients as is current practice.

For specialties dual accrediting with internal medicine (group 1 specialties) Core medical training will increase to 3 years which will form part 1 of the new internal medicine (IM) curriculum. The third year will concentrate on the acute unscheduled take. The MRCP exam should be obtained by the end of IM year 2. Then trainees will undergo selection into specialty and train for a further 4 years along with IM part 2.

However, trainees wishing to apply for group 2 specialties (this includes haematology) may do so after IM year 2, having achieved MRCP.

The first intake of haematology trainees is anticipated to be in August 2021. As further information regarding these changes becomes available, it will be disseminated via these newsletters in due course.

As mentioned previously, the **format** of all medical curricula including haematology is being revised to focus on broad reaching capabilities in practice (CIPs) reflecting the key activities required to practice as a haematology consultant. The aim is to reduce the burden of

assessments and documentation. Haematology specific CIPs have been drafted by the haematology curriculum subcommittee of the SAC with the JRCPTB, and example areas include laboratory haematology, liaison haematology, haematological emergencies, outpatient haematology and in patient haematology. All curricula will incorporate the GMC revised common competencies (now called generic professional capabilities). The assessment tools used in curriculum will continue to include the formative workplace based assessments and summative assessments such as the exam. These are being reviewed as part of curriculum development.

3. BSH Update

BSH online education resources

The British Society for Haematology continues to invest in haematology trainees, with the launch of its online education resources in August 2017. In development for just over a year, this area of the BSH website provides extensive study material for those interested in haematology at all stages of training or in practice.

It provides a wealth of material including case reports, tutorials, MCQs, haematology images - to improve trainees' morphology skills, essay questions - with model answers for FRCPATH part 1 revision, as well as lectures and videos. Accessing the material requires registration. New material is added as it becomes available.

To visit the education area of the website please visit www.b-s-h.org.uk/education/ or to submit content for publication please visit www.b-s-h.org.uk/education/submit-content-for-publication/

BSH events

Upcoming BSH events include a [paediatric haematology study](#) day in January 2018, practical interactive teaching courses on [transfusion medicine](#), and the popular [ASM](#) education sessions and Pitfalls meeting, that will be held as part of the annual BSH conference in April 2018.

These educational events are aimed at trainees and consultants, and will centre around discussion of difficult cases and practical approaches to clinical problems, as well as reporting on the latest clinical research being performed in all areas of haematology.

To find out more please visit <http://www.b-s-h.org.uk/conference-and-events/>

If you have an event you would like to promote please contact communications@b-s-h.org.uk

Follow BSH for updates on Twitter @BritSocHaem

4. Initial Feedback from the FRCPath Examination - Spring 2017

Part 1

73 candidates sat the exam which consisted of 2 papers, one an MCQ/EMQ and the other an essay paper. The candidates have to complete all questions with no choice in the essay paper.

A pass was achieved by 45/73 (61.5%) of candidates (Spring 2017 72%)

Overall pass rate in the essay paper was 52/73 (71%). Overall pass rate in MCQ paper 55/73 (75%). 28 candidates failed the exam

Component failed	Essay only	MCQ only	Both
Number	10	5	11

Section	General Haem	Haem-Onc	H&T	Transfusion	Overall
Essay pass rate %	78	78	79	29	71

Section	General Haem	Haem-Onc	H&T	Transfusion	Overall
MCQ pass rate %	46.5	72.5	71	74	75

Comments

The pass rate in this examination (61.5%) is down compared with most recent sittings. Several features stand out. The transfusion essay was very badly done (29% pass rate) with many candidates failing to mention that a positive Coombs test has other causes apart from auto-immune haemolytic anaemia. In the haematological oncology essay likewise a significant number of the candidates interpreted a case that was very strongly indicative of myelofibrosis as chronic myeloid leukaemia – consequently failing the question. Both of these are areas of core knowledge clearly defined in the haematology curriculum and as such the candidates would be expected to have had adequate knowledge and clinical exposure to answer these questions satisfactorily.

The exam setting process and the markers of the exam have evolved slowly with phased changes in the haematological oncology and transfusion examiners over the last year.

The pattern of failure suggests a lack of exposure to general haematology and transfusion medicine in early training years prior to this exam. The pass rate in the both parts of the exam (71 and 75%) suggests that the standard setting group are probably correctly estimating the difficulty of the exam. This reflects the aim of assessing core curriculum knowledge for candidates at the end of the second year of STR training in haematology.

Part 2

The part 2 exam was taken by 82 candidates in five centres; candidates training in paediatric haematology could request a paediatric viva.).

As in the previous three diets we used a slide sharing arrangement in the exam and this has now become established practice for the exam. 46 of 82 candidates (56.5%) passed the exam. One incident of note arose from the exam centres. In one centre candidates were erroneously given mounting fluid to clean the slides rather than oil. The morphology results of the candidates at this centre were carefully scrutinised to ensure that no one had been inadvertently affected by this.

Section	Pass rate %
Coagulation	83
Transfusion	65
Morphology	85
Oral/Viva	84

The majority of candidates who failed the exam failed more than one section:

Sections failed	% failing candidates	% total candidates
1	36	16
2	33	14.5
3	19.5	8.5

Comments

The main observation in this diet of the exam is in the relatively poor performance in the transfusion section. The pass rate in this section was 65% (c.f. 83, 84 and 85%). The majority of candidates who failed were unsuccessful in more than 1 part of the exam (20/32: 63%) Amongst the single fail areas the vast majority (77%) were in transfusion. The lead examiners for transfusion have changed in the past year but the previous lead has continued to be involved and the question writing group and markers have evolved slowly but without an obvious major shift. The examiners have reviewed the questions in the paper and the conclusions are that the questions continue to be around core knowledge expected of trainees at this stage in training. The pass rate of 56.5% for the overall exam suggests that the marking and standard setting was appropriate. Overall however the poor performance in transfusion on this occasion had a significant effect on reducing the pass rate in this exam.

Henry Watson December 5th 2017

5. Haematology Trainee Email list

Finally, as well as this bi-annual newsletter it would be helpful if we could occasionally contact Haematology Trainees throughout the year to gather opinions on various issues and keep you more informed of new developments. If you would like to be more involved and be contacted please email Kate or Chris (email addresses below) and leave us an appropriate email address.

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