

HISTOPATHOLOGY REPORTING

HOW FAR WE'VE COME (AND WHERE WE NEED TO GO)

Jo Horne, Andrew Usher and Gerry van Schalkwyk discuss the progress of the histopathology reporting programme and look to the future.

It has been six years since the histopathology reporting programme started in the UK. For many years it has been clear that there are workforce issues within histopathology, with a lower than optimal fill rate of training posts and a large proportion of the pathologist workforce due to retire in the next five years.

In 2010 a working party from the Royal College of Pathologists (RCPATH) and the IBMS began to develop a pilot project to seek to train a cohort of biomedical scientists to report gastrointestinal or

gynaecological histopathology specimens.

These specialties were chosen as they were large volume, with gynaecology especially targeted as a pathway that cytologists could follow. This small group of histopathologists and biomedical scientists drove forward the pilot programme, by writing a curriculum based on the histopathology curriculum for medical trainees, assessing portfolios and running the practical examinations.

The first cohort of trainees began the pilot programme in September 2012, and at the end of the first year a small group

of trainees sat the first ever practical competency exam at the RCPATH in London, comprising of slide stations with report writing, assessment of macroscopic images and face-to-face examination by consultant histopathologist assessors.

These trainees came from diverse backgrounds, such as advanced practitioners in histological dissection, laboratory managers and consultant biomedical scientists in cytology. The first year was a success, as a number of these trainees passed their portfolios and the competency exam, and within two years

of the pilot commencing, it became a fully established training programme in 2014, with the formation of a conjoint RCPATH and IBMS board.

Candidate success

Each year has seen a new influx of trainees into the reporting programme, with currently more than 50 at various stages within the programme. Some have been successful, whilst others have faced a variety of barriers precluding their success, resulting in them leaving the programme. These barriers, including

management of existing roles, and a lack of support, time and backfill, were identified as part of a trainee survey and discussed in a previous article in *The Biomedical Scientist*.

From the original group of trainees, five attempted the first sitting of the stage C exam in 2015. The exam was run over two days in Leicester, and was mirrored on the FRCPATH part two exam, but excluded frozen sections and diagnostic cytology. The examination comprised 20 short cases, four long cases, four macros (assessment and discussion around

macroscopic photographs) and two Objective Structured Practical Examinations (OSPES), involving written and face-to-face discussion of management or theoretical issues. One candidate passed the stage C exam, and more followed within the next 12 months.

When medical trainees pass the FRCPATH part two, they then undergo a period of further competency-based training within their training laboratory before being awarded their Certificate of Completion of Training (CCT), with the decision made at their Annual Review of

Competence Progression (ARCP) meeting. For scientific trainees, there is also a CCT at the end of stage D, but there is currently no formal ARCP. Additional specific structure and guidance had to be implemented for scientific trainees to be allowed to progress and for consultant histopathologists to accept the validity of the training programme, when compared to that of medical trainees. The stage D guidance for the histopathology reporting programme was written in 2016, and the two trainees who have passed the exam by this point began independent reporting.

Programme development

Another important step in programme development occurred in 2016. The examination process was formally absorbed into the RCPATH examinations department. This meant examinations were set and assessed by RCPATH examiners, papers were centrally marked and examinations began to run annually, in parallel with other histopathology examinations for medically qualified trainees. The stage A exam is now at the same time as the ST1 resit examination in June, while the stage C exam takes place at the same time as the autumn FRCPATH part 2 exam. Trainees apply for the exam and are informed of the outcome via the RCPATH website, like any other trainee. These steps have been important for the reporting programme, as although they may seem like simple practicalities, they send a clear message about validity and standardisation of the qualification.

In 2017, the first two trainees achieved their CCT and the dermatopathology pathway was introduced, with a number of new trainees choosing this route. One of these trainees is a Scientist Training Programme (STP) graduate clinical scientist, thus opening up further opportunities for scientists from all training backgrounds within histopathology departments. Another milestone was reached in 2017, as the first consultant biomedical scientist in

TIMELINE OF THE HISTOPATHOLOGY REPORTING PROGRAMME PROGRESS SO FAR.

2010

- Working party from the RCPATH and IBMS begin to develop the histopathology reporting pilot

2012

- First cohort of scientific trainees enter the histopathology reporting pilot programme

2013

- First sitting of the end of stage A competency examination

2014

- Qualification becomes a full training programme
- RCPATH and IBMS Conjoint Board formed

2015

- First sitting of the end of stage C examination
- First trainee passes the stage C examination

2016

- Stage D independent reporting guidance written
- Examinations absorbed into RCPATH system with central marking and ratification
- First trainees begin formal stage D and independent reporting

2017

- First trainees awarded CCT
- First consultant level post created
- New dermatopathology module offered
- First STP graduate enters training programme


2018

- Development of new modules under consideration

histopathology reporting was appointed, and no doubt more will follow within the next few years.

Looking forward

So, where are we in 2018? One of the most important roles for those of us involved in histopathology reporting is to get out there and promote the qualification and the opportunities that it can deliver. It is now about winning the hearts and minds of the wider histopathology community, and to develop appropriate consultant level posts for successful trainees to move into after CCT, either within their existing department, or at other trusts. The qualification can provide many opportunities – for the trainee, consultants, other colleagues within the laboratory, the organisation and, most importantly, the patient.

Six years on from the start of the reporting pilot, we continue to look to the future. Histopathology is evolving, in terms of workload and new technologies, such as genomics and digital pathology. The workforce also needs to adapt and develop to meet these future needs. We need to look at the introduction of new pathways into the reporting qualification, perhaps in the long term considering a generic early qualification before specialisation into one area. But we must develop this with our colleagues within all stakeholder organisations, so that in the long term there is a clear and standardised pathway of training in histopathology reporting for any trainee wishing to specialise in this area, whether their background is as a medic or a healthcare scientist. 

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