



Ana-Maria Avram

Choosing histopathology as a future career

It is always gratifying to find out that a junior doctor has decided that pathology is the place for them. What is puzzling, given the lack of pathology exposure at many medical schools these days, is how such a doctor would think of the idea at all. Here Ana-Maria Avram tells us what made her take the plunge.

Perhaps the most challenging decision of our medical career is the choice of specialty. Some of us are lucky enough to have had everything figured out even before medical school, but others, including myself, spend long hours trying to decide which one of the so many medical fields would be the one for us. There are a lot of factors to take into consideration when making such an important decision, but something most of us find useful at such time are recommendations from others who went through the same struggle, at some point in their careers.

Step 1: Consider histopathology as a possible choice

I started work as a Foundation Year 1 (F1) doctor last year, with absolutely no idea of what medical specialty I wanted for the future. I was hoping my vocation would become clearer with time. I did surgery and medicine, and even though I learnt a lot, met very nice people and had a very pleasant working environment, I did not enjoy what I was doing. I used to joke and say that the moment I went into work on a Monday morning feeling happy, I would know that I had found the right job!

Everything was in total confusion and I was starting to get really worried, until I came across histopathology during my haematology placement. I was able to perform bone marrow biopsies and then go to the pathology laboratory to look at the slides with the registrar or consultant. I began to enjoy doing this type of work much more than the previous parts of my F1 rotation. In fact, during any multidisciplinary team meeting, I was more interested in what the pathologist was describing than in what the surgeon had to say. I realised then that pathology was definitely a choice to consider.

Step 2: Try a histopathology taster

Gathering information about histopathology was my next goal, followed by organising an 'embedded taster' in a histopathology department during my Foundation Year 2 (F2) rotation. For those who might not know, a 'taster' is a short experience in a

specialty that is not covered in any previous rotation and is available to any F2 doctor who needs help in deciding their future career. I have to say that this was probably the best experience I had during my Foundation programme, since it strengthened my desire to become a histopathologist.

One of the main things I found encouraging was that all five histopathologists in the department seemed to be very happy. They all told me that they love what they do and could not see themselves doing anything else. This, you have to agree, is not always the case in medicine or surgery, where you so often meet senior colleagues who seem very unhappy with their daily work, moaning all the time about the problems in the system. The general atmosphere in the department made me have that nice feeling of belonging to a team, which I missed so much in my other rotations. And as a bonus, there was music playing on the radio in the post-mortem room and in some of the pathologists' offices!

During my ten days in the histopathology department, I was able to experience most of the work of a general histopathologist. In the mornings, I observed post-mortem examinations and was given the chance to touch and feel the organs and tissues. I learned a lot from the final clinicopathological correlation after each post mortem, which helped me to understand the various disease processes. In the afternoons, I took part in doing small and large 'cut-ups'. All surgical specimens (biopsies, resections, excisions, etc.) are sent to the pathology laboratory to be examined, cut up, embedded in paraffin, sliced and stained. The next step is analysing what the sections show microscopically, which was my favourite part. Most of the microscopes were connected to a teaching head, camera and a computer, so that you could see the image on the screen and discuss it with the consultant at the same time. At first, everything was just pretty pink-and-blue pictures and I could not differentiate at all between different tissues, but soon I got better at it and it felt great!

The histopathology training programme in the UK

During this period, I read about pathology on different UK websites (see below) and discussed the various training opportunities with the pathology registrar. I found out that histopathology is a five-year run-through programme that starts after completing the two Foundation years satisfactorily. There is an assessment after the first year and, if the trainee can demonstrate the necessary aptitude for this job, there is an almost guaranteed training placement for Years 2–5. You can choose to sub-specialise in cytopathology, forensic pathology, paediatric pathology or neuropathology along the way after completion of the second year. I found it refreshing to note that there is a large variety of sub-specialties (at least 18) available to choose from. Over the year, up to 25% of the working week is devoted to programmed teaching, a much higher proportion than in most other clinical specialties. Consultants deliver the majority of teaching.

Step 3: Decision time!

I think the most important thing when deciding on a medical specialty is to be honest with yourself and to evaluate your aptitude, interests and future career opportunities. What I want is something intellectually challenging, and histopathology is certainly that. I want structure and order in my daily work. And I also want reasonable working hours and a good lifestyle. I definitely want a family some day, and histopathology is suitable for part-time working. In histopathology, your days will be busy but, apart from some rare exceptions, there are no weekend duties, 'on calls' or night shifts involved.

As great as histopathology might sound so far, it will not be the right decision for everyone. Although I feel I made the right choice, there are two aspects that I struggled with. One is the view held by some people that pathologists are weird people and their main work involves dealing with dead bodies, spending all their time underground in some dark smelly lab and possessing no social

skills to interact with anything living. Even some doctors, in their ignorance, share this opinion. Fortunately, these views do not surface very often, and most of the time the pathologists have the respect of their colleagues. Contrary to what some people believe, as a histopathologist one has to interact with many people on a daily bases (colleagues, laboratory staff, other doctors at multidisciplinary team meetings, patients' families inquiring about a post mortem, attend inquests at the coroner's court and dealing with patients at fine needle aspiration clinics). Having good communication skills is, in fact, vital.

Second, in pathology there is loss of the instant gratification of saving someone's life. One will almost never get thank-you notes from patients for diagnosing a certain difficult case of cancer correctly. However, I hope receiving thanks was never a reason for any of us to choose a career in medicine!

To conclude, my advice to anyone considering histopathology would be to be honest with themselves regarding their expectations for the future, get information from as many people as possible (stories from people who opted against histopathology would also be useful) and give it a try, preferably as a taster during the F2 year.

If you like it, congratulations on finding the right job. If not, keep looking.

Best of luck to everybody!

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Useful websites

1. Coleman BR. 'Choosing pathology', 2003. <http://choosepath.blogspot.com>, accessed 18/02/2009.
2. Histopathology training UK website, www.nhshistopathology.net, accessed 18/02/2009.
3. The Royal College of Pathologists' website, www.rcpath.org, accessed 18/02/2009.

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