

The Educational Update 2022

This annual meeting was held remotely on Friday 25 November 2022

Questions and answers

Question	Answer
<p>KEYNOTE PRESENTATION</p> <p>How to embody diversity, inclusion and belonging in the medical workforce Professor Kamila Hawthorne Chair of the Royal College of General Practitioners</p>	
<p style="text-align: center;">Please note that the questions and answers for Professor Hawthorne will soon be provided in an updated document.</p>	
<p>RCPATH examinations – a report on differential attainment over the last 5 years Dr Sanjiv Manek, outgoing Clinical Director of Examinations, RCPATH</p>	
<p>1. Are we also looking at differences between medically trained and non-medically trained candidates? This is very relevant to Medical Microbiology and Chemical Pathology.</p>	<p>I believe this would be possible to look at in the data we collect.</p>

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2.	Do you have any data looking at gender/ age/ ethnicity of examiners as well as candidates?	We do know which examiners are involved in every exam of every session and can have this kind of data analysis.
3.	Is it the case that the more "knowledge based/factual" an exam is, the less likely there is to be differential attainment?	Possibly, provided that the correct material is being studied. Hence our webinars for overseas trainees to guide them to the right material for our exams.
4.	Many thanks for this presentation, very interesting! Understanding exam technique for IMGs could be a factor in overall pass rate.	IMGs do attend courses in the UK and do get this information.
5.	Is information on differential attainment available for Medical Microbiology or Virology? And how can we access it?	Up to a certain extent but the numbers are much smaller and may not necessarily show meaningful trends.
6.	Did the reasonable adjustments work in terms of achievement?	We have not necessarily looked at this in terms of differential attainment but candidates requiring reasonable adjustment do pass.
7.	A glimpse of RCPATH working to dissect this data, thank you!	Thank you. Very useful to have this data for every exam in every exam session.
8.	Is it the same themes for Part 2 Medical Microbiology as well, (re differential attainment)?	There are some common themes in Medical Microbiology as well but lower numbers to depend on.
9.	If a candidate fail in the third attempt with a single component, and a component which he/she passed in both the previous attempts, how can that be fair?	We cannot make the exam modular. It is designed to assess the whole picture and not just bits and pieces.
10.	Is it fair that medics have to pass Part 2 Histopathology covering all specialties, but BMSs can become consultants with just one specialty?	Medically qualified histopathologists are expected to complete a broad-based histopathology curriculum and examination, in line with the Shape of Training principles. Upon successful completion of training, they are eligible entry to the GMC's Specialist Register and for appointment to substantive consultant post. Biomedical Scientists complete training and examinations in only one of the following; GI Pathology, Dermatopathology and Gynaecological Pathology and are examined to the level of FRCPATH Part 2 in their respective specialty area. They are not eligible for FRCPATH and will practice as a



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		Consultant Biomedical Scientist. The two roles are different in terms of scope of practice.
11.	What is the Examinations Committee doing to investigate/address this problem, given the significant detrimental effect on recruitment, trainee retention and the UK consultant workforce?	The last slide shows what the College is doing to help overseas candidates. There is no issue with UK candidates and much of what needs to be done is to do with training.
12.	Why is the poor pass rate of the Histopathology Part 2 exam a persistent outlier in comparison to other specialty exams? Why have requests for consideration of restructure/redesign been dismissed while other RCPATH exams have benefitted from this?	It is not a persistent outlier. The format and content of the exam is constantly reviewed, and small changes continually brought in. This is also happening as we speak. All changes have to match the curriculum and many changes have to be approved by the GMC before introducing them.
13.	My colleagues and I provide clinical supervision based on our insights of the current role of a histopathologist and potential future roles of a histopathologist. We find that many times trainees who were expected to pass by a large body of trainers stumble at the examination step making us wonder if we are training someone to provide a service or for a trainee to pass a exam. RCPATH need to be agile in making adjustments to the structure and content of the exams given the changing landscape of histopathology practice.	It can be useful to become an examiner if you want to work out what you can do to improve outcomes. There's a lot of misunderstanding about the exam, even among trainers.
14.	Can we make the entrance into histopathology training 'harder' with more rigorous testing but the exit exam easier, like the American model? That way, trainees will enjoy their daily working life and feel better prepared for consultant life, rather than have the ticking timebomb of the stressful and anxiety-inducing Part 2 exams hanging over them constantly for five years	The Part 2 exam is not an exit examination.
15.	The pass rates are not the same as the ARCP1 outcomes - and an ARCP1 indicates training is online, so the gap suggests that there is an issue with the exam.	I don't believe it is down to one factor. Training is one aspect and preparation for the exam is another.
16.	The Histopathology Part 2 is not fit for purpose - this is not debatable - something needs to change. Either timing of when it is (being forced!) to be taken / the content / introduction of modularisation.	We did a big exercise a few years ago about modularisation and at that time it was decided inappropriate to go down that route. It was rejected at the time because a lot of it was taking away Cytology from the Histopathology part of it and we worked very hard on the Cytopathology



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		<p>part of the exam which was the bit that the majority of candidates failed on.</p> <p>The idea has not been dismissed. Yes, there is a committee looking at changes, formats and the contents to try and reflect the everyday practice as much as possible. This will probably go hand in hand with digitising the exam.</p>
17.	If the candidate failing exam repeatedly an outlier, ARCP can be made more stringent in the initial 2 years. If the candidate is not progressing well, he can be directed to take up a different career rather than spending 5 years and not successfully completing.	In our experience trainees progress as expected; the Part 2 exam is the only problem.
18.	Could I ask about the reasoning behind candidates for Histopathology and associated specialities having to retake all sections of the exam including those that they have already passed at a previous sitting?	We cannot make the exam modular. It is designed to assess the whole picture and not just bits and pieces.
19.	There was also very little routine work for Spring/Summer 2020, so trainees (and trainers) could spend much more time on revision.	Also, most candidates were ready for the Spring exam and spent 6 months refining that preparation.
20.	Exam preparation is the key, it is impressive to learn how OUH support trainees taking exams.	I agree that exam preparation is the key but it is to be taken in stride and not made the only focus of training. No trainee should be pushed to take the exam early.
Differential attainment – challenges and opportunities Professor Nicki Cohen, outgoing Clinical Director of Training and Assessment, RCPATH		
21.	Why does your picture depict the female form with shopping bags? Surely this is not PC these days!	I think that might depend on what's inside the bag...
22.	Has there been any data to look at the variation in the subject matter vs communication skills between the different groups studied?	No, this has not been looked at formally.



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	Many FMGs do not get any training in communication skills in my experience, as a part of studying in other countries - I know from my experience in India (may have changed now in places).	
23.	Peer and senior support is very important but we are increasingly working alone, remotely etc. Is this something we need to address to support our trainees?	A really good point, thank you. I do think it's important for us all to think about how we can support trainees while not necessarily being physically present.
24.	Does the data show evidence of awarding gaps for candidates with SpLD/neurodiversity and whether the current reasonable adjustments are reducing any identified inequity?	I believe the numbers are too small to provide accurate information. It may be possible to look at this by the Academy of Medical Royal Colleges with pooled data.
25.	Do we have data on clinical scientists versus medic performance?	We may be able to obtain this eventually.
26.	Neurodivergent students are supported in schools and universities, and this has to be accounted for in the workplace and medical schools. Why are medical schools so varied in their approach to support students both at application stage and beyond? I know this as my teenage autistic ADHD child is applying at the moment to medical school and each school has been quite different in their approach including being surprised that autistic candidates might struggle with eye contact and tone of voice.	<p>Face to face interview (adapted of course during COVID) is a central tenet of values-based recruitment which English medical schools tend to follow, but there is a little variation across the 4 nations. Schools are guided by the GMC's standards for education and training around issues which include admissions, but universities are independent institutions – medical schools will therefore follow those, mindful of the requirements of patients and patient safety, and the requirements of all graduated to meet GMC's outcomes for doctors.</p> <p>It is good in your circumstances, I'd suggest, to find out about the reasonable adjustments offered for interview and in assessment during the programme, in advance of applying. Generally, the medical schools council is a good source of information.</p>
27.	Echoing one of the comments above, I am concerned about the move towards working from home and the effects this could have on training and attainment. There is more to coming to work than just producing reports. It's about us leading by example, role-modelling, apprenticeship-style training (where appropriate), creating a team culture and a sense of belonging for everyone, celebrating each other's backgrounds, coffee breaks where we get to know	I agree with you.



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	each other as people, not just as professionals. Perhaps all of this is even more important for IMGs.	
28.	Given plans to disrupt right to family life for postgraduate students, is the College joining with others to challenge government immigration plans?	I'm not aware of this particular issue. In general, HEE is looking to make training more trainee-centred and flexible.
Pathology Portal update Dr Esther Youd, Clinical Director of Digital Pathology Education, RCPATH		
29.	Can people outside the UK access the Pathology Portal?	Yes, if they are members of the RCPATH.
30.	How can non-UK members get access for the Pathology Portal, please?	A web form for international members to complete is at: https://www.rcpath.org/profession/pathology-portal/pathology-portal-international-member-form.html
31.	Very happy to provide material for the Microbiology area on Mycology!	Thank you that would be very welcome! Please make contact with the Pathology Portal team at pathologyportal@rcpath.org
32.	Pathology Portal - as a trainer, is it OK to use clips/screenshots of it for undergraduate pathology teaching? Many thanks.	You should check the licence on each individual resource, under the "resource information" tab. Most resources will be copyright all rights reserved, therefore screenshots are not permitted. However, you may link to the Pathology Portal in your teaching session or demonstrate the resources live.
33.	Will the Pathology Portal host EQA schemes since this is an educational resource? The general schemes for most regions would contain cases at Part 2 level.	Yes, the Pathology Portal is already hosting the cardiac EQA. We would welcome use of other EQA cases as they are often good educational examples. Please contact pathologyportal@rcpath.org if you would like to add your EQA cases.
34.	Is there a specific curriculum for cervical cytology please?	No, this is included in the histopathology curriculum: https://www.rcpath.org/trainees/training/training-by-specialty/histopathology-2021.html



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<p>Encapsulating the RCPATH curricula 2021 and the Learning Environment for Pathology Trainees (LEPT) system Ms Joanne Brinklow, Director of Learning, RCPATH Ms Sandra Dewar, Assessment Manager, RCPATH</p>	
35. What about the LEPT system for Medical Microbiology/Virology?	The Medical Microbiology and Virology trainees use the Royal College of Physicians ePortfolio because all Infection trainees use that one. Their ePortfolio is accessible at: https://www.nhseportfolios.org/Anon/Login/Login.aspx
36. As a consultant, I have struggled to find the histopathology curriculum on the website. Please can you tell me where to find it?	All curricula are here: https://www.rcpath.org/trainees/training/training-by-specialty.html and the new Histopathology curriculum is here: https://www.rcpath.org/trainees/training/training-by-specialty/histopathology-2021.html
37. Histopathology CESR candidates - are they expected to use the new LEPT system to upload the training docs?	No, but the LEPT system can be used for CESR applicants. CESR doctors can apply to use the LEPT system. The guidance notes and application form are at: https://www.rcpath.org/trainees/assessment/learning-environment-for-pathology-trainees-lept/new-lept-system.html
38. Can doctors working as Specialty doctors be able to register and use the LEPT system and use it as evidence for CESR?	Yes, please see information on the website here: https://www.rcpath.org/trainees/assessment/learning-environment-for-pathology-trainees-lept/new-lept-system.html
39. I am going to be mentoring Histopathology CESR candidates next year. Is there a separate curriculum for CESR candidates? Please share the link, if there is one.	No, CESR applicants should show how they map their training, experience and examinations to the Histopathology curriculum - so it is the same.
40. Is it possible to make independent reporting one of the essential determinants for ARCP outcome? Can Part 1 be modified more to make some independent reporting compulsory at least after Part 1?	There are no current plans to make independent reporting a determinant of ARCPs or compulsory. While guidance about it has been published, it is currently up to Trusts and programmes to implement.



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41.	The problem with modularisation is in real life we do not practice Pathology in modules. We ought to keep training and exam comprehensive.	The new curricula are based on the 'Shape of Training' principles, one of which is the requirement for broad-based training. Therefore, the intention is to ensure that the training and examinations remain broad within the respective specialties. However, many centres work in specialist teams and as trainees develop in their training and become a consultant, they can decide if and how they would like to subspecialise.
42.	As a histopathologist, I do feel that both the 2015 curriculum and now the 2021 curriculum push trainees to sit the Part 2 relatively early. It is a highly practical exam; the more experience they have, the more likely they are to be successful. We have also found new consultants in the past couple of years to struggle in terms of workload and confidence when they start.	Training times are not in the gift of the College and we were advised during the curriculum review process that lengthening was not a feasible option. We would agree that trainees should not attempt the FRCPath Part 2 too early in their training, and equally suggest that the move to independent reporting from an earlier stage should provide for greater insight and confidence in their abilities.

Other comments

1. It is the communication skills that needs addressing with IMGs.
2. Diverse role players is certainly a good thought ...simulating real life scenario.
3. Extremely well chaired Angharad! Thank you! Sorry, have to log off.
4. Great meeting, thank you!
5. Thank you.
6. Excellent thank you!
7. Comment: this was an excellent thought provoking session. Please could this become yearly as it (and the Q&A) has been superb? *It is held annually!*
8. Thank you!

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