The Royal College of Pathologists
Pathology: the science behind the cure

The Educational Update 2023

This annual meeting was held remotely on Friday 24 November 2023

Questions and answers

Question		Answer
KEYNOTE PRESENTATION **Future Gazing – A central focus on the 2023 Workforce Plan** **Dr Bernie Croal** **President, RCPath**		
1.	Is it possible to restrict the number of international students that universities accept as medical students? So there is more certainty around FY1 numbers? Realise that this is a little hypercritical given the reliance the NHS has on recruiting international doctors!	The numbers of international students coming in to UK medical schools is already capped.
2.	Expanding roles of BMS and clinical scientists within Pathology is also a challenge. When a department is refusing to take any additional medical trainees, how will training BMS/clinical scientist and the expansion of their roles be possible? It also creates a bit of undercurrent between existing medical trainees and the IBMS staff competing for the work and trainer time. The time taken to train a BMS	Delegate response: In Wales (Microbiology) we have a number of BMS colleagues learning clinical skills and support to the clinical team. Some of these aspire to consultant non-medical practise following the HSST route. Reporting is therefore an important component, but intention is not to limit it to just reporting, developing their clinical skills over time.

Question		Answer
	in a very specific role like reporting is significant and at the end that BMS can only deliver one specific area. However, a medical trainee trained for 5 years has far wider scope of practice. Also, labs have staff shortages too and how to justify training an established BMS in an expanded role whist labs are struggling to work out in time?	
3.	Given the critical shortage of consultant histopathologists, what has the College been doing for the last 20+ years?	Delegate response: Lobbying, collecting data publishing reports and asking for more training posts.
4.	Does a cellular pathologist have to be clinically trained? I'm not convinced.	Delegate response: That's where our greatest value lies isn't it? Delegate response: I agree! Delegate response: We are a pivotal clinical specialty.
5.	Is there anything the College can do to help with a lack of physical work space? Our department has no shortage of people wanting to work here, but we have no additional office space!	Delegate response: See RCPath site for college's recommendations for workspace for consultant and associate specialist cellular path. Last update 2016. We have referenced it successfully in the past. College website
6.	Are there discussions about golden handcuffs for undergrad/post grad to ensure retained in NHS workforce. What about waiving tuition fees for x years of service?	We aren't aware of these discussions in reality.
7.	RCPath Guidelines on staffing and workload for histopathology and cytopathology departments was in draft in 2019/20. It never appeared. Why?	This is due to be launched in April 2024: Staffing and workload for cellular pathology departments – Document consultation (rcpath.org).
8.	Is it possible to modify the existing regulations to enable histopathology trainees, upon completing their initial two years, to transition into Haematology or Chemical Pathology ST3 programs for further training in these specialties?	No, this is not possible since both haematology and chemical pathology require MRCP (UK) (or other relevant postgraduate qualifications for chemical pathology) for entry and there are no current plans to review this.

Question		Answer
9.	Maybe training is a potential roll for 'emeritus Consultants'?? Utilise existing senior experience and knowledge and 'pass this on' to the new generation of medics and scientists....	Our most experienced consultant colleagues have a huge amount to offer in this regard and there is much to be said for the shape of consultant work to change with time. This would be a wonderful initiative for a Deanery to explore alongside or in conjunction with a Trust – likely working in conjunction with supervisors who would be practising consultants. NHS Long Term Workforce Plan highlights the importance of educators and agree we need to work together to develop innovative solutions.
10.	Are there any new workload figures/staff formula for Infection services in Medical Microbiology/ Infection services to enable increase in staffing, business cases as some of the work is quite dated and the workload is ever increasing? Thanks	Professionalism – Please see The infection sciences workforce (rcpath.org)
11.	Will you consider outsourcing Histopathology work to experienced reliable Pathologists, trained in UK, but currently working in other countries. Slides/ blocks can be sent and the reports can be emailed.	This would be for NHS Trusts to consider rather than the RCPath.
College update: New CESR standard (Portfolio Pathway) and reviewing the 2021 curricula **Professor Ronan McMullan** **Clinical Director of Training and Assessment, RCPath**		
12.	Why is it difficult to get FY2 post for IMG (even) with GMC registration and licence to practice? One of my known young IMG doctor who completed MD from one of the European countries, did 2 clinical attachments in the UK (each 3months), got GMC registration with licence to practice in May/June 2023 but they are still waiting to get FY2 position. If we have shortage of doctors then why qualified doctors are not getting the opportunity in time?	This is outside the control of the College but can be raised through the Academy of Medical Royal Colleges Foundation Committee. We are not able to comment on the difficulties faced by any particular doctor, but recognise that there is an established

Question		Answer
		pathway to enable this route of entry to training - see F2 Stand-alone - UK Foundation Programme
13.	The CESR route is very hard in histopathology. We have someone appealing who is an excellent US trained Doctor. It is mostly about documentation, and they are having to do attachments in areas where they do not and never will work i.e., neuropath and paeds. It causes a lack of security for a trusted doctor who has relocated to help NHS.	The CESR route required applicants to demonstrate that their training and qualifications were equivalent to a CCT in the relevant specialty. The new Portfolio Pathway requires applicants to demonstrate that they have met the high level outcomes of the curriculum (called Capabilities in Practice) which provides more flexibility for demonstrating that the knowledge, skills and experience required for practising as an eligible specialist in the UK. Portfolio pathway applicants are no longer specifically required to spend set periods in neuropathology and paediatric pathology. Specialty specific guidance for the pathology specialties is now available on the College website: The Portfolio Pathway (formerly CESR) (rcpath.org) and potential applicants can seek advice from the College (training@rcpath.org) before they submit their application to the GMC.
14.	Is autopsy experience a must for CESR?	The requirement is as follows: *Applicants should produce evidence of autopsy capability as outlined in the histopathology curriculum 2021. This could include:* • *autopsy reports, and/or* • *case summaries, and/or* • *evidence of an appropriate qualification.* The currency of evidence has been extended to 10 years and evidence of autopsy does not necessarily need to be very recent.

Question		Answer
15.	I am keen to understand how the pathway affects those without MRCP, from international training pathways and other specialties e.g., paeds especially in infection.	MRCP is not a mandatory requirement for a successful portfolio pathway application, in itself. The new medical microbiology and medical virology specific guidance documents state the following with regard to MRCP (UK): *Applicants may provide evidence of previous experience in another specialty (following Foundation training, or equivalent) to demonstrate capability in direct clinical care of patients (e.g. in Internal Medicine training) for CiP 12. The skills gained through such previous experience could be used to support evidence from medical microbiology practice towards this CiP. Similarly, qualifications gained in another specialty (e.g. MRCP (UK)) could be used to provide evidence of knowledge in support of CiP 12. Applicants do not necessarily need to submit evidence of experience or qualifications in another specialty since, depending on the scope of their medical microbiology practice, they may have sufficient evidence to demonstrate capability relating to continuity of clinical care for CiP 12.* And *You may also include postgraduate qualifications if they are relevant to associated capabilities such as degrees or diplomas. Examples include MRCP (UK), or a similar substantial examination in another specialty, and qualifications in topics such as teaching, management, or research methodology.* *These should be linked to relevant CiPs; for example, MRCP(UK) could be used to support other evidence submitted to demonstrate having achieved CiP 12 (also see section above on training, qualifications and employment).*

Question		Answer
		The CESR route required applicants to demonstrate that their training and qualifications were equivalent to a CCT in the relevant specialty. However, the new Portfolio Pathway requires applicants to demonstrate that they have met the high level outcomes of the curriculum (called Capabilities in Practice) which provides more flexibility for demonstrating that the knowledge, skills and experience required for practising as an eligible specialist in the UK.
16.	MRCP is currently a requirement to enter infection specialty training. This is appropriate for those wishing to work as consultants in ID. But I can see a situation where capable microbiologists and virologists without MRCP choose to bypass CCT in order to avoid the need to sit an arguably unnecessary examination.	It is up to doctors to decide the best route for them to achieve specialist registration in the UK. Completion of a recognised GMC training programme towards a CCT is one such route and means that trainees are supported to complete the relevant curriculum requirements throughout their training. The Portfolio Pathway route requires applicants to make their own arrangements to complete the requirements in order to make an application and that may present challenges. However, the Portfolio Pathway route has become more flexible and a move away from equivalence to CCT may well make it easier for applicants, especially those with previous medical microbiology or medical virology training and experience, to gather evidence as outlined in the new medical microbiology and medical virology specific guidance documents.
17.	How many assessors review each CESR application?	All applications are reviewed by the College Training team who make notes for the assessors about each application. The application is normally sent to one assessor who undertakes a detailed review. This is followed by a second review by the specialty Panel co-chair before being returned to the GMC with a recommendation.

Question		Answer
18.	Regarding autopsies, would you please mention about number required, I have already done 12 years back during post-graduation. If those will be included.	The requirement in the new histopathology specialty specific guidance is as follows: *Applicants should produce evidence of autopsy capability as outlined in the histopathology curriculum 2021. This could include:* • *autopsy reports, and/or* • *case summaries, and/or* • *evidence of an appropriate qualification.* The currency of evidence has been extended to 10 years and evidence of autopsy does not necessarily need to be very recent. The focus is on demonstrating autopsy capability rather than having completed any specific number of autopsies.
19.	Are there any plans to have a process for a non-CCT route for UK employed doctors to increase flexibility e.g., specialist qualification for those progressing via SAS doctors career posts?	There is a route to the Specialist Register for doctors wishing to apply in a non-CCT specialty (for any doctor). Doctors must demonstrate that their knowledge and skills are equivalent to the standards required of a consultant in the UK health services. They must have a specialist medical qualification or six months training in a non-CCT specialty from outside the UK. These doctors are awarded a Certificate of eligibility for specialist registration (CESR) certificate if successful in their application. Beyond that, there are no plans for the College to develop any other specialist qualifications outside those already delivered.
20.	Does this new CESR pathway need both FRCP and FRCPath for Microbiology as per 2021 curriculum, when compared to 2014 one which is abandoned?	The new medical microbiology specific guidance document states the following with regard to MRCP (UK): *Applicants may provide evidence of previous experience in another specialty (following Foundation training, or equivalent)*

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		to demonstrate capability in direct clinical care of patients (e.g. in Internal Medicine training) for CiP 12. The skills gained through such previous experience could be used to support evidence from medical microbiology practice towards this CiP. Similarly, qualifications gained in another specialty (e.g. MRCP (UK)) could be used to provide evidence of knowledge in support of CiP 12. Applicants do not necessarily need to submit evidence of experience or qualifications in another specialty since, depending on the scope of their medical microbiology practice, they may have sufficient evidence to demonstrate capability relating to continuity of clinical care for CiP 12. And *You may also include postgraduate qualifications if they are relevant to associated capabilities such as degrees or diplomas. Examples include MRCP (UK), or a similar substantial examination in another specialty, and qualifications in topics such as teaching, management, or research methodology.* *These should be linked to relevant CiPs; for example, MRCP(UK) could be used to support other evidence submitted to demonstrate having achieved CiP 12 (also see section above on training, qualifications and employment).* With regard to FRCPath, the SSG states: *Applicants must demonstrate an appropriate test of knowledge – the Fellowship of the Royal College of Pathologists (FRCPath) by examination in medical microbiology is required as part of the CCT curriculum, and as such demonstrates knowledge in the CCT curriculum.*

Question		Answer
		Applicants should provide evidence of success in the Fellowship of the Royal College of Pathologists (FRCPath) by examination in medical microbiology (information can be found on the college website). The FRCPath examination is a summative assessment of a candidate's knowledge and skills whilst at the same time signalling suitability for entry into independent practice and ongoing continuing professional development. *If the applicant does not hold the FRCPath then they must provide robust evidence of having passed a substantial examination (e.g. a nationally or internationally recognised postgraduate examination in medical microbiology) that demonstrates their knowledge and skills to a similar standard as the FRCPath. If evidence of another specialist qualification is being provided, it must be supported by the original authenticated certificates and the curriculum/syllabi or standards for its award.* *Applicants must be aware that as no other qualifications are considered directly comparable, it will be assessed on a case-by-case basis and will require the applicant to produce an extensive and detailed portfolio of evidence.* *An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications, but different training and/or experience may not receive the same decision.* *Applicants who have passed neither FRCPath nor a similarly robust examination can seek to demonstrate that they have achieved the same level of knowledge and skills by submitting alternative evidence and mapping that to each element of*

Question		Answer
		knowledge and skills examined in the FRCPath examination. It will then be at the RCPath's discretion to determine whether that alternative evidence sufficiently demonstrates the same level of knowledge and skills as the FRCPath examination. The CESR route required applicants to demonstrate that their training and qualifications were equivalent to a CCT in the relevant specialty. However, the new Portfolio Pathway requires applicants to demonstrate that they have met the high level outcomes of the curriculum (called Capabilities in Practice) which provides more flexibility for demonstrating that the knowledge, skills and experience required for practising as an eligible specialist in the UK.
21.	How do we get involved in the portfolio pathway?	If you are keen to help assess applications, then we will welcome you with open arms! Please email training@rcpath.org and they will help you. There is more information here: Portfolio Pathway assessors (rcpath.org)
22.	How do we assess the reliability and validity of evidence put forward for the portfolio pathway?	All Portfolio Pathway applications are submitted to the GMC in the first instance, and they undertake a number of checks to verify the evidence to confirm its authenticity and authenticating any qualifications achieved outside of the UK. The College can check records that it may hold on Portfolio Pathway applicants and add this to the evaluation if appropriate.
23.	What are the requirements of a department for hosting a portfolio candidate? We keep being offered them but we are only a small (4 person, not fully staffed), non-university department without an ES (cellular path). We have always refused, thinking that it would be too much of a burden on substantive members of staff.	There are no specific requirements for hosting a doctor intending to apply via the portfolio pathway and the most important consideration is whether they can be supported through the process. Prospective Portfolio Pathway applicants should be encouraged, with a supervisor or mentor, to undertake a gap analysis comparing their knowledge, skills and experience with

Question		Answer
		the CiPs as outlined in the relevant CCT curriculum. Once any gaps are identified, a training plan should be agreed between the applicant and their supervisor/mentor, including any SLEs and/or examinations that might be needed. Evidence should be collected for submission as part of the Portfolio Pathway application, following the guidance provided by the GMC, and the LEPT system can be used to support this.
24.	Is neuropath and paeds attachment still a requirement for CESR?	The new Histopathology SSG (rcpath.org) is published and does not require a neuropathology or paediatric pathology attachment. The CESR route required applicants to demonstrate that their training and qualifications were equivalent to a CCT in the relevant specialty. The new Portfolio Pathway requires applicants to demonstrate that they have met the high level outcomes of the curriculum (called Capabilities in Practice) which provides more flexibility for demonstrating that the knowledge, skills and experience required for practising as an eligible specialist in the UK.
25.	For CESR, is your old experience (not in last 5 years) will be considered in the new system? I have 9+ years extensive experience in neuropathology and paediatric pathology but it was almost 6/7 years ago.	The currency of evidence for Portfolio Pathway applicants has been extended to 10 years although a small amount of older evidence can be considered where it provides a more complete account of breadth of practice, training and experience and achievement of the curriculum outcomes. Please check the new Histopathology SSG (rcpath.org) for further guidance.
26.	For individuals who want to follow the portfolio pathway is there a 'portfolio'/ learning record system they can use similar to that used by trainees?	Yes, applicants can apply to use the LEPT system to support an application in histopathology, forensic histopathology, diagnostic neuropathology paediatric and perinatal pathology, and chemical

Question		Answer
		pathology. Please contact assessment@rcpath.org for further information.
27.	Why is the Irish CCT in microbiology not being recognised as equivalent by the GMC? Rule changed in 2021.	We have noted this too and queried it a little while ago, but we are still awaiting a complete response. Arrangements were put in place to recognise specialist qualifications from European countries when the UK exited the EU. We have not yet been informed as to how the decision to include or exclude certain country qualifications for each specialty was made.
28.	Will the new Portfolio Pathway candidates use the LEPT system or some other recording system would come in place?	The LEPT system is available to Pathology Pathways (previously CESR) candidates. The information is on the College website
29.	Are there any clear-cut guidelines for CESR application, histopathology?	Yes, the new Histopathology SSG (rcpath.org) is available here.
30.	Regarding the educational supervisor for Portfolio Pathway – is it necessary the clinical lead? Do they get extra SPA for that?	There are no recommendations about who can supervise/support Portfolio Pathway applicants. Ideally, supervision would be provided by individuals familiar with the learning outcomes of the relevant CCT curriculum. The job planning impact of that role is a matter for each doctor and their employer to agree.
31.	Why is gynaecology cytology still a mandatory part of the curriculum for ST1 and ST2s in histopathology, when most host hospitals do not have this work to provide trainees with?	The Histopathology Curriculum was published in 2021 and the requirements were those determined by the Cellular Pathology CSTC to be appropriate for anyone training to become a Histopathology consultant in the UK. A QA process will be undertaken by the College in the next 12-18 months to review the implementation of the new curriculum. Feedback on all aspects of the curriculum will be sought and, where appropriate, changes to the curricula may arise from this process.

Question		Answer
32.	Why does CESR candidates have to find placements for gynae cytology when they have already chosen to be in histopathology after clearing FRCPath 2? It is difficult to find the placements for these as well. RCPath should help in these.	The requirement in the new histopathology specialty specific guidance for cervical cytopathology is as follows (see page 16): • Note should be taken of the indicative number of surgical histopathology, cervical cytopathology and non-cervical cytopathology cases typically required to demonstrate completion of the high-level outcomes in the histopathology curriculum in tandem with an expectation of achieving independent reporting. Applicants should ensure that they are able to clearly demonstrate having achieved these high-level outcomes, including independent reporting, in the evidence they submit. This is best demonstrated by submission of evidence such as a log of the total number of supervised and independent reports undertaken. • It is also expected that applicants will submit evidence of independent reports in surgical histopathology, cervical cytopathology and non -cervical cytopathology consistent with the RCPath Independent Reporting guidance document. Generally, specimens that applicants have reported independently should relate to relatively recent clinical practice. • Typically, a histopathologist would have reported approximately 5000 cases across the breadth of specimen types in order to be ready for independent practice as a consultant. Applicants should submit at least 30 independent reports covering surgical histopathology, cervical cytopathology and non-cervical cytopathology. These should reflect the breath and complexity of histopathology practice. The cervical cytopathology training and experience can be undertaken at any time, as long as it meets the standards as stated in the SSG. The College cannot help CESR applicants find

Question		Answer
		placements unfortunately but there is a more flexibility for applicants to demonstrate their cytopathology knowledge, skills and experience under the Portfolio Pathway route.
33.	What about paediatric autopsies for CESR please?	The requirement in the new histopathology specialty specific guidance is general and as follows: *Applicants should produce evidence of autopsy capability as outlined in the histopathology curriculum 2021. This could include:* • *autopsy reports, and/or* • *case summaries, and/or* • *evidence of an appropriate qualification.* There is no specific requirement to submit evidence about paediatric autopsies.
34.	Any option of reducing exam fees during the cost-of-living crisis and erosion of junior doctor pay? And faster processing of CESR applications?	Re: Exam fees: The College examination fees are set by the Trustees. The cost of the examinations reflect the cost of running them and the College does not make a surplus on exam fees. However, in recognition of the cost of living, the Trustees agreed not to increase the College examination fees this year. All College examination fees are Tax deductibility (rcpath.org) for UK tax payers. Re: CESR processing times: CESR applications are made directly to the GMC and only come to the College for evaluation once deemed complete by the GMC, including the receipt of references. Applicants have up to one year to submit a complete application to the GMC and our data shows that the GMC can typically take between a further 3 and 12 months to deem an application complete. The College typically has approximately 36

Question		Answer
		working days to turn around an evaluation. Although this does sometimes take longer, as College Fellows evaluate the applications in their own time, the RCPath part in an application's timeline is relatively short. The College has been working hard to increase assessors and improve our turnaround times recently and will continue to do so next year.
35.	With the change to portfolio pathway – is there a requirement to complete exams? The current Infection training scheme requires entry from IMT with MRCP. If you do not require time served how will microbiology clinical fellows achieve specialist registration without working in acute medicine? This is the biggest barrier to current overseas experienced consultants from being appointed to consultant posts in the UK. We are supporting 2 clinical fellows to complete FRCPath and microbiology curriculum but neither wants to sit MRCP so will they only be able to be a senior specialty doctor? I, myself, am a consultant microbiologist (since 2003) and do not have MRCP and I think it unfair that we cannot recruit from GP training or surgical training as a way to supplement numbers coming via the Infection joint training route who require MRCP.	Re: Examination requirements for Portfolio Pathway in the infection specialties. In summary, MRCP and internal medicine training remain a requirement for entry to UK training programmes in infection specialties but are not mandatory for portfolio pathway applications when alternative evidence of having achieved the CiPs is submitted. In terms of widening entry requirements for the infection curricula, entry requirements are jointly agreed by the RCPath and Joint Royal Colleges of Physicians Training Board (JRCPTB) and entry via Internal Medicine and MRCP(UK) is the only agreed route.
36.	Even after clearing FRCPath 2 and joining DGH, there is no support to CESR candidates from other hospitals for the placements of some mandatory postings. Do you think there should be a fixed short curriculum for CESR candidates or a regional lead to help us find those placements so that candidate can complete CESR?	Each Portfolio pathway applicant has their own strengths and support needs. Therefore, it would be impossible to design a generic programme for Portfolio Pathway applicants. The curriculum that each applicant needs to focus on is the relevant CCT specialty so bespoke portfolio pathway curricula would not be helpful.
College update: Future of the RCPath examinations **Professor Nicki Cohen**		

Question		Answer
Clinical Director of Examinations, RCPath		
37.	How can RCPath justify pass rate of consistently less than 50% in the FRCPath Histopathology Part 2, which is prolonging training time and affecting retention of skilled trainee pathologists who have otherwise achieved all competencies?	The FRCPath Part 2 examinations are open to eligible trainees and doctors from outside of a GMC-approved training programme. The pass rates published by the College are for all candidates who attempt the examination. Pass rates for trainees in a GMC-approved training programme always tend to be higher (e.g. pass rate for trainees in a GMC-approved training programme are almost 10% higher than the average pass rate for all candidates for the autumn 2023 examination session).
38.	Has the college started to develop a digital pathology Part 2 exam?	See answer to 41.
39.	Please disclose the evidence to support the closed marking system used in FRCPath Part 2. It does not stand to scrutiny in higher education, and senior colleagues involved in education and training find it quite frankly laughable. The impact of this was discussed in The Pathologist Magazine 2015! Eight years ago! Here's a link, page 46: https://thepathologist.com/fileadmin/pdf/TP_0415_Issue.pdf "Unfortunately, both trainee and consultant pathologists continue to express concerns about the test – its structure, its contents and its administration" "Many would like to see the exam modularised, the cases more reflective of everyday lab work, and the marking system reformed. They'd like to have better opportunities to appeal unfair results. And they'd like to be able to get a firmer grip on the test procedure itself –	The review of the FRCPath Part 2 exams includes a range of considerations, including but not limited to format, delivery, and standard setting methodology. They cannot be considered in isolation and detailed work is required to develop an examination that meets the standards set by the GMC and is not a quick process.

Question		Answer
	where they'll be going to sit their exam and what they can expect to find".	
40.	If BMSs can be examined in only one subspeciality (in histopathology), why can't medics? Also, what about making FRCPath Part 2 modular, so you could carry forward parts you'd already passed?	Regarding examining in one subspecialty: One of the recommendations of the Shape of Training Report, published in 2013, was that 'postgraduate training need[ed] to adapt to prepare medical graduates to deliver safe and effective general care in broad specialties' and Colleges were asked to implement this, amongst other recommendations in subsequent curriculum reviews. This also included a requirement for medicine 'to be a sustainable career with opportunities for doctors to change roles and specialties throughout their careers'. The pathology CCT specialties are all fairly broad-based but allow doctors to subspecialise as they progress in their training and career and there are no plans to develop narrower CCT options. Biomedical Scientists are trained and examined in much narrower subspecialty areas. Modular FRCPath Part 2: This was covered in the presentation by the Clinical Director of Examinations and is one of the issues being looked at.
41.	Is there a timeline for making the histopathology exam digital? This is important to know for planning training, moves to digital reporting in departments.	Not yet and will depend on a number of factors, including GMC approval, candidate sentiment, evolving trust practices, exam platforms.
42.	The USA board certification of pathology exam has a 15 year pass rate of 89%; why is ours so low then? Are we worse pathologists than our USA colleagues, or is our exam not fit for purpose?	There are many possibilities to this answer – the reality is that they are different exams devised for the practice of pathology at senior levels in different countries – so a direct comparison is not useful.

Question		Answer
43.	I'm a new (<1 year) Cell Path consultant - I'd love to be a Part 2 Examiner someday. How do I go about it and when would I be eligible?	There are a range of opportunities to become an examiner. You can become an item writer for your specialty once you have passed the FRCPath Part 1 examination, and then progress through the examiner grades as you progress in your career. The role descriptions are all available on the College website.
44.	If Neuropath are looking at banking parts of the exam for future attempts, will histopathology do the same? (standardisation of FRCPath...)	This was covered in the presentation by the Clinical Director of Examinations and is one of the issues being looked at.
45.	Individual hospital broadband capacity and wi-fi is extremely variable! Here you would get dropout and trying to do EQAs online after about 7am or before 6pm can mean that it takes about 20 minutes to go from a x4 to a x20 image! Not sure whether digital pathology relies on this, but any digital system should not rely on the RCPath technology, but remote hospitals too.	Yes, this was an issue that was raised when we first started delivering the FRCPath Part 1 examination online and we do advise candidates not to sit the current online examinations at work, particularly if they are in the NHS. It is certainly something that needs to be carefully considered to ensure that the examinations are deliverable without causing issues for the candidates.
46.	Any plans on actually rewarding consultants for their time in exams work? Trusts are clamping down on professional leave so lots of time being taken as annual leave or unpaid leave. No secretarial support or BMS team to help getting slides prepared. College getting tons of consultant time for free as altruism. I'm not sure altruism cuts it anymore. Haematology always seems to struggle getting section leads, markers etc. I think you may have to give honoraria, refund college fees, direct guarantee of LCEA etc (or start running exams that will need fewer people).	Most medical Royal Colleges rely on their members to volunteer their time to undertake examining and other duties on behalf of the Colleges. We all recognise that this arrangement is more difficult to manage that it used to be for a range of reasons. Letters have been written to Trusts (England, devolved administrations) to highlight the importance of these roles and the College indicates the appropriate SPA time that should be provided for examining activities. Nonetheless, we have flagged our growing concerns with the Academy of Medical Royal Colleges. In addition, the Part 2 examinations are being looked at with a view to 'simplifying' them, which can include shortening them to reduce the number of days examiners are required for each examination. This has already been done in some specialties.

Question		Answer
47.	If we are to make exams inclusive, we need to consider the 25% who would prefer to take them in an exam centre. It is not possible to sit the exam in our Trust due to the firewall and not everyone has a quiet space at home where this can be done or suitable WiFi.	It is unlikely that a 'mix and match' approach to where candidates attempt their examinations will be accepted by the GMC (e.g. allowing candidates to attempt the examination at home or in a test centre). It is likely that there will be a move to using examination testing centres, and every effort will be made to ensure that candidates can attempt their examination at a centre close to their location.
48.	Digital pathology could entice more trainees into pathology. Working from home is attractive to many. Is there a working group starting to pursue a digital exam? More and more trainees are using digital pathology as their primary modality.	This is a focus for 2024 and a working group will be developed shortly.
49.	Do you think that some of the potential obstacles/difficulties of moving to digital format examinations is that we are attempting to replicate in-person exam formats? What can we change/stop doing in our examinations to support "going digital"?	Likewise, this is part of the review process for the next year.
50.	Why not talk about all of the acknowledged exam process failings that HAVE happened to candidates rather than deny that there HAVE been problems?	It is not clear what this is referring to but the point of the examination presentation was to outline the improvements being planned for the examinations overall.
51.	If FRCPath is designed to reflect UK training curriculum and therefore passable by UK training programme candidates, is allowing entry for overseas training candidates (and therefore taking money off them) acceptable?? Other colleges do not let overseas candidates sit the exam for this very reason.	The College works closely with a number of overseas institutions who use the College curricula to guide their own training programmes. The College also runs sponsorship and MTI schemes which support international medical graduates to obtain GMC registration in order to come to the UK to undertake training towards College exams. The exams are also open to the doctors who might wish to use a pass in the FRCPath as part of their evidence towards a Portfolio Pathway application but who are not in a UK training programme. All applications are checked to

Question		Answer
		ensure eligibility. Closing the examinations to anyone not in a UK training programme would bring its own issues (not just for international medical graduates but clinical scientists not in a HSST training programme, for example) and there is more work to be done to ensure applicants are fully aware of the requirements of the examination.
52.	If you are expecting candidates to sit the exam from home, perhaps a reduction of exam fee for the digital FRCPath Part 1?	The College pays an external provider (TestReach) to run the examinations online. This is a significant cost and more than it used to cost to hire examination centres. While examinations have been held in the candidate's home, candidates have saved the cost of travelling to and from their examination centre. The cost of the examination has not gone up to cover the additional cost of running the examinations online and there has been no increase in examination fees this year.
53.	Any thoughts on retired pathologists acting as examiners?	This can be considered for some examiner grades.
54.	Why is the BMS diploma reporting exam that is equivalent to FRCPath Part 2 cheaper? Also, what is the pass rate for their exam?	The Stage C BMS examination does not lead to FRCPath and examines a small number of candidates once a year in a narrow area of practice (GI pathology, gynaecological pathology, dermatopathology). Pass rates are not published due to the low number of candidates who attempt the examination.
55.	Perhaps membership fee could be refunded for a bigger role in education?	This is part of the larger debate about the future model of how members can be recognised for their time spent on College activities such as examinations.
56.	Can the curriculum to pass exam be different for General pathologists than from those who the further become specialists? I think the course is too broad for General practice like renal, neuro, forensic, paeds, etc	We need to recognise that Histo, Neuro, Paeds and Forensics are different specialties and within this, Histopathology has several different areas of practice (pathologists tend to focus on

Question		Answer
		one organ system) – but these can change according to post. The only medical subspecialty in Histopathology is cytology The cellular pathology curricula have the same CiPs but the underpinning syllabi outline the appropriate specialty specific training. There are separate curricula/syllabi and Part 2 examinations for histopathology, neuropathology, forensic pathology and paediatric pathology.
57.	We have been discussing modularisation of the Part 2 Histopathology exam for 10 years, and most people see no problem with allowing trainees to "carry over" success in one part of the exam to their next attempts over a reasonable time frame. What is the barrier that is stopping this happening?	This was covered in the presentation by the Clinical Director of Examinations and is one of the issues being looked at.
58.	Some of the exam structures (3-4 days) currently are actually impossible for groups of individuals, both in terms of practicalities (single parent no local family, financial circumstances for example) and candidates who have SpLD/neurodiversity/physical disability where fatigue over several days directly impacts performance. This needs to be resolved as a matter of urgency.	This was covered in the presentation by the Clinical Director of Examinations and is one of the issues being looked at.
59.	Why are the pass rates for histopathology exams so much lower than other medical specialities?	College exams have a range of pass rates as demonstrated on the GMC website. The Histopathology FRCPath Part 2 is not the lowest.

Pathology Portal update

Professor Jo Martin
Project Lead for the Pathology Portal, RCPath

Question		Answer
60.	Apart from histopathology, are other pathology disciplines represented on the pathology portal?	Yes, all the disciplines are represented. Professor Martin merely used histopathology in her presentation as an example. The Pathology Portal currently features a huge amount of modules including cases, videos and audio teaching, quizzes, documents, weblinks and more. Each pathology specialty is included on the Portal, with large collections in histopathology, autopsy/forensic pathology, cytology, neuropathology, paediatric pathology, haematology, infection, genetics, and a growing collection of resources in other specialties. Content is being added all the time. Your feedback and requests help our team to refresh and source content, so please access the Pathology Portal via the information available at Pathology Portal (rcpath.org) If you have any questions, please contact the team at: pathologyportal@rcpath.org.

Comments	
61.	This is a generic consultant recruitment question. Why is "word of mouth" the easier way to find out about vacancies? I am supposedly in a "short-staffed" specialty and I very rarely see the vacancies on websites such as BMJ or NHS careers? I just find this very peculiar.
62.	RCPath: We need more pathologist!
63.	RCPath high-key putting more effort into Pathology portal than their exams.
64.	"We won't get a chance to answer the questions we don't like" "We are doing it as we always have done, lets not change anything" The RCPath loves their membership fees, yet selectively ignores all these hot issues about the exam from our paying members in the

	Q&A! (But let's keep paying them money!)
65.	We will be expecting the Q&A to be published unfiltered as it was last year please. No cover ups.
66.	Sadly, I'm always reluctant to volunteer for examining as I simply come back to a huge pile of reporting.
67.	At the very least, let people pay fees in instalment.
68.	Trainees and consultants have endless amount of feedback forms to fill. Their time would be better spent reporting.
69.	The time demanded by CPD/revalidation activities seriously erode productive time for retire/return and LTFT working. This needs to be reviewed.
70.	I'm looking forward to this Q&A being published unfiltered, because it is completely the opposite impression than the spin the RCPath is providing to us today.
71.	Consultant clinical scientists (with appropriate training) can do a significant part of the work of their medical equivalents. I work in Clinical Haematology (not pathology) and have done lead consultant roles and haematology diagnostic clinics for new patients. This is our workforce strategy which continues to develop.
72.	Although BMSs could take on some of the easy reporting, I fear that medically trained consultants will then be left with all of the difficult cases and be at risk of decision fatigue.
73.	You can be employed as a consultant without CCT in NHS foundation trusts. For the right combination of department and applicant this is possible, but no one wants to talk about it. This is outlined in the Gold Guide 9th Edition.
74.	RCPath sits around wondering where the histopathologists are, whilst casually choking the supply at source with an examination which worldwide has the lowest consistent pass rate in our specialty.
75.	Disappointed the questions regarding exams have been omitted in this Q&A session as I'm sure I am not the only one who would like to hear the perspective of our new college president. Would be grateful if we could please return to these questions as they are a serious component. Thank you.
76.	Show me some educational theory that says 53% pass rate for an exam is good news. It highlights quite clearly a problem. Is it the exam? Is it the candidates? Is it the curriculum and training? Please please please do something about this rather than blanket statements about the exam being fine.
77.	RCPath says we needs more pathologists, but only 49% pass. Are the other half wasting their time starting pathology now? They may as well join another speciality.
78.	The withering of the CEA system (and non-consolidation) does not help in encouraging colleagues to contribute to extra-contractual activities such as supporting College work and exams. Anything that can be done by the Academy to reverse this would help bring in the younger generation.
79.	I have a colleague in microbiology who acquired MRCP before it was a requirement for entry. They no longer rate the effort for a microbiologist who is not an ID physician. We suspect it is a disincentive to enter microbiology and is one of the drivers of a reducing

	number taking up the specialty. Thus, probably important if wishing to be an ID physician with clinics and beds etc but not for a traditional microbiologist, who have always had ward based clinical roles etc but not with admission and direct management responsibilities.
80.	Thank you very much.
81.	THANK you - event and talks were very helpful!
82.	THANK YOU - EXELLENT MEETING.
83.	Thank you.

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