

FRCPath Part 1 and Combined Infection Certificate Examination (CICE) regulations

2026

These regulations must be read in conjunction with the 'Regulations and guidelines – College examinations for membership and diplomas'.





Entry and training requirements

Candidates can attempt this examination towards the end, or after completion of Combined Infection Training (CIT) or equivalent if training outside of the UK. Candidates should obtain guidance from their educational supervisor as to when to sit the examination. Planning should take into account planned CCT date and whether or not the candidate will also be required to pass the FRCPath Part 2 in medical microbiology or Virology (where applicable), but candidates should apply only when they are ready.

FRCPath Part 1/CICE

The knowledge gained during CIT, comprising medical microbiology, virology and infectious diseases, will be assessed by the FRCPath Part 1/CICE.

The CIT curriculum has been designed to reflect the modernisation of UK microbiology and virology laboratory services and the need to train infection specialists with a sound knowledge of both clinical and laboratory practice.

It is recognised that different training programmes may allow trainees to acquire the appropriate competencies within different settings according to local availability of experiences and teaching. The aim of CIT is to produce a doctor who is familiar with laboratory practice in the diagnosis and management of infection as well as the clinical presentations and management of infections. Therefore, in order to acquire the requisite competencies, the distribution of clinical and learning experiences over the 2 years of CIT should be as follows (in no particular order):

- 6 months of clinical microbiology and virology training associated with a diagnostic laboratory; 2 months of this period (whole time equivalent) should be spent under the clinical supervision of a consultant virologist, where possible, working in a specialist virology centre or unit
- 6 months of clinical infection consult duties
- 6 months of appropriate infection reed clinics where the major focus of the clinic is managing patients with infection. A combination of clinics could include:
 - HIV clinic



- viral hepatitis clinic
- general infectious diseases (ID) clinic
- travel clinic (pre-travel advice and/or returning traveller clinic)
- TB clinic (supervised by ID or chest physician)
- genitourinary medicine (GUM) clinic
- chronic fatigue syndrome clinic
- 6 months of clinical inpatient care of patients with infection. During this period the
 trainee should have continuity of care of patients with infection and should be under
 the clinical supervision of an ID consultant who is taking clinical responsibility for the
 patients (up to 2 months of this experience could be obtained at a specialised inpatient
 HIV unit).

Structure & format of the examination

The examination will consist of two 3-hour papers comprising 100 single best answer questions each.

To pass the examination, candidates must achieve the overall pass mark for the 2 papers, which will be set by a standard setting exercise.

Timing of the examinations

The FRCPath Part 1/CICE will be offered twice a year in spring and autumn.

