

The Royal College of Pathologists

Examination regulations - 2018

AUTOPSY

These regulations must be read in conjunction with the *Regulations and Guidelines – College examinations for Membership and Diplomas*.

ENTRY & TRAINING REQUIREMENTS

Part of the requirements for successful completion of those opting to undertake the Royal College Higher Autopsy training module in histopathology (see curriculum) is successful completion of the certificate in higher autopsy training (CHAT) examination.

The minimum eligibility requirements for candidates applying to sit the CHAT are that they must:

- have elected to undertake the higher autopsy training module
- have done 3 months equivalent in autopsy training
- have performed at least 60 autopsy examinations
- be at least in or beyond stage C of training.

STRUCTURE AND FORMAT OF THE EXAMINATION

The CHAT has 2 components: phase 1 is the observed autopsy; phase 2 is the OSPE component based on the published blueprint.

Phase 1 – the autopsy practical

In order to proceed to Phase 2 of the CHAT examination, candidates have to satisfy examiners that they are competent at evisceration and the range of other skills associated with routine autopsy practice, i.e. that they can assess the clinical aspects of a case, dissect a cadaver, examine the organs, and provide a cause of death and/or a plan of further investigatory action. It is expected that the APT will open the skull but the candidate will remove the brain. The external College examiner may watch all of the autopsy dissection.

Within a session, candidates can have two attempts at this phase, which should take place in the candidate's own mortuary or another where he/she wishes to be examined. In principle, the examination should take place at the candidate's familiar mortuary in his/her place of work within the 6-8 week period before the OSPE component of the examination and after their examination entry has been confirmed following the closing date for the relevant session. The examiners should be one local consultant (this may be candidate's educational supervisor, but can be another local consultant; this examiner must be active on an autopsy rota), and one from an adjacent region (external College examiner). The outcome will be either satisfactory and proceed to phase 2 or unsatisfactory.

The cadaver should be a relatively straightforward case, i.e. no significant infection, not multiple operations (or coronary artery bypass grafting) or significantly disturbed anatomy, not significantly decomposed, and not grossly obese. Medico-legal and consented autopsies are both appropriate.

Prior to the invasive autopsy the examiner will engage in a discussion with the candidate regarding the risk assessment of the case along with their interpretation of the clinical history, formulation of the differential diagnosis and expected likely causes of death and plan of approach

At the end of the autopsy, the candidate a) demonstrates the organs and normal/pathological features to the two examiners, and b) provides a cause of death in the standard ONS format and/or a plan of investigation to address the issues raised by the death.

A clinico-pathological discussion will take place. This will be strictly limited to justification of the suggested cause of death and/or the plan of further investigation as appropriate to your case.

It is not a viva voce examination about other matters, either arising out of other features observed at autopsy or from any other matter.

The candidate does not write the case up (unless the internal examiner so wishes, but this is not part of the examination).

From the completion of preliminary note reading, the autopsy should occupy no more than 1.5 hours for a standard case and no more than 2 hours for more complex cases.

The examiners decide whether or not the candidate has performed satisfactorily and inform them at the time. If it is a satisfactory outcome, the examiner or the candidate should inform the Examinations Department and ensure that they receive a copy of the Autopsy Assessment Form, allowing the candidate to proceed to the phase 2 OSPE session. If it is unsatisfactory, the examiners provide constructive feedback. Two attempts at this phase are permitted per session.

Overseas candidates

Any overseas candidates who wish to undertake this examination will need to do so at a suitable venue in the UK before the phase 2 OSPE section, in a limited number of mortuaries where sufficient cases are available.

Phase 2 – the centralised OSPE examination

The OSPE examination will take place at one location.

Content of the examination

The OSPE tests knowledge, skills and attitudes across the eleven major autopsy pathology scenarios of:

1. Sudden death in the community (including sudden cardiac death)
2. Medical disease death
3. Peri-operative death
4. Toxicology death
5. Medical Biochemical death (e.g. diabetes, renal failure)

6. Alcohol-related death
7. Special deaths (e.g. maternal, sickle cell, HIV)
8. Infections
9. Trauma
10. Industrial-related death
11. Death in the elderly

Using case material from these scenarios, the following aspects of knowledge and competence are examined, according to a blueprint:

- a. Gross pathology
- b. Histopathology images
- c. Histopathology (microscopy) in real time
- d. Body fluid analysis
- e. Communication skills
- f. Data interpretation
- g. Whole Case interpretation
- h. ONS cause of death formulation
- i. Medical-legal aspects of death
- j. Health & Safety issues
- k. Human Tissue Authority and human tissue regulations

Examiners

There are up to seventeen stations (to include preparation and double stations) in the OSPE which will include two face to face stations, written paper exercises and microscopy work.

Timings

The Phase 2 (OSPE) examinations will take place twice a year to coincide with the Part 2 practical examinations in histopathology/cytopathology.