

Background

Cytology is generally perceived as a 'dark art'

Training is known to vary between centres

Preparations and specimen types vary widely nationally

• There is a single FRCPath part 2 exam

Why a survey?

- To understand the current state of training
- To understand the limitations of delivering effective training
- To identify good practice and suggestions for improvement

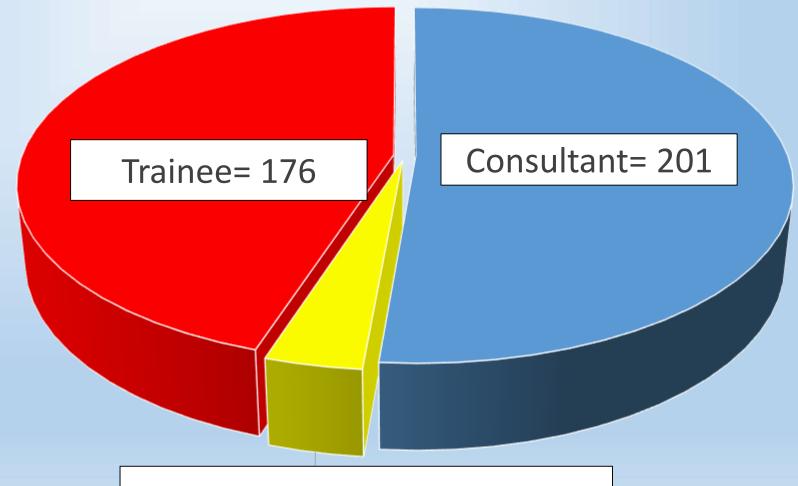
To identify ways in which the College can help

How was it performed?

- A survey was distributed to all histopathology consultants, senior biomedical scientists and histopathology trainees
- Responses were analysed by RAH including >300 free text comments

Who took part?

• 391 responses



Senior/consultant BMS= 14

Consultant and senior scientist results

Consultants were based in teaching hospitals in 59% and DGHs in 41%

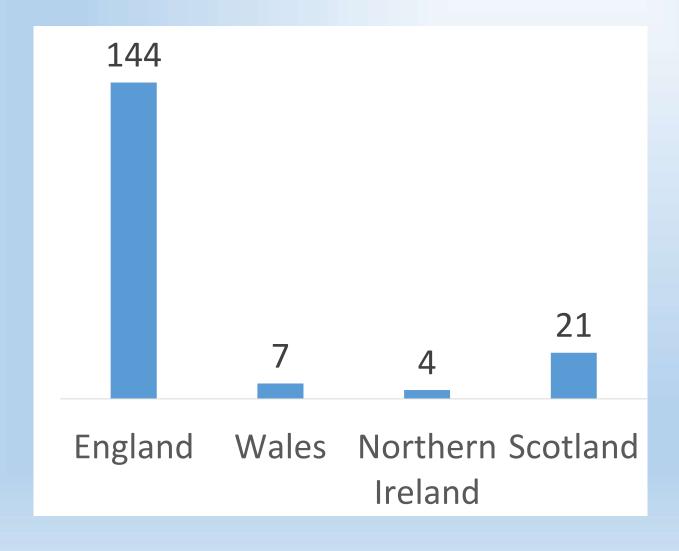
49% reported cytology with a trainee at least weekly

- 23% think that current cytology training is adequate to produce competent consultants
- 49% think it is not
- Remainder unsure

Consultants and scientists: what are the limitations to providing cytology training?

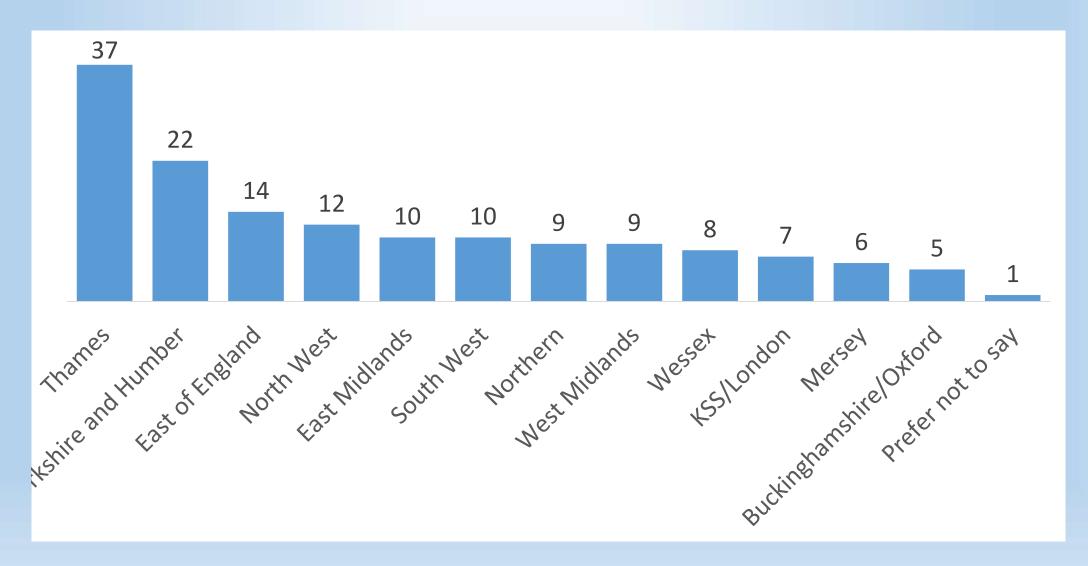
- Time available= 100 (48%)
- Material available= 85 (41%)
- Enthusiasm of trainees=60 (29%)
- No limitations = 35(17%)

Trainee results: who responded?



- Stage A 25 (14%)
- Stage B 41 (23%)
- Stage C 84 (48%)
- Stage D 24 (14%)

Trainee results: who responded in England?



Trainee results: Non-cervical cytology

- 87 trainees (52%) called their training in non-gynae cytology good or excellent
- 25 (14%) called it poor or very poor
- Archived cases are >half of trainees' numbers in 31 (18%) of cases.
- 78% are likely to meet or exceed the College's guideline minimum numbers
- 22% stated that they were unlikely to meet this target

Trainee results: non-cervical cytology

- Of those who were unlikely to meet the College targets, 8 stated there was not enough time
- 26 stated there was not enough material
- 23 stated that cases are reported by other staff

Trainee results: what preparations do they see?

 Trainees were asked to consider their rotations as a whole and assess whether they were exposed to live specimens in each specimen type...

BREAST	108 64
CEREBROSPINAL FLUID	113 59
BILIARY AND PANCREATIC	146
EBUS SPECIMENS	155 17
SALIVARY GLAND	156 16
URINE CYTOLOGY	158
LYMPH NODE ASPIRATES	159
BRONCHIAL BRUSHINGS AND WASHINGS	167
THYROID	169

Trainee results: Cervical cytology

- 63 (37%) of trainees described their cervical cytopathology training as good or excellent
- 21 (12%) called it poor or very poor
- 20% were undertaking or planning to undertake the CHCCT module
- 53% were not
- 27% undecided

Trainee results: Cervical cytology- why not?

- Fewer cytopathologists will be needed in future= 74%
- Not interested= 58%
- Not helpful for a consultant post= 33%
- Poor training opportunities= 15%

Trainee results: Common concerns from free text comments

- National training is seen as highly variable, matching the variable delivery of certain services
- Inconsistencies in local exposure and educational resources
- The effect of rapid turn-around times (trainees do not see cases)
- The FRCPath Part 2 exam

"a game of nerves that does not reflect clinical practice"

"3-4 years of training tested on 8 cases at best"

Consultant results: Concerns from free text comments

- Time for training and turn-around times
- Variation in specimen types and training experiences
- Consultant confidence and the perceived lack of higher training
- Should we be providing more training to consultants?
- The FRCPath Part 2 exam...
- "there is a major separation between the material a consultant reports on a daily basisand that normally provided in the exam"

What works well?

Both trainees and consultants identified the following:

- Black-box training sessions
- Regular exposure
- Specialist cytopathologists
- Dedicated, enthusiastic trainers

What can we do?

- Courses: salivary gland, biliary and breast cytology were most popular as topics for courses – the RCPath can assist with this
- The results and examples of good practice can be disseminated to training program directors
- We cannot ignore concerns about the exam's length, and the clarity of the requirements
- Discussion with exam committee is needed
- Some trainees may need to rotate further afield to gain experience, the College Trainees Advisory Committee is working to support these trainees better

Many thanks to all those contributing to the survey

Questions?

Rebecca Halas

cellularpathology.tac@gmail.com