

Please clearly state your enquiry/question:	RCPath response
<p>I would like to know what the RCPath examinations team do with the feedback on examinations, and if there is a transparent process for improvement of the quality of examinations?</p> <p>The sitting of Histopathology Part 1 in March 2024 was marred by tiny low quality pictures (and no zoom function, despite the information given in the pre-examination documentation), typographical errors, repeated questions covering the same knowledge points, and outdated terms. We are well aware that the college received negative feedback to this effect from candidates. However, we are unfortunately also well aware that candidates from previous sittings encountered the same issues and also provided very similar feedback, without any noticeable improvement in the interim.</p> <p>There appears to be very little transparency regarding the feedback received about these RCPath examinations, and whether there are attempts to improve the quality for candidates. Please could the College comment upon this and inform trainees how their feedback is acted upon? Thank you.</p>	<p>Thank you for your feedback. As you may know, there is a candidate survey undertaken at the end of every examination session and the feedback received is circulated for all specialties to the Examinations Committee and then each Exam Panel Chair receives the feedback for their specialty to review. From the Spring 2024 feedback it is apparent that the feedback is consistent with yours, with much higher numbers of candidates than usual reporting poor quality images but the feedback for the Autumn 2024 session has seen a vastly reduced number of candidates reporting the same issue. In addition, the College is also considering other online examination providers in order to continue to develop and improve the delivery of the of the examinations. We are aware that online examination platforms have developed since we moved our examinations online towards the end of 2020.</p>
<p>FRCPath part 2 Haematology Examination:</p> <p>1) Given the developments in both malignant and benign haematology and the vast breadth of knowledge that is required to pass Part 2 across all these specialties as more advances are made year on year - Could the exam be split into modular exams eg Transfusion, coagulation, morphology and viva?</p> <p>- This is an incredible amount of knowledge required which is of course needed to become a consultant, but could be split up to enable trainees a chance to focus on one area at a time and have less disruption to our lives.</p> <p>2) Could the first 2 days of the exam be taken locally eg transfusion /coagulation written examinations and morphology examinations. With trainees travelling just for the Viva?</p> <p>I assume the idea of trainees taking the exam in a location away from their current deanery is advised to reduce the chance of you having a viva with someone you know or have worked with.</p> <p>- However trying to obtain a microscope and transport it to another location can add additional pressure to trainees, as well as needing to spend 3 nights away from home when many trainees have dependents eg children at home.</p> <p>- If the morphology and written examinations were in your closest deanery, it would be easier to travel just for a viva.</p>	<p>All of the College examinations are currently under review, and this includes the Haematology FRCPath Part 2 examination, which is currently under discussion. This includes looking at the delivery, format and length of the examination. As examinations are revised by the relevant examination panels, applications for approval by the General Medical Council will be made (for relevant medical examinations) and updates circulated to candidates and potential candidates once approval is confirmed.</p> <p>The examinations cannot be taken locally for a number of reasons (e.g. this would require large numbers of examiners to travel around the country, since we avoid candidates being examined by examiners known to them; many candidates who attempt the examinations are not based in the UK).</p> <p>Regarding taking microscopes to examinations, we have raised this with Lead Deans (for haematology and histopathology) to try and ensure a national approach to supporting candidates with this issue but this has yet to reach a final conclusion.</p>
<p>Is there any way that microscopes can be provided for trainees sitting exams? Even if the trainees had to pay an optional extra fee (to make it profitable for the college) for this I'm sure there would be uptake as private rental companies have poor reputations</p>	<p>A version of this has been trialled in the past (the College hired microscopes for each examination session) but there was not a lot of uptake from candidates, who prefer to use microscopes they are familiar with. There are some companies that will hire individual microscopes to candidates for examination purposes and candidates can arrange this if they wish. The College would not be able to buy microscopes for exam use for a range of reasons, e.g. initial outlay cost and costs related to maintenance, lack of storage space/space rental costs, transport costs, lack of support for exam set up and packing away). This is why the College has looked to microscope hire on occasion.</p>
<p>I know other specialties are introducing dedicated CPD days for specialty trainees to allow professional development time.</p> <p>Do RCPath plan on introducing this for Haematology and Pathology trainees ?</p> <p>If so what timeframe is being considered for its introduction.</p> <p>We all know time for professional development in work time is non existent due to clinical duties and trainees are forced to use their own time for this at present.</p>	<p>This relates to educational development time (similar to SPA in consultant contracts) which exists to enable achievement of non-clinical capabilities - i.e. GPCs. Various deaneries implement this to differing degrees, sometimes dependent upon seniority, with time allocated between 1-4hr per week, on average. Some Royal Colleges and Faculties endorse a certain amount of time being allocated to this. This sits in something of a grey zone between curriculum management and delivery; in other words, it is not necessarily appropriate for the College to tell Deaneries how to operationalise training. In any case, please note that the remit for haematology sits with the Joint Royal Colleges of Physicians Training Board (JRCPTB).</p>
<p>Feedback from part 2 spring 2024 - I know several trainees with young families who are more than capable of completing training but are all contemplating quitting or have already quit haematology because of the format of this exam:</p> <p>In contrast to exit examinations in other specialties, the examination increasingly bears little resemblance to the content of every day practice as a registrar and as a 'DGH consultant' as is the purported aim of the exam. It is hard to know what to cut out, but I feel the exam should be modular. There has been an explosion in malignant diagnostics and therapeutics, and haemostasis and thrombosis has many more factors to memorise with the advent of novel anticoagulants. Oncology have made their examinations modular for this reason, and I feel this would be very achievable for the FRCPath without losing global themes that cross subspecialty areas, if done correctly.</p> <p>Morphology should also be virtual as a matter of urgency as in the post-COVID world, it is incredibly backward and unduly stressful to rely on old microscopes, for multiple reasons which I'm sure have been fed back many times before.</p> <p>Finally, in both vivas one of the two consultants was from my deanery who I have worked for, despite my centre being 150 miles away. We all found this uncomfortable and I found it distracting. I would be grateful if you could double check for this before ascribing examiners and candidates to viva streams in future, particularly where examiners are not local to the examination centre.</p>	<p>[It is presumed this is the Haematology FRCPath Part 2 examination.] Thank you for your feedback. All of the College examinations are currently under review, and this includes the Haematology FRCPath Part 2 examination, which is currently under discussion. This includes looking at the delivery, format and length of the examination. As examinations are revised by the relevant examination panels, applications for approval by the General Medical Council will be made (for relevant medical examinations) and updates circulated to candidates and potential candidates once approval is confirmed. In the meantime, your feedback will be sent to the Haematology examiners. However, it should be clarified that the purpose of the exam is not to assess capabilities needed to practise in a DGH, it is to assess whether curriculum outcomes have been achieved - including less commonly encountered clinical and laboratory scenarios.</p>
<p>When will the Part 2 Histopathology exam move to a digital format?</p> <p>This change will not only make the exam more cost effective for the college and trainees but removes the need for excessive travel.</p> <p>Can the exam be offered in both digital and centre based formats for those not familiar with digital pathology and this would also increase the number of candidates the college can accommodate in each diet?</p>	<p>All of the College examinations are currently under review, and this includes the Haematology FRCPath Part 2 examination, which is currently under discussion. This includes looking at the delivery, format and length of the examination. As examinations are revised by the relevant examination panels, applications for approval by the General Medical Council will be made (for relevant medical examinations) and updates circulated to candidates and potential candidates once approval is confirmed.</p>
<p>Can the pathology portal be updated to include more recent FRCPath Part 2 Histopathology exam questions.</p> <p>Can the pathology portal also include the long cases and frozen section cases to help candidates in these areas.</p>	<p>The short surgical cases are uploaded after each exam session (there was a delay with the upload from the last session due to a technical issue) as this is the only part of the exam that isn't reused. The frozen sections and long cases might be used in subsequent exams and so they are not loaded on the portal.</p>
<p>Sign off of teaching activity. Sometimes, I teach FY1 doctors ,but no observer (consultant, BMS...etc) to assess my teaching activity. Is it possible to send a ticket to FY1 doctor / medical student as a feedback/assessment for teaching?</p>	<p>No, a teaching WPBA must be signed off by the individuals indicated, who should be observing the teaching. Teaching feedback from the learners is valuable and could be discussed with the assessor in order to maximise the benefit of a formative assessment. However, learners cannot undertake the assessment, except when the audience includes people who are recognised assessors (which is not relevant to undergraduate or FY1 teaching).</p>

Can the LEPT portfolio system be updated to be representative of histopathology? All of the assessments have 'must fill' areas which are irrelevant for histopathology practice and more suitable for clinical specialties. This is also the case for domain linking.	Please respond with your comments to the LEPT system satisfaction survey which has been sent to all users. The closing deadline for responses is Friday 13 December.
Please can a detailed breakdown of the costs to run the RCPATH exams be provided by specialty. £1495 for part 2 in micro is the most expensive exam across all royal colleges and for a 1 day exam it is very difficult to understand how it costs so much. There was approximately 70 people sitting in the most recent diet which is around £100k, so I would be interested to know what the 100k goes on. Given the necessity to sit MRCP as well as FRCPath in micro and haem, it makes it incredibly expensive for trainees and hard to see how it can be so expensive, the breakdown would therefore be very useful to understand the costs.	There is a breakdown of the cost of the FRCPath Part 2 examinations on the College website (https://www.rcpath.org/trainees/cost-of-training1/cost-of-exams.html) which was prepared some years ago. While it needs updating, this still gives a broad picture of the costs of running our examinations. In the intervening period, the College has employed additional staff members in the examinations team to help support the delivery of examinations and there have been increased costs in the hire of examination centres (although the College building is used if possible for London-based examinations to minimise costs). The College has always taken the approach of charging the same for each Part 2 examination and this approach was checked with trainees in 2018 and the majority agreed. The College examination fees are kept under review and do not make a profit. College examinations are also tax deductible for UK tax payers and there is more information available on the College website: https://www.rcpath.org/trainees/cost-of-training1/tax-deductibility.html
The Lept portal is very user unfriendly and has many redundant fields that just take up time to fill. The time consuming nature of sending a request for WPBA would make you delay it and procrastinate and eventually it leads to overload of tasks towards the end of year before ARCP. It could easily be fixed by designing a more efficient system.	Please respond with your comments to the LEPT system satisfaction survey which has been sent to all users.
As someone who entered as ST1 and transitions to new curriculum, am I an ST4 or ST6? This is clearly very important for pay node implications.	Please email training@rcpath.org to confirm your specialty.
Please can you write some guidelines regarding formalin exposure during cut up when pregnant or breastfeeding. Which PPE is required? This is an issue at every training hospital and there is no guidance for the occupational health departments.	This is not within the remit of the College and we suggest this is discussed with the Health and Safety Executive given that the question keeps coming up and there doesn't appear to be local engagement or support.
Regional training courses are listed in the Medical Microbiology curricula (as presumably in all postgraduate curricula) however NHS England have refused to provide any funding for these to occur in person on a monthly basis for the combined infection trainees. We have over 100 trainees in the region, and trainees organise monthly sessions with a wide range of speakers to meet our curriculum objectives. Trainees have also identified that the educational experience & engagement is far better when these sessions occur in person. Is RCPATH / the TAC able to raise this with NHSE to ensure appropriate funding is allocated to cover the cost of a venue for these events & reasonable travel expenses (if needed) for relevant speakers to attend?	It is up to each deanery to decide how best to deliver regional teaching and the College cannot intervene to insist on a change of format or lobby for funding. Regional training courses are listed in the curriculum as a suggested learning method but it is not the role of the College to be prescriptive about how this should happen.
Does RCPATH / the TAC have a view or policy regarding the sponsorship of regional training days by the pharmaceutical industry?	The College would not take a view for any regional training days not linked to the College. We do have our own rules about corporate partnerships directly related to the College which are available on the College website: https://www.rcpath.org/discover-pathology/corporate-membership.html
Please find some comments (not enquiries) below related to my recent experience at the FRCPath Part 2 exam in Medical Microbiology. 1) None of the email communications sent out by the college prior to the exam mentioned that an ID check would be done on the day of the examination but this was the first step on entering the exam premises. Luckily, I had my ID but the college should be sending out this crucial piece of information so that candidates are aware of it. 2) Communication station was my first OSPE question and I was only given about 2-3 minutes to prepare for it whereas candidates who joined the carousel during their rest station had relatively more time before starting the communication station. Could the college ensure that timings are standardised so that some candidates are not disadvantaged over the others. 3) College to kindly arrange for proper provision of lunch facilities. There was no water and upon asking, we were provided with water after the second session of the exam had started. There were no glasses provided for drinking juice and we were asked to drink juice in tea/coffee mugs instead. Upon peeling an orange, there was a mould growing inside (couldn't photo as mobiles were put aside during the day).	1. The requirement for candidates to bring identification to the examination with them is in the examination regulations and guidelines but this should also be included in a subsequent communication from the examinations team and we will ensure that is rectified for the next examinations session. 2. There were 2 communication stations of which one required a full rest station to prepare for the station and the other required only a few minutes to read a very short clinical vignette without any specific cues that would allow benefit from preparation time. All candidates requiring 9 minutes of preparation time, for the station that required it, received that time - and examiners ascertained this at the beginning of the OSPE station. In the case of the station requiring only a few minutes, that 'rest' station was used by other candidates to leave the main exam room and go upstairs to the communication stations, use the bathroom if required, and read the short vignette. Shortening that rest station for the first candidate is unlikely to have created any disadvantage. 3. We will send your feedback regarding catering to Events @ No6, the RCPATH caterers.
What steps is RCPATH taking to modernise FRCPath Part 2? Digital morphology is widely available now but trainees are still expected to personally pay for microscope rental and transport it across the country to an examination centre.	All of the College examinations are currently under review, and this includes the Haematology FRCPath Part 2 examination, which is currently under discussion. This includes looking at the delivery, format and length of the examination. As examinations are revised by the relevant examination panels, applications for approval by the General Medical Council will be made (for relevant medical examinations) and updates circulated to candidates and potential candidates once approval is confirmed.
What steps is RCPATH taking to reduce exam fees? FRCPath currently has the highest exam costs of all royal colleges putting a disproportionate burden on trainees.	Regarding taking microscopes to examinations, we have raised this with Lead Deans (for haematology and Unlike many other Colleges, the College delivers a number of different specialty examinations and this necessarily inflates costs to a degree (as opposed to running 1 or 2 examinations for large number of candidates). All of the College examinations are currently under review. This includes looking at the delivery, format and length of the examination. Once this is complete, fees will be revisited. There was a small increase in exam fees this year but in the 2 years prior to that, exam fees did not increase at all. College examinations are also tax deductible for UK tax payers and there is more information available on the College website: https://www.rcpath.org/trainees/cost-of-training1/tax-deductibility.html
Is it possible to release part 1 FRCPath examination results earlier? There is currently an extremely long wait of 8-9 weeks to receive part 1 FRCPath examination results, which are MCQs. Why do all examinations parts across the different specialties need to be released at the same time? The exams are very expensive and during the current cost of living crisis, trainees need as much time as they can to plan ahead costs including when to take further examinations or plan for potential resits. A lot of medical trainees are on basic salary banding and take out credit cards etc to pay for examinations. Whilst, I appreciate the exam fees cannot be lower, there should be an opportunity to give as much notice as possible to allow for trainees to plan financially.	Releasing examination results for all examinations and specialties allows all examinations to run smoothly. There would need to be a delay in the delivery of the FRCPath Part 2 examinations in order to support the earlier release of FRCPath Part 1 examinations. Not all of the FRCPath Part 1 examinations are MCQs and many require marking by examiners, in addition to the QA of all results. The team provide as much information upfront as possible about dates for the application window for each session with at least 5 weeks allowed for applications to be made. https://www.rcpath.org/trainees/examinations/examinations-latest-news-and-calendar.html Even if realignment of Part 1 and Part 2 exam/results dates took place, this would not substantially change the interval between exam sittings and the time available to plan a re-sit.
For trainees so continue with higher autopsy or cervical cytology training after ST2, why do these trainees not get reduced annual histology numbers? As training is extended they should still be able to get the same histo numbers by CCT as other trainees but it would encourage trainees to carry on these qualifications as they would not be placed under a significant extra burden compared to their peers. Note for academic trainees this make autopsy and cervical cytology particularly unappealing as we only get 3/4 of the time to complete these requirements as everyone else.	The histopathology curriculum sets out the requirements for the CCT which must be met by all those completing the curriculum, regardless of whether or not they are undertaking additional training in cervical cytology or autopsy training. The numbers for each specimen type given in the syllabus is intended to be indicative and there is no absolute minimum since the outcome of training is capability. Therefore, every PGDIT does not need to achieve the same number but every CCT-holder needs to have the same level of capability irrespective of whether they take on additional training in autopsy or cervical cytopathology. In the event that such additional training precludes achievement of the expected capability in another area, we would anticipate that this could be managed by an extension to training time, agreed at ARCP.

Why is there no equivalence in the case number requirement for those who continue autopsy / gynae cytology and those that don't? If you continue with them this is the equivalent of one month per year taken out of general histopathology for each module, with no change in number requirement. This means the requirements for these trainees are much higher. When we are desperate for autopsists / gynae cytologists this is seriously putting people off. It is not even about number reduction - if we think the requirements are fair then to give up each module could result in higher surgical / non-gynae case requirements. It is about equivalence. The current system disincentivises doing these underserved specialities. It also makes it basically impossible for ACFs to carry on these modules (who have a terrible time anyway as our curriculum requirements are fundamentally different to clinical specialities which they are designed for - but that is for another day).	Please see above.
Further clarity around the training and provision of post-mortems for trainees. In the North West we are struggling to get access to post-mortems which is concerning as these are a necessary part of ARCP for ST1 and ST2 trainees. This is due to limited numbers of hospitals actually performing post-mortems, and compounded by the increasing use of CT scanners to perform post-mortems. If I fail ARCP due to having completed insufficient post-mortems despite persistently trying to perform them, what will happen?	The Cellular Pathology have recently discussed a national autopsy survey that was conducted by the trainee representative on the Death Investigation Committee. It is acknowledged that there are regional differences and challenges in the delivery of autopsy training and this is under active discussion by the CSTC.
They include those with many years of experience in Pathology and strong portfolios as a result, which in turn increases the portfolio cut off for interviews every year. This particularly poses a greater challenge for those who are new applicants into the training program. These candidates do have the CESR pathway as an another option. My question is, is it justified to consider a cut off time period of work experience, such as 24-36 months similar to radiology/OBGYN/Ophthalmology/CST in the ST1 training eligibility criteria? And also, should we consider incorporating more training pathways for more qualified candidates who wish to pursue further training?	This will be taken to the Cellular Pathology CSTC for discussion but would require the the support of the committee and acknowledgement that it could reduce the rate of production of CCT-holders (as those with previous histopathology experience/training can be eligible to exit training more quickly due to the revised rules).
I am the NW trainee representative, and have been asked by trainees in the region to put forward the following questions/queries: 1) There are increasing difficulties in getting Post Mortem experience due to centralisation of services and the roll out of CT Post Mortem. a) are there any plans for changing curriculum requirements, and if so can you share any details on this? and b) are there any plans on making Post Mortem activity a sub-speciality to ensure trainees who are interested in this get the protected time, support and exposure needed? 2) A variety medical specialisms (Paediatrics, GP, Anaesthetics etc.) allow trainees to take protected Supporting Professional Activities (SPA) time within their rota. This varies according to training grade (2hrs per week for early years, 4hrs per week for senior trainees). Could the college provide some clarification on this for Histopathology Trainees? 3) There have been issues in accessing Gynae-Cytology teaching due to a dwindling workforce in the region. Are there any plans to centralise the provision of Gynae-Cytology teaching nationally? 4) Is there any guidance or details from the college regarding the provision of Regional Teaching/ Training (what it should constitute, how much time it should take up) and whether this forms part of the study leave allowance for trainees?	1. The collective feedback from trainees on autopsy/cervical cytology confirms the need that we already recognise, to have a discussion about curriculum in context of service delivery and scope of consultant practice. However, this is not something that the training team can address on its own without agreement about the impact on future workforce capability and capacity for service delivery. 2. This will be taken to the Cellular Pathology CSTC for discussion and consider whether to endorse the principle (without setting out a specific requirement). 3. We don't know of any plans for national teaching. 4. Regional teaching is very much arranged and governed regionally, depending on how programmes are structured in each deanery. These can be counted as part of the 30 day study leave allocation in many deaneries but this is not in the remit of the College.
The funding available through NHSE to attend international conferences is limited. There is some opportunity for funding from pathology societies such as BDIAP, PathSoc but they have a limit on how frequently trainees/members can apply for it. Is RCPATH able to fund attendance at international conferences?	The College provides a limited range of bursaries but there is no other College funding available beyond this: Neera Patel: https://www.rcpath.org/about-the-college/awards-and-bursaries/cellular-pathology-bursaries.html Freddie Flynn: https://www.rcpath.org/about-the-college/awards-and-bursaries/professor-freddie-flynn-bursary-prizes.html