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

Transitional arrangements for histopathology trainees transferring to the 2015 GMC-approved histopathology curriculum and assessment system

1. Introduction

These transitional arrangements are for histopathology NTN holders in a GMC-approved UK histopathology training programme (leading to the award of the CCT or CESR(CP)) who are transferring to the 2015 GMC-approved UK histopathology curriculum and assessment system. These transitional arrangement only apply to trainees who entered the histopathology training programme prior to 1 August 2015 and are on the 2010 GMC-approved histopathology curriculum. The only exception to this applies to trainees who have already passed the FRCPath Part 2 examination and whose provisional CCT date on or before **31 December 2017**.

Once trainees have transferred to the 2015 GMC-approved UK histopathology curriculum and assessment system they will not be able to revert to the 2010 curriculum.

These transitional arrangements were endorsed by the Histopathology CSTC on 8 March 2017 and published on 25 September 2017.

2. General principles

These updated transitional arrangements for trainees

- meet the requirements of the General Medical Council (GMC) for curriculum transition, as outlined in the position statement Moving to the current curriculum (November 2012). Therefore, no trainee may remain on previous curricula beyond 31 December 2017.
- ensure the maintenance of the educational quality, standards, and integrity in the transition from the existing GMC approved curricula.
- aim to ensure fairness and equity for all trainees.
- ensure that curriculum competences and mapping are undertaken by the LETBs/Deaneries.
- minimise disruption to trainees' progress to CCT.

3. Changes to curricula and assessment system

The main addition to the 2015 histopathology curriculum is the induction of molecular pathology as follows:

- Stages A and B – trainees have to understand the fundamentals of molecular biology and their applications, both potential and actual, within Histopathology. The section are focussed on DNA and RNA-based techniques (pages 41 and 42).
- Stages C and D – require trainees to have a deeper understanding of Germline variation, somatic mutation, DNA methylation, gene expression changes, origins and justification of molecular tests, databases and bioinformatics. It is anticipated that for most trainees much of their experience in molecular pathology will be integrated with relevant specialist histopathology training (pages 43 and 44).

4. Implications for trainees

The implications will be different for trainees at different stages of their training regarding molecular pathology. Individual trainees should discuss with their educational supervisor the molecular pathology competencies which are documented below and how they will be assessed. For trainees transferring part way through a stage the competencies should be completed on a pro-rata basis.

STAGE	COMPETENCIES AND EXPERIENCE EXPECTED AT END OF STAGE
B (pages 41-21)	2 week laboratory attachment: These competencies would usually be achieved by attendance and engagement with a 2 week laboratory attachment. Principles of molecular testing of clinical samples: • Sample requirements • Sample preparation • Test methodology, analysis and interpretation, • Integration of molecular test results with histopathology reports and MDM discussions Objectives of the attachment: • Sample handling for different types of molecular tests • Know how to assess samples for specific molecular tests • Understand the principles of key molecular technologies • Know the molecular tests currently available in pathology, their clinical context and their clinical utility • Appreciate how molecular test results are analysed and interpreted • Have experience of integrating molecular test results into a histopathology report and how this influences management through MDM discussion • Understand the importance of QC, internal and external QA, test validation and data management
C (pages 43-44)	• Build on foundation from laboratory attachment • Draft integrated reports in all specialties • Consider further laboratory experience, as needed
D (pages 43-44)	• Specialist molecular pathology: Wide range of exposure to tests and reports, equating to appropriate work load points. Consider higher certificate/credential as applied to molecular pathology (work in progress). • Partially/wholly subspecialised pathologist: Independent reporting of cases to include integrated molecular pathology tests with interpretation. • Cytology: Independent reporting of cases to include integrated molecular pathology tests with interpretation where appropriate. • Diagnostic histopathologist: Independent reporting of cases to include integrated molecular pathology tests with interpretation where appropriate.

5. Practical arrangements for these transitional arrangements

The RCPath will take an overview of the transition of all trainees to ensure that the general principles outlined above are followed and advise the relevant Training Programme Directors (TPDs).

a. Trainees with a provisional CCT date on or before 31 December 2017 do not need to transfer but should ensure that they have completed as much of the molecular pathology requirements as possible prior to their CCT.

b. All other trainees will move to the 2015 curriculum and should discuss their molecular pathology training to date at their next ARCP, using the ARCP decision aids on the website.
c. Trainees should upload evidence of attainment of molecular pathology on LEPT e.g. outcome of e-leaning modules.
d. The Training Department will contact all TPDs, with a list of their trainees and guidance as to whether, on basis of the information held at the College, the trainee should remain on the 2010 curriculum or move to the 2015 curriculum. TPDs will be given one month to raise any issues with the Training Department following which, trainees required to transfer curriculum will be notified.

Any queries concerning the transitional process should be directed to:

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