



Further Guidance on Diagnostic Neuropathology Training (2019 Update) (to be read in conjunction with the Diagnostic Neuropathology Curriculum 2012)

Background

The 2012 Diagnostic Neuropathology curriculum is currently being revised in line with the other Cellular Pathology-related specialist training curricula. However, until the revised curriculum is available there are three main areas, which require further guidance in the interim period. They are:

1. Practicalities regarding the Clinical Neurosciences training component
2. Post-FRCPath Part 2 training period (duration and content)
3. National oversight of DN training (operational considerations)

This document endeavours to address these three areas, which have led to a number of enquiries in the past.

1. Practicalities regarding the Clinical Neurosciences (CN) training component

In the 2012 DN curriculum it is suggested that trainees acquire the necessary competencies by spending the equivalent of 1 year of full time training in the Clinical Neurosciences. This training period is distributed over the first 2 years of DN training and only applies to trainees from the Histopathology stream. The competencies related to the Clinical Neurosciences are entirely knowledge-based and designed to support DN practice within the appropriate clinical context and with the necessary clinical understanding.

In practice DN training centres and trainees have found this arrangement unsatisfactory and impractical. Therefore, some centres have adopted a pragmatic approach and integrated Clinical Neurosciences training into DN training on a daily basis as opposed to separate training periods. Trainees keep a logbook summarising their CN activities, which may include relevant MDTs (e.g. neuro-oncology, muscle & nerve, epilepsy, pituitary etc.), clinics (e.g. neurodegeneration-related, neurosurgery, neuro-oncology, muscle & nerve, neurophysiology, epilepsy, pituitary etc.), M&M meetings, neurosurgical theatre visits, neuroradiology reporting sessions, Grand Rounds and others depending on local opportunities.

The national DN Training Team supports this pragmatic integrated approach to acquiring the necessary knowledge-based CN competencies as outlined in the DN curriculum, as long as the exposure is carefully and regularly monitored by the Educational Supervisor (ES) and reviewed at the ARCP (with emphasis on knowledge-based competencies). The Training Programme Director (TPD) is responsible for creating and maintaining the necessary local framework to support such an integrated approach. It is up to individual training centres to decide whether to implement the approach outlined in the 2012 DN curriculum (separate CN training periods) or whether to opt for a targeted integrated approach as outlined above.

2. Post-FRCPath Part 2 training period (duration and content)

It should be noted that the stages as described in the Histopathology curriculum (Stages A – D) do not apply to the DN curriculum and are not mentioned in the document. This has led to considerable confusion as training centres have sought to align DN training at ARCP level to



Histopathology and tried to translate DN training into the appropriate stages. This has been a particular issue for the post-FRCPath Part 2 training period (the equivalent to Stage D in Histopathology). Given that Stage D has been defined as a minimum training period of 12 months in Histopathology some training centres have taken a pragmatic approach and adopted the same timeline to their local DN trainees. Whilst this represents a reasonable and pragmatic approach, a minimum period is not stated in the DN curriculum and, therefore, the duration of **the current post-FRCPath Part 2 training period remains more flexible when compared to Histopathology**. However, similar generic aims and competencies to those described for Histopathology trainees in Stage D are expected and the **responsibility for reviewing and signing those off (and, thus, influencing the duration of this period for individual trainees) lie with the ES within the context of the local ARCP**.

In summary, during the post-FRCPath Part 2 training period DN trainees are required to:

- *demonstrate a level of knowledge and skill consistent with practice as a consultant in that specialty in the National Health Service*
- *demonstrate the ability to report independently*
- *explore specialist interest or more in-depth general reporting*
- *develop experience of teaching neuropathology and other trainees*
- *develop experience of involvement in MDTs*
- *demonstrate evidence of the above achievements in a training portfolio*

Competencies required to exit / complete the post-FRCPath Part 2 training period:

- *To demonstrate a level of knowledge and skill consistent with practice as a consultant in DN in the National Health Service*
- *To demonstrate the ability to report independently*
- *To explore specialist interest of more in-depth general reporting*
- *To develop experience of teaching neuropathology and other trainees*
- *To develop experience of involvement in MDTs*
- *To demonstrate evidence of the above achievements in a training portfolio*

Please note: these aims and competencies are aligned with the Guidelines on Stage D of Training in Histopathology (latest version from 2015).

In practical terms, the areas to be addressed in the post-FRCPath Part 2 training period can be grouped as follows:

Identification of training objectives: Trainees should record the training objectives for this period after discussion with their ES and TDP and / or Head of School (HoS). The objectives should be tailored to the individual based on the above guidance and follow the SMART principles. The individual training departments have a responsibility to support the training objectives as best as possible.

Developing sub-specialty interest(s): The trainee should lead the discussion on this and express such interests early on (first meeting with the ES following successful completion of the FRCPath Part 2 exam). This represents a forum to formulate a written plan and objectives in relation to individual interests, which are communicated to the TPD and supported as best as possible within the limitations of local schemes. Agreements to visit outside centres of excellence in order to develop a particular interest for which there is limited local expertise may be negotiated as part of such a plan and requires careful co-ordination in advance.

Independent reporting: This is a crucial topic in the post-FRCPath Part 2 training period in preparation for safe consultant practice and, therefore, requires careful consideration. Essentially, this process encompasses the safe transition from supervised to independent reporting and has to be tailored to the individual. Given the importance of this topic a separate guidance document on independent reporting, which encompasses pre- and post-FRCPath Part 2 guidance has been prepared (please consult *Guidance on Independent Reporting in Diagnostic Neuropathology*).

Development of management experience: Trainees are encouraged to attend various local Trust level meetings to understand the functionality of the department, e.g. departmental service review, pathology directorate meetings etc. There is support for attending some regional / national management courses through the standard study leave application process.

Audit experience: One audit to be carried out and completed during this period.

Development of teaching and supervision of junior trainees: Trainees are expected to supervise more junior trainees in their workplace. Consultants may elect to offer a senior trainee to undertake some of their teaching responsibilities with appropriate support and supervision.

Development of experience and further involvement with MDTs: Trainees should be able to prepare and present MDT cases independently with occasional support from consultant colleagues in problematic cases.

3. National oversight of DN training (operational considerations)

The 2012 DN curriculum envisages that the ARCP process would be overseen and nationally undertaken by the Lead Postgraduate Dean and the College Lead for Training in DN with support from ESs in training programmes around the UK (see page 11 of the DN curriculum). However, the national undertaking of the ARCP process has not been practical nor has it been funded and the process has been undertaken locally within the context of existing Pathology Training Schools and with TPDs who are either diagnostic neuropathology consultants or are closely supported by a lead DN ES for a particular department. National oversight has consisted of close communication between individual training centres/individual trainees and the national training team to deal with any issues as they arise. **Therefore, the ARCP process is undertaken locally and it is envisaged that this will continue to be the case with national oversight as described.** This pragmatic approach seems to have been working well in practice.

This guidance will be reviewed from time to time as and when necessary. The users (trainees and trainers) are advised to feedback to the TPD / lead ES if there are any queries or suggestions. These should be passed on to the national training team via SAC meetings or directly as required.