

Stage D training in Cytopathology

A photograph of St. Thomas' Hospital, a large, multi-story building with a grid of windows. The name "St. Thomas' Hospital" is visible on the upper part of the building. In the foreground, there are green trees and a decorative street lamp with three lanterns. The sky is blue with some clouds.

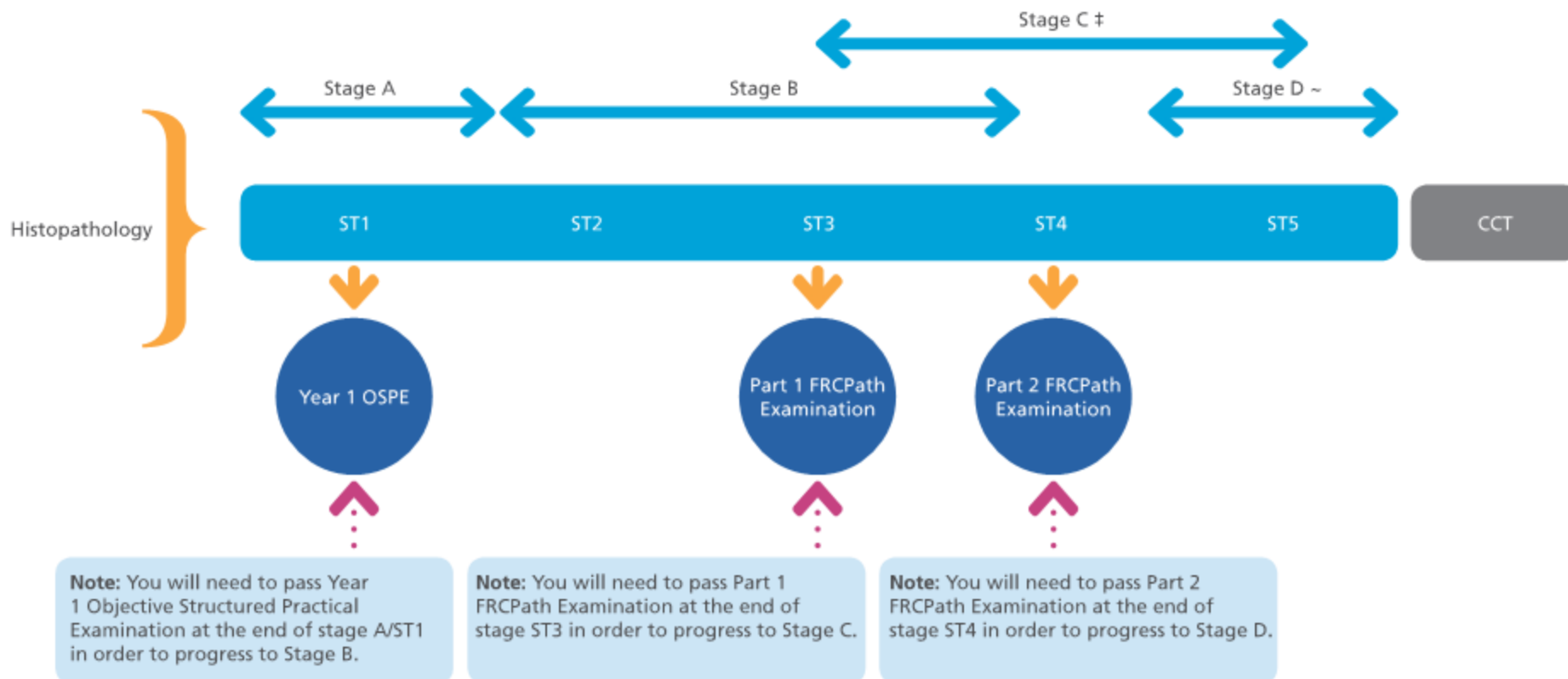
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Background

- Current training 60-66 months depending on additional modules
- Stages A – D
 - ST1/stage A [12mths] (500 surgicals, 150 cervical and 150 diagnostic)
 - ST2/stage B [12mths] (750 surgicals, 200 cervical and 200 diagnostic)
 - ST3/stage C [24mths] (1000 surgicals, 300 diagnostic)
 - ST4/stage C (1000 surgicals, 300 diagnostic)
 - ST5/stage D [12 mths] (1500 surgicals, 300 diagnostic)
- Stage D
 - post-exam
 - 12 months

FRCPath - Fellowship of the Royal College of Pathologists
OSPE - Objective Structured Practical Examination
ST - Specialty Training
CCT - Certificate of Completion of Training

‡ Specialty training – either general histopathology, or subspecialty training in forensic pathology, neuropathology and paediatric pathology.
~ Specialty training or subspecialty training in cytopathology.



This information is correct at the time of writing. Training pathways are subject to change. Further details of training pathways are available from medical royal colleges or faculties.

Advanced cytopathology training

- Cytology component of standard stage D:
 - 300 cases
- Subspecialty training in Cytopathology
 - Introduced in 2007 curriculum
 - Replaced diploma in cytopathology
 - Poor uptake

Subspecialty training in Cytopathology

- Competency-based training
 - no formal final examination
- Assessment
 - summative portfolio
 - WBPA's

Aims (1)

- Competencies of a specialised cytopathologist
- Act as local lead
 - Advise clinical colleagues on sampling taking and submission
 - Knowledge of ancillary testing
 - Teaching experience in workplace and formal settings
 - Function in a MDM setting
- Diagnose majority of cytology samples independently
 - Manage non-correlation between cytology and other investigations including histology and colposcopy

Aims (2)

- Report in a 'rapid diagnosis' one-stop clinic setting
- Perform fine needle aspirates (FNAs)
- Detailed knowledge of NHSCSP
 - Interpret quality assurance data
 - Interpret performance indicators

Entry to programme

- Satisfactory completion stages A-C with FRCPath Parts 1 and 2 in histopathology

Cervical cytopathology
3 months equivalent (stage C or D)
500 cervical cytology cases, majority new screening cases
4 x WBPA (all directed)
CHCCT exam

Subspecialty training in Cytopathology

- Structured educational programme
- Stage D entirely within cytopathology
 - whilst continuing to accumulate the histopathology competencies for completion of Stage D
- Broad scope

Components

Reporting	Technical skills
12 months equivalent	
1000 gynae cytology cases, majority new screening cases	15 x FNA clinics
1000 diagnostic cytology cases, appropriate mix of specimen sites and types	15 x endoscopic US-FNA clinics

Assessment

18 WBPA	12 directed
Training portfolio	Structured case-log FNA experience Endoscopic US-FNA experience EQA performance Colposcopy MDM experience Personal performance monitoring data Cervical cancer audit case Histopathology/cytopathology correlation cases Critical review of errors
Educational supervisor's report	
ARCP outcome 6	

WBPA_s (1)

DOPS

Perform FNA using an aspiration technique

Perform FNA using a non-aspiration technique

Spread and stain a direct smear from an FNA

Assess adequacy of a targeted aspirate from a deep lesion

CBDs

Provide second opinion/review on a case previously reported

Discuss a case where morphology and ancillary studies give inconclusive results

Discuss a case assessed in a rapid diagnosis clinic where an immediate report was not appropriate

Discuss a case where ancillary studies were essential to the diagnosis

WBPA_s (2)

ECEs

Present a non-cervical case at an MDT where there are discordant cytological findings

Discuss statistical data prepared for KC61 returns

Audit and present cytology performance in an area of specialist practice

Explain procedure and take consent for a fine needle aspirate

Our experience



- Based at St Thomas' Hospital
- 35000 gynae cases/yr
- 6500 non-gynae cases/yr

Cytology service at St Thomas'

- Eight consultants
- Daily 'on-call' rota
 - Same day service for urgent samples
 - Wet preparation
 - cross-polarisation
 - phase contrast microscopy
 - Immunofluorescence
 - Triage of needle washings for ancillary testing



My role

- Clinical service duties
 - Review and interpret most specimens
 - Progressive responsibility for caseload
 - Performing FNAs of palpable lesions
 - Performing ROSA for FNAs
 - Selection and interpretation of ancillary studies
 - On-call responsibility
 - Supervising consultant available at all times

FNA experience

- Utilising both aspiration and non-aspiration techniques
- Experience of multiple environments:
 - Wards
 - ITU
 - Theatres
 - Dedicated 'palpable lump' clinic
- Impact of imaging
 - Difficulty gaining numbers
 - Opportunity to collaborate

ROSA (1)



- Rapid on site assessment
 - urgent ward FNAs
 - U/S guided H+N clinics
 - EBUS clinics

ROSA (2)

- Adequacy
 - Time vs risk of false -ve
- Communication
- Ancillary testing
 - Small samples



Other responsibilities (1)

- Multidisciplinary meetings
 - lead colposcopy MDMs
 - presented at other relevant MDMs (thyroid, H+N)
- Teaching
 - Attend and assist in weekly FNA teaching
 - Formal teaching slot
 - departmental teaching/blackbox rota
 - ST1 teaching week

Other responsibilities (2)

- EQAs
 - Continuing participation in gynae cytology EQA
- Management
 - First port of call for technical and clinical questions from BMS, screeners and clinical staff
 - Monthly consultants cytology meeting

Subspecialty training in Cytopathology

Pros	Cons
Wide spectrum of caseload	Double the assessments
'Hands on' practical experience	Gaining FNA numbers
Different preparations and techniques	Maintaining histopathology skills
Managing small volume samples	No peer group support to compare progress
Exposure to different work practices	

Stage D assessment pathways

Histopathology	Cytopathology
1500 surgicals (dependent on specialist interest/complexity)	-
300 diagnostic cytology (suggested)	1000 diagnostic cytology
	1000 gynae cytology
12 x WBPA	18 x WBPA
1 audit	1 audit
Multisource feedback	
	Training Logbook
CCT in Histopathology	CCT in Histopathology & Cytopathology

What could be improved?

- Collaboration with radiology for FNAs
 - Difficulty of FNA experience
 - Training of ultrasound-guided FNAs
 - more controversial
 - not on curriculum
- Access to molecular attachment
 - Now on new curriculum

Conclusion

- Excellent opportunity
 - Technical skills
 - Diagnostic proficiency
 - Managing cytological-histological discordance
 - Recognising sampling and diagnostic limitations
 - Correlating clinical & imaging data with ancillary testing to provide a robust diagnosis
 - Seeking senior consultation from others
-but a lot of work!

References

1. Curriculum for specialty training in histopathology.
Royal College of Pathologists, June 2015
<https://www.rcpath.org/resourceLibrary/histopathology-curriculum--2015-.html>
2. Curriculum for specialty training in histopathology.
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