Training in Cytology

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Governance

- General Medical Council.

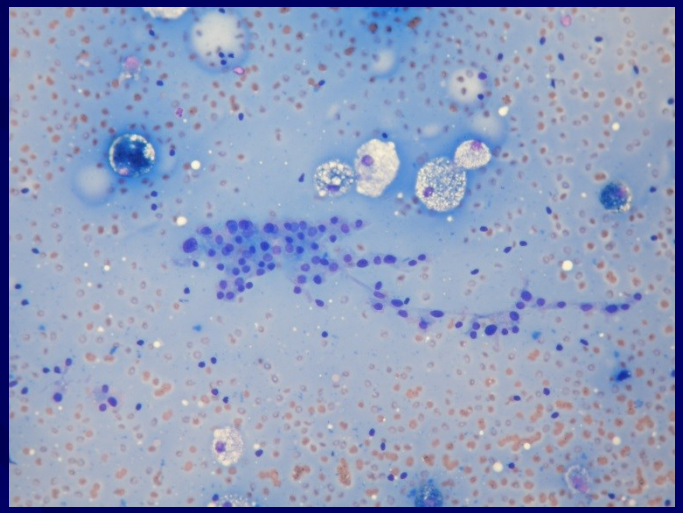
- Royal College of Pathologists.
  - Develops curriculum. Standards, training methods, assessments.
- Delivery.
  - Local education and training boards/deaneries.
  - Local training providers.

Curriculum - key principles

- Cytopathology is a core component of histopathology training.
- Training ‘will indicate suitability of independent professional practice as a consultant in histopathology’.
- Day-to-day work is the most important learning experience.

Training methods

- Day-to-day work.
- Textbooks and journals.
- Departmental teaching sessions.
- Regional training courses.
- Scientific meetings.
- E-learning.
- MDT's.



Evidence (cytology)

- Number of cases v competencies.
- Workplace based assessments.
- Examinations (OSPE, FRCPath).
- Stage D.

Stage D

- Minimum 12 months.
- Training plan determined on individual basis by local training committee.
- Expectation that cytopathology competencies will be maintained/developed.

Optional packages

- Additional areas which are not compulsory to obtain specialist registration.
- Cervical cytology.
  - Mandatory for first 2 stages of training, thereafter optional.
  - Centralisation of cervical cytology services.

Training delivery

Challenges

- Maintaining morphology skills.
- Variable repertoire between training programmes.
  - Specimen types.
  - Preparation types and staining methods.
  - Approach to reporting.
- Incorporation of molecular pathology.
- Service pressures.

Variability between units.

- Competent.
- Confident.
- Clinical context.

- Establish a diagnosis or guide further testing?

Molecular pathology

- In recognition of rapid developments, added as core component of curriculum in 2015.
- Established consultants not always trained in molecular pathology.
- Molecular tests often not validated on cytology samples.

Programme based training

- Variability between units accentuated by isolating trainees within units.
- Utilising regional/national resources spreads expertise to mitigate variability.
  - Educational secondments.
  - Regional training centres.
  - Scientific conferences.
  - Self-directed learning.
  - E-learning.

Service pressures

Service pressures

- Shortage of pathologists in many units pressures training time.
- Clinical pressures for enhanced turnaround times limits opportunities for trainees to experience real-time reporting.
- External projects, such as e-learning, require significant up-front time input.

Advanced biomedical scientist practice

- Extending roles for biomedical scientists first developed in cervical screening cytology.
- Body of committed, capable staff with high level morphology and scientific skills that can enhance delivery of high quality cytology service.

Summary

- Curricula and training programmes are subject to oversight by General Medical Council.
- Non-gynae cytology is a core component of histopathology practice.
- Morphology remains the basis of cytopathology assessment.
- Utilising regional resources is encouraged.
- Supporting advanced roles in biomedical scientists enhances cytology services.

Barriers

- Developing molecular assessment stretches training programmes.
- New testing developments often do not validate on cytology samples.
- Cytology poorly represented in academic departments.
- Service shortfalls compromise training opportunities and delivery and hinder development of resources.