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 vs 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.