

Training in Chemical Pathology: curriculum, examination and assessment updates

A C J Hutchesson and R M Ayling, on behalf of the Chemical Pathology College Specialty Training Committee
Royal College of Pathologists, London

Initial situation

- Two training pathways; Chemical Pathology (CP) with entry at ST1, and Chemical Pathology (Metabolic Medicine) (CP(MM)) with entry at ST3.
- Separate CP and MM curricula, supervised by different Colleges.
- General Medical Council (GMC) concerns:
 - Fitness to Practice and patient safety data: need to improve generic training in patient safety and professional behaviour.
 - Differences in structure and content between curricula (65 specialties and 36 sub-specialties).
 - Wish to increase ability to transfer between specialties.
- Poor recruitment.

New GMC curriculum framework: Generic Professional Capabilities



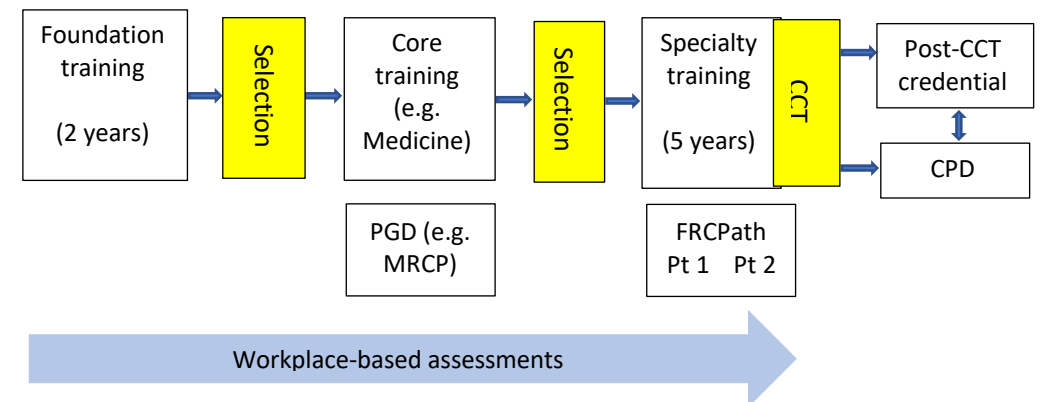
Drivers for change

- GMC requirement: all medical curricula to be rewritten in keeping with GPC framework.
- Possible reduction in number of specialties and sub-specialties; move toward consultant training in specialist areas (credentials)
- Integration of the Metabolic Medicine and Chemical Pathology curricula and supervision.
- Opportunity to widen recruitment to trainees from other specialties.
- Need to support current Chemical Pathology trainees who lack the experience and/or qualifications for Metabolic Medicine training.

Entry to specialty

- 2010 curriculum:
 - CP: from Foundation training
 - or** CP(MM): from Core Medical Training with MRCP
- 2021 curriculum:
 - Entry from Medicine, Paediatrics, Anaesthetics or GP training.
 - No** option to enter direct from Foundation training.

Structure of training



Curriculum structure

- Designed as continuation from Internal Medical Training stage 1 curriculum.
- Based on Competencies in Practice (CiP) – 6 generic and 5 specialty-specific, matched to GMC Generic Professional Capabilities domains.

Learning Outcomes – capabilities in practice (CiPs)

Generic CiPs

1. Able to function successfully within NHS organisational and management systems.
2. Able to deal with ethical and legal issues related to clinical practice.
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.
4. Is focussed on patient safety and delivers effective quality improvement in patient care.
5. Able to carry out research and manage data appropriately.
6. Able to act as a teacher and clinical supervisor

Specialty CiPs

1. Able to lead and manage a laboratory
2. Able to use the laboratory service effectively in the investigation, diagnosis, and management of disease processes
3. Able to manage a multi-disciplinary team effectively
4. Able to contribute effectively to the management of problems in patients in other specialties
5. Able to lead and manage a clinical service, including the management of patients in an outpatient clinic, inpatient, ambulatory or community setting, and the management of long-term conditions.

- Adult Inborn Errors a possible candidate for post-CCT training (credential)

Method

- Agreement with RCP for RCPPath to develop new curriculum and supervise training on day-to-day basis.
- RCP to maintain involvement through RCP/RCPPath Joint Training Committee.
- Task group to develop curriculum:
 - CP and MM training committee members, trainee representatives.
- Curriculum and assessment sections:
 - reviewed by whole task force, then by CP and MM training committees.
 - comments sought from specialist societies and RCPPath lay representatives.
 - consultation of entire RCPPath fellowship.

Assessment structure

Annual review (ARCP), informed by:

- FRCPPath results
- Supervised Learning Events (previously workplace-based assessments):
 - Case-based discussions (CbD)
 - Direct observation of practical skills (DOPS)
 - Evaluation of clinical events (ECE)
 - Mini clinical evaluation exercise (Mini-CEX)
 - Multi-source feedback – 3 during training
 - Educational Supervisors' report
- Assessments matched to CiPs and GMC GPC domains.

Changes from 2010 curriculum:

- Year 1 examination (Stage A assessment) removed.
- FRCPPath: dissertation and critical evaluation paper removed.
- SLEs: DOPS and a proportion of CbDs and ECE to be in specified areas (e.g. method evaluation, critical appraisal)

Timetable

- New curriculum effective from August 2021.
- All trainees required to transfer to new curriculum unless within 12 months (calendar, not pro-rata) of CCT date:
 - Metabolic Medicine trainees to move to 2021 Curriculum.
 - Chemical Pathology trainees to move to Transitional Curriculum, with clinical component unchanged from 2010 curriculum.

And finally, what's in a name?

- Wish to recognise clinical/metabolic role in name of specialty.
- Specialty name governed by UK law. Current recognised names are “*Chemical Pathology*” and “*Clinical Biochemistry*”.
- “*Metabolic Medicine*” **not** permitted (already been used for a sub-specialty).
- Insufficient time to change specialty name during curriculum approval process.
- A decision for the future!

But ... no statutory restriction on departmental names!