



# Histopathology reporting

## Frequently asked questions

The Royal College of Pathologists (RCPATH) and the Institute of Biomedical Science (IBMS) held a joint meeting on 11 November 2022 for members who wished to raise questions about the histopathology reporting programme for biomedical scientists. Questions were submitted in advance of, and during, the meeting. The questions are reproduced below with answers, although it should be noted that similar questions have been merged or aggregated to avoid repetition and some questions have been edited to adjust tone. Links to further information has been provided where relevant or necessary. In addition, further questions and answers are reproduced with minor updates from page 28 from questions submitted by College members in late 2021.

### **Biomedical scientist training**

**Do you think the extended roles of scientist reporting have a negative impact on histopathology registrars?**

**Has research been undertaken regarding the impact of extended roles of scientist reporting on histopathology registrars including any negative impact?**

There has been no reported negative impact in terms of recruitment. There has been no research undertaken otherwise.

**Why do histopathology registrars have to rotate around deanery hospital posts while a scientist has the security of staying in 1 hospital for training? Can biomedical scientists be favoured in a department from a training perspective?**

**Is there a discrepancy between histopathology registrars rotating around deanery hospital posts while scientist roles have the security of staying in one hospital for training? Does this result in biomedical scientists being favoured in a department**



**from a training perspective. Have you had feedback from histopathology registrars regarding this?**

We have not had feedback from histopathology registrars regarding this particular issues. Medical trainees are recruited into training posts as part of established training programmes. Such programmes do not exist yet for scientists – their employment is exclusively by 1 department, which is a crucial difference. The requirements for medical histopathology postgraduate trainees to rotate is a reflection of the breadth of histopathology training they are required to complete, and to reflect that they are unlikely to be able to complete the full histopathology curriculum based in one hospital.

**There is feeling that the conjoint board has tried to 'blur' the lines between medical histopathologists and biomedical scientist reporting scientists, e.g. Stage A/C, Certificate of Completion of Training (CCT), etc.**

When the biomedical scientist reporting programme was developed the curricula were based on medical training. The purpose of that was to use a format that was proven to work and was familiar to trainers. The Conjoint Board has always striven to emphasise the difference between medical trainees and biomedical scientist reporters. Subsequently, the 2021 histopathology curriculum has moved away from stages. The Conjoint Board were asked to review the name of the Certificate of Completion of Training and has amended it to Certificate of Completion.

**What are the RCPATH plans to ensure curricular changes (independent reporting by registrars) are introduced safely, uniformly and rapidly across the UK?**

The [published document](#) states: This document sets out guidance for the implementation of progressive independent reporting during training in the cellular pathology specialties from ST2 (Integrated Cellular Pathology Training [ICPT]). It will be reviewed as the College collects feedback on the implementation of the new medical curriculum.



**How many hours per week will be required for a consultant to teach, audit, supervise and support biomedical scientists during and after their training?**

As a guide, the time commitment for consultants to train a biomedical scientist is approximately the same as required for a postgraduate pathology trainee. As with postgraduate pathology trainees, it is also dependent on issues such as their stage of training and the complexity of work, etc. Similarly, after completion of training, the amount of support required is similar to a newly qualified medical consultant. Like any other part of the consultant team, there will be a need for some cases double reported or for second opinions sought where recommended/appropriate.

**Getting enough resources to support an increase in the number of registrars is currently an issue. What are the RCPATH and Health Education England (HEE) doing to address this problem?**

The training of biomedical scientists and clinical scientists in advanced roles are funded separately from Specialty Registrar (StR) and there are separate funding streams. There has been an increase in medical histopathology training posts in the last 2 years, supported by RCPATH and HEE.

**How many hours of training per day is required? With routine dissection work, it becomes difficult to squeeze in time for training. How can this be balanced?**

As a guide, the time commitment for consultants to train a biomedical scientist is approximately the same as required for a postgraduate pathology trainee. It is up to a training department to plan how training can be delivered alongside delivering the routine work of the department. Advice can be sought from departments currently supporting histopathology reporting training. As biomedical scientists develop in their training, they can start to support some of the routine work of the department.



**What's the best approach to a situation where the consultant is not supportive enough to undertake the training?**

The initial work undertaken when this role was first considered demonstrated that there is a need for both training support from the departmental pathologists and for the biomedical scientist to be released from a significant proportion of their routine laboratory workload. If either or neither of these commitments can be made, then it is unlikely that the training will achieve a successful outcome and may need to be discontinued until such time as circumstances change.

**Is there any quantitative data regarding how well the biomedical scientist reporting programme is going (number who have entered training, number leaving, number completed)? In addition is there data available on the number of biomedical scientists that have completed training, how many are continuing to work as reporting scientists?**

**Have any reporting biomedical scientists had any negative experiences? Is there a 'drop out' rate? Does the panel think there are ANY drawbacks to the biomedical scientist reporting programme?**

Invariably as with any programme, some candidates have had negative experiences, and some have left the programme. The biggest drawback to the programme at present is that posts for trainee reporters are not funded centrally as part of regional programmes as medical trainees are funded.

In total, there are 75 individuals currently undertaking the qualification:

- 16 in Dermatopathology
- 24 in Gynaecological Pathology
- 35 in Gastrointestinal Pathology.



In addition, there are 16 candidates that received the Certificate of Completion of Training (now re-named Certificate of Completion):

- 4 in Gynaecological Pathology
- 12 in Gastrointestinal Pathology.

### **Why is there no time limit to completion of training?**

There is a nominal year of training required for each stage of training. But unlike medical trainees, biomedical scientists do not necessarily have fully funded and ring-fenced training time and sometimes have to carry out routine laboratory duties in place of training.

### **Why hasn't there been a consultation with the RCPATH fellowship about the curricula?**

The curricula have been in place for some time. The College will review the need for consultation with relevant College fellows as well as relevant IBMS members when there are any significant changes to the curricula, or introduction of new curricula. Following meetings with the BSD, some adjustments were recently made to the dermatopathology curriculum.

### **It is difficult to support the expansion of registrars. Supporting biomedical scientists spreads resources more thinly. Is this being overlooked? Will it impact on the quality of both programmes?**

This is not just an issue in histopathology but an issue across all the specialties. While the workforce needs 'more and different' groups of health professionals to support the service, it does often fall to the same group of consultant supervisors to provide the supervision, or senior consultants from the new professions that are being trained. Until there are enough individuals to support supervision, it is a significant issue. HEE is looking at an educator strategy to highlight the importance of people to support learners whether they are doctors in training or any other professionals. It is not being overlooked and HEE is working on it and has welcomed the help of RCPATH.



**My experience as a registrar working alongside a biomedical scientist working in the scheme was that they received better training while I did much more service work.**

There will be different experiences at different hospitals. Teams should ensure that there is equal consideration of biomedical scientists and registrars to ensure that they are adequately supported in the provision of a holistic service.

Working closely with the College, HEE is undertaking a desktop exercise to review evidence from a range of sources to triangulate evidence of concerns about the impact of histopathology reporting training on the training of histopathology registrars. Where there are issues, they should be addressed in the individual units where it has been identified.

Departments should ensure they have capacity to train both registrars and biomedical scientists if they are thinking of setting up a histopathology reporting training programme in addition to existing postgraduate histopathology training.

**Do biomedical scientists need at least 1,500 specimens in 48 months? That's what medical trainees should report per annum.**

Biomedical scientists are required to report 750 specimens in Stage A, and then 1,000 per year in each of Stages B, C and D. So, 3,750 across the programme.

**Will biomedical scientist reporting supervision impact on capacity to train medical trainees – is there a limit to how many trainees a department can cope with?**

Yes, this is why the department has to collectively agree to undertake histopathology reporting training before it starts.

**How will medical trainees feel when we struggle to train them, if we bring in a biomedical scientist to train?**

Please see above. If there is not enough capacity to train biomedical scientists or StRs, a department should not agree to go ahead with it.



## **Did department/trainers receive ring-fenced funding to train (including Educational Supervision) reporting AP or was this via goodwill?**

There was no ring-fenced funding allocated to training. It is up to individual departments to decide whether to take part in the biomedical scientist histopathology reporting training programme.

## **Recruitment/workplace assessment/annual review**

### **People need to be very carefully selected for this role. How does the recruitment process support this?**

To be selected for the role, applicants must be an experienced, enthusiastic, self-motivated biomedical or clinical scientist to be considered for the training. They will need to:

- be an HCPC registered biomedical or clinical scientist
- have at least 5 years' experience post-registration
- be a member (MIBMS) or fellow (FIBMS) of the IBMS.

Applicants who have MIBMS status are **strongly** recommended to hold the Diploma of Expert Practice (DEP) in Histological Dissection in the appropriate pathology specialty before undertaking this qualification.

When applying to join the qualification, biomedical scientists submit the following along with the completed application form:

- evidence of commitment from their educational supervisor and clinical supervisor/director through the provision of their details on the expression of interest form and a work/job plan that must indicate the protected time the applicant will be given in order to undertake the pathway that they are applying for
- a letter of support from the clinical director and medical head of department
- a 300-word personal supporting statement that details your current role and experience and suitability for the programme.



The applications are reviewed based on the criteria stated above, which they must meet before being accepted.

**Does the selection process need review? Locally only 2 of 5 who began training have continued (different departments, all were supportive initially).**

The selection process is reviewed regularly, and adjustments made where necessary. Departments identify the need for a role and individuals are put forward to go into the programme. Most medical training programmes have an attrition rate, and the onus is on the department to identify and support candidates throughout the programme.

**Is the deanery and other hospitals within it, consulted when 1 hospital decides to take on a biomedical scientist reporter as it has an effect on regional trainees?**

No formal consultation is required. Decisions on workforce are the responsibility of individual departments.

**Will the workplace-based assessments (WPBAs) be adapted to suit the biomedical scientist reporting programme? They currently mirror the medical programme and ask for a GMC number.**

These have been based on medical WPBAs, but we will raise this with the Conjoint Board.

**What oversight is there for those not progressing adequately and how is this identified in the appraisal process? (Training Programme Director [TPD]/Annual Review of Competence Progression [ARCP] equivalent?)**

Local departments provide support to non-progressing trainers, there is no formal 'deanery' process.





**Would there be the same rigor with recruitment, HEE quality assurance (ARCP) in the future for these candidates? Will non-biomedical scientist candidates also be able to apply?**

Ideally these posts will be partly funded by HEE as medical posts are. There are no plans to change the entry requirements for the curricula so non-biomedical scientist candidates will not be able to apply.

**Are ARCP outcomes given (e.g. similar to the medical programme)?**

No.

## **Examinations**

**What is the difference between the 2 skin reporting diplomas (1 for biomedical scientists and 1 for doctors) in terminology of the qualification and daily practice?**

The qualification for doctors is called the Diploma in Dermatopathology and is open to either CCT/FRCPath holders in Histopathology or CCT holders in Dermatology. The College website states that “The standard required to pass the Diploma in Dermatopathology is that of a medical expert specialist offering a diagnostic opinion in dermatopathology to local and often more distant colleagues.” The Diploma is awarded on passing the examination.

The qualification for biomedical scientists is awarded by the College on successful completion of the training programme (including the Stage A and C examinations) and is entitled Certificate of Completion – Histopathology Reporting in Dermatopathology. The competency-based framework for scientist reporting, Stage D of Histopathology Reporting Training states that Stage D “aims to support the individual to achieve a level of post-qualification competence and confidence consistent with that of a qualified medical consultant histopathologist to independently report defined specimen types.”

Both groups, on passing the Diploma in Dermatopathology or completing the Histopathology Reporting in Dermatopathology programme, are eligible to become Diplomates of the RCPATH and able to use DipRCPATH postnominals. In addition, medically qualified histopathologists will also be fellows and able to use FRCPath postnominals.



**How do the pass/fail rates for biomedical scientists at Stage A and C exams compare to FRCPath Parts 1 and 2? And are the exam cases set/moderated/marked to the same standard?**

The biomedical scientist examinations have 2 examinations designed around examinations carried out as part of full medical histopathology training. The Stage A examination is the same OSPE style, content and standard as the old Stage A examination (this has now been discontinued for medical histopathology trainees). The Stage C examination is the same style and standard as the FRCPath Part 2 examination in Histopathology. Content is similar but slightly reduced (no cytology or frozen sections). The exams are set, run and marked by FRCPath examiners alongside other College examinations.

The number of candidates for the biomedical scientist Stage A and C examinations is much less than the candidates for the FRCPath Parts 1 and 2. The College routinely examines between 200 and 300 candidates for the FRCPath Part 1 and 200 candidates for the FRCPath Part 2. Pass rates are available on the College website for examinations with more than 6 candidates: Examination Performance Reports ([rcpath.org](http://rcpath.org)). Candidate numbers for the biomedical scientist examinations do not meet this threshold.

**Are the FRCPath exams and CCT in histopathology for biomedical scientist equivalent to the FRCPath exams and CCT in histopathology for doctors?**

No. The histopathology curriculum/FRCPath and examinations for medical trainees is broad and spans the full range of histopathology required to work as a medical consultant in the UK. The award of the CCT allows entry to the GMC's Specialist Register and eligibility for substantive medical consultant posts in the UK.

Biomedical scientists undertake training in 1 of 3 areas of histopathology (gastrointestinal tract pathology or gynaecological pathology or dermatopathology) and undertake a Stage A examination and a Stage C examination with the RCPATH. The Stage C examination is of equivalent standard to the Part 2 examination but only in 1 of the 3 distinct areas and does not lead to the award of the FRCPath. The Certificate of Completion is awarded by the RCPATH, but this does not lead to entry to the GMC Specialist Register.



**If the biomedical scientist qualification is the same standard as medical, why not have a common exam, such as clinical biochemistry?**

While the standard is the same, the curricula are not. Histopathology StRs have to undertake a very broad histopathology training programme and their examinations map to the broad histopathology curriculum. The biomedical scientists undertaking histopathology reporting will only train in 1 of dermatopathology, gynaecological pathology or gastrointestinal pathology and the exams they undertake are mapped to their curriculum, which is much narrower.

**RCPATH 'diploma' equivalent of a PhD or MD should be renamed. There needs to be a lower level 'FRCPath' equivalent in dermatopathology open to dermatologists.**

The standard of an FRCPath in all specialties "is to provide external quality assurance that a trainee is on course to reach the standard appropriate for entry on the GMC's Specialist Register and practice as an unsupervised specialist in the specialty". There are no plans to move away from this standard for any specialty and no plans to create an additional qualification for dermatologists. The Dermatopathology Diploma is already open to dermatologists with appropriate training.

**Could medical trainees who only want to undertake gastrointestinal pathology be allowed to just train in gastrointestinal pathology and undertake an exam limited to gastrointestinal pathology?**

No. The College curricula have been developed in line with 'Shape of Training' principles, which requires postgraduate medical trainees to undertake broad-based training. There are no plans to develop subspecialty training programmes in place of broad CCT specialties, although subspecialisation can be undertaken post-CCT. In any event, it is extremely unlikely that super-specialised programmes such as gastrointestinal pathology would be approved.

**Why did the last biomedical scientist reporter exam sitting had a pass rate of over 90% whereas the FRCPath is 30–60%?**



The average pass rate for the FRCPath Part 2 in Histopathology has been approximately 50% since 2020 and the pass rate for candidates in a GMC-approved programme tends to be higher. The biomedical scientist exams have such small numbers of candidates that the College wouldn't normally publish the results (as there are 6 or less candidates in each of the specialties). Owing to the smaller number of candidates, the pass rates cannot necessarily be compared directly. In terms of the approach to all aspects of both examinations, the standard is as close as can be achieved between the 2 exams.

### **Why not offer subspecialty reporting diplomas to doctors of all grades?**

There are no plans for this and a more structured requirement for further qualifications post-FRCPath (without the provision of funding to support setting up a number of examinations) is unlikely to be attractive to StRs or potential StRs in histopathology and is likely to make career progression much more inflexible.

### **Are there any example mock exam questions for dermatopathology AP?**

Trainers/departments may have created their own, but none are available centrally.

### **Conjoint Board oversight**

- **Is there evidence that the 'pilot studies' were a success? Locally, we trained a healthcare scientist, but they no longer report.**
- **Can the College please present evidential outcomes from the pilot programmes?**
- **What is the published evidence for biomedical scientist reporting? What is the error rate, cost and workload compared with consultant pathologists?**
- **There is a lack of published peer reviewed evidence, why?**
- **Why haven't clinicians been consulted in any capacity regarding biomedical scientist reporting?**

The purpose of the original pilot study was to evaluate a formal training programme, which did not previously exist for scientists. The project went on to evaluate the time taken to train, the level of commitment required by both medics and scientists and the time taken to



achieve the level of competence required for the various staged assessments. It was not intended to evaluate the desirability of scientists as part of a histopathology reporting team as there was already evidence of the success and desirability of such an initiative through the experience of the cervical cytology screening programme and through the ophthalmology reporting by scientists.

The results of this pilot demonstrated a high level of attrition due to the inability of many of the scientist to combine the necessary training time while still delivering their full-time roles in the laboratory. This led to the production of guidance for departments wishing to train scientists to report – the time commitment, the need for protected time (it cannot be done in conjunction with full time routine senior level laboratory work) and also the need for funding for back fill.

**Is there justification for limited scope of practice for biomedical scientist reporting dermatopathology yet not for other specialties (gastrointestinal pathology, gynaecological pathology, cytology)? Same qualification, pay, etc.?**

The scope of practice for biomedical scientists reporting dermatopathology in training has recently been agreed in conjunction with the medical dermatopathology community. The scope of practice for biomedical scientists who complete training is up to their employing trust. In respect of the gynae and gastrointestinal pathways, work is being undertaken to develop a more limited scope curriculum for these specialisms with a role built around the workload of the respective screening programmes. The grade and level of remuneration for these roles would be a local matter for the employer to determine.

**What happens if you train a biomedical scientist but then do not want to employ them, i.e. no suitable work? Presumably then the department would be in a difficult position then?**

As with postgraduate trainees, they would be eligible to apply for a suitable position advertised elsewhere.



## **The Royal College of Pathologists**

**Only the most recent minutes of the Conjoint Board meetings are available at the RCPATH website. Can you please publish them all?**

The minutes will be made available in due course.

**Changes to histopathology practice in the UK were introduced by the RCPATH without consulting its members. Has this been investigated?**

There is a long history of biomedical scientists being involved in aspects of histopathology reporting (e.g. cytology) and the histopathology reporting programme is an extension of this.

**Can the RCPATH send a member survey on experiences and opinions of biomedical scientist reporting?**

The College is aware of the wide range of views from letters and emails that come into the College. The meeting held in November where members were invited to provide their views also provided a wide range of opinions.

Histopathology reporting is a HEE-funded training programme. As such, both the College and IBMS have limited influence. However, as with any training programme, it is kept under review and as training develops, it will be ensured that views are sought as appropriate.

The training pathway is well established and works well and is well supported in departments where it is useful and where there is support for it. It may not work as well for other departments, and it remains up to individual departments to decide whether or not they wish to take part in the histopathology reporting programme. It is not a one size fits all for everybody because each department and/or region and each area of service provision has to deal with their issues and workloads as they see fit. As participation is not mandatory, a survey would not add to the situation.



**Accept there is a long history of biomedical scientist reporting and current changes are seen as an extension of this. Shouldn't members be consulted on such major extensions?**

HEE are responsible for funding histopathology reporting training, and it will carry on in departments that want to support it, regardless of the view of College members.

**Is the RCPATH now a College for biomedical scientists?**

No, the College is working closely with HEE, the IBMS and many other organisations to advocate for pathology services. Our primary focus remains our members, although across all specialties. Approximately 20% of our members are clinical scientists and so the College is a multi-professional organisation.

## **Patient safety**

**What is the view of the College on the acceptable error rate in histopathology?**

Our members work in complex clinical laboratory systems involving people and technology. People – pathology staff – are the major resource, providing a vital contribution to healthcare. Pathology staff do their utmost to ensure the highest possible standards for patients. Despite this, things do not always go as anticipated and the potential for harm occasionally emerges.

Many factors influence performance of laboratories, technology, services and the people forming the workforce. These include workload, staff numbers, work environment, resources, education and training, and the culture that supports these; or not.

The College recognises imperfections and is working to ensure patient safety by encouraging the development of safe systems for pathologists, barriers to error and mitigation to prevent escalation should things go wrong. The College actively promotes EQA, continuing quality improvement, education and training, CPD and research.

To answer the question directly – error rates in histopathology are variably defined. What these rates are will depend on the factors noted above, the quality of the material submitted for analysis and the contextual information reporting pathologist might have



available to them. The role of the College is to support pathologists towards the correct interpretation by encouraging the creation and maintenance of high-quality, developmental and supportive working environments that understand risks involved in clinical work and to minimise these. In doing so, collectively, the work of the College is help minimise misinterpretation in histopathology and any harm that might ensue.

## Resources

- [Patient Safety and Quality Strategy 2019](#)
- [Patient safety and CQI resources](#)
- [Discussions of errors and mistakes in pathology \(see Articles PSAW 2020\)](#)
- [Patient safety and quality improvement](#)
- [Workforce data](#)

## **What mechanisms have been put in place to ensure concerns regarding patient safety are visible, documented and analysed by the RCPATH?**

As a membership organisation, the College's responsibility is to recognise and address interests and concerns of members and fellows. Safety is one such element of professional practice. The College supports members and fellows with initiatives and resources. We work with organisations, like Getting it Right First Time (GIRFT) in England, to promote safety issues like EQA and results accessibility. Specifically, the College activities around safety include the following.

- An annual patient safety awareness week that highlights topics of current relevance, for example, a focus on antimicrobial resistance.
- The EQA Governance Collaborative around technical EQA has just been launched by the College and our partners to provide consistent recognition of poor laboratory performance with agreed routes for escalation, linking to regulatory bodies where possible.
- A structure of quality assurance committees and panels across specialties, which links EQA providers, specialties and the College.





- The College offers healthcare organisations an invited review service, the findings of which can result in detail being shared with regulators as well as the initiating organisation.
- Safety Bulletins where examples of issues and learning from them are available. Specialty Advisory Committees have an agenda item on patient safety that feeds into the Council process.
- There is current collaborative activity with other organisations around implementation of new in vitro devices regulations, which will impact on laboratories and services we can offer. College Council minutes are available on the College website.
- Work to revise the College Patient Safety Strategy (published in 2019) is underway, highlighting the College drive for integration of laboratory medicine in systems of safe patient care. This involves understanding human factors, the roles of people, jobs and organisations and the work they do in the environments in which they work.

The College is an advocate for safety for patients and pathologists, however, it is not a safety authority or a regulator and does not have access to the safety experiences of healthcare providers. We work to influence best practice with guidance and resources aligned with our membership and partner organisations.

**How turnaround times, consultant job plans and diagnostic errors compare in departments that have introduced biomedical scientist reporting vs equivalent departments that have not?**

The RCPATH does not have the authority to monitor the performance of each department. CQC and UCAS may pick up if departments fall below recognised standards and the GMC may pick up on any individuals. It is also expected that there should be internal auditing and monitoring in addition to any national oversight provided.



**With the growth in biomedical scientist dissection, what role should the RCPATH take in defining minimum macroscopic activity to ensure ongoing competency?**

Macroscopy is an integral part of postgraduate medical histopathology training, is included in the curriculum/syllabus and the examination and will continue to be so. As such, the College continues to ensure appropriate oversight of ongoing competency.

### **Biomedical science issues/terms and conditions of service**

**Can you please publish national data on biomedical scientist staff shortages and how these shortages are impacting departmental turnaround times?**

We are not aware that such data is collated nationally and is therefore unavailable.

**Is there a nationally agreed job title for the reporting biomedical scientist role, to avoid confusion (such as consultant biomedical scientist)?**

The term reporting scientist is being used to describe the functions of the role, but trusts have autonomy to decide on job title.

**Severe biomedical scientist staff shortages are a significant unrecognised constraint to achieve adequate turnaround times. Biomedical scientist reporting makes the problem worse.**

The challenge across the board for all of healthcare is recruitment and retention and giving people the opportunity to work in extended roles can reverse the problem. Histopathology in particular across the biomedical sciences has often seen people leave once they have reached a senior management role, so this has the potential to improve recruitment and retention and give people better roles. A similar situation has been seen in cytology where individuals have remained in their roles and there has been great enthusiasm for progression into such roles, even with the uncertainties around cytology's long-term place in screening programmes. It is worth noting that there is not an issue with the number of biomedical scientists coming into the profession.



**What is the advice regarding indemnity cover for biomedical scientist reporters?**

This is provided by their employer in the same way as non-reporting scientists are covered by their employer's insurance, provided they operate to their job description and according to local policies and protocols.

**On completion of training and award of CCT, who will be responsible for appraisal of the consultant biomedical scientist?**

This can either be split between a non-medical line manager and a medical pathologist where a role has both elements, or solely by a medical pathologist where the role is entirely a clinical reporting role. Guidance on dual accountability and appraisal has already been produced at the time that scientist reporting of abnormal cervical cytology was introduced.

**Is there a standard job plan for consultant biomedical scientist to follow?**

[Indicative/example job descriptions](#) have been produced as a guideline for trusts wishing to develop a scientist reporting role, but the precise content of the role is for local determination.

**Are biomedical scientist reporters independent practitioners? i.e. can they do private practice?**

In theory they could, although they would have to arrange and fund their own professional indemnity insurance.

**Do biomedical scientist reporters have the same EQA scheme requirement to consultants?**

Yes, in respect of the areas in which they report.



**Who is responsible for appraisal and job planning? Is the line management chain the same as medical consultants or does it stay on the lab side?**

This can either be split between a non-medical line manager and a medical pathologist where a role has both elements, or solely by a medical pathologist where the role is entirely a clinical reporting role. Guidance on dual accountability and appraisal has already been produced at the time that scientist reporting of abnormal cervical cytology was introduced.

**How is consultant time for training biomedical scientist protected?**

**I am frequently asked by colleagues in the lab to help with QC-related matters because senior biomedical scientists colleagues are engaged in training.**

Senior biomedical scientists would be involved in the routine training of more junior scientific staff, and this would not usually be related to staff training to report histopathology samples.

**How does the histopathology reporting programme tally with 20–30% histopathology biomedical scientist vacancy rates?**

There are issues in workforce and recruitment in all areas, including for biomedical scientists, but offering extended roles gives individuals opportunities for career development and progression, as well as providing a visible path for career progression as a biomedical scientist.

**Extended roles beyond biomedical scientists**

**Should training for reporting basic dermatopathology be open to dermatology specialist nurses and GPs?**

There is no agreed dermatopathology training structure for these professional groups at the current time. However, a structured training programme in dermatopathology could be proposed by those professional groups, who could then approach us to work in conjunction with them to develop it appropriately.



**I wonder what impact the 'substitution model' for extended roles in nursing, healthcare science, radiography has had?**

Generally, those we have spoken to and liaised with in the broader model of extended roles have found them useful and that they have added to the delivery of service and patient care.

**Are there plans for extended roles for medical laboratory assistants (MLAs)? I have MLAs with background in anatomy who would be fantastic dissectors!**

Medical laboratory assistants are trained and competent members of staff, but who do not meet the standards required for registration with the HCPC as a biomedical scientist. There is no consideration for non-registered staff to undertake dissection.

## **Dermatopathology**

- **The British Society for Dermatopathology (BSD) poll showed that out of 104 responders 30 were uncertain and 71 were against biomedical scientist independent reporting. Why was this project continued?**
- **Why was this programme of training non-medically trained biomedical scientist initiated without asking dermatopathologists who work full time in this field?**

The poll that was carried out was a poll of members of the BSD and not by the College. It was not a poll of pathologists reporting dermatopathology cases.

However, the College has looked at the poll and worked closely with the BSD, including holding a series of meetings and has spent a lot of time working with them to address the issues outlined in the poll, including refining the guidance about dermatopathology reporting.



## **Medically qualified histopathologists**

**If I meet an aspiring histopathologist/cytopathologist at a public engagement event, should I advise them to do a medical degree or go down the biomedical scientist route?**

It depends where they are in their education, their skills and abilities and their own aspirations. In general, the College promotes medical training in histopathology but can signpost to biomedical scientist training where appropriate.

**Does expanding the roles of biomedical scientists in histopathology reporting negate the value and need for a medical degree?**

- **What specifically is the need for a medical degree, what 'competency' does it provide?**
- **Are medical consultants valued by the RCPATH? Does biomedical scientist reporting help reassure medical consultants that they are valued?**

All members of the workforce are, and should, feel valued for the different skills they bring to their profession and, in this case, to histopathology. Each group of professionals bring something different to the workforce, but they can also work together to complement and support each other as part of a wider team.

There is a wide range of competencies/capabilities in the 2021 histopathology curriculum that are not included in any other curriculum and are exclusive to medically qualified histopathologists.

**If there is shortage of the histopathologists, why the College does not support international medically qualified doctors who have the relevant training and qualifications?**

**Does the College support doctors who have qualified overseas to become histopathologists?**

The College does a range of things to support internationally medical qualified graduates who want to come to train or work in the UK. Examples include supporting GMC



registration through the sponsorship and MTI schemes, as well as providing advice to doctors wishing to undertake a CESR application for entry to the Specialist Register.

Increasing numbers of internationally medical qualified graduates are also undertaking FRCPATH examinations. However, the College also has an obligation to ensure that while we support and advice doctors wishing to train and work in the UK, this is not to the detriment of training programmes outside of the UK; many of whom are experiencing similar issues with their own workforce.

### **Why is there an effective double standard between what is expected of biomedical scientist reporters and medically qualified pathologists?**

Individuals are assessed to the same standard and assessed in a similar way within their respective training pathways. There are 2 different roles, 1 for medics and 1 for scientists and individuals are not doing the same thing. Although there is overlap and they are part of an integrated team, there is 1 qualification for biomedical scientists and a different 1 for doctors and this enables each to undertake their respective roles.

### **What guarantees are there that biomedical scientist training isn't at expense of medical trainees?**

### **Will the number of medical trainees be adversely affected by the biomedical scientist training programme?**

There are different funding streams for medical postgraduate training compared with biomedical scientist training. Both groups of professionals are needed to support the medical workforce.

### **Can we learn from biomedical scientist histopathology reporting to improve medical training?**

Support for StRs and biomedical scientists in training should be equal. Working with HEE, the College will assist in identifying departments where StRs are not receiving sufficient training.



**Why not expand medical histopathology places? And offer diplomas to people with medical degrees? Training could be severely reduced and have clinicians reporting!**

The continued expansion of medical histopathology places is being supported and advocated for, with a clear pathway into histopathology training for medical graduates via foundation training and then histopathology.

**It's really important that our junior doctors feel 'valued'. How will the expansion of allied roles complement theirs?**

It is very important that junior doctors feel valued. The expansion of allied roles brings added value in helping to manage workload and allow junior doctors to focus on the job they have been trained for, to the benefit of patient care and outcomes. It is anticipated that the contribution of biomedical scientists will reduce waiting times by reporting simple but high-volume cases, allowing consultants and junior doctors to concentrate on more complex cases. This will help to increase turnaround times and to address the workforce crisis, while allowing patients to receive faster diagnosis and earlier treatment leading to better survival rates.

**Glad to hear that the recruitment of registrars is so good. So why don't we recruit more and use time and space which is clearly available for biomedical scientist training?**

This is already an option and if departments can accommodate additional funded StR posts, they can choose this option. Undertaking training of histopathology reporting for biomedical scientists is optional.

**If it is a rigorous training programme matching that of what StRs have, why not put that resource into training StRs, instead of depriving them of that input?**

HEE, NHS England (NHSE) and the Department of Health are trying to get funding for StR training posts and there has been some success with paediatric and perinatal pathology training posts. StR training is rigorous, but in addition to StRs, the workforce also needs allied roles/biomedical scientist reporters. Promoting histopathology reporting training





alongside StR training doesn't mean that the argument for more investment in StR training is going away.

### **Will there always be a role for medically qualified histopathologists?**

Yes, the long-term plan is to support the expansion of training in both StR and biomedical scientist training.

### **How are fees for biomedical scientist trainee reporters funded?**

Biomedical scientists must pay for their own examinations and College membership, which are set at an appropriate amount. Broadly speaking across all specialties, the College membership fees subsidise the additional funding needed for the College learning activities to be undertaken.

## **Higher Specialist Scientific Training (HSST)/non-medical route to histopathology training**

### **How does histopathology reporting for biomedical scientists align with HSST and are there plans for HSST (incl. eligibility for FRCPath) in histopathology, in line with the other pathology disciplines?**

No decisions have been made as yet. Histopathology is the last pathology specialty to have an HSST curriculum developed and there is a project group working on this, being led by Manchester University and the National School of Healthcare Science. The College is represented on the project group. The development of biomedical scientist histopathology reporting pre-dates this work. It is possible that there is room for both programmes.

### **Are there plans for a 'non-medical' route directly into histopathology, without the need for a medical degree.**

The National School of Healthcare Science has developed and published an Scientist Training Programme (STP) curriculum in histopathology ([Specialty: SLS3-4-22 — Scientist Training Programme | Curriculum Library | NSHCS](#)). A follow up Higher Specialist Scientific Training curriculum is currently being developed. Manchester Metropolitan



University has been commissioned by the National School of Healthcare Science to develop the curriculum and the College is represented on the project group.

Histopathology reporting qualifications for scientists are designed for a role complementary to medically qualified pathologists, they do not represent a non-medical route into medical staff roles.

### **Is there a plan for a route into histopathology without the need for a medical degree?**

There are no plans to recruit into the medical histopathology training programme for those without a medical degree (which requires a medical degree and completion of the Foundation Training Programme for entry).

The STP and the IBMS/RCPATH professional qualifications both provide routes into histopathology as a scientist but not as a medical pathologist – there is no ‘back door’ route into medicine. These are 2 separate professions with separate roles, albeit with an element of overlap that is defined by the scope of the qualification and the job description.

The STP curriculum linked to is not for medically qualified individuals, but for those wishing to pursue a career in histopathology as a clinical scientist.

Successful candidates will be awarded:

- MSc in Clinical Science (awarded by the relevant Higher Education Institute)
- Certificate of Completion of the Scientist Training Programme (CCSTP). Awarded by the National School of Healthcare Science.

This provides eligibility to:

- apply for registration with the Health and Care Professions Council as a clinical scientist.



Biomedical scientists may also apply for the STP, but on successful completion are not required to re-register as a clinical scientist unless they wish to do so. They may also hold dual registration.

The STP curriculum, and the subsequent HSST curriculum that is being developed, is for clinical scientists who do not have a medical degree. But to be very clear, only those with a medical degree and completion of the Foundation Training Programme will be eligible to enter a recognised GMC training programme in histopathology, and follow the current GMC-approved histopathology curriculum, and there is no plan to change this.

## **Specialty-specific questions**

**Why not support accessible focused small use cases, e.g. frozen section reporting of MOHS BCCs? Us not doing this means transfer to dermatology reporters.**

We are looking at this issue in the broadest terms by examining ways in which we might develop extended roles in specific focused areas.

**What is the guidance regarding reporting cytology peritoneal washings that accompany many gynaecological resections? These specimens were not part of any examinations.**

Local competencies can be developed if felt necessary and as appropriate.

**How do gastrointestinal reporters report anal skin without any formal skin training?**

Local competencies can be developed if felt necessary and as appropriate.

**Why did the subspecialty training programmes in gastrointestinal and gynae cover the whole range instead of a progressive low level 'screening' cases first?**

The courses were developed based on the principle of being able to report a whole range of cases but, in addition, the College continues to examine ways in which we might develop extended roles in specific focused areas.



**Why are genital naevi in the list of diagnoses that biomedical scientists can independently report while experienced consultants find these cases challenging?**

This was discussed at the meeting held between the College and the British Society for Dermatopathology where mutual agreement was reached regarding what could be reported independently. However, local competencies can also be developed as applicable and with appropriate governance.

**Have you any plans to roll out to other specialties such as breast?**

The College is looking at many areas where roll out may be useful and done safely within the correct governance arrangements.

**How to protect patients/biomedical scientists/trusts: missing pathology from organ system outside of the training programme (e.g. lymphoma in mesenteric LN of a colonic resection)?**

Safeguards are in place through the implementation of robust governance and guidance on competencies – the same as for all consultants who report.

**Does the Non-Gynaecological Cytology Advanced Specialist Diploma (ASD) exam have a set pathway following completion? Has any thought been given to expanding reporting from serous, respiratory and urines?**

The IBMS website states that candidates who achieve an IBMS Non-Gynaecological Cytology ASD will be able to:

- undertake a role that involves the acquisition, preparation, assessment and reporting of selected non-gynaecological cytology specimens, including those where a clinically significant diagnosis is made
- offer expert professional advice on non-gynaecological cytology specimen reporting
- participate in the training of biomedical scientists and specialist trainee medical staff in the reporting of normal and abnormal non-gynaecological cytology.



The College is looking at many areas where roll out may be useful and done safely within the correct governance arrangements.

**Biomedical scientist training in placenta reporting will help with the perinatal pathologist shortage. How will the training be funded? How and where to apply to do it?**

The College is working with NHSE to explore how this might be supported.

**Our clinical demand is being pulled into molecular pathology, associated pathways, and rightly so. Are there biomedical scientist roles to support this?**

The College is looking at many areas where roll out may be useful and done safely within the correct governance arrangements.

**What scope is there to consider more targeted training, particularly in areas of new additional complexity? For example, PDL1 assessment, or (micrographic surgery) MOHS reporting?**

The courses were developed based on the principle of being able to report a whole range of cases but, in addition, the College continues to examine ways in which we might develop extended roles in specific focused areas.

**What is the difference between a gynaecological biomedical scientist reporter and a medical consultant gynaecological reporter?**

While a biomedical scientist and a medical consultant may be able to undertake a similar role with regard to reporting gynaecological pathology, the role of a medical consultant is much broader.

## **General**

**The cancer workforce group raised concerns why was this not published? And what was said by them?**

It has been interpreted that this question refers to the [RCPATH Working Group on Cancer Services](#), the minutes of which are available on the College website (behind the member



login). Discussions about histopathology reporting are minuted in the November 2021 and June 2022 minutes and any College member can read them. The most recent minutes will be uploaded when approved by the chair.

**How can HEE work more closely with the other nations? This presentation mentions the 'good of the UK', but England does not = UK.**

The College and IBMS work throughout the UK and the world. While we may develop programmes with HEE/NHSE, we support and advocate for these being rolled out nationally (4 nations) and globally.

**As clinical lead, needing more capacity is clear, there is appetite, but we are struggling to train, have lost goodwill and no residual capacity! Is it too late?**

The College has highlighted pathology workforce issues for many years. We have been listened to now and so have the chance to develop the workforce; hence our support for this.

**It would be really hard not to support a biomedical scientist who wants to go ahead with it. They would then surely leave your department.**

This is a recognised risk as are all training opportunities, but offering career progression and support can help retain staff and encourage new staff to join.

**What is to stop NHSE/HEE to dictate to departments that they have to adopt biomedical scientist reporting? What assurances can be given that this will not happen in future?**

Trusts/boards, etc. are currently in a position to decide locally if they wish to adopt this programme. The College and IBMS support this and will advocate for it to continue.

**Is not better to support these roles, especially in understaffed labs who don't have access to trainees, than sending work to outsourcers who have poor TATs?**

Yes, we support work being done in the originating department where possible.



**What happens to consultant biomedical scientist when their jobs are taken over by digital pathology/artificial intelligence (AI)? Will we be sacking them like in cervical screening with HPV testing?**

AI is not felt to be a significant risk to reporting roles in the foreseeable future, but AI is developing and changes to roles may become appropriate over the long-term. HPV testing was a different scenario.

**Histopathology workforce is diverse racially. This is not reflected in the way RCPATH is run and the current panel whereas a non-white our views are dismissed.**

The College has established an [Equality, Diversity and Inclusion Network](#) to provide advice on matters relating to diversity at the College. Minutes of the network are available on the College website and an [action plan](#) has been produced. The College has also recently undertaken a survey of members to determine how representative our College structures are and to work towards improving diversity and inclusion at the College. This will aid understanding about whether the diversity of members is represented sufficiently in the College and whether or not any College policies or processes create barriers to certain groups.

**Our experience is that we are fighting with biomedical scientist to report the varied samples consultants are supposed to see and have had to involve the trust COO.**

We recognise that experiences vary, and collaboration and communication are key, as in all training programmes.

**What are the criteria to publish the questions?**

Questions must be appropriate and respectful in tone and relevant to the purpose of the meeting. For transparency, questions that are related to histopathology generally have also been published and answered where possible.



**After the event could you please make available data on how many questions posted in this forum were not accepted?**

In total, 199 questions were submitted both prior to and during the meeting. 20 were answered prior to the meeting. 17 were rejected during the meeting for being either inappropriate or disrespectful (and 1 of these was a comment rather than a question), and 4 were withdrawn by the people submitting the questions. The rest have been answered, although it should be noted that where there are the same or similar questions, these have been grouped, with 1 answer provided.

**FAQs previously published on the College website**

**What is the intention of biomedical scientist reporting and what measures have been put in place to ensure patient safety?**

As stated in [the joint statement between the RCPATH and IBMS](#) in May 2017: “The successful candidate will work alongside medically qualified pathologists as part of an integrated reporting team and be able to dissect, independently report and present cases at multidisciplinary team meetings in their specialism of gynaecological and/or gastrointestinal histopathology. Additionally, these individuals will be expected to play an integral part in teaching and clinical audit as part of an overall service improvement strategy. Individuals appointed to a reporting role would be clinically responsible to the medical head of department and would be expected to participate in relevant reporting EQA schemes as required for staff undertaking histopathology reporting. This role is not a replacement for medically qualified pathologists but a key part of an integrated clinical pathology team that is able to deliver a flexible and efficient service.”

**Are departments currently embarking on biomedical scientist reporting fully aware of the challenges as well as the benefits and opportunities it presents?**

Departments who support histopathology reporting are aware of the challenges and opportunities and benefits. It is worth noting that we continue to receive enquiries about developing histopathology reporting at the College and that we have received positive feedback about existing programmes.





It is ultimately a local matter as to whether or not a department undertakes histopathology reporting, but the development is supported by the College and the IBMS, it attracts funding from HEE and fits in to the aims of the NHS Long-Term Plan.

**What is the purpose of the Stage A and Stage C examinations and what has been done to ensure an appropriate standard for the examination?**

The exams in place for histopathology reporting are specifically for the individuals following the programme; they are set at the same standard as comparable College examinations but only in their narrow area of practice. It should be noted that appropriate slides, macroscopic pictures and written questions are used in both medical and scientist exams. The histopathology reporting programme is nominally a 4-year programme (although it can take longer depending on the individual's circumstances) with the Stage A examination taking place at the end of the 1st year and the Stage C examination taking place at the end of the 3rd year. Medical trainees following the College's histopathology curriculum are not eligible to attempt the histopathology reporting examinations and must pass the FRCPath in histopathology. Conversely, and as we have already stated, biomedical scientists are not eligible to attempt the FRCPath in histopathology.

All examinations, including the Stage A and Stage C examinations for the histopathology reporting qualification, are organised and delivered through the College examinations team using College examiners who are also involved in the delivery of the FRCPath examinations.

**Are there plans for the College to develop modular histopathology examinations for postgraduate histopathology trainees?**

All College examinations are mapped to their relevant curriculum. We have recently published a new histopathology curriculum that continues to require trainees to train across the full spectrum of the specialty (with exceptions for autopsy and cervical cytology in the higher stages of training) and so the FRCPath examination reflects the curriculum. It is recognised that consultants may specialise over time but there are no plans to change the broad training requirements required for completion of postgraduate histopathology



training, which are aligned to the Shape of Training principles. Both the histopathology curriculum and the FRCPath examination in histopathology are approved by the GMC.

### **What are the entry requirements for the histopathology reporting programme?**

The requirements for entry to the histopathology reporting programme is as follows: applicants must be a member or fellow of the IBMS, a HCPC registered biomedical or clinical scientist, with at least 5 years' experience post-registration experience.

Members of the IBMS are strongly recommended to have completed the IBMS Diploma of Expert Practice in Histological Dissection in the appropriate pathology before applying to undertaking the RCPATH/IBMS Advanced Specialist Diploma (ASD) in Histopathology Reporting.

Additional requirements are for applicants to:

- be working in a UK laboratory which has UKAS/CPA accreditation
- have the support of their department with a view to the candidate eventually becoming a member of the Histopathology Reporting Team
- demonstrate a commitment from their trust to provide both an educational supervisor and clinical supervisor who will support them through the training period.

We would again emphasise that biomedical scientists are expected to work as part of a larger team, including with medically qualified individuals who are there to oversee cases that are either outside the scope of practice of the biomedical scientist or where the biomedical scientist requests their support. While clinical knowledge is beneficial, it does not mean that no aspect of reporting can be undertaken without a medical degree.

### **What is the effect of the histopathology reporting programme on medical histopathology training?**

Individuals who have completed the histopathology reporting training programme are intended to complement the wider team in their trust. They should not have any effect on recruitment to medical histopathology training. There is no link between the funding



provided for medically qualified individuals wishing to pursue training in histopathology and the funding for biomedical scientists undertaking the histopathology reporting qualification.

### **Has biomedical scientist histopathology reporting had any effect on medical registrar training?**

There is no evidence to suggest that histopathology reporting has affected medical registrar training. [Recruitment figures published by Health Education England](#) for the last 3 years show 100% recruitment in histopathology and a steady increase in the numbers being recruited to year on year. This compares favourably to the round 1 fill rate in 2015 which was 85%, 87.8% in 2016, 72% in 2017 and 77% in 2018. For 2022, all 97 histopathology posts advertised through HEE were filled in the first round. It is worth noting that this is an increase of 16 posts from 2021, when there was also a 100% fill rate.

### **What is the College doing to ensure that medical graduates continue to be attracted to histopathology training?**

The College has a full programme of activities to attract [medical undergraduates and foundation doctors into pathology as a career](#), including histopathology. There is evidence of a growing number of histopathology training placements being available (see above) and the College's Histopathology Workforce Survey in 2018 showed that "only 3% of histopathology departments said they had enough staff to meet clinical demand, and this demand continues to grow". There is more than enough work to go around. We are also unaware of any evidence from any other specialty which runs similar initiatives that the initiatives have reduced recruitment to the corresponding medical practice (for example, nurse endoscopists).

### **Does the histopathology reporting programme provide the same checks and balances as medical histopathology training?**

Yes, there is a curriculum, assessments and examinations with the addition of the requirement to submit a portfolio at the end of each stage that has to be submitted to the Conjoint Board for review. There is a review similar to the ARCP process to check on



progress. The Conjoint Board are kept abreast of changes to the histopathology curriculum, workplace-based assessments and examinations.

**How is it ensured that consultant trainers provide appropriate feedback to biomedical scientists in the histopathology reporting programme?**

There is no difference in this regard between the histopathology training programme and the histopathology reporting training programme. Trainers and educational supervisors are expected to behave appropriately towards any individual that they are providing training for and ensure that the feedback they give is relevant only to the performance that they are assessing.

**Are there a sufficient range of trainers to support the histopathology reporting programme?**

Biomedical scientists are expected to cover the agreed curriculum and when they apply to join the qualification are required to nominate an educational and clinical supervisor. The educational supervisor is the person who oversees the training and development of a biomedical scientist and supports them to fulfil their training needs. The clinical supervisor(s) are other supervisory colleagues that work with a candidate during their training, e.g. other members of the consultant specialty team who supervise day-to-day dissection and reporting. While a candidate only needs to name 1 clinical supervisor within their application, it is more than likely that they will work with more than 1 supervisor during their training.

**What arrangements have been put in place to ensure that biomedical scientists undertaking the histopathology reporting programme have access to expertise in general histopathology?**

Biomedical scientists are expected to report within their area of training and experience and to work as part of an integrated reporting team, who will provide the wider general histopathology expertise.



**Does histopathology reporting impact on the hiring and retention of biomedical scientist staff to perform laboratory tasks if they become reporters?**

The development of the histopathology reporting programme allows more opportunity for biomedical scientists to develop and progress in their career should they wish to.

**How is the College balancing its efforts on the histopathology reporting programme with its other work to increase the medically qualified histopathology workforce?**

The histopathology reporting project is only 1 of the pieces of work that the College is involved in to address the workforce shortage in histopathology. The College has recently been successful in securing some funding for additional Histopathology StR training posts in England, for example, as evidenced in the latest recruitment statistics for 2022. The Pathology Portal is being developed to support training and ensure equal access to learning across all areas of the histopathology curriculum both doctors and scientists.

The College has updated and published guidance on [Independent Reporting for Cellular Pathology trainees](#) alongside the new histopathology curriculum for 2021, which addresses this point.

**What has the College done to communicate and evidence its decisions regarding biomedical scientist reporting?**

- [Breaking new ground in histopathology: report from the pilot of biomedical scientist histopathology reporting, Dr Rachael Liebmann, The Bulletin, January 2015](#)
- [Biomedical Scientists in Histopathological Reporting – joint statement between the RCPATH and IBMS, May 2017](#)

**Should the biomedical scientist reporter role have a nationally agreed remit and job title?**

The exact nature of the role and the job title are for local determination. The purpose of the qualification is to provide a training programme and end-point examinations against a defined curriculum. It is not the remit of either professional body to set role content or titles.



**Does the College envisage that there may be subspecialty teams entirely staffed by biomedical scientist reporters in the future?**

This is highly unlikely because of the way in which the programme has been established.

**How has histopathology reporting been developed between the College and the IBMS?**

Discussions between respective College and IBMS Presidents took place pre-2014 to determine whether a modified College training programme could be used to train scientists to report a defined range of histopathology samples. This led to the formal establishment of the Conjoint Board, which is made up of College and IBMS members, with reporting via the Cellular Pathology Specialty Advisory Committee (SAC) and then Council for the College.

**Does the histopathology reporting programme mirror the GMC-approved histopathology curriculum and training programme?**

The curriculum mirrors relevant aspects of the histopathology curriculum but only in the areas of practice relevant to the subspecialty areas and with appropriate entry requirements for biomedical scientists. There are many other examples of similar programmes across medicine – for example, physician associates and nurse practitioners. It should also be noted that the College has published a range of HSST curricula for clinical scientists, which requires them to pass the full FRCPath examination in the relevant specialty.

**Why do the examining bodies for biomedical scientist reporters, the College and IBMS, give CCT in Histopathology to biomedical scientist reporters?**

The CCT for biomedical scientists provides evidence that the histopathology reporting training programme has been completed. Clearly it is not the same as the CCT awarded by the GMC and does not lead to entry to the GMC's Specialist Register, but we will be reviewing this in partnership with the IBMS.



**What has the College done to be open about histopathology reporting with the membership?**

The College and IBMS have other Conjoint Boards in place, for example those in cervical cytology and non-gynaecological cytology. The Chair of the Histopathology Conjoint Board sits on the Cellular Pathology SAC and those minutes are received by Council. The College addressed concerns by holding an event for College members in November 2022, but it should be noted that there is also strong support for scientist histopathology reporting by College members. The views of all members have to be listened to.

**How does the histopathology reporting Conjoint Board fit in terms of the governance of the College?**

The College and IBMS have other Conjoint Boards in place, for example those in cervical cytology and non-gynaecological cytology. The Chair of the Histopathology Conjoint Board sits on the Cellular Pathology SAC and those minutes are received by Council. The College plans to address concerns by holding an event for College members this year but there is also support for histopathology reporting by College members. The views of all members have to be listened to.

**Who is responsible for the Terms of Reference for the Conjoint Board?**

The Conjoint Board is responsible for the Terms of Reference, which were also agreed by the Cellular Pathology SAC. These are also available on the College website.

**Is the Conjoint Board able to amend their Terms of Reference without communicating with the College?**

No. Draft changes would have to be communicated to the Cellular Pathology SAC and College Council and the corresponding committee and Council within the IBMS for approval.



### **Is the College supportive of the Conjoint Board?**

Yes, the College is part of the Conjoint Board and has equal representation. We share other Conjoint Boards with the IBMS and remain supportive of the work they do.

### **How has College membership of the Conjoint Board evolved over time?**

Many of the original members of the Conjoint Board have left and been replaced. The College recently advertised for a new member of the Board to represent it. This was openly advertised via the College website.

**September 2023**

