The autopsy exam – then & now

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Pre-RCPPath

- From 19th Century, Royal Colleges of Physicians represented Pathology

- 1948: RCP: Standing Committee on Pathology
  - With the Association of Clinical Pathologists (ACP)
  - Proposals on training and assessment

- 1951: Conjoint Diploma in Clinical Pathology
  - Problem: regarded as inferior to MRCP and ‘sub-consultant’ grade
## Separate College or Faculty?
### Mid-1950s – Hadfield Committee

<table>
<thead>
<tr>
<th>Pro College</th>
<th>Against or indifferent</th>
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<tbody>
<tr>
<td>- The Sheffield professors</td>
<td>- Pathological Society of Gt Britain &amp; Ireland</td>
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<td>- Pathologists should “have their own house and be masters of it”</td>
<td>- avoid politics</td>
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<td>- ACP initially</td>
<td>- Senior pathologists wishing to stick with RCP or RCS, +/- an identifiable Pathology Faculty</td>
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<td>- <em>The need to strengthen training and satisfy AACs that candidates are competent</em></td>
<td>- ACP <em>volte face</em></td>
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<td>- Favoured MRCPE</td>
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1959-60

- Dissent within ACP ranks and leadership
- Ballot of members
- 69% favoured a college of pathologists
- Path Soc unenthusiastic
- Ballot – slender majority pro College

- RCP acts
  - Contemplating the secession of pathologists from its ranks

- Ballot of all pathologists
  - 49.5% pro own College
  - 41.8% against
1962

Å College of Pathologists formed
Å Sir Roy Cameron FRS – 1st president

Å Grand-fathering of all consultant pathologists, and those becoming consultants within the next 3 years - Founder Members
Å Entrance fee: £50

Å Membership exams – from 1964
Å Royal Charter – RCPath – in 1970
RCPath Exams

Å Since inception – *two parts*

ï Pt 1: trainee suitable for higher professional training?

Å *Used to be all four disciplines – HM, MIC, CHEM, HISTO*

ï Pt 2: an ‘exit’ examination – one discipline only

Å Pass = ‘Fit for independent practice’

Å Contrast other Royal Colleges

ï MRCP & FRCS = *entry* for higher training

Å MRCP enabled omission of Pt 1 MRCPath

Å 2005: GMC CCST homogenises the differences
<table>
<thead>
<tr>
<th>MRCPath Pt 2 exam: 1964-2005</th>
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<tr>
<td>Å Surgical pathology – 20 cases</td>
</tr>
<tr>
<td>Å Long biopsy cases</td>
</tr>
<tr>
<td>Å Frozen sections</td>
</tr>
<tr>
<td>Å Mock-cut up resection</td>
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<tr>
<td>Å Cytopathology</td>
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<tr>
<td>Å <strong>An autopsy</strong></td>
</tr>
<tr>
<td>£ Dissection</td>
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<tr>
<td>£ Presentation</td>
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<tr>
<td>£ Write-up</td>
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<tr>
<td>Å Viva</td>
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<tr>
<td>Å One external examiner</td>
</tr>
<tr>
<td>Å Many internal examiners</td>
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<tr>
<td>Å A 2-day exam</td>
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<tr>
<td>Å Exhausting, high stress</td>
</tr>
<tr>
<td>Å Away from one’s dept and city</td>
</tr>
<tr>
<td>Å Autopsy</td>
</tr>
<tr>
<td>Å Consented or coronial case</td>
</tr>
<tr>
<td>Å The second morning</td>
</tr>
<tr>
<td>... moved towards pre-exam session visit, if possible</td>
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</table>
## Problems re autopsy section

| Å The autopsy component not seen as discriminatory | Å No published syllabus or curriculum |
| Å ie irrelevant | Å No particular expectations of candidates |
| Å Overseas candidates issue | | Å No knowledge required of: |
| Å Surgicals the most important section | | Å Medico-legal law |
| Å Human tissues | | Å Health & safety |
FRCPath Histopathology c 2000s

Autopsy

- Non-standardised
- Small number of candidates at each centre
- Different autopsies
- Different supplementary questions
- Different examiners
- Minimal central question setting
Even more important

- No standardisation of the exam process
  - The cadaver itself
  - The diligence of the examiners
  - The experience of the examiners
- Huge variation in experiences across the many exam centres – a lottery

- GMC or PMETB criticism?
- Outside pressure for more standardisation?
- Not yet
2005 – revision of the Pt 2 exam
small committee of 4 (SBL, JC, RS, KW)

- Separate laboratory (bx, cyto) from autopsy
- Modular – examined separately

- Publish a curriculum and expectations on RCPPath website
  - Coronal law and rules
  - Human tissue business
  - Health & safety
  - Marking system
  - Etc

- Over-night, candidates got the message and learned the necessary
2005 revision - autopsy

- One long day
- Not candidates’ dept
- Examiners had to be autopsy-active
- No external examiner
- Two internal

- Morning
- Autopsy – ‘any reasonable case’
- 3 hours
- Write-up over lunch
- Laboratory section
  - Two long cases
    - Toxicology
    - Tricky histopathology
- Viva
2005 – attempts at standardisation

Â The autopsy case still a lottery

Â The laboratory cases sent out from a centre
   ï Abandoned – too bureaucratic and tiresome
      = less standardised

Â Viva topics & questions
   ï Determined set & range
   ï But in practice, rather random
Challenges 2005-12

• PMETB & GMC disquiet
• Evident lack of standardisation
• Complaints to College
• Too many centres had problems in finding suitable cadavers for dissection

• National and local problems in providing autopsy training
  • London often cited
• Autopsy-optional training

• The elephant in the room
  • Medico-legal autopsies vs consented
  • No uniform external expectation
  • cf medicine & surgery
  • Guidelines on autopsy practice
  • Does the RCPath have any real powers re quality of performance?
Future challenges for the exam

• What is it for?

• What is ‘fit for independent practice’?

• Quality, consistency and audit