

## **The Royal College of Pathologists**

### **Examination regulations - 2016**

#### **AUTOPSY**

**These regulations must be read in conjunction with the *Regulations and Guidelines – College examinations for Membership and Diplomas*.**

#### **ENTRY & TRAINING REQUIREMENTS**

Changes to the FRCPath in Histopathology have meant that candidates undertake basic training in autopsy, but can then opt out of higher training in autopsy practice (and cervical cytology), and gain Fellowship through surgical histopathology and non-gynae cytology alone. The opt-out option occurs after part B of training

The introduction of a separate autopsy examination is intended for candidates who wish to carry on and pursue higher training in autopsy. Successful completion of this component will result in the award of the Certificate in Higher Autopsy Training.

#### **STRUCTURE AND FORMAT OF THE EXAMINATION**

##### **Phase 1 – the autopsy practical**

Candidates who wish to attempt the autopsy module exam must notify the RCPATH when the announcement of dates for that diet is made.

In order to proceed to Phase 2, candidates have to satisfy examiners that they can dissect a cadaver, examine the organs, and provide a cause of death and/or a plan of further investigatory action (no write-up and no clinico-pathological questions at the mortuary table). Within a diet, candidates can have two attempts at this phase, which should take place in the candidate's own mortuary or another where he/she wishes to be examined. The examiners should be one local consultant (perhaps the educational supervisor), and one from an adjacent region: the outcome will be pass or fail: i.e. satisfactory and proceed to phase 2 or unsatisfactory.

Each candidate should arrange to perform the practical cadaveric dissection – as depicted above - liaising with his/her Educational Supervisor (ES) who in turn liaises with an available, independent, appropriately RCPATH trained examiner who is not currently or has recently (within the last 12 months) been involved in the candidate's training. This would normally be an examiner from the same region/deanery or an adjacent deanery

In principle, the examination should take place at the candidate's familiar mortuary in his/her place of work within the 6-8 week period before the OSPE component of the examination (see below). However, this is flexible and it can take place at any mortuary agreeable to the candidate, ES, or his nominated local autopsy examiner, and the independent examiner.

The cadaver should be a relatively straightforward case, i.e. no significant infection, not multiple operations or significantly disturbed anatomy, not decomposed, and not grossly obese. Medico-legal and consented autopsies are both appropriate.

The purpose of this phase is to determine whether the candidate is competent at evisceration and dissection of a whole body (with APTs opening the skull but the candidate removing the brain, as in the 2005 exam format). The external examiner watches some or all of the autopsy dissection.

From the completion of preliminary note reading, the procedure should occupy no more than 1.5 hours for a standard case and no more than 2 hours for more difficult cases. At the end of this time, the candidate a) demonstrates the organs and normal/pathological features to the two examiners, and b) provides a cause of death and/or a plan of investigation to address the issues raised by the death. Detailed clinico-pathological discussion does not occur, and the candidate does not write the case up (unless the internal examiner so wishes, but this is not part of the examination).

The examiners decide whether or not the candidate has passed this phase and inform him/her at the time. If it is a fail, they provide constructive feedback.

Two attempts at this phase are permitted per diet. Only those who pass can proceed to the phase 2 OSPE session.

If there is more than one candidate for this phase in one institution (ideally no more than two), it is reasonable to undertake both examinations at the same session.

### Overseas candidates

Any overseas candidates who wish to undertake this examination will need to do so at a suitable venue in the UK before the phase 2 OSPE section, in a limited number of mortuaries where sufficient cases are available.

### **Phase 2 – the centralised OSPE examination**

The OSPE examination will take place at one location.

### Content of the examination

The OSPE tests knowledge, skills and attitudes across the eleven major autopsy pathology scenarios of:

1. Sudden death in the community (including sudden cardiac death)
2. Medical disease death
3. Peri-operative death
4. Toxicology death
5. Medical Biochemical death (e.g. diabetes, renal failure)
6. Alcohol-related death
7. Special deaths (eg maternal, sickle cell, HIV)
8. Infections
9. Trauma
10. Industrial-related death
11. Death in the elderly

Using case material from these scenarios, the following aspects of knowledge and competence are examined, according to a blueprint:

- a. Gross pathology
- b. Histopathology images
- c. Histopathology (microscopy) in real time
- d. Body fluid analysis
- e. Communication skills
- f. Data interpretation
- g. Whole Case interpretation
- h. ONS cause of death formulation
- i. Medical-legal aspects of death
- j. Health & Safety issues
- k. Human Tissue Authority and human tissue regulations

#### Examiners

The examiners will include one or two lay members or a coroner (or coroner substitute) for the two or three viva voce stations that specifically test communication skills. The other 13-14 stations will include a written paper-exercise (10-11) or microscopy work (3).

#### **Timings**

The Phase 2 (OSPE) examinations will take place twice a year to coincide with the Part 2 Practical examinations in histopathology/cytopathology.