The Royal College of Pathologists
Pathology: the science behind the cure

Recognition of training and experience gained before entering a GMC-approved training programme in pathology specialties

Background and applicability

This guidance is applicable to postgraduate doctors in training (PGDiT) who are in a GMC-approved training programme in cellular pathology specialties (histopathology, diagnostic neuropathology, paediatric & perinatal pathology, and forensic pathology), infection specialties (medical microbiology and medical virology), and chemical pathology. It is intended to support consistency in the approach to recognition of prior training and experience in pathology specialties across the UK.

It provides a framework for bringing forward the expected date for the award of a Certificate of Completion of Training (CCT) and relates to PGDiT who have acquired substantial capabilities relevant to their CCT curriculum through either:

(a) training and experience in their chosen specialty prior to entry to a GMC-approved training programme.

OR

(b) training and experience in another specialty prior to entry to a GMC-approved training programme.

The 2021 Royal College of Pathologists (RCPath) specialty curricula emphasise the importance of doctors in PGT demonstrating achievement of high level learning outcomes, framed as capabilities in practice (CiPs), for the award of CCT. In parallel, there is less

emphasis on strict counting of time spent in a recognised training programme in comparison with previous curricula. While indicative training times are provided in curricula, to facilitate planning within training programmes, expected CCT dates may be adjusted to ensure that the end of training aligns with achievement of the required entrustment level for every CiP as well as completing all necessary examinations and assessments.

The Academy of Medical Royal Colleges (AoMRC) has provided guidance to enable flexibility in postgraduate training which supports the recognition of capabilities gained outside recognised training programmes in a trainee's specialty towards the award of CCT (Flexibility in postgraduate training and changing specialty, Academy of Medical Royal Colleges, 2020). That guidance addresses recognition of capabilities gained within an approved UK training programme in a different specialty and also indicates that experience gained outside a training programme could contribute to capabilities required for the award of CCT. This principle is recognised by the GMC as a means for increasing flexibility in training (Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training, GMC, 2017).

Principles for recognising capabilities gained prior to entering a GMC-approved specialty training programme

1. Evidence of having achieved capabilities that are relevant to a specialty curriculum, in the course of clinical training and experience prior to joining a GMC-approved specialty training programme, can be taken into account when developing a training plan for a PGDiT within an approved training programme.
2. Evidence of capabilities achieved should normally be provided by a contemporaneously maintained training ePortfolio that includes a description of learning outcomes achieved which has been reviewed/appraised by a supervising consultant. Examinations (e.g. FRCPath) and workplace-based assessments undertaken both before and after joining the approved programme should be used as part of such evidence, when applicable.

3. Training and experience gained prior to joining a GMC-approved training programme should normally be at a level equivalent to the initial period of training within a programme (e.g. ST1/ST2 for histopathology, ST3/ST4 for infection specialties and chemical pathology). In some circumstances, it may be appropriate to recognise capabilities that map to ST3/ST4 in diagnostic neuropathology, forensic histopathology, or paediatric and perinatal pathology.

4. Recognising training before joining an approved programme relies on a gap analysis of capabilities that have already been achieved and those still required to complete the initial years of training within a recognised programme. This should be based on the requirements set out in the relevant specialty curriculum. Practically, the gap analysis would normally be undertaken for the integrated cellular pathology training component for cellular pathology specialties, for the combined infection training component for infection specialties, and for ST3/ST4 for chemical pathology.

5. Up to 12 months can be recognised towards indicative training time; therefore, a CCT date would typically be brought forward by between 6 and 12 months. In effect, such recognition is expected to accelerate a PGDiT through the first 24-30 months of a training programme, depending on the specialty, as set out above.

6. The amount of time by which the CCT is brought forward should not be greater than the duration of training and experience in a relevant specialty prior to entering that training programme (considered as a whole-time equivalent duration) and is limited to a maximum of 12 months. The amount by which the CCT date is brought forward will depend on the evidence of capabilities attained, not on the amount of time spent, in a relevant specialty prior to entering the training programme.

7. For PGDiT who are expected to obtain dual CCT, the CCT date for both specialties must be aligned. Therefore, one CCT date may be brought forward only if the other is also being brought forward by the same amount of time. In the pathology specialties, this is anticipated to arise among doctors in Infection

training when the second CCT specialty would be infectious diseases (ID) or tropical medicine (TM). In that case, the JRCPTB process for adjusting a CCT date should be followed for ID or TM in parallel with the RCPath process for Medical Microbiology or Medical Virology.

8. In addition to the PGDiT's remaining learning needs, the decision to bring forward the CCT date should take account of the examinations and assessments that need to be completed as well as the anticipated time required to complete these.

9. These principles apply equally to doctors who are in full time and those in less than full time training.

10. When capabilities acquired before entering a training programme have been recognised, allowing a CCT date to be brought forward, this process should not be subsequently reversed. If a decision is taken to revert to the original CCT date at a later point during training, or extend the duration of training by a different amount of time for any reason, that should be treated as an extension to training and should be effected by an outcome 3 at ARCP.

Process

1. When applicable, a PGDiT, their Educational Supervisor (ES) and/or their Training Programme Director (TPD) should identify the potential for previous training and experience to be considered towards indicative training time as early as possible, ideally before three months of training has been completed in the programme.

2. A curriculum gap analysis should then be undertaken, ideally within the first six months in the Training Programme. This should be carried out by the ES or TPD and documented using the appropriate curriculum gap analysis form (see link below). The gap analysis should be supported by review of evidence that had been accumulated contemporaneously (e.g. in an ePortfolio) by the PGDiT and may also take account of evidence (including

workplace-based assessments and examinations) completed after joining the training programme.

3. The purpose of the gap analysis is to establish the entrustment level that the PGDiT has demonstrated achievement of, for each CiP, and compare this to the expected entrustment levels for an appropriate progression point (e.g. end of ST1/ST2 or ST3/ST4, depending on the specialty). Based on the gap analysis, the training time that is likely to be required to achieve the relevant CiP entrustment levels can be estimated.

4. Evidence used to demonstrate capabilities that have already been achieved should be reviewed and uploaded to the trainee's ePortfolio, along with the completed gap analysis form. (see link below).

5. Following completion of the gap analysis, the remainder of the training year (until the first ARCP) should be planned to take account of the gap analysis including specifying any necessary examinations and assessments. The resulting training plan should be documented in the trainee's ePortfolio by the ES.

6. In the Educational Supervisor's Structured Report (ESSR) for the first ARCP, it should be made clear whether the ES supports the PGDiT's request to adjust their expected CCT date because of previous training and experience, and by what duration.

7. The gap analysis and evidence of training completed within the programme should be reviewed at the PGDiT's first ARCP in the specialty and a recommendation made to bring forward the CCT date, or not, accordingly.

8. The first ARCP is the only opportunity for consideration of capabilities gained during previous training and experience to be accounted for in setting the expected CCT date.

9. The recommendation to bring forward the CCT date should be notified to RCPath, using a CCT Date Adjustment Form (see link below). This should

include approval from the TPD, HoS, or others to whom the Postgraduate Dean has delegated this responsibility.

September 2024