



**TRAINEE HANDBOOK 2012  
SPECIFIC REQUIREMENTS FOR  
ANATOMICAL PATHOLOGY**

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## GLOSSARY

CPC	Clincopathological conference
CPDP	Continuing Professional Development Program
DOPS	Directly Observed Practical Skills
EM	Electron microscope/microscopy
FNA	Fine needle aspiration
H&E	Haematoxylin and eosin
IANZ	International Accreditation New Zealand
IT	Information technology
MD	Doctor of Medicine
MDT	Multidisciplinary team meeting
NATA	National Association of Testing Authorities
NPAAC	National Pathology Accreditation Advisory Council
OHS	Occupational health and safety
PhD	Doctor of Philosophy
PPD	Personal Professional Development
QA	Quality assurance
QAP	RCPA Quality Assurance Programs Pty Ltd
RACP	Royal Australasian College of Physicians
RCPA	Royal College of Pathologists of Australasia
SOP	Standard Operating Procedure

## SECTION 1

### INTRODUCTION

Anatomical pathology is the study of organs and tissues to determine the causes and effects of particular diseases. An anatomical pathologist's findings are fundamental to medical diagnosis, patient management and research.

Anatomical pathology involves macroscopic pathology, histopathology (the combination of these two usually being referred to as "surgical" pathology), cytopathology and morbid anatomy. Histopathology is concerned with the microscopic examination of tissues, taken either as biopsy samples or resection specimens. Tissues are assessed macroscopically, and material is taken for microscopic examination for the purpose of diagnosis, prognosis and directing appropriate treatment. Cytopathology is the study of individual cells, aspirated or obtained from body fluids or tissues, including exfoliative cytology, to detect abnormalities. Morbid anatomy is the use of the autopsy to determine the cause of death and investigate both the associated and "incidental" (unrelated to cause of death) effects of drugs, toxins and disease processes on bodily organs. Anatomical pathologists work with almost all medical specialties, including surgeons and general practitioners, using techniques available in the anatomical pathology laboratory to provide information and advice essential to clinical practice.

### PERSONAL CHARACTERISTICS NEEDED

Anatomical pathologists need to have:

- a flair for identifying and differentiating visual cues
- ability to make critical decisions on a regular and recurring basis
- ability to undertake problem solving activities
- a high level of self motivation
- a methodical and analytical approach to work and diagnosis
- an enjoyment of the scientific basis of medicine and research
- the ability to work as part of a team as well as autonomously
- the ability to communicate well orally and in writing
- the ability and willingness to offer guidance and teaching to trainees in anatomical pathology

### GENERAL AIMS OF THE TRAINING PROGRAM

By the time trainees complete the requirements of the training program they should have sufficient knowledge and experience for "the safe and unsupervised practice of anatomical pathology" and be ready for their position as (junior) consultants in the medical multidisciplinary team. They should:

- have an advanced understanding of all branches of anatomical pathology and the role of anatomical pathology in diagnosis and patient management
- be able to independently report routine histopathology (including frozen sections), cytopathology and autopsy pathology and realise their own limitations and when to refer cases for further opinion
- offer expert opinion to clinicians as to the choice of biopsy material most likely to yield relevant information for the suspected disease process being investigated
- be able to liaise with clinicians, explain the limitations of biopsies and cytological preparations in the interpretation of results and formulate clinicopathological correlations
- have sufficient knowledge and personal communication skills to regularly participate in clinico-pathological review meetings
- have sufficient knowledge of laboratory procedures to be able to "trouble-shoot" problems, including accessioning problems, artifacts, staining problems etc. to ensure accurate and

- high quality material is available for the formulation of diagnostic opinions and be able to talk to scientific staff about the laboratory and its problems
- have a working knowledge of laboratory management procedures and be able to deal with staff problems
  - be aware of how a laboratory budget is formulated and how their own practice, including selective requests for special procedures might impact on a laboratory budget, and the possible “adverse” budgetary effects of indiscriminate ordering of tests (both internal and external to the laboratory).
  - understand the need for, and principles of, continuing education and participation in CPDP
  - be prepared and able to offer guidance and teaching to trainees in Anatomical Pathology

These general aims of the training program relate to four general functions of anatomical pathologists, ie,

- discipline specific functions as a medical specialist in the laboratory
- functions as a manager in the laboratory
- other professional functions of anatomical pathologists
- generic processes employed by anatomical pathologists

These functions are elaborated as specific training outcomes and activities in Section 2.

## **TRAINING REQUIREMENTS**

To gain Fellowship as a specialist Anatomical Pathologist requires five (5) years of training accredited for the discipline.

Anatomical pathology includes surgical pathology, morbid anatomy and cytopathology. The period in cytopathology must be equivalent to a minimum of three (3) months full time in a department, processing and reporting sufficient gynaecological and non-gynaecological cytopathology to ensure competence. Continued exposure to cytopathology must be ensured throughout the usual five years of training.

Trainees and supervisors are to ensure that experience is gained in special areas that may not be available in the primary training laboratory, including exfoliative and fluid based cytology, fine needle aspiration cytology, coronial autopsies, neuropathology, gynaecological-obstetric pathology and neonatal-paediatric pathology.

Knowledge of the specialised techniques of immunofluorescence microscopy, electron microscopy, immunohistochemistry and histochemistry is expected, sufficient to enable trainees to advise clinicians of the requirements and likely benefits of such techniques and to assist in result interpretation. Knowledge of the appropriate use of molecular testing as ancillary diagnostic and prognostic tools in anatomical pathology is also expected.

## **RESEARCH STREAM**

Trainees may opt for a research stream but must demonstrate competence in all aspects of Anatomical Pathology to gain Fellowship. Trainees must apply to the Board of Censors as soon as possible after the Part I examination for approval of the project, laboratory and supervisor. The research must be considered relevant and significant enough to lead to a PhD or MD by thesis.

Research trainees are required to undertake or be exempt from the Basic Pathological Sciences Examination and Part II examinations and to satisfy portfolio (work-place based assessment) requirements. All applications for exemptions must be submitted to the Registrar for consideration by the Board of Censors.

At the Part II examination, the trainee may be tested orally on the thesis as well as being tested on gross and microscopic anatomical pathology. The Board of Censors will consider each case individually and inform applicants of the examination process required.

## **SUPERVISION**

All training must be supervised. Trainees may nominate their own supervisor. More than one supervisor can be nominated, eg, if trainees divide the year between two or more unrelated laboratories. The College recommends that any one supervisor be responsible for no more than two trainees.

### **Who can be a supervisor?**

The supervisor will normally be a Fellow of the RCPA; however non-Fellows may be approved by the Board of Censors if no Fellow is available. If the trainee spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The supervisor must also ensure that adequate supervision is arranged in their absence.

In some circumstances shared supervision may be necessary, but there must be a nominated primary supervisor with overall responsibility. Trainees working towards higher academic degrees (e.g. PhD), who find that their research supervisor is not suitable to be the RCPA training supervisor, should have a FRCPA co-supervisor.

While it is not appropriate for supervision to be delegated largely to a non-pathologist, it is appropriate for other pathologists and senior scientific staff with relevant experience to undertake a substantial amount of teaching and to sign off some workplace-based assessment forms.

### **The role of the supervisor**

Supervisors should devise a prospective training (or research) program, on initial registration and annually. This should be devised in collaboration with the trainee and submitted to the RCPA. Supervisors should also ensure that the trainee has sufficient time and opportunities to carry out the required training activities.

Supervisors, and others to whom aspects of training have been delegated, are expected to monitor and provide regular feedback on the development of the trainee's competence. They should meet regularly with the Trainee; observe their laboratory performance and interaction with scientists, peers and clinicians; and review result reporting. This may be delegated to other trainers where appropriate, eg, when the trainee is on secondment to another laboratory for a segment of training.

The formal duties of supervisors, such as requirements to report the trainee's progress to the Board of Censors, are described in the RCPA Induction Manual for Supervisors and the RCPA policy on the Role of the Supervisor. Please refer to these documents for detailed information

## ASSESSMENT

Assessment is by formal examination and by submission of a portfolio, which is a record of workplace-based assessment and other achievements during training. The periodic and annual supervisor's reports are also kept in the portfolio. The requirements are summarised below. Please refer to the Appendices for details.

### ***Formal Examinations:***

- Basic Pathological Sciences examination. Usually taken before or during the first year of training. See **Appendix 1** for detailed requirements.
- Anatomical Pathology Part I examination, with written and practical components. The **initial** attempt at this examination must be taken in the third (3<sup>rd</sup>) year of training. See **Appendix 2** for detailed requirements.
- Anatomical Pathology Part II, with practical and oral components. Some practical components may be taken in either the fourth or fifth year of training. See **Appendix 3** for detailed requirements.

All durations refer to full-time training (or part-time equivalent) in an accredited laboratory.

### ***Supervisors' Reports***

Trainees must submit a Supervisor's report for each year of training, with additional reports for periods of rotation. The reports should be kept in the portfolio. The guidelines for completing the supervisor's report are in **Appendix 4**.

### ***The Portfolio and Workplace-based Assessment***

The **portfolio** is a physical collection of assessment forms and other documents that provide evidence that trainees have successfully completed a range of activities that form part of their daily work in the laboratory. The portfolio records the Trainee's progress in developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

Trainees have the responsibility of initiating the workplace-based assessments and ensuring that they have completed the required number by the required dates. They should identify suitable opportunities to have their competence assessed, negotiate a suitable time for the assessment with a suitably qualified assessor and provide the appropriate form. Assessments should be able to be done regularly without significant disruption to workplace productivity.

Trainees should also keep a log of cases that they have reported. The log should be sighted and signed off by the supervisor periodically.

It is **important** to see the detailed portfolio requirements in **Appendix 5**. Please note the special requirements for the Autopsy Assessment, for which a satisfactory report must be submitted to the College before Fellowship can be awarded.

## RESOURCES

The resources listed below are not compulsory nor do they necessarily cover all the Anatomical Pathology that a trainee should know and information for examination may come from books, especially in the sub-specialty regions of Anatomical Pathology, and journals outside this list.

### ***Suggested text books (the latest editions)***

#### **Surgical pathology**

- Rosai J (2011) Rosai and Ackerman's Surgical Pathology (10th ed) Mosby.
- Silverberg S, DeLellis R, Frable W, LiVolsi V and Wick M (2005) Silverberg's Principles and Practice of Surgical Pathology and Cytopathology. Churchill Livingstone.
- Burton JL and Ruttly G (2010) The hospital autopsy (3rd ed).
- Any other text books related to Anatomical/Surgical/Autopsy pathology

#### **Cytopathology**

- Atkinson B (2003) Atlas of Diagnostic Cytopathology. 2nd Edition. WB Saunders, Philadelphia.,
- Cibas ES and Ducatman BS (2009) Cytology: Diagnostic Principles and Clinical Correlates (3rd ed) Saunders
- DeMay RM (ed) Practical Principles of Cytopathology Revised. American Society for Clinical Pathology Press, Chicago.
- DeMay RM (ed): The Art & Science of Cytopathology, American Society for Clinical Pathology Press, Chicago.
- Ramzy I (ed): Clinical Cytopathology & Aspiration Biopsy: Fundamental Principles & Practice. Appleton & Lange.
- Orell S, Sterrett G, Whitaker D. Fine Needle Aspiration Cytology. Elsevier.
- Solomon and Nayar (eds) The Bethesda System for Reporting Cervical Cytology (2nd Edn). Springer-Verlag
- National Pathology Accreditation Advisory Council (NPAAC) Guidelines found at [www.health.gov.au](http://www.health.gov.au)
- NPAAC Requirements for Gynaecological (Cervical) Cytology, 2004
- NPAAC Performance Measures for Australian Laboratories Reporting Cervical Cytology

### ***Journals***

This is a very limited list and trainees should seek the advice of their supervisor as to appropriateness at each level of training.

#### **General medical background**

- New England Journal of Medicine
- Lancet
- Medical Journal of Australia

#### **Pathology/Cytopathology**

- Acta Cytologica
- American Journal of Surgical Pathology

- Human Pathology
- Journal of Pathology
- Journal of Clinical Pathology
- Pathology
- Pathology Case Reviews
- Seminars in Diagnostic Pathology

### ***Other Learning Resources***

- AFIP Series of Fascicles/Tumour Atlases
- WHO Tumour Atlases
- Numerous useful web sites. Trainees should seek the advice of their Supervisor as to appropriateness at each level of training.

If you have ideas about additional resources, please inform RCPA ([rcpa@rcpa.edu.au](mailto:rcpa@rcpa.edu.au)) so these can be added to future editions of this handbook.

## SECTION 2

# LEARNING OUTCOMES AND RECOMMENDED TRAINING ACTIVITIES

In Section 2 of the Handbook, the four broad functions of the Anatomical Pathologist are elaborated as sets of training outcomes and suggested training activities.

Trainees are not expected to do every training activity in the list. They should use their judgment to select those that are most likely to achieve the outcomes, being mindful of the range of learning opportunities offered by their particular laboratory.

### 1 Discipline specific functions as a medical specialist in the laboratory

- 1.1 Foundation knowledge and skills
- 1.2 Accession, management and processing of specimens
- 1.3 Storage and retrieval of laboratory data
- 1.4 Analysis of laboratory data
- 1.5 Developing and reporting a professional opinion
- 1.6 Monitoring patient progress

### 2 Functions as a manager in the laboratory

- 2.1 Quality assurance
- 2.2 Laboratory safety
- 2.3 Compliance with legislation
- 2.4 Managing people
- 2.5 Managing resources

### 3 Other professional functions of anatomical pathologists

- 3.1 Research and critical appraisal
- 3.2 Undertaking self-education and continuing professional development
- 3.3 Educating colleagues and others

### 4 Generic processes employed by anatomical pathologists

- 4.1 Patient safety
- 4.2 Ethics and confidentiality
- 4.3 Communication
- 4.4 Collaboration and teamwork

Where possible, the learning outcomes are denoted as

[E] to be achieved early in training or

[A] to be achieved at a more advanced level of training

Competence in outcomes achieved early in training should be maintained throughout.

# 1 DISCIPLINE-SPECIFIC FUNCTIONS OF THE ANATOMICAL PATHOLOGIST AS MEDICAL SPECIALIST IN THE LABORATORY

*As medical specialists in the laboratory, experienced anatomical pathologists use their expertise in macroscopic pathology, histopathology (surgical pathology), cytopathology and autopsy pathology in diagnosis and management of patients. They offer expert opinion to clinicians as to the choice of biopsy material and the limitations of biopsy and cytological preparations in the interpretation of results and formulating clinicopathological correlations. They have expertise in laboratory procedures for accessioning, management and processing of specimens, to ensure that accurate and high quality material is available for the formulation of diagnostic opinions.*

By the end of training, trainees should be technically fully knowledgeable and competent in the above areas. They should also have observed and reflected on the way senior anatomical pathologists fulfill the role of medical specialist in the laboratory and have participated in the more demanding aspects of the role, as appropriate for the stage of training, assuming increasing levels of responsibility as they progress.

The following lists of learning outcomes and activities are a guide as to what trainees should have achieved by the end of training

## 1.1 Foundation knowledge and skills

### Outcomes

- [E] recognise the macroscopic and microscopic features of normal tissues and the pathological basis of diseases and death;
- [E] understand aspects of normal physiology and pathophysiology that are relevant to the practice of anatomical pathology;
- [E] use clinical knowledge to formulate clinicopathological correlations;
- [E] understand principles of specimen dissection, macroscopic description and block selection;
- [E] understand principles of fixation of tissues;
- [E] understand principles of manual and automated tissue processing;
- [E] demonstrate understanding of staining principles when performing and interpreting routine stains, such as
  - haematoxylin and eosin (H&E);
  - stains for acid-fast bacilli, fungi and iron pigment;
  - stains for mucin, fat, muscle fibres, reticulin, elastin and collagen;
- [E] report H&E stained sections;
- [E] detect and correct technical errors resulting in defects in H&E sections;
- [E] perform and report frozen sections, with awareness of their uses, limitations and artifacts;
- [E] describe principles of exfoliative and aspiration cytology;
- [E] collect, prepare and interpret specimens for cytology;
- [E] diagnose basic immunopathological changes in biopsies from kidney, bone marrow, skin, blood vessels and the lymphoid system;
- [E] describe principles of immunoperoxidase, immunofluorescence, in-situ hybridisation and FISH and use these techniques;
- [E] describe possible applications and tissue collection required for special morphological and cytological techniques, eg, electron microscopy, cytogenetics, flow cytometry and histochemical techniques;
- [E] understand the investigative aspects of microbiology, toxicology, biochemistry, medical genetics and other disciplines that are relevant to the practice of anatomical pathology

**Select activities that are appropriate to your training environment and, if relevant, keep a record for your portfolio, eg,**

- take every opportunity to perform autopsies in order to gain a thorough knowledge of anatomy and macroscopic pathology;
- review and report as many surgical pathology cases as possible
- attend relevant lectures, seminars, conferences, training weekends and access web-based resources;
- study authoritative texts and laboratory manuals.

## **1.2 Accession, Management and Processing of Specimens**

### **Outcomes**

- [E] advise clinicians on appropriate type of specimens and special requirements and the limitations of any proposed investigation;
- [E] establish, monitor and trouble-shoot reliable methods for specimen identification and laboratory accession for both surgical and autopsy specimens;
- [E] handle fresh specimens and triage when ancillary tests are required;
- [E] photograph specimens if appropriate;
- [E] select appropriate samples for cytogenetic analysis;
- [E] select appropriate samples for flow cytometry and interpret/correlate results;
- [E] cut up specimens and select blocks appropriately, include diagrams/photographs indicating sites of block selection;
- [E] fix, embed and section specimens and be able to troubleshoot problems;
- [E] perform and interpret routine and special stains;
- [E] select and use appropriate immunofluorescence and immunohistochemical techniques;
- [E] prepare and interpret frozen sections;
- [E] perform and interpret percutaneous fine needle aspirations (FNA);
- [E] for electron microscopy (EM), select appropriate fixation, embedding, sectioning and staining techniques and interpret the results for renal and other tissues for which electron microscopy is commonly used;
- [E] perform hospital and coronial autopsies, select specimens/blocks for histology and ancillary investigations;
- [E] write autopsy reports with appropriate clinicopathological correlation;
- [E] know which units/consultants to contact for expert advice.

**With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,**

- read laboratory manual
- participate in daily laboratory activities
- be familiar with NATA or NPAAC or other relevant guidelines
- read relevant textbooks
- spend a minimum of one week on at least three separate rotations performing tissue fixation, embedding, sectioning and staining, including special stains and techniques for histology and immunohistochemistry.
- regularly accompany pathologists to frozen sections (note requirement for Part I exam)
- attend percutaneous fine needle aspirations
- participate in the department's autopsy program
- read government guidelines on ethical autopsy practice
- access relevant parts of the Coroner's Act

## **1.3 Storage and Retrieval of Laboratory Data**

### **Outcomes**

- [E] explain the principles and procedures involved in establishing a specimen storage and retrieval system;

- [E] conform to the specimen indexation and report and data storage conventions of the laboratory.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- read laboratory manual
- read NATA and NPAAC guidelines
- participate in daily laboratory activities

## **1.4 Analysis of Laboratory Data**

### **Outcomes**

- [E] interpret and describe macroscopic autopsy findings
- [E] interpret and describe gross surgical specimens
- [E] have sufficient clinical understanding to examine, interpret and provide clinicopathological correlation for sections and specimens prepared for microscopy, including those prepared by FNA, frozen section, imprints, routine histochemistry, immunohistochemistry and electron microscopy
- [E] have sufficient clinical understanding to interpret and provide clinicopathological correlation for specimens for which reports on cytogenetic, microbiology, flow cytometry and molecular studies have been received.
- [E] access information to assist in the interpretation of specimens

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- participate in the department's autopsy program
- read laboratory manual and relevant textbooks
- participate in daily laboratory activities.
- trainees should regularly discuss their cases and reports with the supervising pathologist over a "double head" microscope
- participate in internal and external quality assurance programs
- present at departmental, interdepartmental and hospital wide meetings
- master use of search engines and databases such as Medline
- textbook reading

## **1.5 Developing and reporting a professional opinion**

### **Outcomes**

- [E] on the basis of all the information (cytology, biopsy, autopsy) available for a specific case, develop and record a professional opinion as to the nature, causation, severity and likely sequelae of the pathological processes;
- [E] construct and sign off a written report which contains all appropriate information and interpretation regarding the case, including information on the reproducibility of the findings and knowledge and use of grading systems, together with responses to any specific queries received from clinicians;
- [E] produce synoptic reports where appropriate;
- [E] provide appropriate information about a case to referring clinicians.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- report frozen section findings to surgeons, via telephone or in theatre, conveying limitations of the information/interpretation;
- develop a clear and concise report format and use structured reports when applicable.

## **1.6 Monitoring Patient Progress**

### **Outcomes**

- [E] where appropriate, follow up patient outcomes by consultation with clinicians in both hospital and general practice.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- contribute appropriately to Grand Rounds, clinicopathological conferences, morbidity and mortality reviews, and other similar meetings.

## 2 FUNCTIONS OF THE ANATOMICAL PATHOLOGIST AS MANAGER IN THE LABORATORY

*As manager in the laboratory, the experienced anatomical pathologists apply clinical information to cost effective laboratory practice. They supervise and manage an anatomical pathology laboratory safely and effectively in the context of finite resources, being mindful of the need for rational ordering of investigations. They observe occupational health and safety protocols and comply with legislative requirements in all aspects of the accession, management and processing of specimens. They ensure effective work practices through managing staff fairly and by developing policies and procedures based on appropriate use of information and evidence. They detect and correct technical errors and artifacts in all processes concerned with the accession, management and processing of specimens.*

*They identify matters that are reportable to the coroner and demonstrate leadership in the organisation to promote safe patient care.*

By the end of training, trainees are not expected to be fully competent in all these areas, however they are expected to have become familiar with managerial tasks by observing and reflecting on the managerial duties of senior anatomical pathologists and to have participated in management-related activities that are appropriate for their stage of training, assuming increasing levels of responsibility as they progress.

The following lists of learning outcomes and suggested activities are a guide as to what trainees should have achieved by the end of training.

### 2.1 Quality Assurance

#### **Outcomes**

- [E] understand the practices related to quality control required in the laboratory;
- [E] understand accreditation requirements;
- [A] apply, review and plan quality assurance strategies for monitoring processes and outputs in the laboratory;
- [A] participate in evaluating the cost-effectiveness of current and proposed laboratory procedures and equipment in the context of limited resources;
- [A] participate in auditor training and practice.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- review summaries of relevant requirements for laboratory accreditation and performance, for example the NATA Checklist for Laboratory Accreditation or equivalent checklists in other jurisdictions;
- participate in case/slide/laboratory/clinical rounds, peer review meetings, external quality assurance (e.g. RCPA QAP) and continuing professional development activities;
- read current literature on quality assurance strategies, risk management, informatics and evidence based medicine in anatomical pathology laboratories;
- participate in workflow checks to ensure effective and efficient laboratory function;
- recognise, report and analyse quality problems when they arise in the laboratory;
- participate in implementing plans for testing and evaluating measures to improve the quality of laboratory practice and patient care;
- attend NATA training courses;
- (after 2012) complete the Quality Management module in the RCPA Education Portal;
- Participate in RCPA committees or represent RCPA on institutional committees.

## 2.2 Laboratory Safety

### Outcomes

- [E] understand laboratory safety procedures to protect self and staff against infection, radiation, toxic materials, electrical and fire hazards;
- [E] be familiar with the safety manual and action plans;
- [E] be familiar with actions for exposures and their currency;
- [A] analyse incident reports and near misses to identify opportunities for improvements in practice;
- [A] contribute to the management of staff needs in the event of an adverse event in the laboratory;
- [A] evaluate processes for assessing risk and investigating and reporting hazards, in accordance with legal aspects of investigation and disclosure after an event.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- participate in biosafety training immediately upon commencing work in the laboratory;
- participate in the orientation program for new staff members as soon as practicable after commencing appointment;
- schedule meeting with workplace occupational health and safety (OHS) officer early in appointment;
- participate in occupational health and safety drills and meetings, especially fire safety, according to institutional requirements and update as required by the institution;
- participate in training to use equipment for biological, chemical and fire safety, first aid and resuscitation;
- prepare or review incident reports and explore improvements if relevant;
- report incidents and accidents as required by the local protocols;
- follow relevant laboratory safety protocols and report breaches;
- wear appropriate safety (personal protective) equipment when in the laboratory;
- ensure relevant personal vaccinations are completed prior to commencement of duties;
- complete the personal safety checklist (mandatory) in Appendix 8;
- complete the Laboratory Safety module in the in the RCPA Education Portal.

## 2.3 Compliance with Legislation

### Outcomes

- [A] demonstrate basic knowledge of requirements of Approved Pathology Provider (Australia) legislation or other relevant undertakings;
- [A] operate with awareness of the potential for medical litigation and the role of pathologists as defendants or consultants, and apply appropriate risk management strategies;
- [A] ensure laboratory compliance with current requirements for notifiable diseases;
- [A] identify acceptable standards of billing practice appropriate to the work setting.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- review reports and seek advice from appropriate senior staff;
- locate sources of pathology financing information, e.g. Medicare Benefits Schedule, Health Insurance Act or other documentation relevant to your jurisdiction;
- document incidents and discussions with medico-legal implications and discuss with supervisor or a senior colleague;
- review laboratory manuals and State/Territory/national legislation regarding notifiable diseases;
- maintain currency with the relevant requirements for notifiable diseases;
- complete the Laboratory Safety module in the RCPA Education Portal. Log in, then click on the "All Trainees" tab, which reveals the General Curriculum Resources section.

## 2.4 Managing People

### Outcomes

- [E] be familiar with orientation and training protocols for new staff;
- [E] display skills in avoiding, managing and resolving conflict in the workplace;
- [E] behave in accordance with equal opportunity and antidiscrimination practices in the workplace;
- [E] understand and reflect on effective team work and the importance of valuing all staff;
- [A] develop the skills needed to mentor, supervise and provide constructive feedback to staff.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- participate in staff and business meetings in the workplace;
- observe administrative procedures in relation to selection and appointment of staff;
- observe administrative procedures concerned with rosters;
- reflect on observations of interactions in the workplace, especially those concerned with biosafety and those with the potential to involve conflict;
- read articles and attend local courses, where available and funded, including but not limited to: staff appraisal, staff selection and review, the exit interview, conflict management, equal opportunity processes, anti-discrimination;
- participate in training on giving and receiving feedback and/or read articles on the subject;
- assist in the orientation and mentoring of junior colleagues;
- take opportunities to participate as trainee representative on College and State/regional committees;
- (after 2012) complete the Ethics module in the RCPA Education Portal.

## 2.5 Managing resources

### Outcomes

- [E] demonstrate judicious use of auxiliary investigations and immunohistochemical stains;
- [A] describe budgetary considerations in an established anatomical pathology laboratory;
- [A] describe issues concerned with the assessment, procurement, installation, maintenance and use of laboratory equipment and electronic information systems;
- [A] identify sources of funding for laboratory testing;
- [A] demonstrate ability to read a balance sheet;
- [A] describe ways to reduce expenditure without reducing quality;
- [A] observe processes for formulating plans to ensure budgetary integrity.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- review laboratory budget reports including income, expenditure, salary, overtime, annual leave and sick leave costs, maintenance and consumables costs and discuss with senior staff any discrepancies noted or ideas to ensure budget integrity;
- participate as an observer in committees concerned with resource management;
- attend training sessions concerned with implementing new technology, noting costs and benefits of the technology;
- attend local courses where available and funded, including but not limited to: reading financial statements and budgeting;
- (after 2012) complete the Quality Management module in the RCPA Education Portal.

### 3 OTHER PROFESSIONAL FUNCTIONS OF THE ANATOMICAL PATHOLOGIST

*Anatomical pathologists have responsibilities with regard to the processes of scientific inquiry, research and education. They maintain professional competence throughout their careers, by keeping up-to-date with new knowledge in both the technical aspects of anatomical pathology and the wider professional aspects, and they integrate this knowledge into their practice. They contribute to advancing knowledge and/or enhanced practice in anatomical pathology. They critically appraise scientific literature and contribute to the collection, analysis and interpretation of data relating to the quality of health care.*

*They contribute to the education of peers, trainees, other health care providers and to the understanding of anatomical pathology by the wider community.*

By the end of training, trainees should be able to critically appraise scientific literature and research in anatomical pathology and be sufficiently skilled in the methods of scientific enquiry to conduct a small scale laboratory investigation or to participate in a larger scale research study and to present the findings. They should have developed the self discipline to support the habit of lifelong self education. Through personal experience and observation, they should have sufficient understanding of teaching and learning to be able to mentor and supervise junior staff and to conduct educational sessions for colleagues and for the general community.

The following lists of learning outcomes and suggested activities are a guide as to what trainees should have achieved by the end of training.

#### 3.1 Research and critical appraisal

##### **Outcomes**

- [E] critically appraise sources of medical information, discriminating between them in terms of their currency, format, authority and relevance;
- [E] develop the ability to ask research questions, plan and perform research and be familiar with research tools and approaches used by basic laboratory scientists;
- [E] apply and interpret basic statistical and epidemiological concepts and data;
- [A] develop a personal strategy, using IT software where appropriate, to discover, store, access and share information resources;
- [A] demonstrate skill in developing a research proposal, conducting appropriate research activities and writing up for peer review/publication;
- [A] comply with the requirements of relevant bodies concerned with ethics in human and animal research;
- [A] prepare reports and papers for publication that comply with the conventions and guidelines for reporting biomedical research;
- [A] contribute to data analysis and publication in the department;
- [A] collaborate with and acknowledge clinical colleagues in research endeavours.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- undertake laboratory projects under supervision and write up for submission for publication;
- participate in and present cases, reviews and original work, to peers at grand rounds, specialist meetings, journal club, etc;
- attend research meetings;
- contribute to writing research proposals and ethics submissions;
- use clinical and laboratory databases for research for collecting, organising and analysing data;
- use a standard bibliographic application (e.g. EndNote) to download citations from a literature search and organise them into a personal database;
- read reference material on basic statistical concepts including distribution, mean, median, standard deviation, statistical significance, confidence intervals, correlation, sensitivity, specificity, predictive values, incidence and prevalence;

- consult a medical librarian, statistician or researcher;
- prepare articles for publication;
- give oral and poster presentations at scientific meetings.

### 3.2 Undertaking Self-Education and Continuing Professional Development

#### Outcomes

- [E] as part of a personal continuing education strategy, practice the habit of identifying and documenting own learning needs, planning educational strategies to meet them, monitoring achievements through self-assessment and reflecting on the outcomes;
- [E] identify personal learning preferences and reflect on how effective they are in developing competence
- [E] demonstrate up to date knowledge of and ability to appraise medical and pathological literature and innovations in areas relevant to anatomical pathology.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- formulate a personal learning plan;
- complete an online learning style inventory and explore a variety of ways to learn;
- apply various computer-based instructional tools, such as electronic tutorials for confirming or updating knowledge and skills;
- review RCPA CPDP documentation to identify and apply activities and recording strategies that may be applicable;
- select appropriate mentors to guide professional activities;
- regularly review journals relevant to anatomical pathology and participate in or lead discussions on contemporary issues;
- participate in and present personal work at relevant educational meetings and journal clubs;
- participate in case/slide/laboratory/clinical rounds, peer review meetings, external quality assurance (e.g. RCPA QAP) and continuing professional development activities.

### 3.3 Educating Colleagues and others

#### Outcomes

- [E] prepare and deliver educational sessions, incorporating the principles of adult learning, using effective oral, visual or written modes, and reflect on their effectiveness
- [E] contribute to the informal education of laboratory personnel, peers, medical students and other health professionals;
- [E] translate and convey technical concepts and information in an understandable manner to people without a background in anatomical pathology.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- participate in and contribute to departmental teaching sessions, clinicopathological meetings, conference presentations;
- prepare posters or educational articles of scientific investigations in pathology and present to peers and other health professionals;
- develop assessment or educational modules for RCPA;
- teach colleagues to use new laboratory equipment and IT software and hardware;
- mentor students and other trainees and advise on effective preparation for examinations;
- read journals relevant to anatomical pathology, including articles on teaching strategies;
- participate in training on the effective teaching and supervision of adult learners in laboratory and clinical settings, such as the “Teaching on the Run” program;
- seek evidence of own teaching effectiveness.

## 4 GENERIC PROCESSES EMPLOYED BY ANATOMICAL PATHOLOGISTS

*Anatomical pathologists are required to uphold the legal and ethical responsibilities of the profession and to behave with honesty, diligence, integrity and compassion. Their concern for patient safety and the reputation of the profession should be evident in their daily practice. They use appropriate pathology investigations to ensure timely and accurate patient diagnosis and they maintain their professional competence throughout their career. They conduct respectful communications with colleagues, patients and others in the health services and are skilled in a variety of modes of communication and are able to use them appropriately, depending on the circumstances. They respect patient confidentiality and rights and conduct themselves in a professional manner at all times.*

During training, trainees should reflect on and strive to adopt the attitudes and values that underpin professional practice and take advantage of opportunities to extend themselves in these areas so that, by the end of training, they are fully able to assume their professional responsibilities. They should reflect on where their own interests anatomical pathology lie and access appropriate expert advice to assist in career development.

The following lists of learning outcomes and suggested activities are a guide as to what trainees should have achieved by the end of training.

### 4.1 Patient Safety

#### Outcomes

- [E] promote timely and appropriate use of pathology investigations;
- [E] apply risk management strategies to minimise errors;
- [E] advocate for, and protect, patient rights.
- [E] promote understanding of health and disease, including relevant epidemiology and public health issues, to patients, clinicians and the community.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- access and read relevant sections of the National Patient Safety Education Framework document or similar local documents;
- (after 2012) complete the Quality Management module and the Ethics module in the RCPA Education Portal.

### 4.2 Ethics and Confidentiality

#### Outcomes

- [E] practice ethically, which includes:
  - prompt reporting;
  - interacting appropriately with clinicians, laboratory staff and other health professionals;
  - knowing when to seek opinion from others;
  - financial probity;
- [E] comply with legal, ethical and medical requirements relating to patient records and documentation, including confidentiality, informed consent and data security;
- [E] differentiate between ethically appropriate and ethically inappropriate procedures;
- [E] identify appropriate courses of action in regard to unprofessional conduct by or ill health in a colleague;
- [E] comply with copyright and intellectual property rules;
- [E] recognise and respect cultural and religious factors impacting on professional practice;
- [E] describe strategies to ensure equity of access to pathology testing for patients.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- review appropriate literature and guidelines including the National Patient Safety Education Framework or similar local documents;
- read the most recent Australian Medical Association Code of Ethics
- read the Australian Medical Council Good Medical Practice Code of Conduct
- access and read documents relating to cultural competence, including those concerning indigenous people, such as Aboriginal and Torres Strait Islander and Maori people
- reflect on professional behaviour of self and others, identifying potential for ethical dilemmas and strategies to deal with them;
- (after 2012) complete the Ethics module in the RCPA Education Portal;
- complete relevant activities from the Monash University Clinical Ethics Resource (<http://mnhs-teaching1b.med.monash.edu.au/Public/Clinical%20Ethics/>)

### **4.3 Communication**

#### **Outcomes**

- [E] employ effective oral, written and electronic communication strategies, including the production of concise, grammatically correct written reports;
- [E] use appropriate language in all communications, showing awareness of cultural and linguistic diversity;
- [E] demonstrate good interpersonal communication skills such as active listening and accepting and offering appraisal;
- [E] comply with guidelines for handling sensitive information;
- [E] communicate with laboratory staff about testing methodologies, quality assurance techniques and delineating protocols for the issuing of results;
- [E] advise clinicians on the choice and performance of laboratory procedures and the interpretation and relevance of pathological findings, taking into account clinicians' and patients' needs;
- [E] consult with clinical specialists and pathologists on issues of patient care and professional practice and in seeking and providing referral opinion on difficult cases.

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- participate in training sessions on communications, cross-cultural communications, presentation skills, etc;
- compose written reports at an appropriate level of responsibility and seek feedback from supervisor, colleagues and clinicians;
- document telephone communication of pathological findings, interpretations, clarification of requests and complaints where appropriate, seeking feedback from supervisors and colleagues;
- read documents relating to etiquette and proper use of electronic communications;
- consult style guides for correct use of grammar and terminology for written communications;
- give oral presentations and seek feedback on them.

#### **4.4 Collaboration and teamwork**

##### **Outcomes**

- [E] contribute effectively to the activities of laboratory and health care teams, recognizing responsibilities and limitations of own role.
- [E] consult with laboratory colleagues, other medical practitioners and health care professionals
- [E] contribute effectively to inter-disciplinary team activities, such as peer review sessions and other education and quality activities, recognizing responsibilities and limitations of own role
- [E] promote the role of anatomical pathologists as vital contributors to patient care

***With the advice of your supervisor, select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg,***

- identify the elements of an effective team and reflect on your observations of teams in your work place and others with which you interact;
- network and share information with colleagues, using available technologies;
- plan, organise and review teaching activities, together with supervisor, peers and laboratory staff;
- participate in mentoring programs;
- participate in College activities and meetings;
- participate in departmental meetings;
- participate in collaborative research and prepare collaborative publications.

## Section 3

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## Appendix 1

### Basic Pathological Sciences Examination

All Trainees must pass or be exempted from the Basic Pathological Sciences examination. The examination may be taken before commencement of training and is open to any intern, medical or dental student in their final year as well as registered trainees.

A pass in Basic Pathological Sciences is not a prerequisite for Part I examinations, but a pass or exemption must be achieved before proceeding to sit the Part II slide examination.

The purpose of the Basic Pathological Sciences Examination is to assess the candidate's familiarity with the most important pathological processes and biological principles of disease that form essential knowledge for any medical graduate who considers a career in the pathological disciplines if not any medical specialty.

The examination has become necessary because of recent changes in the curricula of many if not all medical schools in Australia where a shift away from pathology as a 'core discipline' has occurred. Hence an understanding of basic patho-biological processes is no longer guaranteed in many medical graduates. However, such 'core knowledge' is essential for a successful start into the training program and satisfactory progress.

The Basic Pathological Sciences examination assesses:

- scientific knowledge that can be found in undergraduate, up-to-date textbooks of pathology;
- the principles of scientific methodology that underpin the daily diagnostic work of pathologists, including antibody technology, molecular biology and cytogenetics;
- factual knowledge of what was once described as "general pathology", comprising mechanisms of cellular injury, cellular growth and cell death, inflammation and tissue repair, haemodynamic disorders, genetic disorders, immunity, environmental hazards, neoplasia and infectious diseases;
- (a basic, general understanding of) newer scientific methods that have led to advances in understanding of the mechanisms of disease, such as molecular cloning, adult and embryonic stem cells, molecular and cytogenetic methods in the diagnosis of disease and prediction of disease outcome, etc.

#### ***Examination Format and Content***

The examination is a single 2.5 hour paper of 100 multiple choice questions.

Candidates are expected to know base subjects in pathology disciplines other than that in which they are primarily training, so they can make intelligent assessment of results, at least equal to that of their clinical colleagues.

The exam will **concentrate** on the following general subjects (please note that the list of examples is not exhaustive):

- Cellular pathology (cell growth and ageing, cell injury and death)
- Acute and chronic inflammation, healing and repair
- Immunity (building blocks of the immune system, hypersensitivity reactions, autoimmune diseases, AIDS, amyloidosis)
- Haemodynamic disorders (oedema, thrombosis, embolism, infarction, shock)
- Genetic basis of disease (genetic mechanisms of disease; basic knowledge of the more common genetic diseases as well as an understanding of commonly-used genetic tests)

- Microbiology (general principles of microbial pathogenesis, common viral and bacterial infections, the most common parasitic and fungal infections)
- Neoplasia (biology of benign and malignant tumours, epidemiology of cancer, molecular and cellular oncogenesis)
- Occupational and environmental pathology (common toxins and manifestations in the human body, such as asbestos, smoking, industrial toxins)
- Nutrition, metabolism (common nutritional deficiencies, obesity)
- Acid-base balance and fluid/electrolyte disturbances (basic physiological and pathophysiological mechanisms).

In each of these subjects, emphasis will be placed on:

- Nomenclature and definitions of disease
- Classification of diseases
- Disease processes/pathogenesis
- Causation/aetiology
- Scientific methodology and new diagnostic methods
- Ethics, social and political aspects of pathology and disease
- Analysis of data (e.g. incidence, prevalence, accuracy, precision, predictive value, correlation).

## Appendix 2

### Part I assessment

Assessment in Part I is by

- Formal examinations;
- A portfolio of evidence of having participated in a sufficient number and type of activities;
- Satisfactory progress (supervisor's) reports.

#### ***Part I formal examination***

Candidates should present for the Part I examination in the third (3<sup>rd</sup>) year of training.

The Part I examinations test knowledge of disease processes and diagnostic ability. The examinations are broad based and may test knowledge across the general field of Anatomical Pathology, the understanding of disease processes, the ability to recognise and describe gross and microscopic lesions, competence in clinicopathological correlation, and knowledge of laboratory techniques, including occupational health and safety related issues. The focus is on ability to recognise patterns and communicate findings for common, diagnosable conditions and rare conditions with classic appearance.

The examination is held at designated examination centres and has two components:

- A 3 hour 15 minute essay-type written paper;
- A 4 hour practical examination of 20 cases that will consist entirely of histopathology slides (biopsy, surgical and autopsy pathology).

Each component of the Part I examination will be assessed as pass, borderline or fail. A borderline result is not to be considered a "borderline pass".

As a guide, ordinarily for the written paper, a fail grade is considered to be <46%, a borderline result as 46 to 50%, a clear pass as > 51% and a meritorious pass as > 60%.

#### ***Examination exemption guidelines for unsuccessful Part I candidates***

No candidate having obtained a fail grade in either component of the examination will ordinarily be granted an exemption from that component.

No candidate receiving a fail in either component will be granted an exemption from the other component, except in the case where the candidate has gained a meritorious pass in the other component where an exemption may be granted at the discretion of the Chief Examiner.

Exemptions for any one component of the Part I examination are only valid for one year.

A candidate with or without exemptions must pass both components of the Part I examination within five years of the first attempt; otherwise he/she will ordinarily be required to re-sit the full examination again.

A candidate cannot proceed to any component of the Part II examination until both components of the Part I examination have been completed successfully.

The Part I and Part II examinations must ordinarily be sat in separate years.

The College does not restrict the number of attempts a candidate may have to pass examinations. However, if the Part II examination is not completed within 5 years of passing or being granted exemption from Part I, the candidate will need to either pass Part I again or gain exemption from it.

## ***Portfolio for Part I***

The hard copy portfolio must be made available to the Supervisor to check periodically. A print-out of the portfolio summary spreadsheet must be included as the front page of the portfolio.

The hard copy portfolio and summary spread sheet will be checked for completeness by the supervisor before the Part I examination. It is strongly recommended that Trainees commence these activities at the earliest possible time after commencing training.

Portfolio activities include:

- **Personal safety checklist:** must be completed as soon as practicable after commencing training.
- **Autopsies:** Trainees should take advantage of every opportunity to participate in or perform autopsies (as appropriate to their level of experience) as the required number must have been signed off as satisfactory before attempting the autopsy assessment. The College recommends that Trainees be given the required autopsy and paediatric rotations before attempting the Part I examination, as this material is examinable in Part I. Please refer to the Autopsy Assessment DOPS form and the Autopsy sign-off form.  
**NB:** the autopsy assessment may be done at any time during training and must have been marked as satisfactory before applying for Fellowship.
- **Cut-up:** A minimum number is required before the Part I examinations. Please refer to the Cut-up DOPS form for details.
- **Histochemical stains:** May be done before the Part I examinations but the minimum number is not required until Part II. Please refer to the Histochemical Stains DOPS form for details
- **Surgical cases:** By the completion of training, a minimum number must be logged and the required number of these must have been signed off using the Surgical Case sign off form. Trainees should aim to have at least half completed before the Part I examinations.
- **Frozen sections:** a minimum number is required before the Part I examinations. Please refer to the Frozen Section sign off form.
- **Cytology:** By the completion of training, the trainee must have been involved in the required number and must have spent the required period in cytology. Please refer to the Cytology sign off form.
- **Ancillary techniques:** these include **immunofluorescence, immunohistochemical, electron microscopy and molecular techniques:** Throughout training, trainees should log these cases in the logbook. There is no minimum requirement for Part I.
- **Clinical meetings:** A minimum number is required before the Part I examinations. Please refer to the Clinical Meeting sign-off form.
- **Personal professional development (PPD) activities:** A minimum number is required by the completion of training.
- Up-to-date portfolio summary spread sheet (download the form from the RCPA website).

Detailed instructions are included on the forms that must be used to record the activities. The forms and logbook pages are in **Appendix 8**. Guidelines for activities related to personal professional development are in **Appendix 6**. The portfolio spread sheet (Excel file) may be downloaded from the RCPA website.

The portfolio and summary spreadsheet must be provided to the supervisor to review when they are preparing the supervisor's report. A print-out of the summary spreadsheet should be appended

to the supervisor's report which is sent to the College prior to enrolling for the Part I examination. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Censors. The signatories and trainee may be contacted to confirm evidence of satisfactory completion. **NOTE:** The portfolio itself should not be sent to the College unless requested for audit.

### **Supervisor's Reports**

Trainees must submit a Supervisor's report for each year of training, including periods of rotation. Please refer to *RCPA Trainee Handbook – General Requirements* for key dates for submitting these reports.

It is the Trainee's responsibility to ensure that Supervisor's reports are completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The report form can be downloaded from the website:

<http://www.rcpa.edu.au/Careers/Training/SupervisorReports.htm>

### **Summary of assessment requirements for Part I**

<b>Item</b>	<b>Completion</b>	<b>Assessed by</b>	<b>Comments</b>
Essay-type written paper	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	
Practical slide examination	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	Slides
Portfolio of evidence of having completed specified workplace activities	Year 3 before sitting for the Part I examination.	Portfolio summary spreadsheet is checked for completeness by BOC Registrar. If not satisfactory, the candidate may be required to undertake further activities.	Supervisor will review the hard copy portfolio before enrolling for the Part I examination.  The portfolio should not be sent to the College unless requested for audit
Autopsy assessment	May be completed before Part I but not a Part I requirement. Recommended that Trainees be given autopsy and paediatric rotations before Part I.	Assessed by Chief Examiner or delegate.	Completed report to be submitted to College. Must be completed by the end of training.

### **Assessment calendar**

Please refer to the *RCPA Training Handbook – General Requirement* (on the RCPA website) for key assessment dates.

## Appendix 3

### Part II assessment

This more advanced training encourages diversity, specialisation and investigation within fields of Anatomical Pathology however knowledge of the wide field of Anatomical Pathology is still expected. Trainees must show continued development and enhancement of their professional skills and expertise and a higher standard of professionalism than that of the Part I is expected.

Success in Part II assessment leads to Fellowship, which may currently be obtained via the Anatomical Pathology stream or the Research stream. Assessment for candidates in each stream is through

- Formal examinations;
- A portfolio of evidence of having participated in a sufficient number and type of activities;
- Satisfactory progress (supervisor) reports.

All components must be passed to gain an overall pass at Part II.

#### **Examinations**

The examination has four components. Candidates who are successful in the histopathology slides, the small biopsy and cytology examinations will be invited to proceed to the oral examination.

##### **Histopathology slide examination:**

This examination may not ordinarily be taken until the final year of training. It is a four (4) hour practical examination of 15 cases consisting entirely of histopathology slides (biopsy, surgical and autopsy pathology). The examination is held at designated examination centres.

In some cases, the diagnosis may not be straightforward or there may be no definite diagnosis. The emphasis will be on rational and scientific approaches to differential diagnosis as part of problem solving in diagnostic Anatomical Pathology.

Candidates who fail the first attempt may repeat the slide examination later in the same year. Candidates who obtain a borderline result in this examination will be invited to participate in the oral examination, however, they will be examined on an additional 6 to 10 cases through discussion of these cases across a double header microscope, with either the Chief or Associate Chief Examiner or other senior examiner. This opportunity will be at the discretion of the Chief Examiner and will not be available to any candidate obtaining a clear fail result.

##### **Small biopsy examination:**

The examination may be taken after passing the Part I examinations, in either the fourth or final year of training. Candidates progress through a series of stations which examine ability to interpret slides and photographs. This is a 2 hour 30 minute examination and will be held centrally at the same time as the structured oral examinations. Candidates who fail the first attempt may repeat the examination the following year.

There will be up to 15 cases, testing frozen sections, small biopsies, special stains, immunoperoxidase slides, photographs of immunofluorescence and electron micrographs.

Some cases may have multiple components, eg, biopsy slides, plus immunofluorescence photographs, plus electron micrographs.

### **Cytology examination:**

The examination may be taken after passing the Part I examinations, in either the fourth or final year of training. Candidates progress through a series of stations. The cases examined at most stations will represent examples of important and common diseases and classical, less common disorders that may be encountered in day-to-day cytology practice. This is a two hour examination and will be held centrally at the same time as the structured oral examinations. Candidates who fail the first attempt may repeat the examination the following year.

### **Structured oral examination:**

The structured oral examination is held centrally for candidates who have passed the slides, small biopsy and cytology examinations. Candidates progress through a set of stations, each examined by a pair of examiners, over a period of approximately one hour. The content of the examination may include discussion of a controversial diagnosis; macroscopic specimens or photographs; OHS incidents, management issues, and issues which a recently qualified Fellow would be likely to have to deal with.

### ***Examination exemption guidelines for unsuccessful Part II candidates***

A pass in any examination component will ordinarily exempt the candidate from that examination. The exemption is only valid for the next examination. Beyond this, candidates must reapply to and be approved by the Board of Censors for any previously granted exemption. At the discretion of the Chief Examiner, however, candidates re-presenting for the histopathology slide examination may also be required to re-present for an oral examination.

### ***Portfolio for Part II***

The hard copy portfolio must be made available to the Supervisor to check periodically. A print-out of the portfolio summary spreadsheet must be included as the front page of the portfolio.

The hard copy portfolio and summary spread sheet will be checked for completeness by the supervisor at the time of the pre-examination supervisor's report. It is strongly recommended that Trainees commence these activities in at the earliest possible time after commencing training.

Portfolio activities include:

- **Autopsies and Autopsy Assessment:** Trainees should take advantage of every opportunity to participate in or perform autopsies (as appropriate to their level of experience) as the required number must have been signed off as satisfactory before attempting the autopsy assessment. Please refer to the Autopsy Assessment DOPS form and the Autopsy sign-off form.  
**NB:** the autopsy assessment may be done at any time during training and must have been marked as satisfactory before applying for Fellowship.
- **Cut-up:** A minimum number is required before the Part II examinations. Please refer to the Cut-up DOPS form for details.
- **Histochemical stains:** A minimum number is required before the Part II examinations. Please refer to the Histochemical Stains DOPS form for details
- **Surgical cases:** A minimum number must be logged and the required number of these must have been signed off using the Surgical Case sign off form.
- **Frozen sections:** a minimum number is required. Please refer to the Frozen Section sign off form.
- **Cytology:** Trainees must have been involved in the required minimum number and must have spent the required period in cytology.

- **Ancillary techniques:** these include **immunofluorescence, immunohistochemical, electron microscopy** and **molecular techniques:** Throughout training, trainees should log these cases in the logbook. There is no minimum requirement for Part I.
- **Clinical meetings:** A minimum number is required. Please refer to the Clinical Meeting sign-off form for Part II trainees.
- **Personal professional development (PPD) activities:** A minimum number is required.
- Up-to-date **portfolio summary spread sheet** (download the form from the RCPA website).

Detailed instructions are included on the forms that must be used to record the activities. The forms and logbook pages are in **Appendix 8**. Guidelines for activities related to personal professional development are in **Appendix 6**. The portfolio spread sheet (Excel file) may be downloaded from the RCPA website

The portfolio and summary spread sheet must be provided to the Supervisor for review when they are preparing the annual Supervisor's report. A print-out of the summary spreadsheet should be appended to the pre-examination supervisor's report which is sent to the College. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Censors. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

**NOTE:** The PPD items should be spiral bound when complete and sent to the College as a component of the Part II assessment. The remainder of the portfolio should NOT be sent to the College unless requested for audit.

### ***Assessment for Research Stream candidates***

Research stream candidates are required to undertake the Part II assessment requirements. The requirements will be advised by the Board of Censor and may include some or all of the following:

- examinations
- a portfolio of evidence of having participated in a sufficient number and type of activities
- satisfactory supervisors' reports

### ***Supervisor's Reports***

Trainees must submit a Supervisor's report for each year of training, including periods of rotation. Candidates for the Part II examination must submit an additional pre-examination Supervisor's report with the appended print-out of the portfolio summary spreadsheet. Please refer to *RCPA Trainee Handbook – General Requirements* for key dates for submitting these reports.

It is the Trainee's responsibility to ensure that Supervisor's reports are completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The report form can be downloaded from the website:

<http://www.rcpa.edu.au/Careers/Training/SupervisorReports.htm>

**Summary of assessment requirements for Part II**

<b>Item</b>	<b>Completion</b>	<b>Assessed by</b>	<b>Comments</b>
Histopathology slide examination	Year 5 (usually May)	Examiners with at least 5 years post-Fellowship experience.	Slides
Small biopsy examination	Year 4 or 5 (August)	Examiners with at least 5 years post-Fellowship experience.	Slides, photographs
Cytology examination	Year 4 or 5 (August)	Examiners with at least 5 years post-Fellowship experience.	Slides
Structured oral examination	Year 5 (August)	Examiners with at least 5 years post-Fellowship experience.	
Portfolio of evidence of having completed specified workplace activities	Final year of training, at the time of the pre-examination supervisor's report	Summary spreadsheet is checked for completeness by BOC Registrar. If not satisfactory, the candidate may be required to undertake further activities.	Supervisor will review the hard copy portfolio when preparing the pre-examination supervisor's report.  The spiral bound completed PPD items should be sent to the College as a component of the Part II assessment.  The remainder of the portfolio should NOT be sent to the College unless requested for audit.
Autopsy assessment	By the completion of training and only after completion of required number of autopsies	Assessed by Chief Examiner or delegate.	Completed report to be submitted to College.

**Assessment calendar**

Please refer to the *RCPA Training Handbook – General Requirement* (on the RCPA website) for key assessment dates.

## Appendix 4

### Guidelines for completing the Supervisor's Report Form

The role and responsibilities of supervisors are outlined in the following documents which are available on the RCPA website:

- RCPA induction manual for supervisors
- Policy (Supervision of Training)

The Supervisor's Report Form can be downloaded from the RCPA website:

<http://www.rcpa.edu.au/Careers/Training/SupervisorReports.htm>

The form should be completed by the Supervisor in consultation with other pathologists and laboratory staff with a significant role in the Trainee's training program and with reference to the Trainee's portfolio.

Trainees must make their up-to-date portfolio and logbooks available to the supervisor for the annual, rotation and pre-examination reviews. For the pre-examination review, a print-out of the portfolio summary spread sheet must also be made available.

The portfolio should include completed forms for:

- autopsies and autopsy assessment
- cut-up
- histochemical stains
- surgical cases
- frozen sections
- cytology
- clinical meetings
- personal professional development
- all previous Supervisors' reports

The logbook should record:

- surgical cases
- ancillary techniques (immunohistochemistry, immunofluorescence, electron microscopy, molecular techniques)

#### Submitting the Supervisor's Report

It is the Trainee's responsibility to ensure that the form is completed and submitted by the due date. At least one Supervisor's Report is due annually for all Trainees and may be submitted with the annual registration for the subsequent year. For Trainees who participate in rotational programs, one report is required on completion of each period of rotation at a different institution.

For Trainees sitting for the Part II examination an additional pre-examination Supervisor's report is due by the date specified in the *RCPA Trainee Handbook – General Requirements* (on the RCPA website). A print-out of the portfolio summary spread sheet must be appended to this report.

Please post this form by the due date to  
The Royal College of Pathologists of Australasia  
207 Albion Street  
Surry Hills NSW 2010 AUSTRALIA

***Faxed reports will not be accepted.***

## Appendix 5

### Portfolio Guidelines

This document contains guidelines and forms to assist Trainees to compile the portfolio, the logbook and the portfolio summary.

The activities to be recorded in the portfolio are carried out in the workplace and provide evidence that the Trainee is developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

Trainees should accumulate evidence for the portfolio from the commencement until the completion of training. Some activities must be completed every year; others must be completed by the due date for the pre-Part II examination Supervisor's report.

We strongly recommend that Trainees commence these latter activities **early in training** and aim to have half of them underway or complete by the time they present for the Part I examination.

The only document in the portfolio requiring submission to the College is the print out of the portfolio summary sheet. The actual portfolio should not be sent unless requested for audit.

The forms for recording these workplace activities are in **Appendix 8**. They can also be downloaded from the RCPA website. They are:

- Personal safety checklist
- DOPS form for cut-up
- DOPS form for histochemical stains
- DOPS form for autopsy assessment
- Consultant sign off form for autopsy
- Consultant sign off form for surgical case reports
- Consultant sign off form for frozen sections
- Consultant sign off form for cytology
- Supervisor sign off form for clinical meetings for Part I
- Supervisor sign off form for clinical meetings for Part II

The hard copy forms should be filed in a **portfolio folder** with ten (10) separate sections, numbered as in the Table of items/activities (overleaf).

A logbook should also be kept for recording

- Surgical cases
- Ancillary techniques (immunohistochemistry, immunofluorescence, electron microscopy, molecular techniques)

Pages for the logbook are included in Appendix 8. We recommend that you preserve them by keeping them in a plastic folder which you keep with you at all times.

A soft copy **portfolio summary** (Excel spreadsheet) should also be compiled so that you can keep track of what you have completed. The spreadsheet can be downloaded from the RCPA website.

It is the Trainee's responsibility to keep both hard and soft copy records **up-to-date**. The Supervisor will review and sign off completed portfolio forms and logbook on the Supervisor's reports. The hard copy portfolio may be audited by the College at the time of the examinations.

	<h2>Anatomical Pathology Portfolio requirements</h2>
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Portfolio Section	Mandatory activities	Evidence
1	<b>Personal safety</b> checklist; to be completed within 3 months of starting training	Personal Safety Checklist. Can be downloaded from the AP Education Portal One only is required during training.
2	<b>Supervisor's report/s</b> for each year and/or rotation	Reports and a brief reflection (maximum 1 page) on the supervisor's comments for each report.
3	<p><b>Autopsy assessment.</b> One (1) autopsy must be formally assessed by 2 examiners, using the DOPS form for Autopsy.</p> <p>Prior to the Autopsy DOPS assessment, participate in or perform (as appropriate to stage of training) a minimum of 10 adult autopsies, and if the autopsy assessment is done on a fetal/perinatal/paediatric case, a minimum of 5 of these autopsies.</p> <p>These must be signed off by an appropriate consultant.</p> <p>The College recommends that Trainees be given the appropriate rotations prior to the Part 1 examination</p>	<p>DOPS form for Autopsy Assessment A separate assessment form for each consultant and a consensus form are to be completed</p> <p>Consultant Sign-off Form for Autopsy This form verifies that the minimum number of autopsies has been completed prior to the autopsy assessment. The form should be sighted by the supervisor before the trainee presents for the formal autopsy assessment.</p>
4	<p><b>Cut-up</b>, observed by a senior member of staff.</p> <p>Cut up at least 9 specimens of mixed complexity, including levels 4 to 7 (see Appendix 8)</p> <p>Refer to the DOPS Cut-up form for details of number to be done in each year and the appropriate person to observe and sign off.</p>	<p>DOPS forms for Cut-up</p> <p>A minimum of 9 forms, each signed by the person who observes the cut-up.</p> <p>All forms for the year should be sighted and signed off on the annual supervisor report.</p>
5	<p><b>Histochemical stains</b>, observed by a senior member of staff</p> <p>Staining of at least 4 specimens before the Part II examination.</p> <p>Refer to the DOPS form for Histochemical Stains for details and the appropriate person to observe and sign off.</p>	<p>DOPS forms for Histochemical Stains</p> <p>A minimum of 4 forms, each signed by the person who observes the procedure.</p> <p>All forms for the year should be sighted and signed off on the annual supervisor report.</p>
6	<p><b>Surgical cases:</b></p> <p>By the completion of training, perform the macroscopic and microscopic assessment of</p> <ul style="list-style-type: none"> <li>• 20 cases of complexity &lt; 5</li> <li>• 20 cases of complexity = or &gt; 5</li> </ul>	<p>Consultant Sign-off Form for Surgical Case Reports.</p> <p>Each case included on this form should be signed by a consultant to verify the trainee's involvement in and responsibility for the case.</p> <p>De-identified copies of signed laboratory reports must also be kept in the portfolio.</p>

7	<p><b>Frozen sections</b> attended, sectioned appropriately and diagnosed correctly. If permitted in the training institution the trainee, under close supervision by the reporting pathologist, should also convey the report to the surgeon.</p> <ul style="list-style-type: none"> <li>• Minimum 5 per year (pre-Part I)</li> <li>• Recommended minimum of 50 over 5 years of training</li> </ul> <p>The trainee must have attended the frozen section for frozen section cases.</p>	<p>Consultant Sign-off Form for Frozen Sections.</p> <p>Each case included on this form should be signed by a consultant to verify the trainee's involvement in and responsibility for the case.</p> <p>De-identified copies of signed laboratory reports must also be kept in the portfolio.</p>
8	<p><b>Cytology</b> A minimum period equivalent to a 3 month rotation in cytology training and exposure in 5 years of training is required.</p> <p>50 gynaecological and 50 non-gynaecological cytology cases are required for the portfolio. This includes <b>attending</b> a minimum of 10 FNA.</p>	<p>Consultant Sign-off Form for Cytology.</p> <p>Each case included on this form should be signed by a consultant to verify the trainee's involvement in and responsibility for the case and to verify that the trainee has spent a minimum period equivalent to three months in cytology. De-identified copies of signed laboratory reports must also be kept in the portfolio.</p>
9	<p>During 5 years of training it is recommended that the trainee report a <b>minimum</b> number of specimens in:</p> <ul style="list-style-type: none"> <li>• Surgical pathology (3000 cases)</li> </ul> <p>Detailed knowledge of ancillary techniques and their application in anatomical pathology is required. There is no minimum number of specimens to be reported.</p> <ul style="list-style-type: none"> <li>• Immunofluorescence/immuno-histochemical techniques</li> <li>• Electron microscopy</li> <li>• Molecular techniques</li> </ul>	<p>Logbook</p> <p>Cases that the trainee has reported should be recorded in the logbook. Individual cases do NOT need to be signed off by a senior.</p> <p>Cases that the trainee has reviewed but not reported should <b>not</b> be included.</p> <p>The supervisor should sight and sign off the logged cases at the periodic supervisor's meetings and at the end-of-year formal review.</p>
10	<p><b>Clinical meetings</b> (CPC, MDT)</p> <p>It is recommended that trainee is assigned to at least one (1) meeting per week.</p> <p><b>Pre-Part 1:</b> 10 meetings per year should be signed off to verify the trainee's participation in <b>preparation</b> and <b>attendance</b></p> <p><b>Post-Part I:</b> 10 meetings per year should be signed off to verify the trainee has participated in <b>preparation</b> and <b>presentation</b> to clinicians.</p>	<p>Supervisor Sign-off Form for Clinical Meetings</p> <p>Each meeting included on this form should be signed by the supervisor to verify the trainee's involvement in the meeting</p> <p>Trainees should also keep a list of cases/entities presented at each meeting</p>
11	<p><b>Personal professional development (PPD)</b> Eight (8) examples are required during training, in which the trainee must be the major contributor to the item presented.</p>	<p>See Guidelines for presenting evidence of Personal Professional Development (Appendix 6).</p>
12	<p><b>Supervisor reports</b> for each year and/or rotation and the prior to the Part II examination.</p>	<p>Reports and a brief reflection on the supervisor's comments for each report.</p>

## Appendix 6

### Guidelines for presenting evidence of Personal Professional Development (PPD)

By the completion of training the portfolio should contain **eight (8)** examples of personal professional development in the area of anatomic pathology, quality and audit or health & safety where the trainee has made the major intellectual contribution to the item presented.

At least **two (2)** of the examples should come from Category A (see below); the remainder from Category A or Category B activities, noting that some activities have a maximum number per portfolio.

Trainees are strongly advised to commence these activities early in training and to aim to have in progress or completed at least half prior to the Part I examination.

The appropriate portfolio documentation and signoff for each activity is summarised in the Table below.

**Submission of PPD items:** All PPD items need to be signed as satisfactory by the Supervisor. When all are completed they can be bound as a single hard copy with spiral binding. Please send this document to the College ONLY when you submit the **pre-Part II** examination Supervisor's report and the Portfolio summary spread sheet.

Category A	Maximum number per portfolio	Documentation in portfolio
<b>Published article</b> or submitted <b>manuscript</b> in a peer reviewed journal where the trainee is the first or a major contributing author	No limit	Copy of article or manuscript with evidence of submission; sign off from the supervisor that the trainee made a major contribution to the work
Presentation of a <b>oral paper</b> at a national or international meeting or conference where the trainee is a major contributor to the work being presented	No limit	Copy of meeting abstract and printout of (eg) Powerpoint slides, etc; sign off from the supervisor that the trainee made a major contribution to the work
Presentation of a <b>poster</b> at a national or international meeting or conference where the trainee is a major contributor to the work being presented and is significantly responsible for the production of the poster	No limit	Copy of meeting poster abstract and A4 or A3 printout of mini version of the poster; sign off from the supervisor that the trainee made a major contribution to the work and production of the poster
Presentation of a <b>formal research proposal</b> for original research in an area of anatomic pathology or a related scientific field in a format that could be submitted to an appropriate research funding body. The trainee should be a major contributor to the work being proposed	One per portfolio	Copy of the research proposal; sign off from supervisor that the trainee made a major contribution to the production of the work.

<b>Category B</b>	Maximum number per portfolio	Documentation in portfolio
<p><b>Oral presentation</b> by the trainee of a topic, or case / cases at a hospital meeting, clinical meeting, regional meeting or grand round where the trainee had a major contribution to preparing and delivering the presentation</p>	Two per portfolio	Copy of documentation including printout of (eg) PowerPoint slides etc from the presentation; sign off by supervisor that the trainee made a major contribution to preparing and delivering the presentation
<p>Presentation of a <b>written report</b> on an <b>audit activity</b> in AP undertaken by the trainee or where the trainee made a major contribution to the item.</p>	Two per portfolio	Copy of the written report; sign off from the supervisor that the trainee made a major contribution to the production of the work. Sign off by the supervisor on the adequacy of the report.
<p>Presentation of a <b>written report</b> on a <b>complex case</b> in AP with appropriate discussion of the relevant points and issues; worked up and reported by the trainee.</p> <p>Please see Appendix 7 for Guidelines for written case reports.</p>	Three per portfolio	Copy of the written case report; sign off from the supervisor that the trainee made a major contribution to the reporting of the case. Sign off by the supervisor on the adequacy of the report.
<p>Prepare and present <b>pathology teaching sessions</b> (lecture/seminar) for medical students, lab staff, GPs etc</p>	Two per portfolio	Copy of the teaching material (PowerPoint slides, brochure etc); sign off from the supervisor that the trainee made a major contribution to the preparation and delivery of the session.

## Appendix 7

### Guidelines for written case reports

#### Requirements

The cases must have been handled personally by the Trainee as part of their supervised training.

The written report should be

- Written to a standard suitable for publication;
- no more than 10 pages of single spaced type;
- the discussion, clinico-pathological correlation must be at least twice as long as the remainder of the report;
- the appraisal of the cited literature should be critical and selective;
- the reference list should include 15 - 30 references, including recent peer-reviewed literature;
- photomicrographs and illustrations must be high quality.

Signed declarations of originality from the Trainee and Supervisor must be included with each case report:

**Trainee's declaration:** "I certify that I reported this case as part of my personal supervised practice during my accredited training in Anatomical Pathology during the past 12 months. The case report is original. It has not been submitted for assessment and has not been used by any other Trainee.

**Supervisor's declaration:** "As the supervisor for Dr. ...., I certify this case was examined and reported personally by Dr. .... during training in Anatomical Pathology. The case report is original and has not been used by any other Trainee."

#### Assessment

Case reports will be assessed as satisfactory or unsatisfactory. A case report that is assessed as unsatisfactory may be revised and re-submitted one time only.

## Appendix 8

### Forms and Logbook pages

Appendix 8 contains master copies of forms to be used to record activities for the portfolio. Please make as many copies as you need and file the completed forms safely in the portfolio folder.


The forms are

- Personal safety checklist 41
- DOPS form for cut-up 42
- DOPS form for histochemical stains 43
- Consultant sign off form for autopsy 44
- DOPS form for autopsy assessment 45
- Consultant sign off form for surgical case reports 49
- Consultant sign off form for frozen sections 50
- Consultant sign off form for cytology 51
- Supervisor sign off form for clinical meetings for Part I 54
- Supervisor sign off form for clinical meetings post Part I 55

Appendix 8 also contains master copies of logbook pages. Eventually the College may supply a logbook. In the meantime, please make as many copies of the logbook pages as you need and file the completed forms safely in a plastic folder.

The logbook pages are for

- Surgical cases 53
- Ancillary techniques, including immunofluorescence, immunohistochemistry, electron microscopy and molecular techniques 54

 <p><b>RCPA</b> The Royal College of Pathologists of Australasia</p>	<h2>Personal safety checklist</h2>
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- I have participated in a laboratory safety induction program or educational session
- I have reviewed the laboratory safety manual
- I know where to find the laboratory safety equipment and how to use it
- I have known immunity to hepatitis B (natural or vaccine)
- I have been vaccinated and/or screened for other infectious diseases as required by my laboratory
- I know how and when to wash my hands and carry this out
- I wear enclosed shoes in the laboratory and tie back long hair if applicable
- I wear appropriate protective clothing (gown, gloves, goggles, mask as needed) and always remove it before leaving the laboratory
- I cover any cuts or wounds before working in the laboratory
- I never eat or put anything in my mouth whilst in the laboratory
- I know how to handle blood and other body substances and tissues to avoid transmission of infection to myself and others
- I know how to prevent sharps injury
- I am aware of electrical, chemical, radiation and biological hazards and how to prevent them
- I know what to do in an emergency
- I know the procedure for reporting safety-related incidents
- I know where to find information about legislative requirements for laboratory safety
- I know where to find detailed information about laboratory hazards such as dangerous chemicals
- I always clean up after myself
- I set up my workspace and ensure correct posture and lifting technique so as to avoid strain and injury


Name:


Sign:

Witness (supervisor or senior pathologist):

Date:

 <h1 style="margin: 0;">RCPA</h1> <p style="margin: 0;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Anatomical Pathology DOPS Form for Cut-up</h2> <p style="margin: 0;">(DOPS = Directly Observed Practical Skill) This form is to be completed by the observer</p>																		
<p><b>How to use this form</b></p> <p>Cut-ups are to be observed by an appropriate senior member of staff (see below). The trainee should cut up at least 20 specimens, including complexity levels 4 to 7, of which 9 should be assessed using this form. (Complexity levels – see Trainee Handbook Appendix 9)</p> <p>Use a <b>separate form</b> for each instance of cut-up.</p> <p><b>All completed Cut-up forms for the year are to be retained in the portfolio, whether pass or fail, and should be sighted by the supervisor and signed off on the annual supervisor report.</b></p>																			
<b>Trainee name</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>Trainee ID</b></td> <td style="width: 25%;"><b>Stage of training</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>Y1    Y2    Y3    Y4    Y5</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="3">if &gt;Y5 please specify</td> </tr> </table>	<b>Trainee ID</b>	<b>Stage of training</b>				Y1    Y2    Y3    Y4    Y5				if >Y5 please specify								
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<b>Observer/Assessor name</b>	<p><b>Observer/Assessor position</b></p> <p><input type="checkbox"/> Consultant Anatomical Pathologist    <input type="checkbox"/> Senior registrar  <input type="checkbox"/> Senior scientist with appropriate cut-up qualifications</p>																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 25%;"><b>Number per year required</b></td> <td style="width: 60%;"><b>Person who should observe cut-up and sign form</b></td> </tr> <tr> <td>Year 1</td> <td>4 (1 in first 3 months)</td> <td>Post-part 1 registrar or more senior</td> </tr> <tr> <td>Year 2</td> <td>2 (6 months apart)</td> <td>Post-part 1 registrar or more senior</td> </tr> <tr> <td>Year 3</td> <td>1</td> <td>Post-part 1 registrar or more senior</td> </tr> <tr> <td>Year 4</td> <td>1</td> <td>Consultant</td> </tr> <tr> <td>Year 5</td> <td>1</td> <td>Consultant</td> </tr> </table>		<b>Number per year required</b>	<b>Person who should observe cut-up and sign form</b>	Year 1	4 (1 in first 3 months)	Post-part 1 registrar or more senior	Year 2	2 (6 months apart)	Post-part 1 registrar or more senior	Year 3	1	Post-part 1 registrar or more senior	Year 4	1	Consultant	Year 5	1	Consultant	
	<b>Number per year required</b>	<b>Person who should observe cut-up and sign form</b>																	
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Year 3	1	Post-part 1 registrar or more senior																	
Year 4	1	Consultant																	
Year 5	1	Consultant																	
<p><b>Type of cases (tick box)</b></p> <p><input type="checkbox"/> routine surgical biopsy  <input type="checkbox"/> case requiring special technique  <input type="checkbox"/> case involving liaison with other pathology disciplines or clinicians  <input type="checkbox"/> other (please specify)</p>																			
<p><b>Complexity of cases (tick box)</b></p> <p><input type="checkbox"/> low (2 or 3)                      <input type="checkbox"/> medium (4)                      <input type="checkbox"/> high (5-7)</p>																			
<p><b>Please comment on any relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)</p>          																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><b>Final outcome (please circle)</b></td> <td style="width: 25%;"><b>Date of assessment</b></td> <td style="width: 20%;"><b>Time taken for assessment</b></td> <td style="width: 20%;"><b>Time taken for feedback</b></td> </tr> <tr> <td>Satisfactory    Not Satisfactory</td> <td></td> <td></td> <td></td> </tr> </table>	<b>Final outcome (please circle)</b>	<b>Date of assessment</b>	<b>Time taken for assessment</b>	<b>Time taken for feedback</b>	Satisfactory    Not Satisfactory				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Signature of assessor</b></td> <td style="width: 40%;"><b>Signature of trainee</b></td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	<b>Signature of assessor</b>	<b>Signature of trainee</b>								
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<p><b>How to use this form</b></p> <p>Trainees are to be observed by an appropriate senior member of staff (see below) processing and staining at least 4 specimens before the Part II examination.</p> <p>Please select from the list of stains below and use a <b>separate form</b> for each specimen.</p> <p><b>Completed forms for are to be retained in the portfolio, whether pass or fail</b>, and should be sighted by the supervisor and signed off on the annual supervisor report.</p>					
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1    Y2    Y3    Y4    Y5 if >Y5 please specify		
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b> <input type="checkbox"/> consultant anatomical pathologist <input type="checkbox"/> senior registrar <input type="checkbox"/> senior scientist			
<b>Case number</b>					
<b>Stains (tick box)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> H&amp;E  <input type="checkbox"/> Masson's trichrome  <input type="checkbox"/> lipid stain  <input type="checkbox"/> PAS  <input type="checkbox"/> PAS + diastase                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> PERLS  <input type="checkbox"/> Reticulin  <input type="checkbox"/> Grocott  <input type="checkbox"/> Wade Fite  <input type="checkbox"/> Gram  <input type="checkbox"/> other (please specify)                 </td> </tr> </table>				<input type="checkbox"/> H&E <input type="checkbox"/> Masson's trichrome <input type="checkbox"/> lipid stain <input type="checkbox"/> PAS <input type="checkbox"/> PAS + diastase	<input type="checkbox"/> PERLS <input type="checkbox"/> Reticulin <input type="checkbox"/> Grocott <input type="checkbox"/> Wade Fite <input type="checkbox"/> Gram <input type="checkbox"/> other (please specify)
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## Anatomical Pathology DOPS form for Autopsy Assessment

(DOPS = Directly Observed Practical Skill)  
This form is to be completed by the observer

### How to use this form

Two assessors from the following categories are required to observe the trainee conducting an autopsy:

- a) Departmental Autopsy Service supervisor  
and one of the following
- b) RCPA Fellow (in AP or GP) external to the department – preferred
- c) RCPA Fellow (in AP or GP) other than the autopsy supervisor

Please print the three (3) DOPS form for Autopsy Assessment on the following pages. The forms for Assessors 1 and 2 should be completed by each assessor independently. The third copy should record their consensus assessment.

If the formal DOPS autopsy assessment is on an adult case, a minimum of 10 adult autopsies must have been completed and signed off on the Consultant Sign-off Form for Autopsy prior to the assessment. If the DOPS assessment is on a fetal/perinatal/paediatric case, prior sign-off on a minimum of 5 fetal/perinatal/paediatric autopsies is required.

The autopsy report should include:

- clinical history and investigations, including maternal history in a fetal or perinatal case
- external examination
- macroscopic dissection
- microscopy
- ancillary investigations
- diagnosis
- clinico-pathological correlation including a discussion of the diagnosis/cause of death relating to underlying aetiology and recurrence risk


On completion of the assessment, please send the following documents to the College


- the three (3) completed Autopsy Assessment DOPS forms, from Assessors 1 and 2 and the consensus form
- the de-identified copy of the autopsy report.


Copies of these finalised documents should be kept in the **Portfolio, whether assessed as satisfactory or not satisfactory**. The documents should be sighted by the supervisor and signed off on the annual supervisor report.


Please send finalised forms to

The Registrar, Board of Censors  
RCPA  
207 Albion St  
Surry Hills NSW 2010

		<p><b>Anatomical Pathology</b>  <b>DOPS form for Autopsy Assessment</b>                  (DOPS = Directly Observed Practical Skill)</p> <p>This form is to be completed by <b>Assessor 1</b></p>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1    Y2    Y3    Y4    Y5 if > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b>		<b>Type of case</b> (please circle) <i>Adult</i> <i>Paediatric</i> <i>Perinatal</i> <i>Fetal</i>		
<b>Please comment on whether these aspects of the trainee's performance are satisfactory for the stage of training</b> (S= satisfactory; NS = not satisfactory; n/a = not applicable)		<b>S</b>	<b>NS</b>	<b>n/a</b>
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant occupational health and safety considerations relevant to the performance of the autopsy				
External examination and identification of abnormalities				
Macroscopic dissection and identification of abnormalities/antecedent pathology				
Appropriate ancillary investigations				
Specialised dissection of ..... (please state specialised system examined)				
Selection of appropriate tissue blocks from the overall examination				
Selection of appropriate tissue blocks from the area of special dissection				
Microscopic report				
Diagnosis/cause of death identification				
Appropriateness and relevance of clinico-pathological correlation				
Autopsy case report conforms to requirements specified on page previous page				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>NOT SATISFACTORY</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
Final outcome (please circle)		Date of assessment		
Satisfactory                      Not Satisfactory				
Signature of assessor 1		Signature of trainee		

		<h2 style="text-align: center;">Anatomical Pathology</h2> <h3 style="text-align: center;">DOPS form for Autopsy Assessment</h3> <p style="text-align: center;">(DOPS = Directly Observed Practical Skill)</p> <p style="text-align: center;">This form is to be completed by <b>Assessor 2</b></p>			
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1    Y2    Y3    Y4    Y5 if > Y5 please specify		
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>			
<b>Autopsy number:</b> _____ <b>Type of case</b> (please circle) <i>Adult</i> <i>Paediatric</i> <i>Perinatal</i> <i>Fetal</i>					
<b>Please comment on whether these aspects of the trainee's performance are satisfactory for the stage of training</b> (S= satisfactory; NS = not satisfactory; n/a = not applicable)			<b>S</b>	<b>NS</b>	<b>n/a</b>
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Microscopic report					
Diagnosis/cause of death identification					
Appropriateness and relevance of clinico-pathological correlation					
Autopsy case report conforms to requirements specified on page 1					
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)					
<b>If the outcome is NOT SATISFACTORY</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)					
Final outcome (please circle)			Date of assessment		
Satisfactory                      Not Satisfactory					
Signature of assessor 2			Signature of trainee		

		<b>Anatomical Pathology</b> <b>DOPS form for Autopsy Assessment</b> (DOPS = Directly Observed Practical Skill) Record of the <b>Consensus decision</b> of Assessor 1 and Assessor 2		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1    Y2    Y3    Y4    Y5 if > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
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<b>Please comment on whether these aspects of the trainee's performance are satisfactory for the stage of training</b> (S= satisfactory; NS = not satisfactory; n/a = not applicable)		<b>S</b>	<b>NS</b>	<b>n/a</b>
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<b>If the outcome is NOT SATISFACTORY</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
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Signature of assessor 1  Signature of assessor 2		Signature of trainee		

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<p><b>How to use this form</b></p> <p>By signing this Surgical Case Summary Form, the consultant verifies that the trainee has performed the macroscopic and microscopic assessment of the case. <b>Different consultants</b> may sign. During the five (5) years of training, the trainee should use this form to record</p> <ul style="list-style-type: none"> <li>• 20 surgical cases of complexity &lt; 5</li> <li>• 20 surgical cases of complexity = or &gt; 5</li> </ul> <p>(Complexity levels – see Trainee Handbook Appendix 9)</p> <p><b>A copy of the de-identified laboratory report for each case should be appended to this Summary Form and should be retained in the portfolio.</b></p> <p>At the end of each year, this Summary Form and appended case reports should be sighted by the supervisor and signed off on the annual supervisor report.</p> <p><b>Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRAINING</b></p>																																																																																																										
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**How to use this form**

This form is to be used to record the performance of

- a minimum of 5 per year frozen sections (pre Part I)
- a recommended minimum of 50 frozen sections during 5 years of training

By signing this Frozen Section Summary Form, the consultant verifies that the trainee has achieved a satisfactory level of performance in

- selection of blocks for frozen sections
- ability to make a diagnosis
- ability to cut and stain frozen sections
- ability to communicate with surgeons (If permitted in the training institution the trainee, under close supervision by the reporting pathologist, should also convey the report to the surgeon).

**Different consultants** may sign the form

**A copy of the de-identified laboratory report for each case should be appended to this Summary Form and should be retained in the portfolio.**

At the end of each year, this Summary Form and appended case reports should be sighted by the supervisor and signed off on the annual supervisor report.

**Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRAINING**

<b>Trainee name</b>			<b>Trainee ID</b>	<b>Stage of training</b> Y1    Y2    Y3    Y4    Y5 <b>if &gt; Y5 please specify</b>
Date	Lab ref number	Brief description of case & level of complexity	Signature of consultant	
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**Anatomical Pathology  
Consultant sign-off form for  
Cytology**

**How to use this form**

This form is to be used to record that the trainee has participated in

- a minimum of 50 gynaecological cytology cases
- a minimum of 50 non-gynaecological cytology cases
- a minimum of 10 fine needle aspirations (FNA).

By signing this Cytology Summary form, the consultant verifies that the trainee has achieved a satisfactory level of

- Knowledge and use of cytological preparatory techniques and their interpretation (eg cytospin, filters, cell blocks)
- Knowledge of criteria for satisfactory and unsatisfactory specimens
- Interpretive skills for exfoliative cytology
- Attendance at, preparation and interpretation of FNA cytology
- Knowledge and use of appropriate special stains and special techniques, (eg ,immuno, EM)
- Follow-up and completion of assigned tasks
- Knowledge of clinical-cytopathological correlation, clinical relevance of diagnosis, appropriate follow-up required)

**Note:** Performance of FNA by the trainee is desirable if permitted by the institution.

**Different consultants** may sign the form

**A copy of the de-identified laboratory report for each case should be appended to this Summary Form and should be retained in the portfolio.**

At the end of each year, this Summary Form and appended case reports should be sighted by the supervisor and signed off on the annual supervisor report.


**Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRAINING**


<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b>				
		Y1	Y2	Y3	Y4	Y5
if > Yr5 please specify						

**Training time in cytology**

Insert start and finish dates of all periods spent

	Date	Lab ref number	Brief description of case	Gynae (G) or non-gynae NG)	Signature of consultant
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 <h1 style="margin: 0;">RCPA</h1> <p style="font-size: small; margin: 0;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Anatomical Pathology Surgical Cases Log</h2>		
<p><b>How to use this form</b></p> <p>During 5 years of training trainees should log a minimum of 3000 surgical pathology specimens. Only cases that the trainee has reported should be logged on this form. Cases that the trainee has reviewed (eg QAP) but not reported should <b>not</b> be included.</p> <p>At the end of each year, the log should be sighted by the supervisor and signed off on the annual supervisor report.</p> <p><b>Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRAINING</b></p>			
<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Y1    Yr2    Yr3    Y4    Y5 if > Y5 please specify	
	<b>Date</b>	<b>Lab ref number</b>	<b>Brief description of specimen</b>
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 <h1 style="margin: 0;">RCPA</h1> <p style="margin: 0;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Anatomical Pathology Ancillary techniques Log</h2>																																																																																																									
<p><b>How to use this form</b></p> <p>During five (5) years of training trainees should log the use/application of the following ancillary techniques for cases in which they are involved:</p> <p><input type="checkbox"/> immunofluorescence (IF)</p> <p><input type="checkbox"/> immunohistochemistry (IHC)</p> <p><input type="checkbox"/> electron microscopy (EM)</p> <p><input type="checkbox"/> molecular techniques as applied to Anatomical Pathology (Mol)</p> <p>Please indicate the technique used for each specimen using the abbreviations indicated.</p> <p>Only cases that the trainee has reported should be logged. Cases that the trainee has reviewed (eg QAP) but not reported should <b>not</b> be included.</p> <p>At the end of each year, the log should be sighted by the supervisor and signed off on the annual supervisor report.</p> <p><b>Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRAINING</b></p>																																																																																																										
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**Anatomical Pathology  
Supervisor sign off form for  
Clinical Meetings pre Part I**

**How to use this form**

This form is to be used to record that the trainee has prepared for and has attended ten (10) clinical meetings per year throughout training.


The supervisor is asked to sign after each meeting to verify off the trainee's participation.

**Trainees should retain a list of the cases/entities presented at each meeting in the portfolio.**

At the end of each year, this Clinical Meetings Form and appended case lists should be sighted by the supervisor and signed off on the annual supervisor report.

**Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRAINING**

<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1    Y2    Y3    Y4    Y5 if > Y5 please specify				
	<b>Meeting date</b>	<b>Brief description of meeting</b>			<b>Supervisor signature</b>		
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<p><b>How to use this form</b></p> <p>This form is to be used to record that the trainee has prepared for and has presented to clinicians at ten (10) clinical meetings per year throughout training.</p> <p>The supervisor is asked to sign after each meeting to verify off the trainee's participation.</p> <p>Trainees should retain a list of the cases/entities presented at each meeting in the portfolio. [Note: It is recommended that trainees are assigned to at least one (1) meeting per week throughout training. Only 10 meetings per year must be reported using this form.]</p> <p>At the end of each year, this Clinical Meetings form and appended case lists should be sighted by the supervisor and signed off on the annual supervisor report.</p> <p><b>Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRAINING</b></p>																																													
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## Appendix 9

### Levels of complexity of histopathology specimens

Extract from the Australian Medicare Benefits Schedule, 2009

Specimen type	Complexity level
Adrenal resection, neoplasm	5
Adrenal resection, not neoplasm	4
Anus, all specimens not otherwise specified	3
Anus, neoplasm, biopsy	4
Anus, neoplasm, radical resection	6
Anus, submucosal resection — neoplasm	5
Appendix	3
Artery, all specimens not otherwise specified	3
Artery, biopsy	4
Bartholin's gland — cyst	3
Bile duct, resection — all specimens	6
Bone — all specimens not otherwise specified	4
Bone, biopsy, curettings or fragments — lesion	5
Bone, biopsy or curettings quantitation — metabolic disease	6
Bone, femoral head	4
Bone, resection, neoplasm — all sites and types	6
Bone marrow, biopsy	4
Brain neoplasm, resection — cerebello-pontine angle	4
Brain or meninges, biopsy — all lesions	5
Brain or meninges, not neoplasm — temporal lobe	6
Brain or meninges, resection — neoplasm (intracranial)	5
Brain or meninges, resection — not neoplasm	4
Branchial cleft, cyst	4
Breast, excision biopsy, guidewire localisation — non-palpable lesion	6
Breast, excision biopsy, or radical resection, malignant neoplasm or atypical proliferative disease — all specimen types	6
Breast, incision biopsy or needle biopsy, malignant neoplasm — all specimen types	4
Breast, microdochoectomy	6
Breast, orientated wide local excision for carcinoma with margin assessment	7
Breast tissue — all specimens not otherwise specified	4
Bronchus, biopsy	4
Carotid body — neoplasm	5
Cholesteatoma	3
Digits, amputation — not traumatic	4
Digits, amputation — traumatic	2
Ear, middle and inner — not cholesteatoma	4
Endocrine neoplasm — not otherwise specified	5
Extremity, amputation — not otherwise specified	4
Extremity, amputation or disarticulation — neoplasm	6
Eye, conjunctiva — biopsy or pterygium	3
Eye, cornea	4
Eye, enucleation or exenteration — all lesions	6
Eye — not otherwise specified	4
Fallopian tube, biopsy	4
Fallopian tube, ectopic pregnancy	4
Fallopian tube, sterilization	2
Fetus with dissection	6

<b>Specimen type</b>	<b>Complexity level</b>
Foreskin — new born	2
Foreskin — not new born	3
Gallbladder	3
Gallbladder and porta hepatis-radical resection	6
Ganglion cyst, all sites	3
Gum or oral mucosa, biopsy	4
Heart — not otherwise specified	5
Heart valve	4
Hernia sac	2
Hydrocele sac	2
Jaw, upper or lower, including bone — radical resection for neoplasm	6
Joint and periarticular tissue, without bone — all specimens	3
Joint tissue, including bone — all specimens	4
Kidney, biopsy including transplant	5
Kidney, nephrectomy transplant	5
Kidney, partial or total nephrectomy — not neoplasm	4
Kidney, partial or total nephrectomy or nephroureterectomy — neoplasm	6
Large bowel, colostomy — stoma	3
Large bowel (including rectum), biopsy — all sites	4
Large bowel (including rectum), biopsy, for confirmation or exclusion of Hirschsprung's Disease	5
Large bowel (including rectum), polyp	4
Large bowel (including rectum), segmental resection — neoplasm	6
Large bowel (including rectum), submucosal resection — neoplasm	5
Large bowel, segmental resection — colon, not neoplasm	5
Larynx, biopsy	4
Larynx, partial or total resection	5
Larynx, resection with nodes or pharynx or both	6
Lip biopsy — all specimens not mentioned	3
Lip wedge resection or local excision with orientation	4
Liver — all specimens not otherwise specified	5
Liver, hydatid cyst or resection for trauma	4
Liver, total or subtotal hepatectomy — neoplasm	6
Lung, needle or transbronchial biopsy	4
Lung, resection — neoplasm	6
Lung segment, lobar or total resection	6
Lung, wedge biopsy	5
Lymph node, biopsy — all sites	4
Lymph node, biopsy, for lymphoma or lymphoproliferative disorder	5
Lymph nodes, regional resection — all sites	5
Mediastinum mass	5
Muscle, biopsy	6
Nasopharynx or oropharynx, biopsy	4
Nerve, biopsy neuropathy	5
Nerve, neurectomy or removal of neoplasm	4
Nerve — not otherwise specified	3
Nose, mucosal biopsy	4
Nose or sinuses, polyps	3
Odontogenic neoplasm	5
Odontogenic or dental cyst	4
Oesophagus, biopsy	4
Oesophagus, diverticulum	3
Oesophagus, partial or total resection	6
Oesophagus, submucosal resection — neoplasm	5
Omentum, biopsy	4
Ovary with or without tube — neoplasm	5

<b>Specimen type</b>	<b>Complexity level</b>
Ovary with or without tube — not neoplasm	4
Pancreas, biopsy	5
Pancreas, cyst	4
Pancreas, subtotal or total with or without splenectomy	6
Parathyroid gland(s)	4
Penisectomy — simple	4
Penisectomy with node dissection	5
Peritoneum, biopsy	4
Pituitary neoplasm	4
Placenta — not third trimester	4
Placenta — third trimester, abnormal pregnancy or delivery	4
Pleura or pericardium, biopsy or tissue	4
Products of conception, spontaneous or missed abortion	4
Products of conception, termination of pregnancy	3
Prostate — all types of specimen not otherwise specified	4
Prostate, radical prostatectomy or cystoprostatectomy for carcinoma	7
Prostate, radical resection	6
Retroperitoneum, neoplasm	5
Salivary gland — all specimens not otherwise specified	4
Salivary gland, Mucocele	3
Salivary gland, neoplasm — all sites	5
Sinus, paranasal, biopsy	4
Sinus, paranasal, resection — neoplasm	6
Skin — all specimens not otherwise specified including all neoplasms and cysts	3
Skin, biopsy — blistering skin diseases	4
Skin, biopsy — inflammatory dermatosis	4
Skin, biopsy — investigation of alopecia where serial horizontal sections are taken, except for male pattern baldness	5
Skin, biopsy — investigation of lymphoproliferative disorder	5
Skin, eyelid, wedge resection	4
Skin, local resection — orientation	4
Skin, resection of malignant melanoma or melanoma in situ	5
Small bowel — all specimens not otherwise specified	5
Small bowel — biopsy, all sites	4
Small bowel, diverticulum	3
Small bowel, resection — neoplasm	6
Small bowel, submucosal resection — neoplasm	5
Soft tissue, infiltrative lesion — extensive resections at least 5 cm in maximal dimension	6
Soft tissue, lipoma and variants	3
Soft tissue, neoplasm, not lipoma — all specimens	5
Soft tissue — not otherwise specified	4
Spleen	5
Stomach — all specimens not otherwise specified	4
Stomach, endoscopic biopsy or endoscopic polypectomy	4
Stomach, resection, neoplasm — all specimens	6
Stomach, submucosal resection — neoplasm	5
Tendon or tendon sheath, giant cell neoplasm	4
Tendon or tendon sheath — not otherwise specified	3
Testis and adjacent structures, castration	2
Testis and adjacent structures, neoplasm with or without nodes	5
Testis and adjacent structures — not otherwise specified	3
Testis and adjacent structures, vas deferens sterilization	2
Testis, biopsy	5
Thymus — not otherwise specified	5
Thyroglossal duct — all lesions	4

<b>Specimen type</b>	<b>Complexity level</b>
Thyroid — all specimens	5
Tissue or organ — all specimens not otherwise specified	3
Tissue or organ not otherwise specified, abscess	3
Tissue or organ not otherwise specified, haematoma	3
Tissue or organ not otherwise specified, malignant neoplasm with regional nodes	6
Tissue or organ not otherwise specified, neoplasm local	4
Tissue or organ not otherwise specified, pilonidal cyst or sinus	3
Tissue or organ not otherwise specified, thrombus or embolus	3
Tissue or organ not otherwise specified, veins varicosity	3
Tongue, biopsy	4
Tongue or tonsil, neoplasm local	5
Tongue or tonsil, neoplasm with nodes	6
Tonsil, biopsy — excluding resection of whole organ	4
Tonsil or adenoids or both	2
Trachea, biopsy	4
Ureter, biopsy	4
Ureter, resection	5
Urethra, biopsy	4
Urethra, resection	5
Urinary bladder — all specimens not otherwise specified	4
Urinary bladder, partial or total with or without prostatectomy	6
Urinary bladder, transurethral resection of neoplasm	5
Uterus and/or cervix — all specimens not otherwise specified	4
Uterus, cervix cone, biopsy (including LEEP or LLETZ biopsy)	5
Uterus, cervix, curettings or biopsy	4
Uterus, endocervix, polyp	3
Uterus, endometrium, polyp	3
Uterus, with or without adnexa, malignant neoplasm — all specimen types not otherwise specified	6
Uterus with or without adnexa, neoplasm, Wertheim's or pelvic clearance	6
Vagina, biopsy	4
Vaginal mucosa, incidental	3
Vagina, radical resection	6
Vulva or labia, biopsy	4
Vulval, subtotal or total with or without nodes	6