TRAINEE HANDBOOK 2018

RCPA
The Royal College of Pathologists of Australasia

Anatomical Pathology

It is essential to read this Handbook in conjunction with the ***Trainee Handbook – Administrative Requirements*** which is relevant to all trainees. This has information about the College's structure and policies, together with details of requirements for registration, training and examination applications.

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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
WHS	Workplace health and safety

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

Furthermore, the RCPA policy on patient expectations of pathologists specifies that pathologists will:

- Demonstrate and maintain competence
- Be respectful of patients
- Treat specimens respectfully
- Foster constructive collegiality and teamwork within the laboratory
- Be part of the medical team looking after patients
- Provide accurate and timely results
- Be professional in their approach
- Be involved in appropriate accreditation and quality activities
- Provide value for public and private expenditure.

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
- Research and scholarship
- Professional attributes

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. No more than four (4) years in the one institution will be allowed. Please refer to the *RCPA Trainee Handbook – Administrative Requirements for e*ssential information regarding training limitation, retrospective accreditation of training and temporary suspension of training.

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 Registrar of the Board of Education and Assessment as soon as possible after the Part I examination for approval of the project, laboratory and supervisor by the Board. The research must be considered relevant and significant enough to lead to a PhD or MD by thesis.

Research stream trainees are still required to undertake or be exempt from the Basic Pathological Sciences Examination prior to the Part II examinations. They must also to satisfy portfolio (work-place based assessment) requirements.
At the Part II examination, the trainee may be tested orally on the thesis. The Board of Education and Assessment will consider each case individually and inform applicants of the examination process required.

SUPERVISION

All training must be supervised. 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 Education and Assessment 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 nominate an RCPA Fellow as 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. Formal meetings with the trainee are expected to occur every three months. They should observe the trainee's 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 Education and Assessment, 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 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 (3rd) year of training. See **Appendix 2** for detailed requirements.
- Anatomical pathology Part II, with practical and oral components is ordinarily sat in the fifth (final) year of training. Candidates who have passed Anatomical Pathology Part I in the third year of training may apply to sit either or both the Cytology and the Small Biopsy/Special Techniques components in the fourth year of training. See **Appendix 3** for detailed requirements.

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

Supervisor Reports

Trainees must submit a supervisor 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 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.

NOTE: Trainees who commenced training before 2011 may have reduced portfolio requirements and should refer to the transition requirements on the RCPA website.

RESOURCES

Texts, journals and weblinks are in the ***Anatomical Pathology*** section of the RCPA website. Other peer-reviewed resources should be consulted as necessary for comprehensive coverage, especially contemporary reviews and key papers in the general anatomical pathology literature.

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.

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. Familiarity with new and emerging topics that may not appear in the handbook is also expected.

Trainees are not expected to do every training activity in the lists. 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

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 fulfil 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.

Activities
Select activities that are appropriate to your training environment and stage of training and 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 troubleshoot 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.

Activities
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] Use laboratory information systems in recording patient and request information, including a storage and retrieval system for specimens, results, comments and final reporting;

[E] Conform to specimen indexation conventions of the laboratory and use laboratory information systems to retrieve reports/specimens for examination and review to satisfy clinical audit and/or research purposes.

Activities

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

Activities

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;

[E] Recommend and use standardised information structures, terminology and units for requesting and reporting, eg, structured cancer reporting and use of formal terminologies.

[E] Explain evidence-based advice, guideline development, prediction and research and describe the knowledge and information tools that can be used to help with this.

Activities
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.

Activities
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 workplace 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 management

Outcomes

[E] Understand the practices related to quality control required in the laboratory;
[E] Understand accreditation requirements;
[E] Document, notify and apply corrective actions, employing laboratory information systems where appropriate, in the event of incidents, errors and adverse events;
[E] Promote timely and appropriate use of pathology investigations;
[A] Apply, review and plan quality assurance strategies for monitoring processes and outputs in the laboratory;
[A] Participate in auditor training and practice.

Activities

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/histopathology 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;
- Complete the Quality Management eLearning module in RCPA Education Online and print the certificate of completion for your portfolio. 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.

Activities

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 health and safety (WHS) officer early in appointment;
- Participate in workplace 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 eLearning module in RCPA Education Online: and print the certificate of completion for your portfolio.

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.

Activities

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.

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] Be familiar with the RCPA policy on bullying and harassment. Refer to Appendix 1 of the *RCPA Trainee Handbook - Administrative Requirements;*
[E] Behave in accordance with equal opportunity and antidiscrimination practices in the workplace;
[E] Understand and reflect on effective teamwork and the importance of valuing all staff;
[A] Develop the skills needed to mentor, supervise and provide constructive feedback to staff.

Activities

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;
- Complete the 6 Ethics eLearning modules in RCPA Education Online (mandatory). Complete relevant activities from the Monash University Clinical Ethics Resource (optional).

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 in the laboratory environment and evaluate cost-effectiveness;
[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.

Activities

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;

2.6 Information fundamentals

Outcomes

[E] Understand statistical concepts, methods and tools used to assess the accuracy, uncertainty, variation and reproducibility of test results, including data for both individual patients and populations, and to be able to determine confidence levels, reference or expected values and the clinical significance of testing;

[E] Understand statistical concepts, methods and tools used to assess the accuracy, uncertainty, variation and reproducibility of test results, including data for both individual patients and populations, and to be able to determine confidence levels, reference or expected values and the clinical significance of testing;

[E] Explain the basics of laboratory systems architecture and the movement of data for communication of requests, reports and instrument interfacing;

[E] Identify the information technology environment in which the laboratory information system operates, including integrated systems (i.e. hospital information systems, back-ups, reporting and network structure);

[E] Describe meaningful and secure use of electronic health records in pathology practice.

Activities

Select activities that are appropriate to your training environment and stage of training and keep a record for your portfolio, eg:

- Access and read documents and view video presentations relating to informatics to be found in RCPA Education Online;
- Participate in departmental and clinical meetings;
- Network and share information with colleagues;;
- Plan, organise and review teaching activities, together with supervisor, peers and laboratory staff;
- Participate in College activities and meetings

3 RESEARCH AND SCHOLARSHIP

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.

Activities

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;
- Use the research and scholarship resources in RCPA Education Online:
- 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, practise 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.

Activities

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/histopathology 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;

[E] Promote understanding of health and disease, including relevant epidemiology and public health issues, to patients, clinicians and the community.

Activities

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 PROFESSIONAL QUALITIES

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 in 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 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; and 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] Describe strategies to ensure equity of access to pathology testing for patients.
[E] Advocate for, and protect, patient rights.

Activities

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;
- Complete the 6 Ethics eLearning modules in RCPA Education Online (mandatory) . Complete relevant activities from the Monash University Clinical Ethics Resource.(optional).

4.2 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.

Activities
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.

4.3 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 interdisciplinary 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

Activities
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 workplace and others with whom 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.

4.3 Cultural competence

Outcomes
[E] Demonstrate an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Diversity includes but is not limited to ethnicity, gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth;

[E] Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors; to specialist pathology practice;
[E] Apply knowledge of the culture, spirituality and relationship to land of Aboriginal, Torres Strait Islander and/or Māori peoples to specialist pathology practice and advocacy.

Activities

Select activities that establish knowledge and proficiency (where applicable, retain records for portfolio) eg:

- Access and read documents relating to cultural competence, including those concerning indigenous people, such as Aboriginal and Torres Strait Islander and Maori people
- Participate in departmental and clinical meetings;
- Network and share information with colleagues;
- Plan, organise and review teaching activities, together with supervisor, peers and laboratory staff;
- Participate in mentoring programs;
- Participate in College activities and meetings;
- Complete the cultural competence training provided in your workplace, if a registered health provider, or
- Complete the Cultural Competence eLearning modules in RCPA Education Online and print the email confirming satisfactory completion of the relevant module/s for your portfolio;
- Alternatively, complete cultural competence training provided by your employer, if a registered health services provider, and provide evidence that you have done so for your portfolio.

Section 3

APPENDICES

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 registered trainees as well as any medical graduate or medical student.

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

The purpose of the Basic Pathological Sciences Examination is to assess 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.

The examination has become necessary because pathology may no longer taught as a “core” discipline in some Australasian medical schools, hence an understanding of basic patho-biological processes is no longer guaranteed in many medical graduates. Such knowledge is essential for a successful start and satisfactory progress in the training program.

Examination Format and Content

The examination is a single 2.5 hour paper of 100 one-best-answer multiple choice questions, based on the BPS syllabus on the RCPA website.

The syllabus reflects knowledge that appears in current, authoritative texts as well as newer knowledge that may not yet appear in textbooks.

The topics cover the basic mechanisms of disease that trainees need to understand so they are equipped to train in their chosen discipline and to understand pathology disciplines other than their own chosen field. To cite just a few examples, the microbiology trainee needs to know what a septic infarct looks like; the chemical pathology trainee needs to know about the anatomical pathology changes seen in metabolic syndrome; the anatomical pathology trainee needs to understand why certain antibodies are used in routine diagnosis and the genetic pathology trainee needs to understand how enzyme deficiencies may lead to morphological changes.

The syllabus is primarily based on Chapters 1-11 of the Professional Edition of Robbins and Cotran Pathologic Basis of Disease (9th ed. 2015. Elsevier) by Abul K. Abbas, Vinay Kumar, and Jon C. Aster. References to supplementary materials are also given, which explain details more clearly than the textbook and contain helpful diagrams. As much as possible these references are from Open Access journals, but for copyright reasons the actual articles are not able to be placed on the College website.

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 reports).

Examinations are prepared in accordance with RCPA Guideline 3/2015 Quality Framework for RCPA Examinations – Written, Practical and Oral.

Candidates are required to have passed both Part I written and practical examinations before sitting the Part II examinations.

Please see the assessment matrix in Appendix 9.

Part I formal examination

Candidates should present for the Part I examination in the third (3rd) 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 workplace 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 and 15 minute 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”.

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

It is strongly recommended that trainees commence these activities at the earliest possible time after commencing training.

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 when signing supervisor reports.

Please refer to the portfolio requirements for Part I and Part II, which are set out in Appendix 5.

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 report. A print copy of the summary spreadsheet should be appended to the supervisor report which is sent to the College at the end of each training year. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Education and Assessment. 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 Reports

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

It is the trainee's responsibility to ensure that supervisor 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 RCPA website.

Summary of assessment requirements for Part I

Item	Completion	Assessed by	Comments
Essay-type written paper	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	
Practical histopathology slide examination	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	
Portfolio items to be signed off by supervisor or delegate	Year 3 before sitting for the Part I examination.	Portfolio summary spreadsheet is checked for completeness by the BEA Registrar or Deputy Registrar. If incomplete, 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
PPD items	It is advisable to commence these before Part I but completion is not a Part I requirement.	Assessed by Chief Examiner or delegate.	Keep PPD items in the portfolio until all they are all complete and can be bound. (see Part II requirements)
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. Delete or redact all information identifying the patient
Supervisor reports: End of rotation and annual reports. Attach print copy of portfolio summary spreadsheet to the annual supervisor reports.	See RCPA website for submission dates.	Reviewed by BEA Registrar or Deputy Registrar	Referral to Chief Examiner if necessary.

Assessment calendar

Please refer to the *RCPA Trainee Handbook – Administrative Requirements* (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.

Candidates are required to have passed both Part I written and practical examinations before sitting the Part II examinations.

Success in Part II assessment leads to Fellowship, which may currently be obtained via the anatomical pathology stream or the research stream. Assessment 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 are prepared in accordance with RCPA Guideline 3/2015 Quality Framework for RCPA Examinations – Written, Practical and Oral.

Please see the assessment matrix in Appendix 9.

Examinations

The examination has four components.

Histopathology slide examination

The examination may not ordinarily be taken until the final year of training. It is a four and a quarter 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 May.

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 slide examination are required to re-sit the component the following year. Candidates who are awarded a borderline grade in the May slide examination may enrol to repeat the slide examination in August.

Small Biopsy/Special Techniques examination

The examination may be taken after passing the Part I examinations, in either the fourth or final year of training. It is held at a central examination venue. The duration of this examination is approximately 3.5 hours.

There will be up to 20 cases, testing interpretation of digital images of frozen sections, small biopsies, special stains, immunoperoxidase, immunofluorescence and electron micrographs. Some cases may have multiple components, eg, biopsy, immunofluorescence and electron micrographs.

Candidates who fail may repeat the examination the following year, however see special consideration (below) for candidates in their final year of training.

Cytology examination

The examination may be taken after passing the Part I examinations, in either the fourth or final year of training. It will be held at a central examination venue. 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. The duration of this examination is approximately 2 hours 30 minutes.

Candidates who fail may repeat the examination the following year, however see special consideration (below) for candidates in their final year of training.

Special consideration for candidates in their final year of training

Candidates in their final year of training who pass the Part II slide examination but fail either the small biopsy/special techniques examination or the cytology examination may re-sit the failed component in the same year and be eligible to sit the oral examination. This offer is not made to candidates who have failed both small biopsy/special techniques and cytology examinations.

Candidates in their final year of training who fail the Part II slide examination and also fail either the small biopsy/special techniques examination or the cytology examination may re-sit the failed component in the same year. They will not be invited to the oral examination.

Structured oral examination

The structured oral examination is held centrally for candidates who have passed the histopathology slides, small biopsy/special techniques examination and cytology examination. 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; workplace health and safety incidents, and management issues.

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 cycle. Beyond this, candidates must reapply to and be approved by the Board of Education and Assessment 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 the structured 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 report. It is strongly recommended that trainees commence these activities in at the earliest possible time after commencing training.

Please refer to the portfolio requirements for Part I and Part II, which are set out in Appendix 5.

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 summary spread sheet (Excel file) may be downloaded from the RCPA website.

The portfolio and summary spread sheet must be provided to the supervisor to review when they are preparing the annual supervisor report. A print copy of the summary spreadsheet should be appended to all annual reports and to the additional pre-examination supervisor report which is

sent to the College. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Education and Assessment. 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 other portfolio items should NOT be sent to the College unless requested for audit.

Assessment for Research Stream candidates

Research stream candidates are required to fulfil the Part II assessment requirements. The requirements will be advised by the Board of Education and Assessment 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 supervisor reports

Supervisor Reports

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

It is the trainee's responsibility to ensure that supervisor 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 RCPA website:

Summary of assessment requirements for Part II

Item	Completion	Assessed by	Comments
Histopathology slide examination	Year 5	Examiners with at least 5 years post-Fellowship experience.	Histopathology slides
Small biopsy/special techniques examination	Year 4 or 5	Examiners with at least 5 years post-Fellowship experience.	Histopathology slides, photographs
Cytology examination	Year 4 or 5	Examiners with at least 5 years post-Fellowship experience.	Cytology slides
Structured oral examination	Year 5	Examiners with at least 5 years post-Fellowship experience.	
PPD items A graded component of the Part II assessment.	Final year of training. Submission prior to Part II oral examination	Examiners with at least 5 years post-Fellowship experience.	All PPD items to be spiral bound as a single document. Trainee and supervisor declarations must be included.
Portfolio items to be signed off by supervisor or delegate	Final year of training, at the time of the pre-examination supervisor report.	Portfolio summary spread sheet checked for completeness by BEA Registrar. If incomplete, further activities may be required.	Portfolio items reviewed by supervisor for supervisor report. Do not send portfolio 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. Delete or redact all information identifying the patient
Supervisor reports: End of rotation, annual and pre-exam reports. Attach print copy of Portfolio summary spread-sheet to the annual and additional pre-exam report.	See RCPA website for submission dates.	Reviewed by BEA Registrar or Deputy Registrar	Referral to Chief Examiner if necessary.

Assessment calendar

Please refer to the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website) for key assessment dates.

Appendix 4

Guidelines for completing the Supervisor Report Form

Please refer to the following documents:

- Information about the role and responsibilities of supervisors and resources to support supervision
- The RCPA policy on the Supervision of Training and Accreditation of Supervisors

The supervisor report 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.

Please refer to the portfolio requirements for Part I and Part II, which are set out in Appendix 5.

Trainees must make their up-to-date portfolio available to the supervisor for the annual, rotation and pre-examination reviews.

A print copy of the portfolio summary spreadsheet must be appended to the annual supervisor reports and the additional pre-Part II examination report. The due date of the pre-Part II examination supervisor report is specified in the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website).

Supervisors should be mindful that scoring trainee performance is of critical importance in early notification of underperforming trainees so that remedial action can be initiated early in training, if appropriate. Experience tells us that most trainees score 3, which indicates that they are performing at the expected level of training. A score of 1 or 2 identifies to the College an underperforming trainee and flags the need for evaluation for trainee support pathways

Submitting the Supervisor Report

It is the trainee's responsibility to ensure that the form is completed and submitted by the due date. At least one supervisor 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.

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 Requirements

The table below contains guidelines to assist trainees to compile the portfolio and the portfolio summary spreadsheet.

Portfolio activities 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 start accumulating evidence for the portfolio as early as possible in training and aim to have half of them underway or complete before the Part I examination.

Appendix 8 contains the forms and logs for recording workplace activities. If you wish to use an e-log to record specimens you have reported, print relevant sections of the e-log at the end of each 3-month period so that it can be discussed with your supervisor. An e-log can be downloaded from the RCPA website.

Hard copy forms, logs and e-log printouts should be filed in a **portfolio folder** with separate sections, numbered as in the table below.

A soft copy **portfolio summary** (Excel spreadsheet) should also be compiled so that trainees can keep track of what they 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 should review the records of completed activities at the regular supervisory meetings and sign them off on the annual, rotation and pre-exam supervisor reports.

A print copy of the up-to-date portfolio summary spreadsheet must be appended to the annual and pre-Part II supervisor reports. The summary will be reviewed by the Registrar, Board of Education and Assessment and the Chief Examiner. The signatories and trainees may be contacted to confirm evidence of satisfactory completion.

Note: The actual portfolio should not be sent unless requested for audit.

	Item	**Part I**	**Part II**	**Evidence** Forms are in Appendix 8 unless otherwise stated
1	**Laboratory safety**	Checklist to be completed within 3 months of starting training. eLearning module to be completed during training		**Checklist.** **Certificate of completion** of eLearning module (see point 12 below)
2	**Autopsies and autopsy assessment**. The autopsy assessment may be done at any time during training and must have been assessed as satisfactory before applying for Fellowship. The College recommends that trainees be given the appropriate rotations prior to the Part 1 examination.	One (1) autopsy must be formally assessed by 2 examiners. Before being assessed trainees must participate in or perform a minimum of 10 adult autopsies. If assessed on a foetal, perinatal or paediatric case, minimum 5 of these autopsies.		**DOPS form for Autopsy Assessment** A separate form for each consultant and a consensus form are to be completed **Consultant Sign-off Form for Autopsy** should be signed off by the supervisor before the trainee presents for autopsy assessment. This verifies that the trainee has completed the minimum number of autopsies. Before submitting to College, delete or redact all information identifying the patient.

3	**Cut-up**, observed by a senior member of staff. Minimum 9 specimens of mixed complexity, including levels 4 to 7 (see Appendix 8)	7 before Part I Refer to the DOPS Cut-up form for details of timing	2 between Part I and Part II Refer to the DOPS Cut-up form for details	**DOPS forms for cut-up** Minimum 9 forms, each signed by the observer of the cut-up. All forms for the year should be sighted and signed off on the annual supervisor report.
4	**Histochemical stains** observed by a senior member of staff	Stain at least 4 specimens before the Part II examination. Refer to the DOPS form for Histochemical Stains for details and the appropriate person to observe and sign off		**DOPS forms for histochemical stains** Minimum 4 forms, each signed by the observer of the procedure. Supervisor to sight and sign on the annual supervisor report.
5	**Surgical case reports**	By the completion of training, perform macroscopic and microscopic assessment 20 cases of complexity < 5 20 cases of complexity ≥ 5		**Consultant Sign-off Form for Surgical Case Reports**. or **e-log print-out** Records to be signed by a consultant to verify the trainee's involvement in and responsibility for the case.
6	**Synoptic reports** Cases should cover minimum of 3 different organ systems	5 cases	Minimum 5 additional cases.	**Synoptic reports** or **e-log print-out** Records to be signed by a consultant to verify the trainee's involvement in and responsibility for the case.
		The total (10 reports) must cover 3 different organ systems. Download protocols and proformas for synoptic reports		
7	**Frozen sections** Frozen sections attended, sectioned and diagnosed correctly. If permitted in the training institution, the trainee (with close supervision by the reporting pathologist) should convey the report to the surgeon.	Minimum 5 per year (pre-Part I)	Recommended minimum of 50 over 5 years of training	**Consultant Sign-off Form for Frozen Sections.** or **e-log print-out** Records to be signed by a consultant to verify the trainee's involvement in and responsibility for the case.
		The trainee must have attended the frozen section for all frozen section cases recorded on the form.		
8	**Cytology** A minimum period equivalent to a 3-month rotation in cytology training and exposure in 5 years of training is required.	The number required during training is 50 gynaecological cytology cases 50 non-gynaecological cytology cases. This includes **attending** a minimum of 10 FNA.		**Consultant Sign-off Form for Cytology.** or **e-log print-out** Records to be signed by a consultant to verify the trainee's involvement in/ and responsibility for the case and completion of the minimum time requirement.

9	**Surgical pathology and ancillary techniques reporting** Detailed knowledge of ancillary techniques and their application in anatomical pathology is required.	Minimum of 3000 surgical pathology cases during five years of training There is no minimum number of specimens using ancillary techniques to be reported using: • Immunofluorescence/immuno-histochemical techniques • Electron microscopy • Molecular techniques		**Log (hard copy)** or **e-log print-out** Cases that the trainee has reported should be logged. Individual records do NOT need to be signed off by a senior. Cases that the trainee has reviewed but not reported should **not** be included. Supervisor to sign the logged records at periodic meetings and formal annual review.
10	**Clinical meetings** (CPC, MDT) Plus a list of cases/entities presented at each meeting It is recommended that trainee is assigned to at least one (1) meeting per week.	10 meetings per year Before Part I, the requirement is **preparation** for and **attendance/ participation** in the meeting	10 meetings per year Between Part I and II the requirement is preparation for and presentation at the meeting.	**Supervisor Sign-off Form for Clinical Meetings** Meetings included on this form should be signed by the supervisor to verify the trainee's contribution.
11	**Personal professional development (PPD)**	Eight (8) items are required during training, in which the trainee must be the major contributor to the item presented.		See **Guidelines for presenting evidence of PPD** Appendix 6.
12	**Professional qualities eLearning modules** Refer to Section 2 Learning outcomes and recommended training activities for weblinks	The following RCPA e-learning modules are required to be completed during training: Quality Management Laboratory Safety Ethics (6 modules) Cultural Competence		**A certificate or email verifying completion** can be printed. Note: A cultural competence certificate issued by a recognised health service provider can substitute for the RCPA cultural competence module certificate.
13	**Supervisor report/s** for each year and/or rotation with brief reflection (maximum 1 page) on the supervisor comments for each report.	End-of-rotation and annual reports. A print copy of the portfolio summary spread-sheet appended to the annual and pre-Part II supervisor reports. See RCPA website for submission dates.		See **Supervisor Report Guidelines** Appendix 4

Appendix 6

Guidelines for presenting evidence of Personal Professional Development (PPD)

The PPD section of the portfolio is intended to cover the range of communication formats that pathologists will encounter in their professional career.

Eight (8) items should be submitted covering anatomical pathology, quality and audit or health & safety. The trainee must have made the major intellectual contribution to the item presented and it is expected that the items will cover a range of body systems. At least **two** (2) of the examples should come from Category A (see below); the remainder from Category A or B, noting that some activities have a maximum number per portfolio.

Trainees should commence these activities early in training and aim to have in progress or completed at least half prior to the Part I examination. The appropriate portfolio documentation is summarised in the Table below. Further details regarding declarations are in Appendix 7.

Category A	**Maximum number per portfolio**	**Documentation in portfolio**
Published article or **manuscript** accepted for publication 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 acceptance for publication. Declaration: see Appendix 7.
Presentation of an **oral paper** 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, and copy of letter from conference organising committee verifying acceptance. Declaration: see Appendix 7.
Presentation of a **poster** 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 If more than one is submitted, each must deal with a different body system.	Three per portfolio	Copy of meeting poster abstract and A4 or A3 printout of mini version of the poster and copy of letter from conference organising committee verifying acceptance. Declaration: see Appendix 7.
Presentation of a **formal research proposa**l for original research in an area of anatomical pathology or a related scientific field in a format that could be submitted to a research funding body. The trainee should be a major contributor to the work being proposed	One per portfolio	Copy of the research proposal. Declaration: see Appendix 7.

Category B	Max number per portfolio	Documentation in portfolio
Oral presentation 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. If more than one is submitted, each must deal with a different body system (*).	Two per portfolio	Copy of documentation including printout of (eg) PowerPoint slides etc from the presentation. Include date and audience. Declaration: see Appendix 7.
Presentation of a **written report** on an **audit activity** developed by the trainee or with significant trainee intellectual input in the development. Please note: routine laboratory audits do not count in this category.	Two per portfolio	Copy of the written report Declaration: see Appendix 7.
Presentation of a **written report** on a **complex case** in AP with appropriate discussion of the relevant points and issues; worked up and reported by the trainee. If more than one is submitted, each must deal with a different body system (*). A maximum of one of these complex case reports may be replaced by five (5) online case commentaries in forensic pathology.	Three per portfolio	Copy of the written case report. See Guidelines in Appendix 7. Declaration: see Appendix 7.
Prepare and present **pathology teaching sessions** (lecture/seminar) that you have designed and written yourself (lecture, seminar) for medical students, lab staff, GPs etc. If more than one is submitted, each must deal with a different body system (*).	Two per portfolio	Copy of the teaching material (PowerPoint slides, brochure etc). Include date and audience. Declaration: see Appendix 7.
Select and develop **3 cases for submission to QAP** for potential incorporation into a QAP module. Before starting you must obtain approval to use the case from your consultant and you must liaise with the QAP convenor as to appropriateness of the case and further requirements. The list of current convenors and further instructions can be obtained from QAP.	Two items per portfolio. 3 cases = one item	Copies of the written reports. Declaration: see Appendix 7.

(*) For the purpose of preparing PPD items, body systems are classified according to the scheme in Robbins and Cotran, Pathologic Basis of Disease, 8th edition. However, rather than conforming very rigidly to this classification, examiners expect that each PPD item should represent a different body of work.

Submission and assessment of PPD items

When all eight items are completed, they should be **spiral bound** as a single hard copy document with an index. Each item must be preceded by a signed declaration by trainee and supervisor, following the format in Appendix 7. Keep a copy for yourself because the copy submitted to the college will not be returned to you. You may submit your spiral bound document to the College following enrolment in the Part II histopathology slide examination but no later than the date specified on the examination timetable. Your pre-Part II examination supervisor report accompanied by your portfolio summary spread sheet must reach the College by the same date.

Items will be assessed as satisfactory or unsatisfactory. Items that are assessed as unsatisfactory may be revised and re-submitted one time only.

Appendix 7

Declarations for PPD items

Declaration for published manuscript

Trainee declaration: I certify that this published article is work that I completed during my accredited training in anatomical pathology. The work is original and has not been submitted for assessment in any other PPD category. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Supervisor declaration: As the supervisor for Dr. …….....…., I certify that this published article reports work to which he/she made a major contribution and was carried out during his/her training in anatomical pathology. I have reviewed this item and read the relevant RCPA PPD requirements and believe it is suitable for submission to the RCPA examiners.

Trainee signature……...date…….....

Supervisor name (print) .....…….....……...

Supervisor signature…….....date……

Declaration for conference oral or poster presentation

Trainee declaration: I certify that this oral/poster presentation (cross out as applicable) reports work that I completed during my accredited training in anatomical pathology. The work is original and has not been submitted for assessment in any other PPD category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Supervisor declaration: As the supervisor for Dr. ……....., I certify that this oral/poster presentation (cross out as applicable) reports work to which he/she made a major contribution and was carried out during his/her training in anatomical pathology and has not been used by any other trainee in this laboratory. I have reviewed this item and read the relevant RCPA PPD requirements and believe it is suitable for submission to the RCPA examiners.

Trainee signature……...date…….....

Supervisor name (print) .....…….....……...

Supervisor signature…….....date……

Declaration for research proposal

Trainee declaration: I certify that this research proposal was completed during my accredited training in anatomical pathology. The work is original and has not been submitted for assessment in any other PPD category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Supervisor declaration: As the supervisor for Dr. …….....…., I certify that he/she made a major contribution to this research proposal, which was completed during his/her training in anatomical pathology. It has not been used by any other trainee in this laboratory. I have reviewed this item and read the relevant RCPA PPD requirements and believe it is suitable for submission to the RCPA examiners.

.

Trainee signature……...date…….....

Supervisor name (print) .....…….....…….....

Supervisor signature…….....date……

Declaration for local oral presentation (not conference) or teaching session

Trainee declaration: I certify that I gave this oral presentation/teaching session (cross out as applicable) on ……....(date) to ……(audience). The presentation was prepared by me and has not been submitted for assessment in any other PPD category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Supervisor declaration: As the supervisor for Dr. …….....……, I certify that he/she gave this oral presentation/teaching session (cross out as applicable) as stated above. I have reviewed this item and read the relevant RCPA PPD requirements and believe it is suitable for submission to the RCPA examiners.

Trainee signature……...date…….....

Supervisor name (print) .....…….....…….....

Supervisor signature…….....date……

Declaration and guidelines for written case reports

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.
- Accompanied by signed declarations of originality from the trainee and supervisor.

Trainee declaration: I certify that I reported this case as part of my personal supervised practice during my accredited training in anatomical pathology. The case report is original. It has not been submitted for assessment in any other PPD category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Supervisor declaration: As the supervisor for Dr. ……, I certify this case was examined and reported personally by him/her during training in anatomical pathology. The case report is original and has not been used by any other trainee in this laboratory. I have reviewed this item and read the relevant RCPA PPD requirements and believe it is suitable for submission to the RCPA examiners.

Trainee signature……...date…….....

Supervisor name (print).....…….....……....

Supervisor signature…….....date……

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.

Declaration for an audit

Trainee declaration: I certify that I made a major contribution to devising, conducting and reporting this audit. The work has not been submitted for assessment in any other PPD category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Supervisor declaration: As the supervisor for Dr. ……..…., I certify that he/she undertook this audit as stated above. I have reviewed this item and read the relevant RCPA PPD requirements and believe it is suitable for submission to the RCPA examiners.

Trainee signature……...date…….....

Supervisor name (print) .....…….....……....

Supervisor signature…….....date……

Declaration for preparation and discussion of QAP AP case

Trainee declaration: I certify that I made a major contribution to preparation and discussion of this QAP case.
The work conforms to QAP requirements and has not been submitted for assessment in any other PPD category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Supervisor declaration: As the supervisor for Dr. …….....…., I certify that he/she prepared this QAP as stated above and that it conforms to QAP requirements. I have reviewed this item and read the relevant RCPA PPD requirements and believe it is suitable for submission to the RCPA examiners.

Trainee signature……...date…….....

Supervisor name (print) .....…….....……...

Supervisor signature…….....date……

Appendix 8

Forms and Logbook pages

Appendix 8 contains master copies of forms and hard copy logbook pages 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.

You may use an e-log instead of the hard copy logs and consultant sign off forms in this Appendix. A suitable e-log may be downloaded from the RCPA website. Alternatively, you may use an e-log that you have devised yourself, provided it records sufficient information to enable your supervisor to verify your involvement.

Please print relevant information from the e-log for your supervisor to sign off your involvement.

The forms are

- Laboratory safety checklist
- DOPS form for cut-up
- DOPS form for histochemical stains
- Consultant sign off form for autopsy
- DOPS forms for autopsy assessment
- Consultant sign off form for surgical case reports
- Consultant sign off form for synoptic reports
- Consultant sign off form for frozen sections
- Consultant sign off form for cytology
- Log for surgical cases
- Log for ancillary techniques, including immunofluoresence, immunohistochemistry, electron microscopy and molecular techniques
- Supervisor sign off form for clinical meetings for Part I
- Supervisor sign off form for clinical meetings post Part I

Laboratory safety checklist

This form is designed to confirm that trainees have understood and are able to apply laboratory safety instruction provided by the employer as it relates to the RCPA curriculum. It covers the essentials for new trainees and is the basis for subsequent learning that will be assessed and eventually lead to the ability to function in a laboratory management role as a pathologist.

- ☐ 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 (print) .....Signature.....

Witness (supervisor or senior pathologist):

Name (print) .....Signature.....

Date:

Directly Observed Practical Skills: General Guidelines

The purpose of the Direct Observation of Practical Skills (DOPS) assessment is show that the trainee is able to work safely in the laboratory; and to provide feedback to the trainee about their progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

Trainees are required to complete DOPS forms to demonstrate competence in **different types** of techniques. Trainees should initiate the DOPS assessment by requesting an appropriate assessor to observe them when they are confident they can complete it satisfactorily.

DOPS forms must be completed for:

- Cut up
- Histochemical stains
- Autopsy

It is important for the assessor to observe the trainee doing the entire activity. Observations can be made by the supervisor and also by other suitably qualified staff. Assessors who are RCPA Fellows can note this as a quality activity in their annual CPDP submission.

The assessor should complete the DOPS form while the trainee is present and spend 5-10 minutes providing immediate feedback.

Grading, standards and outcome of assessment

Each aspect of the trainee's performance should be graded in terms of whether or not it is as expected for the stage of training. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment.

The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively and in a suitable environment. Areas for development should be identified, agreed and recorded on the DOPS form.

The final outcome should only be graded as consistent with the level of training if all aspects have been performed to the standard expected of a trainee at that stage. The standard should be such that the trainee would be able to perform the task safely without supervision. A trainee whose performance falls below this level will be able to repeat the assessment with no penalty.

Record keeping

The DOPS forms must be fully completed, signed and dated by the trainee and the assessor.

Anatomical pathology DOPS form for cut-up

Directly Observed Practical Skill

This form is to be completed by the observer

How to use this form

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 10)

Use a **separate form** for each instance of cut-up.

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.

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if >Y5 please specify
Observer/Assessor name	**Observer/Assessor position** ☐ Consultant anatomical pathologist ☐ Senior registrar ☐ Senior scientist with appropriate cut-up qualifications	

	Number per year required	**Person who should observe cut-up and sign form**
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

Type of cases (tick box)

☐ routine surgical biopsy
☐ case requiring special technique
☐ case involving liaison with other pathology disciplines or clinicians
☐ other (please specify)

Complexity of cases (tick box)

☐ low (2 or 3) ☐ medium (4) ☐ high (5-7)

Please comment on any relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)

Final outcome (please circle) As expected for the stage of training Below expected for the stage of training	Date of assessment	Time taken for assessment	Time taken for feedback
Name (print) and signature of assessor		**Signature of trainee**	
Laboratory			

Anatomical pathology
DOPS form for histochemical stains

Directly Observed Practical Skill

This form is to be completed by the observer

How to use this form

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.

Please select from the list of stains below and use a **separate form** for each specimen.

Completed forms for 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.

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if >Y5 please specify
Observer/Assessor name	**Observer/Assessor position** ☐ consultant anatomical pathologist ☐ senior registrar ☐ senior scientist	
Case number		

Stains (tick box)

- ☐ H&E
- ☐ Masson's trichrome
- ☐ lipid stain
- ☐ PAS
- ☐ PAS + diastase
- ☐ PERLS
- ☐ Reticulin
- ☐ Grocott
- ☐ Wade Fite
- ☐ Gram
- ☐ other (please specify)

Please comment on any relevant aspects, especially on aspects for improvement.

Final outcome (please circle) As expected for the stage of training Below expected for the stage of training	Date of assessment	Time taken for assessment	Time taken for feedback
Name (print) and signature of assessor		**Signature of trainee**	
Laboratory			

Anatomical pathology
Consultant sign-off form for
Autopsy

How to use this form

This form is to be used to record participation in or performance of the 15 autopsies that are required during training. 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 this form prior to the assessment. If the DOPS assessment is on a foetal/perinatal/paediatric case, a prior experience minimum of 5 fetal/perinatal/paediatric autopsies is required. The hospital case number or coronial case number should be recorded.

For perinatal autopsies, the following guidelines apply:

- Fetus not less than 18 weeks gestation
- Minimally macerated
- Placenta must be included in the autopsy assessment

The College recommends that trainees be given the appropriate rotations prior to the Part I exams.

By signing this Autopsy Summary Form, the consultant verifies that the trainee has achieved a satisfactory level of performance for their level of experience of

- Autopsy technique and detailed dissection of organs
- Written report (gross, micro, final diagnosis)
- Clinicopathological correlation
- Ability to summarise relevant clinical information and laboratory data
- Verbal presentation of autopsy findings
- Knowledge of special stains
- Completion of report within period specified by Departmental policy

Different consultants may sign this summary form.

At the end of each year, this form is to be sighted and signed by the supervisor on the annual supervisor report.

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5, please specify

Date	**Lab ref number**	**Brief description of case and level of complexity**	**Signature of consultant**

Anatomical pathology DOPS form for Autopsy Assessment

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.

Adult cases: 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.

Fetal/perinatal/paediatric cases: 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 following guidelines are to be followed for perinatal autopsies:

- Fetus not less than 18 weeks gestation
- Minimally macerated
- Placenta must be included in the autopsy assessment

For all autopsies, the 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:

- 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.** 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 Education and Assessment
RCPA
207 Albion St
Surry Hills NSW 2010

Anatomical pathology
DOPS form for Autopsy Assessment

Directly Observed Practical Skill

This form is to be completed by **Assessor 1**

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
Observer/Assessor name	**Observer/Assessor position**	

Autopsy number: **Type of case (please circle)** Adult Paediatric Perinatal Fetal

Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING	**yes**	**no**	**n/a**
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way			
Demonstrated awareness of relevant workplace 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			

Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)

If the outcome is **below expected for the stage of training** please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)

Final outcome (please circle) As expected for the stage of training Below expected for the stage of training	**Date of assessment**
Name (print) and signature of assessor 1	**Signature of trainee**
Laboratory	

Anatomical pathology
DOPS form for Autopsy Assessment

Directly Observed Practical Skill

This form is to be completed by **Assessor 2**

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
Observer/Assessor name	**Observer/Assessor position**	

Autopsy number: **Type of case (please circle)** Adult Paediatric Perinatal Fetal

Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING	**yes**	**no**	**n/a**
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way			
Demonstrated awareness of relevant workplace 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 1			

Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)

If the outcome is **below expected for the stage of training** please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)

Final outcome (please circle) As expected for the stage of training Below expected for the stage of training	Date of assessment
Name (print) and signature of assessor 2	Signature of trainee
Laboratory	

RCPA
The Royal College of Pathologists of Australasia

Anatomical pathology
DOPS form for Autopsy Assessment

Directly Observed Practical Skill

Record of the **Consensus decision**
of Assessor 1 and Assessor 2

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
Observer/Assessor name	**Observer/Assessor position**	

Autopsy number: **Type of case (please circle)** Adult Paediatric Perinatal Fetal

Please comment on whether these aspects of the trainee's performance are satisfactory for the stage of training (S= satisfactory; NS = not satisfactory; n/a = not applicable)	**S**	**NS**	**n/a**
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way			
Demonstrated awareness of relevant workplace 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 1			

Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)

If the outcome is NOT SATISFACTORY please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)

Final outcome (please circle) As expected for the stage of training Below expected for the stage of training	Date of assessment
Assessor 1 Name (print) and signature Laboratory	Signature of trainee
Assessor 2 Name (print) and signature Laboratory	

RCPA
The Royal College of Pathologists of Australasia

Anatomical pathology
Consultant sign-off form for
Surgical Case Report Summary

How to use this form

By signing this Surgical Case Summary Form, the consultant verifies that the trainee has performed the macroscopic and microscopic assessment of the case. **Different consultants** may sign.

During the five (5) years of training, the trainee should use this form to record

- 20 surgical cases of complexity < 5
- 20 surgical cases of complexity = or > 5

(Complexity levels – see Appendix 10)

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 TRANIING

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 If > Y5 please specify

	Date	**Lab ref number**	**Brief description of case & level of complexity**	**Signature of consultant**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Anatomical pathology
Consultant sign-off form for
Synoptic Report Summary

How to use this form

Download Protocols and proformas for synoptic reports of complex malignancies from the RCPA website.

By signing this Synoptic Report Summary Form, the consultant verifies that the trainee has reported complex cancer cases using the standard RCPA synoptic reports and has read the associated protocol. The cases should be distributed across at least three different organ systems. **Different consultants** may sign.

During the five years of training, the trainee should use this form to record having reported at least 10 cases

- 5 synoptic reports before sitting the Part I examinations
- At least another 5 synoptic reports before sitting the Part II examinations

At the end of each year, the supervisor should sight this form and sign off on the annual supervisor report.

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 If > Y5 please specify

	Date	**Lab ref number**	**Proforma used**	**Protocol read (yes/no)**	**Signature of consultant**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Anatomical pathology
Consultant sign-off form for
Frozen Sections

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

At the end of each year, the supervisor should sight this form and sign off on the annual supervisor report.

Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRANIING

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5 please specify

	Date	**Lab ref number**	**Brief description of case & level of complexity**	**Signature of consultant**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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

At the end of each year, the supervisor should sight this form and sign off on the annual supervisor report.

Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRANIING

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

Training time in cytology (a minimum period equivalent to a 3 month rotation in cytology training and exposure in 5 years of training is required).

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**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Anatomical pathology Surgical Cases Log

How to use this form

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 **not** be included.

At the end of each year, the supervisor should be sight this log and sign off on the annual supervisor report.

Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRANIING

Trainee name	**Trainee ID**	**Stage of training** Y1 Yr2 Yr3 Y4 Y5 if > Y5 please specify

	Date	**Lab ref number**	**Brief description of specimen**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Anatomical pathology Ancillary techniques Log

How to use this form

During five (5) years of training trainees should log the use/application of the following ancillary techniques for cases in which they are involved:

☐ immunofluoresence (IF)

☐ immunohistochemistry (IHC)

☐ electron microscopy (EM)

☐ molecular techniques as applied to anatomical pathology (Mol)

Please indicate the technique used for each specimen using the abbreviations indicated.

Only cases that the trainee has reported should be logged. Cases that the trainee has reviewed (eg QAP) but not reported should **not** be included.

At the end of each year, the supervisor should sight the log and sign off on the annual supervisor report.

Please START A NEW FORM AT THE BEGINNING OF EACH YEAR OF TRANIING

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5 please specify

	Date	**Lab ref number**	**Technique IF, IHC, EM, Mol**	**Brief description of specimen**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

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 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 de-identified 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 TRANIING

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5 please specify

	Meeting date	**Brief description of meeting**	**Supervisor signature**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
12			
13			
14			
15			

Anatomical pathology
Supervisor sign off form for
Clinical Meetings post-Part I

How to use this form

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.

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

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.]

At the end of each year, this Clinical Meetings form and appended de-identified 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 TRANIING

Trainee name	**Trainee ID**	**Stage of training** Y1 Y2 Y3 Y4 Y5 if > Y5 please specify

	Meeting date	**Brief description of meeting**	**Supervisor signature**
1			
2			
3			
4			
5			
6			
7			
8			
9			
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12			
13			
14			
15			

Appendix 9

Assessment matrix

Outcome		Assessment method (see key below)							
		Part I exams		Part II exams				Portfolio	
		A	B	C	D	E	F	G	H
Discipline-specific functions in the laboratory									
1.1	Foundation knowledge and skills	X	X	X	X	X	X	X	X
1.2	Accession, management, processing specimens						X		X
1.3	Storage and retrieval of laboratory data	X					X	X	X
1.4	Analysis of laboratory data	X	X	X	X	X	X	X	X
1.5	Developing, reporting a professional opinion	X	X	X	X	X	X	X	X
1.6	Monitoring patient progress								X
Functions as a manager in the laboratory									
2.1	Quality assurance	X					X		X
2.2	Laboratory safety	X					X	X	X
2.3	Compliance with legislation	X					X	X	X
2.4	Managing people						X		X
2.5	Managing resources						X		X
2.6	Information fundamentals						X		X
Research and scholarship									
3.1	Research and critical appraisal						X		X
3.2	Self-education and CPD								X
3.3	Educating colleagues and others								X
Professional qualities									
4.1	Ethics and confidentiality						X	X	X
4.2.1	Oral communication						X	X	X
4.2.2	Written communication	X	X	X	X	X		X	X
4.2.3	Academic writing								X
4.3	Collaboration and teamwork								X
4.4	Cultural competence						X	X	X

Key to assessment methods

A	Part 1 written paper
B	Part 1 practical histopathology slide exam 20 cases
C	Part 2 practical histopathology slide exam 15 cases
D	Part 2 small biopsy exam
E	Part 2 cytology exam
F	Part 2 structured oral exam
G	Autopsy assessment
H	Portfolio items: Laboratory safety checklist Autopsy DOPS Cut-up DOPS Histochemical stains DOPS Surgical cases Frozen sections Cytology Ancillary techniques Clinical meetings Personal professional development:

Appendix 10

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, microdochectomy	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
Foreskin — new born	2
Foreskin — not new born	3

Specimen type	Complexity level
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
Ovary with or without tube — not neoplasm	4
Pancreas, biopsy	5

Specimen type	Complexity level
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
Thyroid — all specimens	5
Tissue or organ — all specimens not otherwise specified	3

Specimen type	Complexity level
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