

## TRAINEE HANDBOOK 2019



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## Forensic Pathology

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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

AP	Anatomical pathology
APN/CPN	Acute/chronic
ARDS	Acute (adult) respiratory distress syndrome
CJD	Creutzfeldt Jacob disease
CPDP	Continuing professional development program
DNA	Deoxyribonucleic acid
DVI	Disaster victim identification
FP	Forensic pathology
HSV	Herpes simplex virus
IV	Intravenous
NATA	National Association of Testing Authorities, Australia.
NPAAC	National Pathology Accreditation Advisory Council
PhD	Doctorate in Philosophy
PME	Post-mortem examination
RCPA	Royal College of Pathologists of Australasia
RCPA QAP	RCPA Quality Assurance Program
WHS	Workplace health and safety

## SECTION 1

### INTRODUCTION

Forensic pathology is the subspecialty of pathology that focuses on medico-legal investigations of sudden or unexpected death. Forensic pathologists have a critical and pivotal role in death investigation, examining the body of the deceased to define the cause of death, factors contributing to death and to assist with the reconstruction of the circumstances in which the death occurred. As with all medical consultations the diagnostic process involves the forensic pathologist integrating evidence from the deceased's medical history, the supposed circumstances surrounding the death, the findings of post-mortem medical examination (autopsy) and the results of laboratory investigations undertaken as part of the autopsy. A post-mortem examination typically involves careful examination and documentation of the appearances of the body of the deceased and dissection of internal organs and structures.

A sound knowledge of normal anatomical findings and variants as well as anatomical pathology (including normal histological appearances and variants) is essential, particularly as microscopic assessment of body tissues is often needed to enable a precise diagnosis. Forensic pathologists work closely with other death investigators including coroners, police and forensic scientists; they may be required to attend scenes of death and are often required to testify in court.

It is suggested that trainees consider an extended period of 2 years clinical experience after graduation from medical school (for example, accident & emergency medicine, obstetrics and gynaecology, psychiatry, paediatrics or adult medicine/surgery/general practice) before commencing forensic pathology training.

### PERSONAL CHARACTERISTICS NEEDED

A forensic pathologist needs:

- excellent standards of written and spoken English
- broad medical experience, preferably including post-graduate experience in paediatrics, anaesthetics and obstetrics/gynaecology
- sound knowledge in anatomical pathology
- good communication and interpersonal skills
- a methodical and analytical approach
- ability to practise as part of a team as well as autonomously
- a high level of self-motivation
- ability to formulate and articulate well-balanced views
- patience (as it is often slow, painstaking work)
- emotional stability
- an understanding of aspects of bereavement
- enjoyment of the scientific basis of medicine
- teaching skills
- an inquiring mind, to initiate ethical research

### GENERAL AIMS OF THE TRAINING PROGRAM

At the time trainees complete the requirements for Fellowship they should:

- have a sophisticated understanding and perspective of forensic pathology and its role in death investigation;
- be able to independently examine and report macroscopic and microscopic findings at post-mortem examination of all types of coroners' cases;
- be able to integrate subjective (ie, history) and objective (ie, post-mortem findings and laboratory investigation results) information about cases, to provide a well-balanced opinion to courts, coroners and authorised investigators;
- be able to clearly distinguish observation of fact from interpretation and opinion;

- have sound knowledge of the legislative basis and ethical issues of forensic medical practice, being an effective advocate on behalf of the deceased;
- be able to liaise with other medical and scientific specialists, with a clear understanding of their expertise;
- understand, and regularly reflect upon, the limitations of forensic medical practice;
- understand and promote the value of post-mortem examination of the deceased in the provision of quality health care;
- have a working knowledge of mortuary and laboratory management, particularly recognising and advocating maintenance of quality and workplace health and safety procedures;
- participate in, and be an advocate for, continuing professional development of all staff;
- participate in teaching trainees in forensic and 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.

At the final assessment (Part II) in forensic pathology, candidates should be aware that they are required to convince the Board of Education and Assessment, through the panel of examiners, that they have sufficient knowledge and experience for the safe and unsupervised practise of forensic pathology and that they are ready for appointment to a position as a specialist medical consultant.

These general aims of the training program relate to four general functions of forensic pathologists:

- 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 PATHWAYS AND REQUIREMENTS**

To gain Fellowship as a specialist forensic pathologist requires five years of accredited training in the discipline, which includes a full-range of autopsy practice, histopathology and exposure to the forensic sciences. No more than four years in the one institution will be allowed.

Please refer to the *Trainee Handbook - Administrative Requirements* for essential information regarding training limitation, retrospective accreditation of training and temporary suspension of training.

Forensic pathology practice requires up-to-date knowledge of medical practice, the forensic sciences, all the pathology disciplines and a sound knowledge of anatomical pathology. As a substantial part of early training is spent in anatomical pathology, trainees and supervisors should ensure, before commencing, that the required training in an accredited anatomical pathology laboratory can be undertaken. Contemporary forensic pathology also demands a life-long commitment to continuing professional education and development. The curriculum outlined in this handbook provides a basis to that commitment.

There are three pathways to forensic pathology practice:

- Anatomical pathology I followed by forensic pathology II (API-FP II), which leads to Fellowship in Forensic Pathology
- Forensic pathology I followed by forensic pathology II (FPI-FPII) which leads to Fellowship in Forensic Pathology
- Fellowship in anatomical pathology or general pathology, followed by post-fellowship training which leads to a Diploma in Forensic Pathology.

Trainees should make this selection carefully, in the full knowledge that the FPI-FP II stream places a significant limitation on later scope of practice, ie, limitation to forensic pathology, and that lengthy re-training will be required if a career change is considered later. Trainees who are uncertain should seek advice from their supervisor, other Fellows or the state councillor.

### **Anatomical Pathology Part I (AP I)**

Please refer to the Trainee Handbook for Anatomical Pathology.

### **Forensic Pathology Part I (FP I)**

Training is conducted in accredited departments of anatomical pathology and forensic pathology.

At least twelve (12) months of training in accredited departments of forensic pathology is required.

At least twelve (12) months is required in accredited departments of anatomical pathology for training in non-coronial autopsies (as available), a wide range of biopsy examinations and reporting and broad laboratory management.

Some knowledge is expected of specialised areas, such as cytopathology, needle biopsy diagnosis, molecular pathology, interpretation of immunohistochemistry and electron microscopy, particularly of the indications for the techniques, the methods used and interpretation of findings, especially with respect to tumour diagnosis. However forensic pathology does not expect the depth of knowledge required by a practising anatomical pathologist.

Please note the assessment requirements in the following section.

### **Forensic Pathology Part II (FP II)**

Training after having passed the Part I examination is undertaken in accredited departments of forensic or anatomical pathology. It must include at least 18 months of training in forensic pathology.

Prior to sitting the FPII examinations, trainees must have completed at least 18 months of anatomical pathology training in their five-year training program. Exposure to neuropathology, neonatal/paediatric pathology and gynaecologic/obstetric pathology is assumed. If previous anatomical pathology experience has not included these areas, then further training may be required.

The FP II examination is taken in the fifth (final) year of accredited training. Please note the assessment requirements in the following section.

### **Post-Fellowship Diploma in Forensic Pathology (Dip For Path)**

Fellows in anatomical pathology or general pathology are eligible to enrol for the Diploma in Forensic Pathology. This requires at least twelve (12) months full-time forensic pathology training in an accredited facility. All requirements for the Post-Fellowship Diploma of Forensic Pathology are in a separate handbook

## SUPERVISION

All training must be supervised. More than one supervisor can be appointed, e.g., 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 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 supervisor should regularly review the trainee's Autopsy and Training Record, in which workplace activities are logged (see **Appendices 8 and 9**).

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 on the RCPA website for detailed information.

## ASSESSMENT

Assessment is by formal examination, by submission of a record of workplace activities completed during training and through periodic and annual supervisor's reports. 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 in both pathways. See **Appendix 2** for detailed requirements.
- For the **API - FPII pathway**, the anatomical pathology I examination must be undertaken in the third year of AP training. See AP Trainee handbook for detailed requirements. The

forensic pathology Part II examinations may not be taken until the final year of training (see **Appendix 5**).

- For the **FPI - FPII pathway**, the forensic pathology Part I examination, which may not be taken until the third year of training and the forensic pathology Part II examination, which may not be taken until the final year of training, See **Appendices 4 and 5** for detailed requirements.

All durations refer to full-time training (or part-time equivalent) in accredited laboratories. If it is found that after the submission of an examination application form, a trainee has not met the eligibility criteria for sitting an examination/s, eg, insufficient accredited training time, the trainee will be withdrawn from the examination/s. The trainee will be eligible for a full refund of the examination fee.

### ***Autopsy assessments:***

Please note that formal autopsy assessments are required.

### ***Workplace activities***

Evidence must be presented to demonstrate that trainees have successfully completed a range of activities that form part of their daily work in the laboratory. The Autopsy and Training Record documents 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 these activities and ensuring that they have completed the required number by the required dates. Where indicated, 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.

The workplace activity requirements are in **Appendix 8**.

### ***Supervisor Reports***

Trainees must submit a supervisor report for each year of training and for periods of rotation. An additional examination report is required prior to assessments with an oral examination component. The guidelines for completing the supervisor report are in **Appendix 6**.

## **RESOURCES**

Texts, journals and weblinks are in the [Forensic 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 forensic pathology literature.

## SECTION 2

# LEARNING OUTCOMES AND RECOMMENDED TRAINING ACTIVITIES

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

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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, which is ordinarily regarded as following success in the Part 1 examination). Competence in outcomes achieved early in training should be maintained throughout.

While trainees are expected to be proficient in the topics above, they are not expected to do every training activity in the list below. 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 OF THE FORENSIC PATHOLOGIST AS MEDICAL SPECIALIST

*As medical specialists, experienced forensic pathologists use their expertise in autopsy pathology and its sub-disciplines (including forensic aspects of radiology, toxicology, neuropathology, paediatric pathology and anthropology) to offer an expert opinion in death investigation.*

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

## 1.1 Foundation knowledge and skills in anatomical pathology

### Outcomes

- [E] Recognise the macroscopic and microscopic features of the pathology of organs and regions, including congenital, inflammatory, degenerative, toxic, infectious, proliferative and neoplastic disorders and understand all aspects of their aetiology, pathogenesis, classification, epidemiology, gross and microscopic pathology and clinical features (see **Appendix 1 List A**);
- [E] Explain principles of and demonstrate competence in sample selection;
- [E] Explain principles of and demonstrate competence in tissue fixation;
- [E] Explain principles of embedding and sectioning tissue;
- [E] Explain principles of performing and interpreting routine stains, with awareness of their uses, limitations and artefacts particularly with regard to post-mortem derived tissue;
- [E] Explain principles of and histochemistry;
- [E] Explain principles of immunohistochemistry;
- [E] Explain principles of electron microscopy;
- [E] Explain principles of frozen sections: their uses, limitations and artefacts.

### Activities

*Select activities that are appropriate to your training environment and, if relevant, keep a record in your Autopsy and Training Record, e.g.,*

- Perform autopsies;
- take every opportunity to participate in sample selection, tissue fixation, embedding; sectioning, staining and be able to troubleshoot problems;
- select samples for and interpret histochemical tests and frozen sections;
- select samples for electron microscopy and interpret;
- attend relevant lectures, seminars, conferences, training weekends and access web-based resources;
- study authoritative texts and laboratory manuals.

## 1.2 Foundation knowledge and skills in forensic pathology

### Outcomes

- [E] Conduct coronial and non-coronial post-mortem examinations;
- [E] Ascertain cause, mechanisms and manner of death;
  - Apply well developed practical knowledge when approaching and diagnosing typical coroners' cases (**see Appendix 1 List B**)
  - Recognise post-mortem changes and estimate time of death (post-mortem interval)
- [E] Outline common methods of identification;
- [E] Outline injury types and their causations;
- [E] Take and preserve appropriate samples from suitable sites for toxicology and other investigations, with awareness of risk of contamination and post-mortem processes, such as redistribution;
- [E] Sources of expected organ weights and their limitations (obesity; prematurity & twins in infants);

- [E] Understand the investigative aspects of clinical pathology disciplines relevant to forensic practice, particularly post mortem microbiology, clinical biochemistry and toxicology, immunopathology;
- [E] Demonstrate skills in photography relevant to forensic practice.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,

- Conduct coronial post-mortem examinations;
- Attend scenes of death;
- Seek opportunities to attain experience in forensic toxicology laboratories/courses;
- Seek opportunities for training in paediatric pathology;
- Attain experience in forensic neuropathology;
- Attain experience in clinical forensic medicine;
- Seek opportunities to attain experience in allied areas such as: forensic toxicology, fingerprinting, crime scene examination etc;
- Attain experience in a forensic DNA laboratory;
- Attain experience in a field forensic science facility;
- Seek opportunities to attend court;
- Seek opportunities to participate in forensic science facilities/courses.

Refer to workplace activity requirements (Appendix 8) for suggested numbers to be performed and recorded.

## **1.3 Advanced knowledge and skills in forensic pathology**

### **Outcomes**

- [A] Address diagnostic dilemmas and medico-legal issues in order to formulate precise and well considered opinions in relation to the cases in **Appendix 1 List B**;
- [A] Competently perform forensic autopsies for cases in **Appendix 1 List B**;
- [A] Demonstrate understanding of the principles of and collaborate with experts in the disciplines relevant to forensic practice, including forensic anthropology (**Appendix 1 List D**), odontology, entomology and radiology;
- [A] Working as part of a multi-disciplinary team at the scene, the mortuary and beyond, demonstrate broad knowledge of principles of medicine in relation to:
  - Medical treatment and procedures particularly cardiology, including: post mortem management of pacemakers, defibrillators, prosthetic valves, ventricular assist devices, stents and effects / complications of angioplasty
  - Surgery procedures and complications, particularly cardiothoracic and neurosurgery, including: examination of shunts
  - Paediatrics, particularly sudden infant death syndrome, congenital and genetic disease and child abuse and including: significant congenital malformations of the central nervous system, cardiovascular system and respiratory system.
  - Anaesthetics, particularly death during anaesthesia
  - Obstetrics relating to maternal and perinatal death
  - Emergency medicine, particularly acute treatment of trauma
  - Bariatric surgery and associated devices
  - Psychiatry in relation to suicide, mental illness and death in care
  - Occupational & public health medicine in relation to death & injury prevention;
- [A] Working as part of a multi-disciplinary team at the scene, the mortuary and beyond, apply a sound understanding of forensic science to death investigations, including:
  - General aspects, such as principles, procedures, continuity
  - Chain of custody
  - Collection and handling of evidence, its preservation and particularly avoidance of contamination of evidence
  - At the scene (photography, blood stain/spatter interpretation, ballistics, trace evidence, finger prints, archaeology, exhumation procedures, etc);

- [A] At autopsy (DNA/molecular, ballistics, physical evidence, entomology, etc), display competence in the issues of establishing proper identification;
- [A] Demonstrate proficiency in dissection techniques essential for competent forensic practice **(see Appendix 1 List C)**;
- [A] Demonstrate ability to identify artefacts that can be mistaken for ante- and per-mortem injury or disease;
- [A] Demonstrate a high level of expertise in the interpretation of forensic autopsy histopathology, including:
  - Patterns of injury healing
  - Approaches to ageing injuries (skin, skeletal, visceral) and awareness of limitations
  - Cardiac histopathology of forensic significance
  - Neurohistopathology of forensic significance
  - Pneumonias
  - Identification of micro-organisms of forensic significance
  - Histopathology of IV and other drug use
  - Histopathological approaches to decomposition;
- [A] Demonstrate a high level of expertise in the interpretation of patterns of injury;
- [A] Demonstrate a high level of expertise in toxicological investigations, including:
  - Sample selection and preservation
  - Interpretation of measured levels in post-mortem samples
  - Toxicology of alcohol, prescription drugs, non-prescription drugs and poisons of all types;
- [A] Demonstrate a high level of expertise in the application of radiological imaging;
- [A] Demonstrate an awareness of how genetic and metabolic investigations can be applied to forensic cases as ancillary tests and the principles and limitations of the 'genetic autopsy';
- [A] Demonstrate an awareness of the grief process and the role of counsellors;
- [A] Understanding of the role of the coronial process in organ and tissue donation.

### **Activities**

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- Conduct an average of 150 to 200 coronial post-mortem examinations (PME) annually;
- Assist with post-mortem examinations of suspicious death victims;
- Attend scenes of death;
- Undergo instruction in forensic toxicology;
- Undergo training in paediatric pathology;
- Attain experience in forensic neuropathology;
- Undergo instruction in clinical forensic medicine;
- Undergo instruction in a forensic DNA techniques and procedures;
- Visit a field forensic science facility (eg: ballistics, fingerprints, physical evidence recovery, etc);
- Attend forensic odontology procedures;
- Attend court (including coroner's court) on at least 15 occasions;
- Participate in organised interaction with local forensic science facilities/courses;
- Participate in organised interaction with toxicology laboratories, courses.

Refer to workplace activity requirements (Appendix 8) for suggested numbers to be performed and recorded.

## **1.4 Case selection, acceptance and management**

### **Outcomes**

- [E] Photograph bodies/specimens;
- [E] Understand the difference between a coronial and non-coronial post-mortem examination, and the different legislative basis and requirements;
- [A] Advise clinicians and coroner on appropriate selection and acceptance of cases;

- [A] In relation to mortuary accession, evaluate and monitor a reliable method for case/body identification, accession and discharge;
- [A] Manage bodies/cases through the entire process, including associated procedures;
- [A] Liaise with coroners about level of death investigation and associated procedures;
- [A] Understand the role of major crime review meetings.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,

- Seek and read legislation, codes, guidelines, policies, manuals and literature (eg. NATA, NPAAC, NCEAP Code);
- Participate in daily departmental activities, including all aspects of forensic practice;
- Refer to the Coroners Act or equivalent;
- Refer to (e.g.) the Australian Mortuary Managers' Association Guidelines; NPAAC Guidelines or equivalent;
- Participate in major crime reviews and other case management meetings.

## **1.5 Specimen storage, retrieval and record keeping**

### **Outcomes**

- [E] Understand and comply with principles and procedures involved in establishing and using a specimen storage and retrieval system;
- [E] Competently use information technology to store and retrieve data for case related and research purposes;
- [E] Ensure that specimens are sealed and marked to preserve the integrity of evidence so that the legal requirements for "chain of custody" are fulfilled.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,

- Seek and read legislation, codes, guidelines, policies, manuals and literature (eg. NATA, NPAAC, NCEAP Code);
- Participate in daily departmental activities, including all aspects of forensic practice.
- Refer to the Coroners Act or equivalent;
- Refer to (eg) the Australian Mortuary Managers' Association Guidelines; NPAAC Guidelines or equivalent;
- Index specimens appropriately;
- Retrieve records relating to specific cases/specimens;
- Retrieve specimens showing examples of specific diseases or processes.

## **1.6 Death investigation**

### **Outcomes**

- [E] Review and evaluate medical records and other material relevant to death investigations;
- [E] Attain a high level of proficiency in general autopsy procedures including:
  - External and internal examination
  - Evisceration, dissection and reconstruction procedures
  - Detection and objective description of macroscopic abnormalities
  - Photography
  - Detection and evaluation of cardiac and pulmonary pathology;
- [E] Competently perform coronial post-mortem examinations **as listed in Section 1.3**;
- [A] Participate in and evaluate death scene examination to provide advice to police and coroner, etc;
- [A] Attain a high level of proficiency in special autopsy procedures including:
  - Understanding limitations in the estimation of time since death
  - Evaluation of taphonomic processes
  - Appropriate use and evaluation of forensic radiology
  - Detection and evaluation of neuropathology
  - Spine, vertebral artery and neck dissection

- Detection and evaluation of obstetric pathology
  - Sexual assault examinations
  - Handling and evaluating osteological /anthropological specimens
  - Subcutaneous dissection;
- [A] Attain competence in identification techniques and multi-fatality incidents, such as:
- Terrorism and chemical, biological or radiological incidents
  - Principles and aspects of the practice of odontology
  - Disaster victim identification (DVI) procedures, DNA and X-rays.

### **Activities**

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- Attend as many death scenes under supervision as practicable;
- Arrange attendance at police crime scene investigation unit and/or death scene simulations;
- Perform macroscopic adult and paediatric autopsies.

Refer to workplace activity requirements (Appendix 8) for suggested numbers to be performed and recorded.

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

### **Outcomes**

- [E] Objectively record macroscopic and microscopic findings, including relevant photography, radiology toxicology etc., so that another person at another time can independently evaluate the autopsy/death investigation and come to their own conclusions;
- [E] Collate reports of ancillary investigations;
- [E] Identify and evaluate relevant publications and similar cases from the archives of the institution or databases, implementing the principles of evidence based practice;
- [E] Describe, summarise and interpret these reports, with positive and negative findings, in the light of the circumstantial and clinical history, and with special attention to histological and toxicological interpretation;
- [E] Record a professional opinion about cause of death, factors contributing to the death and relevant aspects of the circumstances of the death.
- [A] 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, if relevant, record them in your Autopsy and Training Record, e.g.,*

- Develop a clear and concise report format and use structured reports when applicable;
- Discuss findings and reports with the supervising pathologist at the time of autopsy, at the review of histology and at the finalising of the report;
- Observe and evaluate discussions and expert evidence provided by colleagues in order to understand the rules of evidence and the role of the expert;
- Attend pre-trial conferences and courts;
- Review colleagues' reports;
- Be involved with the Departmental peer review process
- Access the National Coroner's Information System;
- Attend Expert Evidence Course (National Institute of Forensic Science) or equivalent.

Refer to workplace activity requirements (Appendix 8) for suggested numbers to be performed and recorded.

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

*As manager in the laboratory, experienced forensic pathologists understand the principles of cost-effective practice, rational ordering of investigations and finite resources. They understand the elements of supervising and managing safely and effectively. They observe workplace health and safety protocols and comply with legislative requirements in all aspects of the forensic practice, be it at the mortuary, at the scene or elsewhere. They ensure effective work practices through managing staff fairly and by developing policies and procedures based on appropriate use of information and evidence. They are able to detect and correct technical errors and artefacts in all aspects of forensic pathology.*

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

- [A] Understand and carry out office procedures including quality documentation for NATA accreditation of laboratories and the mortuary;
- [A] Understand accreditation requirements;
- [A] Apply, review and plan quality assurance strategies for monitoring processes and outputs in the laboratory;
- [A] Participate in evaluating procedures and equipment in the context of limited resources;
- [A] Participate in auditor training and practice.

#### Activities

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- Review summaries of relevant requirements for laboratory accreditation and performance, for example the NATA Checklist for Laboratory Accreditation or equivalent checklists in other jurisdictions;
- Participate in case/slide/laboratory/clinical rounds, peer review meetings, external quality assurance (e.g. RCPA QAP) and continuing professional development activities;
- Read current literature on quality assurance strategies, risk management, informatics and evidence based medicine in 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 *Autopsy and Training Record* ;
- Participate in RCPA committees or represent RCPA on institutional committees.
- Be involved with the Departmental peer review process

### 2.2 Mortuary, Scene & Laboratory Safety

#### Outcomes

- [E] Demonstrate understanding of and commitment to implementing workplace health and safety procedures involved in death investigation practices, whether in the mortuary or elsewhere, to protect self and others against infection and adverse psychological reactions;
- [E] Demonstrate a high level of understanding of workplace health and safety risks and familiarity with the safety manual and action plans;
- [E] Be familiar with actions for exposures;

- [E] Suspect and identify risks/hazards that are not openly stated (defibrillators, Creutzfeldt-Jacob disease, tuberculosis)
- [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;
- [A] Evaluate processes for assessing risk and investigating and reporting hazards, in accordance with legal aspects of investigation after an event.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your *Autopsy and Training Record*, e.g.,

- 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 [Laboratory Safety eLearning module](#) in RCPA Education Online and print the certificate of completion for your *Autopsy and Training Record*.

## **2.3 Compliance with Legislation**

### **Outcomes**

- [E] Demonstrate a high level of knowledge of the law regarding forensic medicine, particularly
  - The Coroners' Act
  - Human Tissue Act (or other relevant Act)
- [A] Criminal law, including:
  - the structure of the legal system
  - principles of criminal law including mens rea and actus reus,
  - homicide law, including child destruction and abortion, together with the relevant defences,
  - the law relating to assault
  - Rules of expert evidence;
- [A] Refer to and adhere to the law and relevant ethical codes and guidelines relating to death investigation, provision of reports, opinions and evidence, tissue and organ removal and retention, confidentiality, etc;
- [A] Provide competent advice to police, forensic scientific staff and the coroner at death scene examinations in regard to:
  - Time since death, including limitations
  - Recovery of trace evidence on the body
  - Re-creation of the circumstances of death
  - DVI procedure
  - Exhumation
  - Handling the remains and related material;
- [A] Understand the role of the expert witness and provide expert evidence as required ;
- [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.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, eg,

- Observe and evaluate discussions and expert evidence provided by colleagues, demonstrating an understanding of the rules of evidence and the role of the expert;
- Request seniors to review and evaluate your performance as an expert witness;
- Participate in the provision of second opinions by senior colleagues, demonstrating an understanding of the related special obligations and ethics.

## **2.4 Managing People**

### **Outcomes**

- [E] Be familiar with orientation and training protocols for new staff;
- [E] Behave in accordance with equal opportunity and antidiscrimination practices in the workplace;
- [E] Understand and reflect on effective team work and the importance of valuing all staff;
- [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*;
- [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, if relevant, record them in your Autopsy and Training Record, e.g.,

- 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;
- Participate as trainee representative on College and State/regional committees;
- Attend College or other management courses;
- Complete the 6 [Ethics eLearning modules](#) in RCPA Education Online (mandatory) and print evidence of completion for sign off by your supervisor for the *Autopsy and Training Record*;
- Complete relevant activities from the [Monash University Clinical Ethics](#) Resource (optional).

## **2.5 Managing resources**

### **Outcomes**

- [E] Demonstrate judicious use of auxiliary investigations.
- [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.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,

- 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

## 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 the clinical significance of testing.
- [E] Understand the role and scope of informatics, including concepts of information architecture, quality and analysis, systems design, and specialised sub-domains such as bioinformatics, imaging and statistics
- [E] Describe legal, meaningful and secure use of health records (electronic and non-electronic) in the process of the post-mortem investigation.

### Activities

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- 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

*Forensic 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 forensic pathology and wider professional aspects, and they integrate this knowledge into their practice. They contribute to advancing knowledge and/or enhanced practice in forensic pathology. They critically appraise scientific literature and contribute to the collection, analysis and interpretation of data relating to the quality of practice.*

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

*It is essential that any participation in research conforms to legislative restrictions (coronial or otherwise); coronial approval may have to be sought.*

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] Encourage development of appropriate research activities or writing up for peer review/publication/presentation;
- [A] Whilst complying with the requirements of relevant bodies concerned with ethics in human and animal research, prepare reports and papers for publication that comply with the conventions and guidelines for reporting biomedical research;
- [A] Seek opportunities to collaborate with colleagues in research endeavours.

#### Activities

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- 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 to download citations from a literature search and organise them into a personal database;
- Read reference material on basic statistical concepts including distribution, mean, median, standard deviation, statistical significance, confidence intervals, correlation, sensitivity, specificity, predictive values, incidence and prevalence;
- Consult a medical librarian, statistician or researcher;
- Prepare articles for publication;
- Give oral and poster presentations at scientific meetings
- Use the [research and scholarship resources](#) in RCPA Education Online:

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

#### Outcomes

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

#### Activities

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- 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 forensic pathology and participate in or lead discussions on contemporary issues;
- Participate in and present personal work at relevant educational meetings and journal clubs;
- Participate in case/slide/laboratory/clinical rounds, peer review meetings, external quality assurance (e.g. RCPA QAP) and continuing professional development activities.

### 3.3 Educating Colleagues and others

#### Outcomes

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

#### Activities

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- 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;
- Teach medical or other students;
- Read journals relevant to forensic 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

*Forensic 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 safe practice and the reputation of the profession should be evident in their daily practice. They use appropriate pathology investigations to ensure timely and accurate reporting and they maintain their professional competence throughout their career. They conduct respectful communications with colleagues, relatives of the deceased, coroners and other members of the legal system, other experts 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 seek and take advice from colleagues and others as appropriate, but they exhibit courage of their convictions and are prepared to stand on aspects of the rights of the individual as well as human rights in general remembering at all times that examination of the deceased is a privilege that is applied to protect and improve the health, safety and wellbeing of the living and may be used as an instrument of enquiry and justice. They respect legal and ethical aspects of practice as well as all aspects of confidentiality 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 forensic 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] Demonstrate a strong grounding in and commitment to ethical principles relating to:
  - o consent
  - o privacy
  - o prompt reporting
  - o confidentiality
- [E] Interact appropriately with medical and scientific colleagues and other death investigators;
- [E] Promote the value of the death investigation/autopsy and further its application in relation to public health and safety, including disease monitoring and prevention;
- [E] Recognition and preservation of the dignity of deceased;
- [E] Comply with legal, ethical and medical requirements relating to records and documentation, including confidentiality, informed consent and data security;
- [E] Differentiate between ethically appropriate and ethically inappropriate procedures;
- [E] Comply with copyright and intellectual property rules;
- [E] Recognise and respect cultural and religious factors impacting on professional practice;
- [E] Ensure that independence and neutrality of investigation is maintained in all cases,
- [E] Understand the ethics of organ retention;
- [E] Understand ethics of peer review, second opinions and second autopsy (including exhumation);
- [E] Partake in self-reflection and acknowledge stressors that may need to be addressed.
- [A] Have an understanding of the ethics of the investigation of war crimes, politically motivated deaths and crimes against humanity;
- [A] Understand ethical principles in relation to Investigation of deaths in custody;
- [A] Understand the role of the pathologists in monitoring infectious disease (reportable, surveillance, bioterrorism) and alleged vaccine-associated mortality;
- [A] Identify appropriate courses of action in regard to unprofessional conduct by or ill health in a colleague;

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your *Autopsy and Training Record*, e.g.,

- 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) and print evidence of completion for sign off by your supervisor for the *Autopsy and Training Record*;
- Complete relevant activities from the [Monash University Clinical Ethics](#) Resource (optional).

## **4.2 Communication**

### **Outcomes**

- [E] With regard to the health implications of the death investigation, communicate as appropriate with families, counsellors, clinicians and other relevant persons;
- [E] Employ effective oral, written and electronic communication strategies, including the production of concise, grammatically correct written reports;
- [E] Communicate relevant findings, reports, opinions in a timely fashion to, inter alia, coroners, police, families, colleagues, conferences, journals, courts, lawyers;
- [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] Provide relevant autopsy information to families of deceased persons, demonstrating understanding of loss and grief and stress reactions.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your *Autopsy and Training Record*, e.g.,

- Participate in training sessions on communications, cross-cultural communications, presentation skills, etc;
- Participate in training in counselling for bereavement;
- Compose written reports at an appropriate level of responsibility and seek feedback from supervisor, colleagues and clinicians;
- Document telephone communication of 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;
- Provide expert evidence in inquests or court cases;
- Observe others providing expert evidence in the court situation.

## **4.3 Collaboration and teamwork**

### **Outcomes**

- [E] Contribute effectively to interagency planning and management of multi-fatality disasters;
- [E] Promote the application of forensic pathology and related disciplines to circumstances of humanitarian need and abuses of human rights;
- [E] Promote the value of the death investigation/autopsy and further its application in relation to public health and safety, including disease monitoring and prevention;
- [E] Contribute effectively to the activities of laboratory and health care teams, recognising responsibilities and limitations of own role;

- [E] Consult with laboratory colleagues, other medical practitioners and health care professionals – within any jurisdictional limitations;
- [E] Contribute effectively to inter-disciplinary team activities, such as peer review sessions and other education and quality activities, recognizing responsibilities and limitations of own role;
- [E] Promote the role of forensic pathologists as vital contributors to society.

### **Activities**

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

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

## **4.4 Cultural competence**

### **Outcomes**

- [E] Demonstrate an awareness of cultural diversity (including, but not limited to ethnicity, gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth) and the ability to function effectively, and respectfully, when working with people of different cultural backgrounds.
- [E] Apply knowledge of the cultural diversity, spirituality and relationship to land of Aboriginal, Torres Strait Islander, Māori peoples and other cultural groups to the practice of forensic pathology in particular with regards to death rituals and requirements.

### **Activities**

*Select activities that are appropriate to your training environment and, if relevant, record them in your Autopsy and Training Record, e.g.,*

- 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 certificate of completion for the relevant module/s for your *Autopsy and Training Record*; OR provide evidence of completion of cultural competence training provided by your employer, if a registered health services provider.

## Section 3

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## Appendix 1

### Essential topics in forensic pathology

#### **List A: Essential topics in forensic histopathology**

This list gives some guidance to conditions that may be encountered in forensic pathology practice. Practitioners and candidates should be familiar with the full range of microscopic morphology of these conditions; examination candidates should, however, not limit their preparation to these conditions.

#### **Generic list for all organs and tissues**

- Infections
  - Bacterial (eg tuberculosis, suppurative. clostridia, syphilis)
    - viral (eg cytomegalovirus, herpes, varicella)
    - fungal (eg aspergillus, mucor, candida)
    - parasitic (eg hydatid, schistosoma)
- Amyloidosis
- Sarcoidosis
- Neoplasia
- Leukaemic infiltrate
- Metastases
- Common mesenchymal tumours
- Langerhans cell histiocytosis (histiocytosis X)
- Vasculitis
- Infarction/Ischaemia
- Systemic disease (eg scleroderma, systemic lupus erythematosis)
- Radiotherapy effect
- Storage diseases (eg Gauchers)
- Sickle cell/haemoglobinopathies
- Connective tissue disorders
- Antemortem vs post-mortem injuries and ageing of injuries
- Artifacts
- Common variants and common congenital malformations.
- Hamartomas/heterotopias/choristomas
- Emboli (fat, foreign body)

#### **Heart (additional to generic list above)**

- Valves
- Infective endocarditis
- myxoid/sclerotic degeneration
- chronic rheumatic fever
- papillary fibroelastoma
- Pericarditis (eg fibrinous; carcinomatous)
- Myocarditis (eg lymphocytic, eosinophilic, granulomatous, infective)
- Myocardial infarction (ageing)
- Muscular dystrophy
- Sarcoid heart disease
- Endocarditis and pancarditis (eg rheumatic fever)
- Sino-atrial (SA) node/atrio-ventricular (AV) node pathology
- Neoplasia (eg cardiac myxoma; rhabdomyoma)
- Cardiac transplant rejection
- Cardiomyopathy (eg arrhythmogenic right ventricular dysplasia, hypertrophic cardiomyopathy)

- Coronary arteries
- dissection
- vasculitis
- aneurysm
- thrombosis
- The “normal heart” and the role of Long QT, channelopathies and other cardiac arrhythmias

### **Blood/Lymphatic vessels (additional to generic list)**

- Atherosclerosis
- Vasculitis (eg polyarteritis nodosa; temporal arteritis, syphilitic aortitis)
- Aneurysm (eg mycotic, syphilitic)
- Dissection
- Common tumours (eg glomus, lymphangioma, kaposi's, bacillary angiomatosis, angiosarcoma)
- Fibromuscular dysplasia
- Myxoid degeneration of the aorta: Marfan's syndrome and age related change

### **Lungs/Pleura (additional to generic list)**

- Pneumonia (e.g. aspiration, lentivirus, cytomegalovirus, herpes, adenovirus, cryptococcus, aspergillus, mucor, pneumocystis)
- Lung abscess (e.g. fungal)
- Chronic obstructive pulmonary disease and complications (e.g. mucoid impaction)
- Asthma
- Pulmonary hypertension (with grading)
- Embolism (e.g. amniotic fluid, neoplastic, bone marrow, fat, cerebral)
- Interstitial lung disease (acute and chronic – e.g. asbestosis, cryptogenic organising pneumonia)
- Granulomatous disorders of the lung
- Wegener's granulomatosis
- Sarcoidosis
- IVI microgranulomatosis
- Haemorrhagic disorders (eg Goodpasture's)
- Pneumoconioses (e.g. anthraco-silicosis)
- Transplant rejection
- Common tumours (e.g. chondroadenoma, carcinoid, squamous cell carcinoma, adenocarcinoma, bronchoalveolar, oat cell, large cell anaplastic, mesothelioma, metastases)
- Benign pleural plaque

### **Head and Neck (additional to generic list)**

#### ***Mouth***

- Ulcers (e.g. HSV, fungal infection, Wegener's)
- Tongue
- Muscular dystrophy
- Amyloidosis
- Pyogenic granuloma
- Neoplasia (e.g. squamous cell carcinoma, melanoma)

#### ***Pharynx/Larynx***

- Pharyngeal infection/abscess (e.g. actinomycetes, fungi, fusospirochetes)
- Neoplasia (e.g. embryonal rhabdomyosarcoma, olfactory neuroblastoma, nasopharyngeal carcinoma)
- Rhinocerebral mucormycosis
- Angioedema

### **Neck**

- Branchial cyst
- Thyroglossal duct cyst
- Paraganglioma
- Sialadenitis (e.g. cytomegalovirus)
- Salivary gland tumour (e.g. pleomorphic adenoma, adenoid cystic carcinoma, acinic cell tumour)
- Tonsils
- Lymphoid hyperplasia
- Actinomyces
- Suppurative tonsillitis
- Neoplasia (e.g. lymphoepithelial tumour; non-Hodgkins lymphoma)

### **Oesophagus (additional to generic list)**

- Oesophagitis, erosions, ulcers (e.g. candida)
- Varices
- Barrett's oesophagus
- Muscular dystrophy
- Progressive systemic sclerosis
- Neoplasia (e.g. squamous cell carcinoma, adenocarcinoma)

### **Stomach (additional to generic list)**

- Acute gastritis (e.g. erosive, and variants such as emphysematous)
- Chronic gastritis (e.g. eosinophilic, granulomatous)
- Gastric erosions/ulcers (benign and malignant)
- Wischnewsky spots
- Hypertrophic gastropathy
- Neoplasia (common epithelial tumours; mucosa-associated lymphoid tissue (MALT) lymphoma; gastrointestinal stromal tumour)

### **Intestine (additional to generic list)**

- Infectious enteritis/colitis/enterocolitis (eg erosive, amoebic)
- Duodenitis/atrophy (e.g. giardiasis)
- Whipples disease
- Pseudomembranous colitis
- Crohn's disease
- Ulcerative colitis
- Infestation (e.g. *Enterobius vermicularis*; giardia)
- Appendicitis (e.g. amoebic)
- Diverticulitis
- Meckel's diverticulum
- Neoplasia (e.g. adenoma, carcinoid, carcinoma, mucosa-associated lymphoid tissue (MALT) lymphoma, gastro-intestinal stromal tumour (GIST))

### **Peritoneum/Mesentery (additional to generic list)**

- Peritonitis
- Torsion of appendix epiploicae
- Fat necrosis
- Decidualisation

### **Liver (additional to generic list)**

- Hepatitis (e.g. alcoholic, Hepatitis C, cytomegalovirus)
- Chronic active hepatitis
- Massive hepatic necrosis (e.g. paracetamol)
- Hydatid disease
- Fibrosis/cirrhosis (e.g. Alpha 1 anti-trypsin, haemosiderin, biliary, haemochromatosis)
- Steatosis (e.g. Reye's syndrome; pregnancy)
- Cholangitis
- Cholestasis & bile duct obstruction
- Sinusoidal ectasia/peliosis hepatis
- Veno-occlusive disease/central vein thrombosis
- Nodular hyperplasia
- Neoplasia (e.g. adenoma, hepatocellular carcinoma – common types, cholangiocarcinoma)
- Steatosis
- Regional necrosis

### **Gall Bladder (additional to generic list)**

- Cholecystitis
- Neoplasia

### **Pancreas (additional to generic list)**

- Cystic fibrosis
- Haemochromatosis
- Acute and chronic pancreatitis
- Cysts
- Ectopic pancreas in duodenum/Meckel's
- Neoplasia (e.g. adenocarcinoma; endocrine tumours)

### **Kidney (additional to generic list)**

- Glomerulonephritides (acute – common forms - and chronic)
- Acute and chronic pyelonephritis
- Malakoplakia
- Tubular conditions (casts – e.g. myoglobin, Armani-Ebstein lesion, acute renal tubulonecrosis)
- Arteriosclerotic nephrosclerosis
- Hypertensive nephrosclerosis & malignant hypertensive changes
- Diabetic nephrosclerosis
- Cholesterol microemboli
- Infarction
- Infections (e.g. cytomegalovirus, fungal)
- Polyarteritis nodosa
- Neoplasia (e.g. fibroma, Wilms', renal cell carcinoma, angiomyolipoma, oncocytoma, transitional cell carcinoma)
- Oxalate deposits (e.g. oxalosis, ethylene glycol toxicity)
- Polycystic/multicystic disease
- Tubulointerstitial disease (e.g. urate nephropathy, nephrocalcinosis)
- Amyloidosis
- Myeloma kidney
- Microangiopathy (e.g. haemolytic uraemic syndrome)

### **Genitourinary Tract (additional to generic list)**

- Cystitis (e.g. acute, suppurative, follicular,)
- Schistosoma
- Malakoplakia
- Cystitis glandularis and cystica
- Nephrogenic metaplasia
- Neoplasia (e.g. transitional cell carcinoma)
- Testicular atrophy
- Orchitis/epididymitis (e.g. tuberculosis)
- Infarction of testis (e.g. torsion)
- Neoplasia testis (e.g. germ cell tumours)
- Prostatitis (e.g. suppurative, granulomatous, tuberculosis)
- Prostatic abscess
- Benign hyperplasia (+/- infarction, squamous metaplasia)
- Neoplasia prostate
- Neoplasia cervix, uterus and ovaries (common tumours)
- Cervicitis
- Endometritis, salpingitis (eg acute, chronic, tuberculosis )
- Pregnancy
- Tubal ectopic pregnancy
- Pelvic vein thrombosis
- Hydatidiform mole

### **Breast (additional to generic list)**

- Mastitis (e.g. Acute, granulomatous)
- Fat necrosis
- Duct ectasia
- Fibrocystic disease (common variants)
- Lactating adenoma
- Radial scar
- Intraduct papillary lesions
- Fibroadenoma
- Phyllodes tumour
- Ductal carcinoma in situ
- Lobular carcinoma in situ
- Invasive carcinoma (common types)
- Pagets disease
- Angiosarcoma
- Gynaecomastia

### **Pituitary (additional to generic list)**

- Rathke cleft cyst
- Necrosis/infarction
- Adenoma (+/- haemorrhage)
- Craniopharyngioma

### **Thyroid (additional to generic list)**

- Diffuse hyperplasia
- Multinodular goitre
- Thyroiditis (e.g. Lymphocytic, Hashimoto's, De Quervain's)
- Adenoma – Follicular (and Hurthle cell)
- Carcinoma (common types, including micropapillary)

### **Parathyroid (additional to generic list)**

- Hyperplasia
- Neoplasia – adenoma, carcinoma

### **Adrenal (additional to generic list)**

- Adrenalitis
- Adrenal haemorrhage
- Cortical hyperplasia
- Atrophy (Addison's disease)
- Tuberculosis
- Tumours (e.g. cortical adenoma, carcinoma, myelolipoma, pheochromocytoma, neuroblastoma)

### **Skin (additional to generic list)**

- Electrical injury
- Bruise (age)
- Gunshot injury
- Tattoo
- Decubitus ulcer
- Common lesions – fibroepithelial polyp, seborrhoeic keratosis, basal cell carcinoma, squamous cell carcinoma, dermatofibroma, dermatofibrosarcoma protruberans, naevi, viral lesions
- Leukocytoclastic vasculitis
- Infestations (e.g. scabies, dermatophytoses, insect bite)
- Psoriasis
- Eczema
- Leprosy
- Mycosis fungoides
- Injection site
- Necrotising fasciitis

### **Musculoskeletal (additional to generic list)**

- Gout tophus
- Nodular fasciitis
- Fibromatoses
- Common soft tissue tumours (e.g. lipoma, common sarcomas)
- Osteoporosis
- Renal osteodystrophy
- Paget disease
- Healing fracture (age of fracture)
- Osteonecrosis
- Osteomyelitis (e.g. suppurative, tuberculosis)
- Common benign and malignant tumours of bone
- Muscular dystrophy
- Polymyositis
- Rhabdomyolysis
- Costochondral junction (infant)

### **Brain and Nerve (additional to generic list)**

- Meningitis (e.g. acute, tuberculosis)
- Encephalitis (e.g. HSV)
- Cerebral abscess (eg fungal)
- Polio
- Rhinocerebral mucormycosis
- Rabies
- HIV-related meningoencephalitis
- Spongiform encephalopathy (Creutzfeldt-Jacob disease)
- Hypoxic-ischaemic encephalopathy
- Fat/bone marrow embolism
- Congophilic angiopathy
- Demyelination (e.g. multiple sclerosis)
- Tuberous sclerosis
- Storage diseases
- Subdural haemorrhage (age)
- Traumatic axonal injury
- Hypertension-related changes
- Alcohol-associated changes (vermal atrophy, acute /chronic Wernicke)
- Infarction (ageing)
- Contusion (ageing)
- Central pontine myelinolysis
- Interpretation of beta-amyloid precursor protein staining
- Common tumours (eg meningioma, glial tumours, metastases)
- Common degenerative disorders (eg Alzheimer's, Lewy Body, Parkinson's)
- Colloid cyst
- Pineal gland & cysts
- Pituitary gland & tumours

### **Eye (additional to generic list)**

- Retinal haemorrhage
- Meningitis
- Phthisis bulbi
- Common tumours

### **Spleen (additional to generic list)**

- Infarct
- Septicaemia/splenitis
- Perisplenitis
- Mycobacterium avium-intracellulare infection
- Angioma
- Neoplastic infiltrate (e.g. leukaemia, non-Hodgkins lymphoma)
- Storage disorder

### **Lymph Nodes (additional to generic list)**

- Epithelial cell inclusions
- Follicular hyperplasia
- Sinus histiocytosis and paracortical hyperplasia
- Dermatopathic lymphadenopathy
- Lymphadenitis (e.g. suppurative, granulomatous, lipogranulomatous)
- Sarcoidosis
- Silicone

- Metastatic disease
- Hodgkin's lymphoma
- Non-Hodgkins lymphoma

### **Bone Marrow (additional to generic list)**

- Myeloproliferative disease
- Multiple myeloma
- Myelodysplasia
- Myelofibrosis
- Aplastic anaemia
- Metastases
- Leukaemia

### **Thymus (additional to generic list)**

- Hypoplasia
- Thymoma
- Involution (paediatric)
- Non-Hodgkin's /Hodgkin's disease

### **Perinatal (additional to generic list)**

- Periventricular leukomalacia
- Chorioamnionitis
- Funisitis
- Hyaline membrane disease
- Necrotizing enterocolitis
- Placental infarction
- TORCH infections (myocarditis, encephalitis, hepatitis, etc)

### **List B: Typical cases in forensic pathology**

Cases identified with **(E)** should be mastered **early** in training but some knowledge of all cases below is expected at an early stage. Case types identified with **(A)** are expected to be performed **later** in training (e.g. after Part I) but all case types can be performed at any time as deemed appropriate by your supervisor and as opportunity arises. Trainees should record cases performed on their Autopsy and Training Assessment Record (see **Appendix 9**) to ensure a sufficient range of case types is performed prior to Part I and Part II exams.

- (E) Natural death
- (E) Deaths resulting from blunt and sharp injuries
- (E) Asphyxial deaths – including deaths related to pressure on the neck
- (E) Immersion/Drowning deaths
- (E) Deaths involving fire or burns
- (E) Electrocution fatalities
- (E) Firearm related deaths
- (E) Deaths resulting from hypothermia or hyperthermia
- (E) Deaths resulting from immersion (drowning)
- (A) Deaths from or involving self-inflicted injury
- (A) Motor vehicle related deaths including reconstruction of an incident
- (A) Toxicological and/or poisoning related deaths
- (A) Deaths related to head and/or neck trauma (incl. 'traumatic subarachnoid haemorrhage')
- (A) Sudden deaths in infancy and the perinatal period, including:
  - use of death investigation protocols
  - sudden infant death syndrome findings and investigations
  - other types of infant deaths

- (A) Investigation of stillbirth vs live birth and infanticide
- (A) Deaths resulting from or involving neglect
- (A) Childhood deaths and including non-accidental injury in infants and children
- (A) Deaths during anaesthesia, medical, surgical or other iatrogenic (including dental) procedure
- (A) Deaths in 'Custody' including care of the State
- (A) Deaths in the workplace
- (A) Barotrauma and dysbarism, including investigation of death whilst diving
- (A) Air crash investigation
- (A) Deaths related to explosions and identification of explosive injuries
- (A) Disaster victim identification (DVI) and disaster preparedness, including mortuary design and preparedness and 5 phases of DVI
- (A) High risk infectious cases
- (A) Deaths in high profile people
- (A) Deaths in obscure circumstances
- (A) Deaths in suspicious circumstances
- (A) Homicide
- (A) Deaths with negative post-mortem examination findings, including subsequent investigations and actions
- (A) Maternal deaths
- (A) Injuries and deaths associated with sexual offences
- (A) Human rights investigations, including
  - o mass grave recovery procedures
  - o war crime investigation and the role of the pathologist and anthropologist
- (A) Decomposed or skeletal remains
- (A) Exhumation

### **List C Dissections**

- (E) Evisceration and block dissection including head and neck
- (E) Organ by organ dissection
- (E) Cardiac dissection, standard, line of flow
- (E) Dissection of the unfixed brain
- (E) Dissection of lower limbs and pelvis for deep vein thrombosis
- (E) Anterior layer by layer neck dissection.
- (A) Demonstration of pneumothorax
- (A) Removal of the brain & spinal cord in continuity
- (A) Dissection of the brain following fixation
- (A) Vertebral artery dissection
- (A) Facial dissection
- (A) Removal of the orbital contents (anterior & posterior approach)
- (A) Dissection of the middle ear
- (A) Demonstration of air embolus
- (A) Posterior layer by layer neck dissection.
- (A) Dissection of cardiac conduction system
- (A) Dissection of superior vena cava, subclavian and jugular veins
- (A) Subcutaneous dissection of trunk and limbs for occult bruising
- (A) Subcutaneous dissection for intravenous needle marks
- (A) In situ dissection of the vagina/rectum for sexual assault
- (A) Special paediatric and neonatal techniques

## **List D: Suggested forensic anthropology topics**

1. Differences between human and non-human remains
  - 1.1. Common non-human skeletal remains
    - 1.1.1. large – cow, horse
    - 1.1.2. medium – dog, sheep, goat, kangaroo
    - 1.1.3. small – cat, native mammals/marsupials
  - 1.2. Uncommon- non-human skeletal remains
    - 1.2.1. Marine – seal, dolphin, large fish
    - 1.2.2. Birds – pelican, emu
2. Introductory human skeletal anatomy
  - 2.1. complete bones
    - 2.1.1. cranial
    - 2.1.2. post-cranial
  - 2.2. fragmented bones
3. Recognising incinerated bones
4. Introduction to assessment of age, sex and ancestry in human skeletal remains
5. Identifying incinerated skeletal remains and skeletal fragments
6. Identifying historical skeletal remains and trophy/modified skeletal remains
7. Assessing common skeletal injuries including:
  - 7.1. Fractures
    - 7.1.1. Cranial fractures
      - 7.1.1.1. hinge
      - 7.1.1.2. Le Forte
    - 7.1.2. Post-cranial fractures
      - 7.1.2.1. 'bumper' style
      - 7.1.2.2. rib – infants, children
      - 7.1.2.3. metaphyseal - children
    - 7.1.3. Aging of fractures
  - 7.2. Blunt and sharp force
  - 7.3. Ballistic
8. Recognising common pathological changes in skeletal remains
  - 8.1. localised
    - 8.1.1. joint degeneration
    - 8.1.2. spine degeneration
  - 8.2. Systemic
    - 8.2.1. gout
    - 8.2.2. tuberculosis
  - 8.3. Neoplastic
9. Basic procedures for the field recovery of skeletal remains

### **References:**

- Bass, W.M. (1995) Human Osteology (4<sup>th</sup> Ed), Missouri Archaeological Society, Columbia
- Black, S. and Scheuer, L. (2000) Developmental Juvenile Osteology, Academic Press, San Diego
- Galloway, A. (Ed), (1999) Broken Bones, Charles C Thomas, Illinois
- White, T. D. and Folkens, P.A., (2000) Human Osteology (2<sup>nd</sup> Ed), Academic Press, San Diego

## Appendix 2

### 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 be 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 or 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 3**

### **Assessment for Anatomical Pathology Part I**

Refer to Anatomical Pathology Trainee Handbook

## Appendix 4

### Assessment for Forensic Pathology Part I

Assessment in Part I is by

- Formal examinations;
- Autopsy assessment (E);
- Evidence of having participated in a sufficient number and type of workplace activities;
- Satisfactory progress (supervisor) reports.

See assessment matrix in Appendix 13.

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

#### **Formal examinations**

Candidates should present for the Part I examination in the third year of training after having completed at least twelve (12) months of training in accredited departments of anatomical pathology and at least twelve (12) months of training in accredited departments of forensic pathology at the time of their exam.

The examination has four components and tests knowledge of anatomical pathology, to the extent that it underpins the practice of forensic pathology, but with lesser emphasis on more specialised aspects (such as cytopathology, needle biopsy diagnosis, molecular pathology, interpretation of immunohistochemistry and electron microscopy). The examination also tests knowledge of introductory forensic pathology.

**Phase 1** (held at designated examination centres)

**Written examination:** a 3 hour 15 minute essay-type written paper, which may include short answer questions, on anatomical pathology and introductory forensic pathology.

**Practical examination:** a 4 hour and 15 minute practical examination of 20 cases that consist entirely of histopathology slides (large biopsy and autopsy pathology). The answers will require a brief description of the morphology with a diagnosis or preferred diagnoses; the conclusion may require a comment on further investigations that may be necessary (eg special stains, immunohistochemistry) to enable a precise diagnosis.

Candidates who are successful at Phase 1 will be invited to proceed to Phase 2.

**Phase 2** (examinations are held centrally)

**Practical examination:** a 90-minute practical examination of introductory forensic pathology and anatomical pathology that may include, in any combination, gross specimens (museum preparations), macro photographs of anatomical pathology specimens and forensic pathology conditions, histopathology sections, including special stains.

**Structured oral examination:** two 20-minute oral examinations conducted at an RCPA-nominated venue with two 20-minute stations, each with a standardised set of questions covering a broad range of technical and professional issues in forensic pathology, as well as more complex multidimensional problems.

Candidates who fail one or both Phase 2 examinations will be required to re-sit the failed exam/s the following year. They will not be required to re-sit the passed Phase 1 examination and/or the passed Phase 2 examination if these exams were passed at a sufficiently high standard and if the failed examination is undertaken in the following year.

## Autopsy assessment

The FP Autopsy Assessment (E) (early) is ordinarily done in year 1 or 2 of training before the FP Part I examination. The case should be selected from the list of typical cases marked [E] in **Appendix 1 List B**. See **Appendix 7** for the forms required.

## Workplace activities for FP Part I

Workplace activities must be recorded (see **Appendix 8**). The Autopsy and Training record (**Appendix 9**) must be made available to the supervisor to check periodically and before the Part I examination. It is strongly recommended that trainees commence the required workplace activities at the earliest possible time after commencing training.

## Supervisor Reports

Trainees must submit a supervisor report (see **Appendix 6**) for each year of training, including periods of rotation. Candidates for the Part I examination must submit an additional pre-oral examination supervisor report. An electronic copy of the Autopsy and Training Record, stripped of case-identifying information (see **Appendix 9**) should be sent with the annual and pre-oral examination reports. 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 FP Part I

Item	Completion	Assessed by	Comments
Essay-type and SAQ written paper	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	Held at designated local examination centres
Practical slide examination	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	Held at designated local examination centres
Practical examination	Year 3 (usually August)	Examiners with at least 5 years post-Fellowship experience	Eligible if successful in written and slide examination. Held centrally
Structured oral examination	Year 3 (usually August)	Examiners with at least 5 years post-Fellowship experience	Eligible if successful in written and slide exams. Held centrally
Autopsy assessment E (early)	To be completed before the Part I examination.	Assessed by supervisor and RCPA forensic pathology Fellows	Autopsy Assessment E report to be submitted to College. <b>See Appendix 7</b>
Workplace activities to be signed off by supervisor or delegate	Year 3 before sitting for the Part I examination.	Autopsy and Training Record is checked by the BEA Registrar or Deputy and Chief Examiner. If incomplete, further activities may be required.	Supervisor reviews Autopsy and Training Record periodically. De-identified copy is sent to the College annually and prior to the Part I oral examination

Supervisor reports; rotation, annual and pre-exam. Autopsy & Training Record to be sent with annual & pre-exam reports.	See RCPA website for submission dates.	Reviewed by BEA Registrar or Deputy Registrar	Referral to Chief Examiner if necessary.  See <b>Appendix 6</b>
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### **Assessment calendar**

Please refer to the [RCPA Training Handbook – Administrative Requirements](#) (on the RCPA website) for key assessment dates.

## Appendix 5

### Assessment for Forensic Pathology Part II

Trainees at FP II level must show continued development and enhancement of their professional skills and expertise in forensic pathology and anatomical pathology. The FP II examination tests ability to formulate and present diagnostic opinions on the full-range of issues and cases encountered by a specialist forensic pathologist in daily practice.

Assessment in FP II is by

- Formal examinations;
- Autopsy assessment (A);
- Evidence of having participated in a sufficient number and type of workplace activities;
- Satisfactory progress (supervisor) reports.

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

See assessment matrix in Appendix 13.

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

#### **Formal Examinations**

The FP II examination is taken in the fifth (final) year of accredited training. Candidates must have completed at least eighteen (18) months of training in accredited departments of anatomical pathology and at least eighteen (18) months of training in accredited departments of forensic pathology at the time of their exam. Candidates who are successful in Phase 1 will be invited to proceed to Phase 2.

#### **Phase 1**

**Written paper:** a 3 hour essay-type written paper, which may also have short answer questions, on advanced topics and concepts in forensic pathology rather than anatomical pathology.

**Practical examination - long cases:** candidates consider findings (history, examination and investigations) from three cases and prepare a report that would be appropriate to submit to the Coroner, Court or authorised investigator.

#### **Phase 2**

**Special practical examination - short cases:** illustrated colour photographs of forensic cases and histopathology slides of forensic and medical post mortem significance; may include a series of photographs, museum preparations and a series of cases.

**Slide examination:** A 2-hour practical examination of 10 cases that will consist entirely of histopathology slides (large biopsy and autopsy pathology – see Forensic Histopathology Curriculum above, for an indication of scope). The answers will require a brief description of the morphology with a diagnosis or preferred diagnosis; the conclusion may require a comment on further investigations that may be necessary.

**Structured oral examination:** Two 20-minute examinations assessing knowledge of forensic pathology and capacity to discuss issues of forensic significance. The focus is on integrative skills and ability to formulate and express an opinion. Candidates may be presented with findings in one or more coronial post mortem examinations, including fixed organs and tissues; histological slides; photographs, macroscopic or microscopic, including scene depictions; radiological findings; test results; and statements concerning the circumstances of death.

### Supplementary examinations

At the discretion of the chief examiner, candidates who have been awarded a borderline grade in a Phase 1 or Phase 2 examination may be offered the opportunity to sit a supplementary examination late in the year, probably in late October or November.

### Autopsy assessment

**Autopsy Assessment (A) (advanced):** Trainees who have passed or been exempted from FP Autopsy Assessment (E) are required to pass FP Autopsy Assessment (A) prior to applying to sit the Forensic Pathology Part II examinations. Autopsy Assessment (A) is ordinarily taken after passing the FP Part I examination but may be taken earlier. An autopsy case from the list of typical cases marked (A) in **Appendix 1 List B** is expected but not essential. One of the two assessors will be the trainee's supervisor; the other will be a RCPA Fellow, ideally, but not necessarily external to the department.

**FPI, FP II pathway** candidates must have achieved a pass in FP Autopsy Assessment (E) prior to taking FP Autopsy Assessment (A).

**API, FP II pathway** candidates and who have achieved a pass in the Anatomical Pathology Autopsy Assessment are exempt from FP Autopsy Assessment (E).

### Workplace activities for FP Part II

Workplace activities must be recorded (see **Appendix 8**). The Autopsy and Training record (**Appendix 9**) must be made available to the supervisor to check periodically and before the Part I examination. It is strongly recommended that trainees commence the required workplace activities at the earliest possible time after commencing training.

### Supervisor Reports

Trainees must submit a supervisor report (see **Appendix 6**) for each year of training, including periods of rotation. Candidates for the Part I examination must submit an additional pre-oral examination supervisor report. An electronic copy of the Autopsy and Training Record, stripped of case-identifying information (see **Appendix 9**) should be sent with the annual and pre-oral examination reports. Please refer to *RCPA Trainee Handbook – Administrative Requirements* for key dates for submitting these reports.

Trainees must ensure that supervisor reports are submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The form can be downloaded from the website.

### Summary of assessment requirements for Part II

Item	Completion	Assessed by	Comments
Essay-type and SAQ written paper	Year 5 (usually in May)	Examiners with minimum 5 years post-Fellowship experience	Held at designated local examination centres.
Practical long case examination	Year 5 (usually in May)	Examiners with minimum 5 years post-Fellowship experience	Held at designated local examination centres.
Special practical short case examination	Year 5 (usually in August)	Examiners with minimum 5 years post-Fellowship experience	Held centrally. Eligible if successful in written and long case examinations.

Item	Completion	Assessed by	Comments
Slide examination	Year 5 (usually in August)	Examiners with minimum 5 years post-Fellowship experience	Held centrally. Eligible if successful in written and long case examinations.
Structured oral examination	Year 5 (usually in August)	Examiners with minimum 5 years post-Fellowship experience	Held centrally. Eligible if successful in written and long case examinations.
Autopsy Assessment A(Advanced)	Before Part II examination	Assessed by supervisor and RCPA forensic pathology Fellows	Autopsy Assessment A report to be submitted to College. <b>See Appendix 9</b>
Workplace activities to be signed off by supervisor or delegate	Before sitting for the Part II examination.	Autopsy and Training Record is checked by the BEA Registrar or Deputy and Chief Examiner. If incomplete, further activities may be required.	Supervisor reviews Autopsy and Training Record periodically. De-identified copy is sent to the College annually and prior to the Part II oral examination
Supervisor reports; rotation, annual and pre-exam. Autopsy & Training Record to be sent with annual and pre-exam reports.	See RCPA website for submission dates.	Reviewed by BEA Registrar or Deputy Registrar	Referral to Chief Examiner if necessary.  <b>See Appendix 6</b>

### **Assessment calendar**

Please refer to the [Training Handbook – Administrative Requirements](#) (on the RCPA website) for key assessment dates.

## Appendix 6

### 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 autopsy case record spread sheet.

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/CJCT an underperforming trainee and flags the need for evaluation for trainee support pathways.

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

#### Submitting the Supervisor Report

The supervisor report is due annually and may be submitted with the annual registration for the subsequent year. Regarding rotational programs, one report is required on completion of each period of rotation at a different institution.

A de-identified electronic copy of the Autopsy and Training Record must be sent to the college with the annual and pre-oral examination supervisor reports (see **Appendix 9**).

The pre-examination supervisor report is due by the date specified in the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website). It is the trainee's responsibility to ensure that the form is completed and submitted by the due date.

Please post the 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 7

### Guidelines for Autopsy Assessments

Two autopsy assessments are required

- Autopsy Assessment (E) is completed early in training. **FPI** candidates are expected to complete this assessment before the FP part I examination, ordinarily in years 1 or 2 of training. Suitable cases of type (E) are listed in **Appendix 1 List B** is suggested. Candidates who have passed the anatomical pathology autopsy assessment during anatomical pathology or general pathology training are exempt.
- Autopsy Assessment (A) is completed in more advanced training. **FPII** candidates are ordinarily expected to pass this in years 3, 4 or 5 of training. Success in FP Autopsy Assessment (E) or the Anatomical Pathology Autopsy Assessment and success in the Part I examinations for FP or AP are required before taking the FP Autopsy assessment. Suitable cases of type (A) are listed in **Appendix 1 List B**.

Please refer to the forms for the early (E) and advanced (A) assessments on the following pages for detailed requirements



The Royal College of Pathologists of Australasia

## Forensic pathology Autopsy Assessment (E)

This assessment is to be performed early in the forensic training program and is expected prior to the FP Part I examination. A pass at the AP Autopsy Assessment negates the requirement for this assessment.

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

- a) Departmental Forensic Service trainee supervisor
- b) and one of the following
  - a. RCPA Fellow in FP external to the department – preferred
  - b. RCPA Fellow in FP other than the autopsy supervisor

Selection of an adult autopsy case from the list of typical cases marked (E) in forensic pathology (Appendix 1 List B) is advised.

The autopsy report should include:

- Clinical history and investigations
- 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

### How to use this form

Please print the three (3) Autopsy Assessment (E) forms 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.

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

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

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

		<b>Forensic pathology</b> <b>Autopsy Assessment (E)</b> This form is to be completed by <b>Assessor 1</b>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b> <b>Type of case:</b> ( <i>Please refer to Appendix 1 List B</i> )				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
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				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (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				

 <h1 style="margin: 0;">RCPA</h1> <p style="font-size: small; margin: 0;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Forensic pathology</h2> <h3 style="margin: 0;">Autopsy Assessment (E)</h3> <p style="margin: 0;">This form is to be completed by <b>Assessor 2</b></p>			
<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2    Y3 Y4    Y5 if > Y5 please specify		
<b>Observer/Assessor name</b>	<b>Observer/Assessor position</b>			
<b>Autopsy number:</b> <b>Type of case:</b> <i>(Please refer to Appendix 1 List B)</i>				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
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 ..... <small>(please state specialised system examined)</small>				
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				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (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				

		<b>Forensic pathology Autopsy Assessment (E)</b> Record of the <b>Consensus decision</b> of Assessor 1 and Assessor 2		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b> <b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
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				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
<b>If the outcome is NOT SATISFACTORY</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (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		Signature of trainee		
Assessor 2: Name (print) and signature				
Laboratory				



## Forensic pathology Autopsy Assessment (A) Guidelines

- For FPI, FPII pathway candidates it is expected this will be performed later in the forensic training program, usually in years 3, 4 or 5 and must be passed before attempting the Part II examinations. Passes in FP Autopsy Assessment (E) and the FP Part I examination are pre-requisites.
- For API, FPII pathway candidates it is expected this assessment will be performed during FPII training after success in the Part I examinations. It must be passed before attempting the Part II examinations. A pass in the AP Autopsy Assessment or a pass in the FP Autopsy Assessment (E) is a pre-requisite..

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

- a) Departmental Forensic Service trainee supervisor
- b) RCPA FP fellow (ideally, but not necessarily external to the Department)

Selection of an autopsy case from the list of typical cases marked (A) in forensic pathology (Appendix 1B) is expected, but not essential.

The autopsy report should include:

- Clinical history and investigations
- 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

### **Please note:**

- It is expected a 'full' autopsy (including examination of the contents of the head, neck, chest abdomen and pelvis with any other relevant regions) will be performed unless prior agreement from chief examiner is obtained.
- The autopsy case type and specialised dissection for the Autopsy Assessment (A) case should be different to that demonstrated in a successful attempt for the Autopsy Assessment (E) (if applicable).

### **How to use this form**

Please print the three (3) Autopsy Assessment (A) forms 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.

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

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

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

		<b>Forensic pathology Autopsy Assessment (A)</b> This form is to be completed by <b>Assessor 1</b>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b> <b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
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				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (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				

		<b>Forensic pathology</b> <b>Autopsy Assessment (A)</b> This form is to be completed by <b>Assessor 2</b>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b> <b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
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				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (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				

		<b>Forensic pathology</b> <b>Autopsy Assessment (A)</b> Record of the <b>Consensus decision</b> of Assessor 1 and Assessor 2		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b>		<b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )		
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
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				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
<b>If the outcome is NOT SATISFACTORY</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (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		Signature of trainee		
Assessor 2: Name (print) and signature				
Laboratory				

## Appendix 8

### Workplace activity requirements

The table below contains requirements for activities that 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 this evidence as early as possible in training and aim to have half of them underway or complete before the Part I examination.

**Appendices 8 – 11** have advice and forms for recording these workplace activities. Please file any hard copy documents in a folder. It is the trainee's responsibility to keep records **up-to-date**. The supervisor should use the record as the basis for discussion with the trainee regarding future activities and experiences and should also review and sign off the Autopsy and Training Record at the annual, rotation and pre-exam supervisor report.

A printed summary of workplace activities should be appended to the pre-exam supervisor report which is submitted to the RCPA prior to the oral examination at a time determined by the RCPA. This summary, which is much briefer than the Autopsy and Training Record, will be reviewed by the registrar of the 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 Autopsy and Training Record should not be sent to the College.

Item	Part I	Part II	Evidence
<b>Laboratory safety checklist</b>  <a href="#">Laboratory safety</a> eLearning module in RCPA education online	Complete within 3 months of starting training	Complete the eLearning module	Laboratory safety checklist. <b>See Appendix 11</b>  Certificate of completion of eLearning module. Record in Autopsy and Training Record. <b>See Appendix 9</b>
<b>Autopsy assessment.</b>  Autopsies must have been assessed as satisfactory before applying for Fellowship.	One (1) autopsy must be formally assessed by 2 examiners.	One (1) autopsy must be formally assessed by 2 examiners.	<b>Autopsy Assessment forms</b>  <b>[E] form</b> done early in training <b>[A] form</b> done in more advanced training Separate forms for each examiner and consensus form. <b>See Appendix 7</b>
<b>Post-mortem examinations</b> See case types in <b>Appendix 1 List B.</b>  The appropriate range of autopsies must have been logged prior to attempting the autopsy assessment	Minimum 100 from the list of case types designated E	Minimum 400 from the list of case types designated E and A.  (ie, total of minimum 500 during training)	Log the cases in the <b>Autopsy and Training Record.</b> <b>See Appendix 9.</b>  <b>The post-mortem examination is a keystone of training.</b> Involvement in a wide range of cases is required but not necessary to have done every type.

#### Note on PM examinations

It is recommended that trainees should perform full (3 cavity) post-mortem examinations. However, it is accepted that due to local practices and legislation, a mixture of full and partial examinations may be performed. Nonetheless, at least half the number of examinations performed should be full autopsies. The Autopsy and Training Record must indicate whether the post-mortem examinations were full or partial.

Item	Part I	Part II	Evidence
<b>Death investigation</b>		Attend at least 10 scenes of death	Log the cases in the <b>Autopsy and Training Record</b> . See <b>Appendix 9</b> .
<b>Suspicious deaths</b>		Assist with post-mortem examination of at least 5 suspicious death victims	Log the cases in the <b>Autopsy and Training Record</b> . See <b>Appendix 9</b> .
<b>Developing and reporting a professional opinion</b>		Attend at least 2 pre-trial conferences	Log the cases in the <b>Autopsy and Training Record</b> . See <b>Appendix 9</b> .
<b>Dissections</b> See dissection types in <b>Appendix 1 List C</b> .	Minimum 6 dissections from category E.	All (E) category dissections and at least 7 of the 15 (A) category dissections	Log the dissections in the <b>Autopsy and Training Record</b> See <b>Appendix 9</b> .
<b>Research and scholarship:</b> casebook or alternatives	n/a	Casebook or the equivalent item/s will be formally assessed	See <b>Appendix 10</b>
<b>Educational events</b> (eg conferences, courses, seminars, workshops)	1	Attend a minimum of 4	Log in the <b>Autopsy and Training Record</b> . See <b>Appendix 9</b> .
<b>Journal club</b> or similar group learning session	n/a	Participate in a minimum of 3	Log in the <b>Autopsy and Training Record</b> . See <b>Appendix 9</b> .
<b>Teaching sessions</b> for staff, junior pathologists, medical students, etc.	Conduct minimum 1	Conduct a minimum of 3	Log in the <b>Autopsy and Training Record</b> See <b>Appendix 9</b> .
<b>Quality activities</b> Participate in internal and external RCPA QAP audits	n/a	Participate in 3 quality audits	Log in the <b>Autopsy and Training Record</b> (see <b>Appendix 9</b> ).
<b>Quality Management</b> eLearning Module in RCPA Education Online		Complete the module	Certificate of completion of Module. Log in the <b>Autopsy and Training Record</b> .
<b>Communication activities</b> Court appearances by expert forensic pathologists (includes inquest)  Court appearances by self  Bereavement counselling  Participate in training on presentation skills or communication skills		Attend court (including Coroner's court) a minimum of 10 times and observe/reflect on a minimum 2  Provide evidence in a minimum of one inquest or court case  Observe/reflect on minimum 1 instance.  Participate in minimum one course	Log all communication activities in the <b>Autopsy and Training Record</b> . See <b>Appendix 9</b> .
<b>Professional qualities</b>  <b>Ethics</b> and <b>cultural competence</b> eLearning modules in RCPA Education Online.	Complete all modules		Record completion in Autopsy and Training Record.  Email verifying completion of cultural competence module.  Note: A cultural competence certificate issued by a recognised health service provider can substitute for the RCPA cultural competence module certificate. Log in the <b>Autopsy and Training</b>

Item	Part I	Part II	Evidence
			<b>Record.</b>
<b>Significant incident</b>	One reflection on a significant incident before the Part II exam.		<b>Significant Incident form</b> in Appendix 11. Record in Autopsy and Training Record. Appendix 9.
<b>Supervisor report/s</b> for each year and/or rotation with brief reflection (maximum 1 page) on the supervisor's comments for each report.	End-of-rotation and annual reports. An additional pre-exam report is required in the year of the Part II assessment  See RCPA website for submission dates.		<b>Supervisor Guidelines</b>  See <b>Appendix 6</b>

## Appendix 9

### Autopsy and Training Record

The Autopsy and Training Record is an electronic log of cases that you have performed or been involved with, as well as related workplace activities that you have performed during your forensic pathology training. The cases and dissections you are expected to master are specified in **Appendix 1 List B** and **List C**.

The Autopsy and Training Record will be used:

- At periodic and annual reviews by your supervisor to plan your training to ensure there are no significant areas of deficiency. It is your responsibility to ensure it is completely up to date before your review session.
- Annually and prior to the oral examination the **electronic** Autopsy and Training Record must be sent to the College, along with the annual and pre-examination supervisor report.
- Before sending to the College **IT MUST BE STRIPPED OF ALL IDENTIFYING INFORMATION**. The only columns to be included are A, B, C, D, F, H, I, N, Q, R & T. Delete the case numbers in column E and replace with your own numbers (1,2,3,4, etc)
- It is the trainee's responsibility to ensure that the Autopsy and Training Record is up-to-date and represents a sufficient range and number of workplace activities.

***The electronic Autopsy and Training Record is an Excel spreadsheet that can be downloaded from the College website. It has protected version tracking for multiple users.*** The password to open the document is AAA. You may change this if you wish. There is a separate password to protect the sharing so that all changes are tracked; this password must **NOT** be removed or altered and the format of the spreadsheet must **NOT** be modified as it will render it impossible to assess. In order for the tracking to work your entries must be made on your computer and your supervisor must open the spreadsheet on his/her computer.

**You must regularly back-up and keep copies in accordance with the data security policies of your Department.**

## Guideline for compiling the Autopsy and Training Record (spreadsheet)

Column	Information to be entered
A	Date
B	Your year of training
C	Enter one of the following codes to indicate which forensic pathology function is involved: 1a = Function as a medical specialist: Autopsy 1b = Function as a medical specialist: Other 2 = Function as a manager 3 = Research and scholarship 4 = Professional qualities <b>Please see notes below this table regarding completing column C.</b>
D	Activity type, eg, autopsy, dissections, court attendance, attendance at courses, teaching by the trainee, QA, safety, significant incident, etc <b>Please see notes below this table regarding completing column D.</b>
E	Case number
F	Autopsy category: C for 'Coronial' NC for 'Non-Coronial'
G	Age of deceased in years (use decimal for paediatric cases)
H	Case type (choose the most significant): Paediatric Decomposed DVI Death in police operation Anthropological Suspicious Homicide Routine
I	Trainee's contribution: O for 'Observed case' (trainee observed but had no active involvement), P if 'Participated' (trainee had some active involvement in case) E for 'Entire case' (trainee performed entire case including completion of report (but excluding case allocation). ES for 'Entire case - supervised' (trainee performed entire case under supervision, including completion of report (but excluding case allocation). It is anticipated that all cases performed by trainees will be supervised and countersigned by a consultant).
J	F for 'Full autopsy' (3 cavity), P for 'Partial Autopsy' (not 3 cavity / limited), E for 'External' (no dissection), N for 'No examination' (eg: case review)
K	Enter date when histology reviewed by trainee or N/A if histology not performed
L	Enter date when toxicology result reviewed with supervisor or N/A if not performed
M	Enter date when radiology reviewed (with supervisor/radiologist) or N/A if not performed
N	Scene attended by trainee – Yes/No
O	Cause of death; Free text
P	Manner of death: N = Natural A= Accident S= Suicide H= Homicide U= Unascertained
Q	Date case reviewed with supervisor
R	Supervising pathologist (for case)
S	Record any noteworthy points
T	Supervisor comment and verification

## Notes on completing columns C and D

**Section 2** of this handbook has lists of learning outcomes and suggested training activities that are relevant to the four broad functions of forensic pathologists, ie, discipline expert, manager, research/scholarly activities and professional qualities.

### Function 1a: Discipline specific functions as a medical specialist – the autopsy

- For autopsy cases, enter 1a in column C, enter autopsy in column D and complete Columns E through to S
- Supervisor comment added in column T (which may include verification of the activity)

### Function 1b: Discipline specific functions as a medical specialist – other (non-autopsy).

- For non-autopsy cases, enter 1b in column C, enter the type of activity in Column D, eg: court attendance, attendance at forensic odontology procedures; training in paediatric pathology. Refer to the lists of suggested activities in Sections 1.1-1.7 of this Handbook. Note that these lists are not exhaustive.
- Record noteworthy points in Column S
- Supervisor comment added in column T (which may include verification of the activity)

### Function 2: Functions as a manager

- For management functions, which are described in Sections 2.1-2.5 of this Handbook, enter “2” in column C.
- Enter the type of activity in Column D, eg: participation in external quality assurance; completion of the laboratory safety module in RCPA Education Online, attendance at management courses, significant incident, etc. Refer to the lists of suggested activities in Sections 2.1-2.5 of this Handbook. Note that the lists are not exhaustive.
- If the activity relates to an autopsy case, enter the reference number in column E
- Record noteworthy points in Column S
- Supervisor comment added in column T (which may include verification of the activity)

### Function 3: Research and scholarship

- For activities related to research and/or scholarship, which are described in Sections 3.1-3.3 of this Handbook, enter “3” in column C.
- Enter the type of activity in Column D, eg: production of a case report; participation in a research project; presentation at a meeting; teaching of medical students, etc. Refer to the lists of suggested activities in Sections 3.1-3.3 of this Handbook. Note that the lists are not exhaustive.
- If the activity relates to an autopsy case, enter the reference number in column E
- Record noteworthy points in Column S
- Supervisor comment added in column T (which may include verification of the activity)

### Function 4: Professional qualities

- For activities related to professional qualities, which are described in Sections 4.1-4.3 of this Handbook, enter “4” in column C.
- Enter the type of activity in Column D, eg: completion of the Ethics module in RCPA Education Online, participation in communication training sessions, participation in departmental meetings, etc. Refer to the lists of suggested activities in Sections 4.1-4.3 of this Handbook. Note that the lists are not exhaustive.
- If the activity relates to an autopsy case, enter the reference number in column E
- Record noteworthy points in Column S
- Supervisor comment added in column T (which may include verification of the activity)

*Note: A single autopsy case may have multiple entries in column C as it may fulfil more than one function, eg, attendance at an forensic odontology procedure (1b), follow-up of sharps injury (2); production of a case report (3).*

## Appendix 10

### Guidelines for presenting evidence of research and scholarship

Trainees may submit a case book or choose alternative activities (to the equivalent of 8 cases) in order to provide evidence of competence in research and scholarship.

1	Casebook	8 cases
2	Oral presentation and referenced article	Equivalent to 8 casebook cases
3	A publication in a peer-reviewed journal (not a case report)	Equivalent to 6 casebook cases
4	A case report published in a peer-reviewed journal	Equivalent to 3 casebook cases
5	A poster	Equivalent to 2 casebook cases
6	A completed PhD thesis in forensic pathology	Equivalent to 8 casebook cases

The oral presentation is strongly recommended, as forensic pathology is an intensely verbal specialty, requiring practitioners to present evidence in court.

Trainees wishing to submit a mix of publications, case reports and posters must ensure that they are on different topics.

Trainees wishing to use any of the alternatives to the casebook must obtain prior approval. The request should be sent to the Examinations Officer of the Board of Education and Assessment who will obtain a ruling from the Chief Examiner.

#### 1 Casebook

The casebook comprises 8 cases. The aims are to produce for each case:

- a succinct presentation of no more than 10 pages (single spaced type) with the discussion, clinicopathological correlation, at least twice as long as the remainder of the presentation
- a bibliography of approximately 15 to 30 references and including recent peer-reviewed literature
- a comprehensive and critical but selective appraisal of the cited literature
- high quality photomicrographs/illustrations
- expensive binding and production are not necessary and will not affect outcomes

The 8 cases presented in the casebook should cover:

- the history surrounding the death
- the macroscopic and microscopic findings at autopsy
- the results of associated findings, such as toxicology, radiology, etc
- a discussion of the findings and the mechanisms and cause of death

The 8 cases should be chosen from the following categories (only one case per category):

- sudden unexpected natural death due to natural cause
- obstetric death
- drug toxicity or asphyxiation
- accidental or sudden unexpected death in an infant
- homicidal firearm or stabbing death
- homicidal battering or homicidal asphyxial death;
- motor vehicular collision or pedestrian death;
- death from environmental exposure, starvation or immersion;
- death associated with fire or immersion,
- electrocution or lightning death
- death during medical procedure or associated with medical therapy

- death from injury, where injury interpretation assisted the investigation
- death in custody
- death in obscure circumstances
- unexplained death requiring comprehensive examination
- examination of skeletalised remains

**Preparation of the Casebook:**

- cases must have been handled personally by the trainee as part of their supervised training;
- at least 2 cases must have been handled in the 12 months immediately preceding the submission date;
- the cases must not have been used in any other casebook at any time, or by any other trainee.

Signed and dated declarations by trainee and supervisor must be included at the beginning of the casebook:

**Declaration for the casebook**

**Trainee declaration:**

I certify that the cases which comprise this casebook were examined and reported by me as part of my personal supervised practice during my accredited training in forensic pathology. None has been used by any other trainee for any other casebook. The case reports are original and have not been reported in any other casebook. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Trainee signature.....date.....

**Supervisor declaration:**

As the supervisor for Dr. ...., I certify that I have audited the cases that form this casebook. Each case was examined and reported personally by Dr. .... during his/her training in forensic pathology, and cases .... and .... were reported by him/her during the last 12 months. The case reports are original and have not been reported in any other casebook. I have reviewed this casebook and read the RCPA casebook requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor signature..... date.....

Supervisor name (print).....

**Submission of the casebook**

- Casebooks must be received at the College in the year in which the trainee presents for the Part II assessment, so that they can be assessed before the practical and oral examinations. See *Trainee Handbook – Administrative Requirements* for key dates.
- Two hard copies plus an electronic copy on CD must be submitted. Hard copies may be spiral bound.
- Casebook results are ordinarily released when trainees are notified of their progress to the oral examination.
- Keep your own copy of the casebook because the copies you send to the College will not be returned to you.

### Assessment of the casebook

- Casebooks will be assessed as satisfactory or unsatisfactory.
- Trainees who satisfactorily complete the casebook, but are unsuccessful in other components of the examination, will receive a casebook exemption when they re-sit FP11.
- Trainees whose casebooks are assessed as unsatisfactory, but who have passed the other examination components will be allowed to revise and re-submit the casebook. A pass in the FP11 examination will not be awarded until a satisfactory standard is attained in the casebook.
- Trainees who produce particularly good reports may be approached with regard to the inclusion of selected cases in a case-based teaching collection, eg, College website, or for publication in the RCPA journal Pathology.

## 2 Oral presentation and referenced article

This option requires an oral presentation at a national or international conference, accompanied by a referenced article, which must be made available to the audience. Suitable conferences are those with a forensic pathology stream, eg, RCPA Pathology Update, International Academy of Pathology (IAP), ANZ Forensic Science Society, Asia-Pacific Coroners Conference.

The oral presentation and article will be assessed as satisfactory or unsatisfactory.

### Requirements:

- Firstly, well in advance of the conference, send the title of the proposed presentation and a brief outline (50 - 150 words) to the RCPA for pre-approval by the chief examiner. You will be notified regarding the outcome.
- **After gaining approval from the chief examiner**, contact the chair of the conference organising committee to confirm that the presentation can be incorporated into the program.
- An oral presentation given at RCPA Pathology Update will be 25 minutes plus 5 minutes for questions. Similar timing is expected at other scientific meetings.
- The standard of both the oral presentation and the article must be appropriate for a national/international scientific meeting.
- There must be evidence of scholarship. Whether the presentation is based on one or more cases or is a discussion of a forensic issue (ideally a topic of contention) there must be a substantial literature review which places the case or issue in context. A simple 'case report' type of presentation is not sufficient.
- Ensure you have any appropriate permission/s to present case material, eg, from coroner.
- Avoid using images that could be considered unnecessarily graphic. Do not use names, photographs, etc, that could identify individuals or cases unless the information is freely available in the public domain.
- Exercise caution with cases that are sub-judice. If uncertain, consult the chief examiner.
- The referenced article must be made available to the audience and examiners.
- A panel of RCPA-approved examiners for forensic pathology who are at the meeting will assess the oral presentation and article. If they consider that the standard is below expectations, the trainee will be required to submit a casebook or another alternative in order to meet the FP research and scholarship requirements.

## Declaration for an oral conference presentation and article

**Trainee declaration:** I certify that this presentation and article report work that I completed during my accredited training in forensic pathology. The work is original and has not been submitted for assessment in any other research and scholarship category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 on Plagiarism and Cheating in Examinations.

Trainee signature.....date.....

**Supervisor declaration:** As the supervisor for Dr. ...., I certify that this conference presentation and article report work to which Dr. .... made a major contribution and was carried out during his/her training in forensic pathology and has not been used by any other trainee in this laboratory. I have reviewed the presentation and article and read the relevant RCPA requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor signature..... date.....

Supervisor name (print).....

### 3 A publication in a peer-reviewed journal

The trainee must be the principal author. The publication should be on a topic that is relevant to the practice of forensic pathology. Proof of acceptance for publication must be documented. To obtain exemption from casebook cases, please submit the abstract to the RCPA at the earliest opportunity for pre-approval by the chief examiner.

## Declaration for published manuscript

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

Trainee signature.....date.....

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

Supervisor signature..... date.....

Supervisor name (print).....

**4 A case report published in a peer-reviewed journal**

The trainee must be the principal author and the case must have been reported by the trainee during training. Proof of acceptance for publication must be documented. To obtain exemption from casebook cases, please submit the case report abstract to the RCPA at the earliest opportunity for pre-approval by the chief examiner.

Use the **declaration form for a published manuscript** above.

**5 A conference poster**

The poster must be on a topic that is relevant to the practice of forensic pathology and must be presented at the RCPA Pathology Update or similar meeting. To obtain exemption from casebook cases, please submit the poster abstract to the RCPA at the earliest opportunity for pre-approval by the chief examiner. Poster presentations will be assessed as satisfactory or unsatisfactory.

**Declaration for a conference poster**

**Trainee declaration:** I certify that this poster presentation reports work that I completed during my accredited training in forensic pathology. The work is original and has not been submitted for assessment in any other research and scholarship 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.

Trainee signature.....date.....

**Supervisor declaration:** As the supervisor for Dr. ...., I certify that this poster presentation reports work to which Dr. .... made a major contribution and was carried out during his/her training in forensic pathology and has not been used by any other trainee in this laboratory. I have reviewed this conference presentation and read the relevant RCPA requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor signature..... date.....

Supervisor name (print).....

**6 A PhD thesis in forensic pathology** (equivalent to the entire case book).

A completed PhD thesis on a topic that is relevant to the practice of forensic pathology. To obtain exemption from casebook cases, documentation of the PhD award and an abstract of the thesis should be submitted to the RCPA at the earliest opportunity for approval by the chief examiner.

## **Appendix 11**

### **Other Forms**

The following pages contain forms for

- Significant incident form
- Laboratory safety checklist
- Declaration for conducting a teaching session

		<b>Forensic Pathology</b> <b>Significant incident report form</b>				
<b>Trainee name</b>		<b>Trainee ID (RCPA)</b>		<b>Stage of training</b> Year1 Yr2 Yr3 Yr4 Yr5 if more than Yr5, please specify		
<b>Nature of incident: what happened and why was it significant?</b>						
<b>What led to the incident?</b>						
<b>Action taken at the time of the incident. Could it have been handled differently?</b>						
<b>Review of similar incidents</b>						
<b>Actions taken (or needed) to prevent future similar incidents</b>						
<b>Reflection by trainee</b>						
<b>Supervisor name (please print) and signature</b>					<b>Date</b>	
<b>Name of laboratory</b>						

 <p>The Royal College of Pathologists of Australasia</p>	<h2>Forensic Pathology Laboratory safety checklist</h2>
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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:

Signature:

Witness (supervisor or senior pathologist):

Date:

## Declaration for conducting a teaching session

Trainee declaration: I certify that I conducted a teaching session on (specify topic) .....

.....

on .....(date) to .....(audience).

The teaching session was prepared by me and has not been given by any other trainee in this laboratory.

Trainee signature.....date.....

**Supervisor declaration:** As the supervisor for Dr. ...., I certify that he/she gave this teaching session as stated above.

Supervisor signature..... date.....

Supervisor name (print).....

## Appendix 12

### Assessment matrix for Anatomical Pathology Part I

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

#### Key to assessment methods

A	Part 1 written paper
B	Part 1 practical histopathology slide exam 20 cases
C	Autopsy assessment
D	Portfolio evidence: Laboratory safety checklist DOPS for autopsy, cut-up and histochemical stains Surgical cases Frozen sections Cytology Ancillary techniques Clinical meetings Personal professional development:

## Appendix 13

### Assessment matrix for Forensic Pathology

Outcome		Assessment method (see key below)										
		Part I				Part II					WPBA	
		A	B	C	D	E	F	G	H	I	J	K
<b>Discipline-specific functions in the laboratory</b>												
1.1	Foundation knowledge and skills in AP	X	X	X	X	X	X	X	X	X	X	X
1.2	Foundation knowledge and skills in FP	X	X	X	X	X	X	X	X	X	X	X
1.3	Advanced knowledge and skills in FP					X	X	X	X	X	X	X
1.4	Case selection, acceptance, management					X				X	X	X
1.5	Specimen storage, retrieval, record keeping									X	X	X
1.6	Death investigation	X			X	X	X			X		X
1.7	Developing, reporting a professional opinion	X	X	X	X	X	X	X	X	X	X	X
<b>Functions as a manager in the laboratory</b>												
2.1	Quality management	X			X	X				X		X
2.2	Mortuary, scene and laboratory safety	X			X	X				X	X	X
2.3	Compliance with legislation	X			X	X				X	X	X
2.4	Managing people									X		X
2.5	Managing resources									X		X
<b>Research and scholarship</b>												
3.1	Research and critical appraisal									X		X
3.2	Self-education and CPD											X
3.3	Educating colleagues and others											X
<b>Professional qualities</b>												X
4.1	Ethics and confidentiality	X				X				X	X	X
4.2	Communication	X	X	X	X	X	X	X	X	X	X	X
4.3	Collaboration and teamwork											X

#### Key to assessment methods

A	Part I written paper (essays, SAQ)		
B	Part I practical histopathology slide exam 20 cases		
C	Part I practical (gross, photographic and slide) exam		
D	Part I oral exam		
E	Part II written exam		
F	Part II long case practical exam		
G	Part II short case special practical exam		
H	Part II histopathology slide exam		
I	Part II oral exam		
J	Autopsy assessment (E) and (A)		
K	Workplace-based assessment activities (WPBA):		
	Laboratory safety checklist	AP ancillary techniques	Educational event
	AP DOPS: autopsy, cut-up, stains	Post mortem investigations	Teaching sessions
	AP surgical cases	Dissections	Quality activities
	AP frozen sections	Death scene investigations	Communication activities
	AP cytology	Suspicious death investigations	Ethics module
		Research/scholarship	Signification incident reports