

TRAINEE HANDBOOK 2019



Oral and Maxillofacial Pathology

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

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GLOSSARY

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

SECTION 1

INTRODUCTION

Oral and maxillofacial pathology is the study of organs and tissues to determine the causes and effects of particular diseases. An oral and maxillofacial pathologist's findings are fundamental to patient diagnosis and management.

Oral and maxillofacial pathology involves macroscopic pathology, histopathology (ie "surgical" pathology) and cytopathology. Histopathology is concerned with the microscopic examination of tissues, taken either as biopsy samples or resection specimens. Tissues are assessed macroscopically, and material is taken for microscopic examination for the purpose of diagnosis, prognosis and directing appropriate treatment. Cytopathology is the study of individual cells, aspirated or obtained from body fluids or tissues, including exfoliative cytology, to detect abnormalities. Oral and maxillofacial pathologists work with almost all dental specialties, including surgeons and general practitioners, using techniques available in the pathology laboratory to provide information and advice essential to clinical practice.

Fellowship of the Faculty of Oral and Maxillofacial Pathology is offered to dental graduates, medical graduates and to trainees and fellows wishing either to gain recognition as an oral and maxillofacial pathologist or to cross over to a career in oral and maxillofacial pathology.

PERSONAL CHARACTERISTICS NEEDED

Oral and maxillofacial pathologists need to have:

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

GENERAL AIMS OF THE TRAINING PROGRAM

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

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

high quality material is available for the formulation of diagnostic opinions and be able to talk to scientific staff about the laboratory and its problems

- Have a working knowledge of laboratory management procedures and be able to deal with staff problems
- Be aware of how a laboratory budget is formulated and how their own practice, including selective requests for special procedures might impact on a laboratory budget, and the possible “adverse” budgetary effects of indiscriminate ordering of tests (both internal and external to the laboratory).
- Understand the need for, and principles of, continuing education and participation in CPDP
- Be prepared and able to offer guidance and teaching to trainees in oral and maxillofacial pathology

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

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

These general aims of the training program relate to four general functions of oral and maxillofacial pathologists, ie,

- Discipline-specific functions as a medical/dental specialist in the laboratory
- Functions as a manager in the laboratory
- Research and scholarship
- Professional attributes

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

TRAINING REQUIREMENTS

To gain the FRCPA in oral and maxillofacial pathology requires five (5) years of accredited training and satisfactory completion of the assessment program detailed below. No more than four (4) 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.

Trainees registered as dental practitioners must have practised dentistry for at least one year full-time or part-time equivalent after qualification, in posts approved by the RCPA Board of Education and Assessment.

Practitioners who hold specialist qualifications in oral and maxillofacial pathology from a country other than Australia or New Zealand may apply for admission to the Faculty of Oral and Maxillofacial Pathology. Decisions about eligibility to enter the scheme and exemptions from further training or examinations are made by the RCPA Board of Education and Assessment.

Experience prior to the Part I examination should comprise both general anatomical pathology and oral and maxillofacial pathology, with the equivalent of 18 months being spent in general anatomical pathology. The period in cytopathology must be equivalent to a minimum of three months full time in a department, processing and reporting sufficient gynaecological and non-gynaecological cytopathology to ensure competence. Continued exposure to cytopathology must be ensured throughout the usual five years of training.

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

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

RESEARCH STREAM

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

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

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

SUPERVISION

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

Who can be a supervisor?

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

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

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

The role of the supervisor

Supervisors should devise a prospective training (or research) program, on initial registration and annually. This should be devised in collaboration with the trainee and submitted to the RCPA.

Supervisors should also ensure that the trainee has sufficient time and opportunities to carry out the required training activities.

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

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

ASSESSMENT

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

Formal Examinations

- Basic Pathological Sciences Examination. Usually taken before or during the first year of training. See **Appendix 1** for detailed requirements.
- Part I examination, with written and practical components in general as well as oral and maxillofacial pathology. Prior to the examination, experience should comprise both general and oral and maxillofacial pathology, with the equivalent of at least 18 months experience in general anatomical pathology. See **Appendix 2** for detailed requirements.
- Part II may be completed by examination or by research project. See **Appendix 3** for detailed requirements.

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

Supervisor Reports

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

The Portfolio and Workplace-based Assessment

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

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

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

It is **important** to see the detailed portfolio requirements in **Appendix 6**.

RESOURCES

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

Suggested text books (the latest editions)

Surgical pathology

- Barnes L, Eveson JW, Reichart P, Sidransky D (eds). WHO Classification of Head and Neck Tumours. IARC.
- Barnes L. Surgical Pathology of the Head and Neck, Volumes 1,2,3. Informa Health Care.
- Burton JL and Ruttly G. The hospital autopsy.
- Cawson RA, Binnie WH, Eveson JW. Colour Atlas of Oral Disease. Wolfe.
- Cawson RA, Binnie WH, Speight PM, Barrett AW, Wright JM. Lucas's Pathology of Tumours of the Oral Tissues. Churchill Livingstone.
- Ellis GL and Auclair PL. Tumours of the Salivary Glands. AFIP.
- Ellis GL, Auclair PL, Gnepp DR. Surgical Pathology of the Salivary Glands. Saunders.
- Fletcher CDM. Diagnostic Histopathology of Tumours. Volumes 1 & 2. Churchill Livingstone.
- Goldblum JR, Weiss SW and Folpe AL. Enzinger and Weiss's Soft Tissue Tumours. Mosby
- Odell EW and Morgan PR. Biopsy Pathology of the Oral Tissues. Chapman and Hall.
- Regezi JA, Sciubba JJ and Jordan RCK. Oral Pathology, Clinical – Pathologic correlations. Saunders.
- Rosai J. Rosai and Ackerman's Surgical Pathology. Mosby.
- Sapp JP, Eversole LR, Wysocki GP. Contemporary Oral and Maxillofacial Pathology. Mosby.
- Sciubba JJ, Fantasia JE, Khan LB. Tumours and Cysts of the Jaws. AFIP.
- Shear M and Speight P. Cysts of the Oral and Maxillofacial Regions, Blackwell.
- Silverberg S, DeLellis R, Frable W, LiVolsi V and Wick M. Silverberg's Principles and Practice of Surgical Pathology and Cytopathology. Churchill Livingstone.
- Thompson LDR. Head and Neck Pathology. Churchill Livingstone.
- Unni KK and Inwards CY. Dahlin's Bone Tumours. Thomas.
- Weedon D. Skin Pathology. Churchill Livingstone.
- .Any other text books related to anatomical/surgical/autopsy pathology

Journals and Websites

Please refer to [RCPA Education Online](#) Oral-and-Maxillofacial education

Other Learning Resources

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

If you have ideas about additional resources, please inform RCPA so these can be added to future editions of this handbook.

SECTION 2

LEARNING OUTCOMES AND RECOMMENDED TRAINING ACTIVITIES

In Section 2 of the Handbook, the four broad functions of the oral and maxillofacial pathologist are elaborated as sets of training outcomes and suggested training activities. Where possible, the learning outcomes are denoted as:

[E] to be achieved early in training or

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

Competence in outcomes achieved early in training should be maintained throughout. Familiarity with new and emerging topics that may not appear in the handbook is also expected.

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

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1 DISCIPLINE-SPECIFIC FUNCTIONS AS A MEDICAL/DENTAL SPECIALIST IN THE LABORATORY

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

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

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

1.1 Foundation knowledge and skills

Outcomes

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

Activities

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

- take every opportunity to perform autopsies in order to gain a thorough knowledge of anatomy and macroscopic pathology;
- Review and report as many surgical pathology cases as possible
- Attend relevant lectures, seminars/workshops, conferences and use web-based resources;
- Study authoritative texts and laboratory manuals.

1.2 Accession, Management and Processing of Specimens

Outcomes

- [E] Establish, monitor and trouble-shoot reliable methods for specimen identification and laboratory accession for both surgical and autopsy specimens;
- [E] Handle fresh specimens and triage when ancillary tests are required;
- [E] Photograph specimens if appropriate;
- [E] Select appropriate samples for flow cytometry and interpret/correlate results;
- [E] Cut up specimens and select blocks appropriately, include diagrams/photographs indicating sites of block selection;
- [E] Fix, embed and section specimens and be able to troubleshoot problems;
- [E] Select appropriate decalcification regimes and be able to troubleshoot problems;
- [E] Perform and interpret routine and special stains;
- [E] Select and use appropriate immunofluorescence and immunohistochemical techniques;
- [E] Understand principles of exfoliative and aspiration cytology; select appropriate techniques for specimen collection/preparation and be able to interpret/correlate and trouble-shoot;
- [E] Prepare and interpret/correlate frozen sections;
- [E] With regard to percutaneous fine needle aspirations (FNA): select appropriate preparative techniques, perform, trouble-shoot and interpret/correlate results;
- [E] With regard to cytogenetic analysis, select appropriate samples, prepare, fix and stain;
- [E] Demonstrate a working knowledge of hospital and coronial autopsies and show evidence of good knowledge of anatomy and macroscopic pathology;
- [E] Know which units/consultants to contact for expert advice.

Activities

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

- Read laboratory manuals
- Participate in daily laboratory activities
- Carry out sufficient numbers of laboratory procedures to become competent before undertaking the DOPS other practical work-based assessment requirements
- Be familiar with NATA or NPAAC or other relevant guidelines
- Read relevant textbooks
- Spend a minimum of one week on at least three separate rotations performing tissue fixation, embedding, sectioning and staining, including special stains and techniques for histology and immunohistochemistry.
- Regularly accompany pathologists to frozen sections
- Attend percutaneous fine needle aspirations
- Participate in laboratory teaching programs for cytogenetics and flow cytometry
- Participate in the department's autopsy program
- Read government guidelines on ethical autopsy practice
- Access relevant parts of the Coroner's Act

1.3 Analysis of Laboratory Data

Outcomes

- [E] Interpret and describe macroscopic autopsy findings;
- [E] Interpret and describe gross surgical specimens;

- [E] Examine, interpret and provide clinic-pathological correlation for sections and specimens prepared for microscopy, including those prepared by FNA, frozen section, imprints, routine histochemistry, immunohistochemistry and electron microscopy;
- [E] Interpret and provide clinic-pathological correlation for specimens for which reports on cytogenetic, microbiology, flow cytometry and molecular studies have been received;
- [E] Access information to assist in the interpretation of specimens.

Activities

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

- Participate in the department's autopsy program
- Read laboratory manual and relevant textbooks
- Participate in daily laboratory activities.
- Regularly discuss cases and reports with seniors over a “double head” microscope
- Participate in internal and external quality assurance programs
- Present at departmental, interdepartmental and hospital wide meetings
- Master the use of search engines and databases such as Medline

1.4 Developing and reporting a professional opinion

Outcomes

- [E] On the basis of all the information (cytology, biopsy, autopsy) available for a specific case, develop and record a professional opinion as to the nature, causation, severity and likely sequelae of the pathological processes;
- [E] Construct and sign off a written report which contains all appropriate information and interpretation regarding the case, including information on the reproducibility of the findings and knowledge and use of grading systems, together with responses to any specific queries received from clinicians;
- [E] write autopsy reports with appropriate clinicopathological correlation;
- [E] Produce synoptic reports where appropriate;
- [E] Provide appropriate information about a case to referring clinicians;
- [E] Recommend and use standardised information structures, terminology and units for requesting and reporting, e.g. structured cancer reporting and use of formal terminologies.
- [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, keep a record for your portfolio, eg,

- Report frozen section findings to surgeons, via telephone or in theatre, conveying limitations of the information/interpretation;
- Interpret and report diagnoses of common conditions in oral exfoliative and fine needle aspiration cytology
- Develop a clear and concise report format and use structured reports when applicable

1.5 Monitoring Patient Progress

Outcomes

- [E] Where appropriate, follow up patient outcomes by consultation with clinicians in both hospital and general practice.
- [E] Advise clinicians on appropriate type of specimens and special requirements and the limitations of any proposed investigation.

Activities

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

- Contribute appropriately to all clinico-pathological correlation meetings routinely held in the department and participate in meetings covering a range of sub-specialty interests.

2 FUNCTIONS OF THE PATHOLOGIST AS A MANAGER IN THE LABORATORY

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

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

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

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

2.1 Quality Management

Outcomes

- [E] Understand the practices related to quality control required in the laboratory;
- [E] Understand accreditation requirements;
- [A] Apply, review and plan quality assurance strategies for monitoring processes and outputs in the laboratory;
- [A] Apply principles of process improvement and workflow analysis;
- [A] Participate in auditor training and practice.

Activities

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

- Review summaries of relevant requirements for laboratory accreditation and performance, for example the NATA Checklist for Laboratory Accreditation or equivalent checklists in other jurisdictions;
- Participate in case/slide/laboratory/clinical rounds, peer review meetings, external quality assurance (e.g. RCPA QAP) and continuing professional development activities;
- Read current literature on quality assurance strategies, risk management, informatics and evidence based medicine in pathology laboratories in which in oral and maxillofacial specimens are handled;
- 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 [Laboratory Management elearning Modules](#) in RCPA Education Online and print the certificate of completion for your portfolio;
- Participate in RCPA committees or represent RCPA on institutional committees;
- Document, notify and apply actions, employing laboratory information systems where appropriate, in the event of incidents, errors and adverse events;
- promote timely and appropriate use of pathology investigations.

2.2 Laboratory Safety

Outcomes

- [E] Understand the workplace health and safety procedures required when dealing with specific tissues;
- [E] Understand laboratory safety procedures to protect self and staff against infection, radiation, toxic materials, electrical and fire hazards;
- [E] Be familiar with the safety manual and action plans;
- [E] Be familiar with actions for exposures and their currency;
- [A] Analyse incident reports and near misses to identify opportunities for improvements in practice;
- [A] Contribute to the management of staff needs in the event of an adverse event in the laboratory;
- [A] evaluate processes for assessing risk and investigating and reporting hazards, in Accordance with legal aspects of investigation and disclosure after an event.

Activities

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

- Participate in biosafety training immediately upon commencing work in the laboratory;
- Participate in the orientation program for new staff members as soon as practicable after commencing appointment;
- Schedule meeting with workplace health and safety (WHS) officer early in appointment;
- Participate in workplace health and safety drills and meetings, especially fire safety, according to institutional requirements and update as required by the institution;
- Participate in training to use equipment for biological, chemical and fire safety, first aid and resuscitation;
- Prepare or review incident reports and explore improvements if relevant;
- Report incidents and accidents as required by the local protocols;
- Follow relevant laboratory safety protocols and report breaches;
- Wear appropriate safety (personal protective) equipment when in the laboratory;
- Ensure relevant personal vaccinations are completed prior to commencement of duties;
- Complete the laboratory safety checklist (mandatory) in Appendix 7;
- Complete the [Laboratory Safety eLearning module](#) in RCPA Education Online and print the certificate of completion for your portfolio.

2.3 Compliance with Legislation

Outcomes

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

Activities

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

- Review reports and seek advice from appropriate senior staff;
- Locate sources of pathology financing information, e.g. Medicare Benefits Schedule, Health Insurance Act or other documentation relevant to your jurisdiction;
- Document incidents and discussions with medico-legal implications and discuss with supervisor or a senior colleague;
- Review laboratory manuals and State/Territory/national legislation regarding notifiable diseases;
- Maintain currency with the relevant requirements for notifiable diseases;
- Complete the [Laboratory Safety eLearning module](#) in RCPA Education Online.

2.4 Managing People

Outcomes

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

Activities

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

- Participate in staff and business meetings in the workplace;
- Observe administrative procedures in relation to selection and appointment of staff;
- Become familiar with administrative procedures concerned with rosters;
- Reflect on observations of interactions in the workplace, especially those concerned with biosafety and those with the potential to involve conflict;
- Read articles and attend local courses, where available and funded, including but not limited to: staff appraisal, staff selection and review, the exit interview, conflict management, equal opportunity processes, anti-discrimination;
- Participate in training on giving and receiving feedback and/or read articles on the subject;
- Assist in the orientation and mentoring of junior colleagues;
- Take opportunities to participate as trainee representative on College and State/regional committees;

2.5 Managing resources

Outcomes

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

Activities

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

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

2.6 Information fundamentals

Outcomes

- [E] Use laboratory information systems in recording patient and request information, including a storage and retrieval system for specimens, results, comments and final reporting;
- [E] Conform to the specimen indexation and report and data storage conventions of the laboratory.
- [E] Use laboratory information systems to retrieve reports/specimens for examination and review to satisfy clinical audit and/or research purposes;
- [E] Establish, monitor and trouble-shoot reliable methods for specimen identification and laboratory accession for both surgical and autopsy specimens;
- [E] Understand statistical concepts, methods and tools used to assess the accuracy, uncertainty, variation and reproducibility of test results, including data for both individual patients and populations, and to be able to determine confidence levels, reference or expected values and the clinical significance of testing.
- [E] Understand the role and scope of informatics in laboratory medicine, including concepts of information architecture, quality and analysis, systems design, and specialised sub-domains such as bioinformatics, imaging and statistics
- [E] Explain the basics of laboratory systems architecture and the movement of data for communication of requests, reports and instrument interfacing
- [E] Identify the information technology environment in which the laboratory information system operates, including integrated systems (i.e. hospital information systems, back-ups, reporting and network structure
- [E] Describe meaningful and secure use of electronic health records in pathology practice

Activities

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

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

3 RESEARCH AND SCHOLARSHIP

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

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

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

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

3.1 Research and critical appraisal

Outcomes

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

Activities

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

- Undertake laboratory projects under supervision and write up for submission for publication;
- Participate in and present cases, reviews and original work, to peers at grand rounds, specialist meetings, journal club, etc;
- Attend research meetings;
- Contribute to writing research proposals and ethics submissions;
- Use clinical and laboratory databases for research for collecting, organising and analysing data;
- Use a standard bibliographic applications (eg EndNote) to download citations from a literature search and organise them into a personal database;

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

3.2 Undertaking Self-Education and Continuing Professional Development

Outcomes

- [E] As part of a personal continuing education strategy, 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 oral and maxillofacial pathology.

Activities

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

- Formulate a personal learning plan;
- Complete an online learning style inventory and explore a variety of ways to learn;
- Apply various computer-based instructional tools, such as electronic tutorials for confirming or updating knowledge and skills;
- Review RCPA CPDP documentation to identify and apply activities and recording strategies that may be applicable;
- Select appropriate mentors to guide professional activities;
- Regularly review journals relevant to oral and maxillofacial 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 grand rounds, clinico-pathological conferences, morbidity and mortality reviews and other similar meetings'
- [E] Contribute to the informal education of laboratory personnel, peers, medical students and other health professionals;
- [E] Translate and convey technical concepts and information in an understandable manner to people without a background in oral and maxillofacial pathology;
- [E] Promote understanding of health and disease, including relevant epidemiology and public health issues, to patients, clinicians and the community.

Activities

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

- Participate in departmental teaching sessions, clinicopathological meetings, conference presentations;
- Prepare posters or educational articles of scientific investigations in pathology and present to peers and other health professionals;
- Develop assessment or educational modules for RCPA;
- Teach colleagues to use new laboratory equipment and IT software and hardware;

- Mentor students and other trainees and advise on effective preparation for examinations;
- Read journals relevant to oral and maxillofacial 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

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

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

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

4.1 Ethics and Confidentiality

Outcomes

- [E] Practice ethically, which includes:
 - prompt reporting;
 - interacting appropriately with clinicians, laboratory staff and other health professionals;
 - knowing when to seek opinion from others;
 - financial probity;
- [E] Comply with legal, ethical and medical requirements relating to patient records and documentation, including confidentiality, informed consent and data security;
- [E] Differentiate between ethically appropriate and ethically inappropriate procedures;
- [E] Identify appropriate courses of action in regard to unprofessional conduct by or ill health in a colleague;
- [E] Comply with copyright and intellectual property rules;
- [E] Describe strategies to ensure equity of access to pathology testing for patients;
- [E] Advocate for and protect patient rights.

Activities

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

- Review appropriate literature and guidelines including the National Patient Safety Education Framework or similar local documents;
- Read the most recent Australian Medical Association Code of Ethics
- Read the Australian Medical Council Good Medical Practice Code of Conduct
- Access and read documents relating to cultural competence, including those concerning indigenous people, such as Aboriginal and Torres Strait Islander and Maori people
- Reflect on professional behaviour of self and others, identifying potential for ethical dilemmas and strategies to deal with them;
- Complete the [Ethics eLearning modules](#) in RCPA Education Online and get sign-off from your supervisor on the workbook;
- Complete relevant activities from the [Monash University Clinical Ethics](#) resource:

4.2 Communication

Outcomes

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

Activities

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

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

4.3 Collaboration and teamwork

Outcomes

- [E] Contribute effectively to the activities of laboratory and health care teams, recognizing responsibilities and limitations of own role;
- [E] Consult with laboratory colleagues, other medical practitioners, pathology informaticians and health care professionals;
- [E] Contribute effectively to inter-disciplinary team activities, such as peer review sessions and other education and quality activities, recognizing responsibilities and limitations of own role;
- [E] Promote the role of oral and maxillofacial pathologists as vital contributors to patient care.

Activities

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

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

4.4 Cultural competence

Outcomes

- [E] Demonstrate an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Diversity includes but is not limited to ethnicity, gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth.
- [E] Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors; to specialist pathology practice
- [E] Apply knowledge of the culture, spirituality and relationship to land of Aboriginal, Torres Strait Islander and/or Māori peoples to specialist pathology practice and advocacy

Activities

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

- Access and read documents relating to cultural competence, including those concerning indigenous people, such as Aboriginal and Torres Strait Islander and Maori people
- Participate in departmental and clinical meetings;
- Network and share information with colleagues;;
- Plan, organise and review teaching activities, together with supervisor, peers and laboratory staff;
- Participate in mentoring programs;
- Participate in College activities and meetings;
- Complete the [Cultural Competence eLearning modules](#) in RCPA Education Online and print the certificate of completion for your portfolio 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

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 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 1-10 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 2

Part I assessment

Assessment in Part I is by

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

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

Part I formal examinations

The Part I examinations are intended to be the main assessment leading to Fellowship of the Faculty. Experience prior to the Part I examinations should comprise both general anatomical pathology and oral and maxillofacial pathology, with the equivalent of 18 months being spent in general pathology.

The examinations are broadly similar to those for anatomical pathology except that they are slanted towards oral and maxillofacial pathology. They test knowledge of disease processes and diagnostic ability across the general field of anatomical pathology as well as oral and maxillofacial pathology, ie, the understanding of disease processes, the ability to recognise and describe gross and microscopic lesions, competence in clinicopathological correlation, and knowledge of laboratory techniques, including workplace health and safety related issues. The focus is on ability to recognise patterns and communicate findings for common, diagnosable conditions and rare conditions with classic appearance.

The examination has four components and is in two phases:

Phase 1 is held at designated examination centres and has two components:

- A 3 hour 15 minute essay-type written paper in general as well as oral and maxillofacial pathology;
- A 4 hour practical examination of 20 cases that will consist of histopathology slides (biopsy, surgical and autopsy pathology). The examination is similar to the examination for anatomical pathology, except that the scope will include oral and maxillofacial pathology cases, such as:
 - Diseases of the dental hard tissues, gingivae, periodontium and jaws
 - Diseases of the oral mucosa and relevant skin disorders
 - Diseases of the bones and joints
 - Diseases of the salivary glands
 - Soft tissue disorders affecting the oro-facial region
 - Lymphoid and haematological disorders involving the oro-facial region
 - Genetic and acquired disorders with oro-facial manifestations

Candidates who pass both these assessments are invited to Phase 2

Phase 2 is held centrally and has two components:

- A special practical examination
- An oral component of two 20-minute viva voce examinations.

No candidate who has obtained a fail grade in an examination component will ordinarily be granted an exemption from that component.

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

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

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

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

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

Portfolio for Part I

It is strongly recommended that trainees commence these workplace-based assessment activities at the earliest possible time after commencing training. Records must be kept in the portfolio to assist both trainee and supervisor to track training activities.

Please refer to Appendix 6 for the portfolio requirements for Part I and Part II.

Detailed instructions are included on the forms that must be used to record the activities, in **Appendix 7**. The portfolio spread sheet (Excel file) may be downloaded from the RCPA website.

The hard copy portfolio must be made available to the supervisor to check periodically and, importantly, to check for completeness by the supervisor before the Part I examination. A print-out of the portfolio summary spreadsheet (Excel) must be included as the front page of the portfolio.

The portfolio and summary spreadsheet must be provided to the supervisor to review when they are preparing the **supervisor report**. A print-out of the summary spreadsheet should be appended to the annual supervisor report and to the report which is sent to the College prior to enrolling for the Part I examination. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Education and Assessment. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

NOTE: The portfolio itself should not be sent to the College unless requested for audit.

Supervisor Reports

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

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

Summary of assessment requirements for Part I

Item	Completion	Assessed by	Comments
Essay-type written paper	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	
Practical slide examination	Year 3 (usually May)		Histopathology slides in general and oral and maxillofacial pathology
Special practical slide examination	Year 3 (usually Aug)		Histopathology slides with emphasis on oral and maxillofacial pathology
Oral examination	Year 3 (usually Aug)		2 x 20 minute encounters
Portfolio items to be signed off by supervisor or delegate	Year 3 before sitting for the Part I examination.	Portfolio summary spreadsheet is checked for completeness by the BEA Registrar or Deputy Registrar. If incomplete, the candidate may be required to undertake further activities.	Supervisor will review the hard copy portfolio before enrolling for the Part I examination. The portfolio should not be sent to the College unless requested for audit
Supervisor reports at end-of-rotation, annually and pre-exam. Portfolio summary spreadsheet 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.

Assessment calendar

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

Appendix 3

Part II assessment

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

The Part II assessment caters for two streams:

- Oral and maxillofacial pathology stream; or
- Research stream

Success in Part II assessment leads to Fellowship, which may currently be obtained via the oral and maxillofacial pathology stream or the research stream. Assessment for candidates in each stream is through

- Formal examinations;
- Evidence of research and scholarship
- A portfolio of evidence of having reported the required number of specimens and participated in a sufficient number of other activities;
- Satisfactory progress (supervisor) reports.

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

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

Oral and Maxillofacial Pathology Stream

Assessment in this stream is by

- A portfolio of evidence of having participated in a sufficient number and type of activities;
- Evidence of research and scholarship
- Oral examination
- Satisfactory progress (supervisor) reports.

At its discretion, the Board of Education and Assessment may waive or vary the requirements, with the exception of the oral examination, depending on the qualifications and experience of the candidate, eg, a Master's degree or approved clinical Doctorate in Oral and Maxillofacial Pathology. Guidelines for these exemptions are similar to those for Anatomical Pathology and may be obtained from the Registrar of the Board of Education and Assessment.

Oral examination

The oral examination is held centrally. Candidates progress through two 20 minute stations, each examined by a pair of examiners. The content of the examination may include discussion of a controversial diagnosis, macroscopic specimens or photographs, workplace health and safety incidents, management issues and issues that a recently qualified Fellow would be likely to have to deal with.

Research and scholarship

The aim of this assessment component is to introduce the trainee to an approach to research, planning and critical analysis and to improve written scientific communication skills. Within 6 months of having completed the Part I examinations, trainees should complete a proposal outlining the type of research/scholarship which is contemplated and must secure approval from their supervisor before commencing work on this assessment component. The item must be submitted

for examination. The format is flexible; acceptable items and other detailed requirements are in **Appendix 5**.

Portfolio for Part II

Records of these workplace-based activities must be kept in the portfolio to assist both trainee and supervisor to track training activities.

Please refer to Appendix 6 for the portfolio requirements for Part I and Part II.

Detailed instructions are included on the forms that must be used to record the activities, in **Appendix 7**. The portfolio spread sheet (Excel file) may be downloaded from the RCPA website.

The hard copy portfolio must be made available to the supervisor to check periodically and, importantly, to check for completeness by the supervisor before the Part I examination. A print-out of the portfolio summary spreadsheet (Excel) must be included as the front page of the portfolio.

The portfolio and summary spreadsheet must be provided to the supervisor to review when they are preparing the **supervisor report**. A print-out of the summary spreadsheet should be appended to the annual supervisor report and to the report which is sent to the College prior to enrolling for the Part I examination. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Education and Assessment. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

NOTE: The portfolio itself should not be sent to the College unless requested for audit.

Supervisor Reports

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

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

Summary of assessment requirements for Part II

Item	Completion	Assessed by	Comments
Oral examination	Year 5 (August)	Examiners with at least 5 years post-Fellowship experience.	
Evidence of research and scholarship	6 weeks prior to the oral examination	Examiners with at least 5 years post-Fellowship experience.	Trainee and supervisor declarations to be completed. 3 copies to be submitted for examination
Portfolio items to be signed off by supervisor or delegate	Final year of training, at the time of the pre-examination supervisor report.	Portfolio summary spreadsheet checked for completeness by the BEA Registrar or Deputy Registrar. If incomplete, the candidate may be required to undertake further activities.	Portfolio items to be reviewed by supervisor when preparing the supervisor report. The portfolio should not be sent to the College unless requested for audit.

Supervisor reports at end-of-rotation, annually and pre-exam. Portfolio summary spreadsheet 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.
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Assessment calendar

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

Research Stream

Trainees may opt for a research stream as an alternative to the more conventional training, but to gain Fellowship, they must demonstrate competence in all aspects of oral and maxillofacial pathology.

Trainees should apply to the Board of Education and Assessment for approval of the proposed research topic, laboratory and supervisor. The research must be considered relevant and significant enough to lead to a PhD or MD by thesis.

The Board of Board of Education and Assessment will consider each case individually and inform trainees as to the examination process, which may include some or all of the following:

- Basic Pathological Sciences examination, Part I and Part II examinations, including an oral examination on the subject of the thesis
- a portfolio of evidence of having participated in a sufficient number and type of activities
- satisfactory supervisor reports

Appendix 4

Guidelines for completing the Supervisor Report Form

Please refer to the following documents:

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

The [supervisor report form](#) should be completed by the supervisor in consultation with other pathologists and laboratory staff with a significant role in the trainee's training program and with reference to the trainee's portfolio.

Please refer to Appendix 6 for the portfolio requirements for Part I and Part II .

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

Submitting the Supervisor Report

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

For trainees sitting for Part I and Part II examinations an additional pre-examination supervisor report is due by the date specified in the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website). Reports must be available for consideration at the examinations.

A print-out of the portfolio summary spread sheet must be appended to annual and pre-examination reports.

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

Faxed reports will not be accepted.

Appendix 5

Requirements regarding Research and Scholarship

Trainees may choose to submit for examination any one of a range of items that demonstrate evidence of research and scholarship in oral and maxillofacial pathology.

Prior to commencing, and ordinarily within six months of having completed the Part I examination, a written proposal outlining the work contemplated must have been approved by the supervisor. Trainees should not commence work until after gaining the supervisor's approval. A proposal form is contained in this Appendix.

The following items are considered appropriate:

Literature review

The review should be on an oral and maxillofacial pathology topic of the trainee's choice and should be between 5,000-10,000 words in length. Three copies are required to be submitted for assessment.

Published paper or manuscript for publication

Published article or a manuscript that has been accepted for publication in a peer reviewed journal where the trainee is the first or a major contributing author. Copies of the article or manuscript with evidence of acceptance for publication must be submitted for assessment.

Research project

This should be a significant piece of laboratory-based research work which demonstrates the trainee's ability to plan, perform and present the results of a scientific investigation in oral and maxillofacial pathology.

Audit report

A report on a significant audit activity developed by the trainee or into which the trainee made major intellectual input during development. The report should include recommendations regarding guidelines, protocols and/or procedures for local implementation. A report of a routine laboratory audit will not satisfy this requirement.

Reports of complex cases

Eight case reports are required. The cases must have been handled personally by the trainee as part of their supervised training and should illustrate a range of pathologies in the oral and maxillofacial region as well as other parts of the body if appropriate, for example:

- interesting anatomical pathology cases
- oral mucosal pathology
- salivary gland pathology
- soft tissue tumours
- odontogenic tumours
- cysts of the head and neck
- haematological or lymphoid pathology
- bone pathology and fibro-osseous lesions
- dental hard tissue pathology

The range of cases should demonstrate the use of different techniques to determine a diagnosis and should include clinical and radiographic material when available. Techniques used could include special stains, immunofluorescence, immunohistochemistry, molecular and cytogenetics studies or electron microscopy as appropriate. Post-mortem examinations with which the trainee has been involved may also be included.

The written report for each case should be:

- written to a standard suitable for publication
- no more than ten (10) pages of single-spaced type.
- include the history, macroscopic and microscopic findings, the results of associated findings, discussion of the findings and the patho-biological processes involved.
- the discussion and clinico-pathological correlation should be at least twice as long as the remainder of the report
- the reference list should include 15-30 critically selected references, including recent peer-reviewed literature
- the appraisal of the cited literature should be critical and comprehensive
- photomicrographs and illustrations must be high quality.

The cases should be bound as a single volume for submission. Expensive binding and production are not necessary and will not affect outcomes.

Keep your own copy of any items you submit for assessment because the College will not return them to you.

Assessment

Three copies must be submitted for **assessment** at least 6 weeks prior to the Part II oral examination.

Each copy must have a completed **cover page with a declaration of originality** co-signed by trainee and supervisor. The cover page is included in this Appendix.

If the submission is considered to be not adequate, the chief examiner may request the trainee to review the report with their supervisor prior to the oral examination. The trainee may also be required to submit an amended version after the oral examination.

Full and partial exemptions

Trainees previously awarded a PhD or MD by research degree relevant to oral and maxillofacial pathology may request exemption from this component; instead, they may submit a copy of their thesis and/or later publications arising from their research.

Trainees currently enrolled in a PhD or MD by research degree in a topic of direct relevance to oral and maxillofacial pathology may apply to submit a summary of research work completed in lieu of this component. Evidence of enrolment in the higher degree and the research plan must be submitted to the RCPA office with the Part II examination application. The due date for the research summary is the same date as that of the dissertation.

Due date for submissions: 31 March prior to the Part II examination

Please post the three copies by the due date to

The Royal College of Pathologists of Australasia
207 Albion Street
Surry Hills NSW 2010 AUSTRALIA



Oral and Maxillofacial Pathology Research and scholarship Proposal

How to use this form

The purpose of the proposal is to enable your supervisor to ascertain whether your research/scholarship plan is feasible and whether the resulting output is likely to meet the expected standard. It is important to consult your supervisor during the process of developing the proposal and to commence only after receiving your supervisor's approval.

The aim of this assessment component is to introduce trainees to an approach to research, planning and critical analysis of the literature and to improve written scientific communication skills.

The **DUE DATE** for the proposal is within 6 months (or full time equivalent) of having completed the Part I exams.

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

Title

- Format** (please tick one)
- extensive literature review
 - a published paper or manuscript submitted for publication on an oral and maxillofacial pathology topic
 - audit report with recommendations regarding guidelines/protocols/procedures for local implementation
 - report of a substantial research project
 - a series of 8 reports of complex cases

Preliminary literature review – *please attach separate pages.*
This should be brief – just enough to summarise and evaluate current knowledge in the field and show why the topic is important.

Methodology - *please attach separate pages.*
Outline and justify the method/s you propose to use. If you intend to collect data, specify the type of data, list the variables of interest and the method/s of analysis, including statistical methods. Include a detailed list of equipment and any other resources you will need.

Ethics approval
If ethics approval is needed, state the committee from which it will be obtained. Indicate how long this will take

Schedule - *please attach separate pages.*
Include a schedule with target dates and a Gantt chart for each phase.

Declaration by laboratory supervisor
 I hereby give approval for traineeto undertake the work specified in this proposal and confirm that this proposal has been completed within 6 months (or FTE) of the trainee having completed the Part I examinations.
Supervisor name

Supervisor signature and date

Declaration by project supervisor (if different from the laboratory supervisor)
 I hereby agree to supervise traineewhile undertaking the work specified in this proposal and confirm that this proposal has been completed within 6 months (or FTE) of the trainee having completed the Part I examinations.
Supervisor name

Supervisor signature and date

 <p style="font-size: 24pt; margin: 0;">RCPA</p> <p style="font-size: 10pt; margin: 0;">The Royal College of Pathologists of Australasia</p>	<p style="font-size: 18pt; margin: 0;">Oral and Maxillofacial Pathology</p> <p style="font-size: 18pt; margin: 0;">Research and Scholarship</p> <p style="font-size: 18pt; margin: 0;">Cover page for report</p>
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Please attach this cover page to the report when submitting for examination.

Name of trainee.....

Name of laboratory supervisor.....

Name of supervisor for the work in research and scholarship (if not the laboratory supervisor)

.....

Laboratory.....Date submitted.....

Title.....

.....

<p>Format (please tick one)</p> <p><input type="checkbox"/> extensive literature review</p> <p><input type="checkbox"/> a published paper or manuscript submitted for publication on an oral and maxillofacial pathology topic</p> <p><input type="checkbox"/> report of a substantial research project</p> <p><input type="checkbox"/> audit report with recommendations regarding guidelines/protocols/procedures for local implementation</p> <p><input type="checkbox"/> a series of 8 reports of complex cases</p>
<p>Declaration by laboratory supervisor</p> <p>I certify that trainee Dr undertook this work during accredited laboratory training in oral and maxillofacial pathology. The dissertation is original and the work upon which it is based has not been used by any other trainee in this laboratory.</p> <p>Signature date</p>
<p>Declaration by project supervisor (if different from the laboratory supervisor)</p> <p>I certify that trainee Dr undertook this work during accredited laboratory training in oral and maxillofacial pathology. The work is original and the work upon which it is based has not been used by any other trainee in this laboratory. I have reviewed this report and read the RCPA requirements regarding evidence of research and scholarship and believe that this report is suitable for submission to the RCPA examiners.</p> <p>Signature date</p>
<p>Declaration by trainee</p> <p>I certify that I undertook this project during my accredited laboratory training in oral and maxillofacial pathology. The work is original and the work upon which it is based 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.</p> <p>Trainee signature date</p>

Appendix 6

Portfolio Requirements

This guideline assists trainees to compile the portfolio and the portfolio summary spreadsheet. Portfolio activities are carried out in the workplace and provide evidence that the trainee is developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations. Trainees should start accumulating evidence for the portfolio as early as possible in training and aim to have half of them underway or complete before the Part I examination.

Appendix 7 contains the forms for recording these workplace activities. Please file the hard copy forms in a **portfolio folder** with separate sections, numbered as in the table. The supervisor should review and sign off completed portfolio forms on the annual, rotation and pre-exam supervisor report.

A soft copy **portfolio summary** (Excel spreadsheet) should also be compiled so that trainees can keep track of what they have completed. The spreadsheet can be downloaded from the RCPA website. It is the trainee's responsibility to keep both hard and soft copy records **up-to-date**.

A hard copy of the portfolio summary spreadsheet should be appended to the pre-exam supervisor's report and submitted to the RCPA prior to the oral examination at a time determined by the RCPA. The summary will be reviewed by the Registrar of the Board of Education and Assessment and the Chief Examiner. The signatories may be contacted to confirm evidence of satisfactory completion.

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

	Item	Part I	Part II	Evidence Forms are in Appendix 7 unless otherwise stated
1	Laboratory safety checklist	Complete during first 3 months of training.		One only is required.
2	Autopsies Candidates will be expected to demonstrate knowledge of autopsy pathology and familiarity with autopsy procedures and interpretation	Whenever possible, trainees should be given the appropriate rotations prior to the Part 1 examination.		Consultant Sign-off Form for Autopsy Each case to be signed by a consultant to verify the trainee's involvement in the case.
3	Cut-up observed by a senior member of staff. Minimum 9 specimens of mixed complexity, including levels 4 to 7.	7 before Part I Refer to the DOPS Cut-up form for details of timing	2 between Part I and Part II Refer to the DOPS Cut-up form for details	DOPS forms for cut-up Minimum 9 forms, signed by the observer of the cut-up. All forms for the year should be sighted and signed off on the annual supervisor report.
4	Histochemical stains observed by a senior member of staff	Stain at least 4 specimens before the Part II examination. Refer to the DOPS form for Histochemical Stains for details and the appropriate person to observe and sign off		DOPS forms for Histochemical Stains Minimum 4 forms, each signed by the observer of the procedure. Supervisor to sight and sign all forms for the year on the annual supervisor report.
5	Surgical case reports With de-identified copies of signed laboratory reports.	By the completion of training, perform macroscopic and microscopic assessment 20 cases of complexity < 5 20 cases of complexity = or > 5		Consultant Sign-off Form for Surgical Case Reports Each case to be signed by a consultant to verify the trainee's involvement in and responsibility for the case.

6	<p>Frozen sections</p> <p>With de-identified copies of signed laboratory reports.</p> <p>Frozen sections attended, sectioned and diagnosed correctly. If permitted in the institution, the trainee (with supervision by the reporting pathologist) should convey the report to the surgeon.</p>	<p>The trainee must have attended the frozen section for all frozen section cases recorded on the form.</p> <p>Minimum 5 pre-Part I</p>	<p>The trainee must have attended the frozen section for all frozen section cases recorded on the form.</p> <p>Minimum 10 pre-Part II</p>	<p>Consultant Sign-off Form for Frozen Sections</p> <p>Each case to be signed by a consultant to verify the trainee's involvement in and responsibility for the case.</p>
7	<p>Cytology</p> <p>Exposure in 5 years of training is required.</p>	<p>During training, provide evidence of having performed</p> <ul style="list-style-type: none"> - 50 exfoliative cytology cases - 50 fine needle aspirations <p>De-identified copies of signed laboratory reports also required.</p>		<p>Consultant Sign-off Form for Cytology.</p> <p>Each case to be signed by a consultant to verify the trainee's involvement in/and responsibility for the case.</p>
8	<p>Surgical pathology and ancillary techniques</p> <p>Preparation, interpretation and reporting of stained tissue sections.</p> <p>Detailed knowledge of ancillary techniques and their application in oral and maxillofacial pathology is required.</p> <p>See form in Appendix 8 for the scope of specimens expected.</p>	<p>During training, a minimum of 5000 specimens, of which at least 50% are original reports, not on archival material.</p> <p>Part I Min 2,500 reports - 1,250 general anatomical pathology -1,250 oral and maxillofacial pathology specimens</p>	<p>Part II Min 2,500 over and above those required for Part I - min 250 general anatomical pathology -min 1,250 oral and maxillofacial pathology</p>	<p>Logbook</p> <p>Cases that the trainee has reported should be logged. Individual cases do NOT need to be signed off by a senior.</p> <p>At least 50% must be original reports rather than reports on archival material.</p> <p>Supervisor to sign the logged cases at periodic meetings and formal annual review.</p>
9	<p>Clinical meetings</p> <p>It is recommended that trainee is assigned to at least one (1) meeting per week.</p> <p>At least at 10 meetings per year, the trainee should present cases/entities at the meeting.</p>	<p>Presentations of cases/entities at minimum 10 meetings per year</p> <p>Attendance at other clinical meetings is expected but does not have to be logged.</p>		<p>Supervisor Sign-off Form for Clinical Meetings</p> <p>Each meeting at which the trainee presents should be logged and signed by the supervisor to verify the trainee's contribution.</p>
10	<p>Teaching sessions (lecture/seminar) for medical students, lab staff, or other audiences</p>	<p>Minimum five during training, on different topics</p>		<p>Teaching sessions log</p> <p>Keep a copy of the teaching material in the portfolio (PowerPoint slides, brochure etc). Include date/ audience.</p> <p>Sighted and signed off by supervisor.</p>

11	<p>Conference presentation Oral or poster presentation at national or international conference</p>	<p>One presentation during training. Trainee must have made the presentation and made a major contribution to the work presented</p>	<p>Declaration for conference presentation Declaration signed by trainee and supervisor plus copy of meeting abstract and copy of acceptance from conference organising committee.</p>
12	<p>Reports on complex cases NB Trainees who have submitted 8 cases as evidence of research and scholarship are EXEMPT</p>	<p>Minimum three during training, on different topics.</p>	<p>Declaration for complex case reports Copy of the written case reports Sighted and signed off by supervisor. See Appendix 7</p>
13	<p>Professional qualities eLearning modules Refer to Section 2 Learning outcomes and recommended training activities for weblinks</p>	<p>The following RCPA e-learning modules are required to be completed during training: Quality Management Laboratory Safety Ethics Cultural Competence</p>	<p>A Certificate of completion can be printed when the module has been completed (a workbook is required for the Ethics module). Note: A cultural competence certificate issued by a recognised health service provider can substitute for the RCPA ethics module certificate.</p>
14	<p>Supervisor reports for each year and/or rotation with brief reflection (1 page) on the supervisor's comments for each report.</p>	<p>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.</p>	<p>Supervisor Report Guidelines See Appendix 4</p>

Appendix 7

Portfolio forms

Appendix 7 contains master copies of forms to be used to record activities for the portfolio. Please make as many copies as you need and file the completed forms safely in the portfolio folder.

The forms are

- Laboratory safety checklist
- DOPS form for cut-up
- DOPS form for histochemical stains
- Consultant sign off form for autopsy
- Consultant sign off form for surgical case reports
- Consultant sign off form for frozen sections
- Consultant sign off form for cytology
- Log for surgical cases
- Log for ancillary techniques
- Supervisor sign off form for clinical meetings
- Log for teaching sessions
- Declaration for conference presentations
- Declaration for complex case reports

 <p>RCPA The Royal College of Pathologists of Australasia</p>	<h2>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

Trainee name (print).....Signature.....

Witness name (print) and signature (supervisor or senior pathologist):

.....

Date.....

Directly Observed Practical Skills: General Guidelines

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

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

DOPS forms must be completed for:

- Cut up
- Histochemical stains

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

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

Grading, standards and outcome of assessment

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

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

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

Record keeping

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

 RCPA The Royal College of Pathologists of Australasia		<h2 style="margin: 0;">Oral and Maxillofacial Pathology</h2> <h3 style="margin: 0;">DOPS Form for cut-up</h3> <p style="margin: 0;">Directly Observed Practical Skill</p> <p style="margin: 0;">This form is to be completed by the observer</p>		
<p>How to use this form</p> <p>Cut-ups are to be observed by an appropriate senior member of staff (see below). The trainee should cut up at least 20 specimens, including complexity levels 4 to 7, of which 9 should be assessed using this form. (Complexity levels – see Appendix 8) Take advantage of available opportunities to work with cases involving head and neck pathology. Use a separate form for each instance of cut-up.</p> <p>All completed cut-up forms for the year are to be retained in the portfolio, whether pass or fail, and should be sighted by the supervisor and signed off on the annual supervisor report.</p>				
Trainee name		Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if >Y5 please specify	
Observer/Assessor name		Observer/Assessor position <input type="checkbox"/> Consultant Anatomical Pathologist <input type="checkbox"/> Senior registrar <input type="checkbox"/> Senior scientist with appropriate cut-up qualifications		
	Number per year required	Person who should observe cut-up and sign form		
Year 1	4 (1 in first 3 months)	Post-part 1 registrar or more senior		
Year 2	2 (6 months apart)	Post-part 1 registrar or more senior		
Year 3	1	Post-part 1 registrar or more senior		
Year 4	1	Consultant		
Year 5	1	Consultant		
<p>Type of cases (tick box)</p> <p><input type="checkbox"/> routine surgical biopsy <input type="checkbox"/> case requiring special technique <input type="checkbox"/> case involving liaison with other pathology disciplines or clinicians <input type="checkbox"/> other (please specify)</p>				
<p>Complexity of cases (tick box)</p> <p><input type="checkbox"/> low (2 or 3) <input type="checkbox"/> medium (4) <input type="checkbox"/> high (5-7)</p>				
<p>Please comment on any relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)</p>				
Final outcome (please circle) As expected for the stage of training Below expected for the stage of training		Date of assessment	Time taken for assessment	Time taken for feedback
Name (print) and signature of assessor			Signature of trainee	
Laboratory				

 <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;">Oral and Maxillofacial Pathology</h2> <h3 style="margin: 0;">DOPS form for histochemical stains</h3> <p style="margin: 0;">Directly Observed Practical Skill</p> <p style="margin: 0;">This form is to be completed by the observer</p>				
<p>How to use this form</p> <p>Trainees are to be observed by an appropriate senior member of staff (see below) processing and staining at least 4 specimens before the Part II examination.</p> <p>Take advantage of available opportunities to work with cases involving head and neck pathology.</p> <p>Please select from the list of stains below and use a separate form for each specimen.</p> <p>Completed forms for are to be retained in the portfolio, whether pass or fail, and should be sighted by the supervisor and signed off on the annual supervisor report.</p>					
<p>Trainee name</p>	<p>Trainee ID</p>	<p>Stage of training</p> <p style="text-align: center;">Y1 Y2 Y3 Y4 Y5</p> <p style="text-align: center; font-size: small;">if >Y5 please specify</p>			
<p>Observer/Assessor name</p>	<p>Observer/Assessor position</p> <p><input type="checkbox"/> consultant anatomical pathologist <input type="checkbox"/> senior registrar</p> <p><input type="checkbox"/> senior scientist</p>				
<p>Case number</p>					
<p>Stains (tick box)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> H&E <input type="checkbox"/> Masson's trichrome <input type="checkbox"/> lipid stain <input type="checkbox"/> PAS <input type="checkbox"/> PAS + diastase </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> PERLS <input type="checkbox"/> Reticulin <input type="checkbox"/> Grocott <input type="checkbox"/> Wade Fite <input type="checkbox"/> Gram <input type="checkbox"/> other (please specify) </td> </tr> </table>				<input type="checkbox"/> H&E <input type="checkbox"/> Masson's trichrome <input type="checkbox"/> lipid stain <input type="checkbox"/> PAS <input type="checkbox"/> PAS + diastase	<input type="checkbox"/> PERLS <input type="checkbox"/> Reticulin <input type="checkbox"/> Grocott <input type="checkbox"/> Wade Fite <input type="checkbox"/> Gram <input type="checkbox"/> other (please specify)
<input type="checkbox"/> H&E <input type="checkbox"/> Masson's trichrome <input type="checkbox"/> lipid stain <input type="checkbox"/> PAS <input type="checkbox"/> PAS + diastase	<input type="checkbox"/> PERLS <input type="checkbox"/> Reticulin <input type="checkbox"/> Grocott <input type="checkbox"/> Wade Fite <input type="checkbox"/> Gram <input type="checkbox"/> other (please specify)				
<p>Please comment on any relevant aspects, especially on aspects for improvement.</p>					
<p>Final outcome (please circle)</p> <p>As expected for the stage of training</p> <p>Below expected for the stage of training</p>	<p>Date of assessment</p>	<p>Time taken for assessment</p>	<p>Time taken for feedback</p>		
<p>Name (print) and signature of assessor</p>		<p>Signature of trainee</p>			
<p>Laboratory</p>					



**Oral and Maxillofacial Pathology
Consultant sign-off form for
Surgical Case Report Summary**

How to use this form

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

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

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

(Complexity levels – see Trainee Handbook Appendix 8)

Take advantage of available opportunities to work with cases involving head and neck pathology.

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

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

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

Trainee name			Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 If > Y5 please specify
	Date	Lab ref number	Brief description of case & level of complexity	Signature of consultant
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



RCPA

The Royal College of Pathologists of Australasia

Oral and Maxillofacial Pathology
Consultant sign-off form for
Frozen Sections

How to use this form

This form is to be used to record the performance of

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

Take advantage of available opportunities to work with cases involving head and neck pathology.

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

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

Different consultants may sign the form

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

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

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

Trainee name			Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
	Date	Lab ref number	Brief description of case & level of complexity	Signature of consultant
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				



Oral and Maxillofacial Pathology

Consultant sign-off form for
Cytology

How to use this form

This form is to be used to record reporting of

- a minimum of 30 exfoliative cytology cases
- a minimum of 50 fine needle aspirations (FNA)

Take advantage of available opportunities to work with cases involving head and neck pathology.

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

- Understanding of the principles of exfoliative and aspiration cytology
- Familiarity with the techniques of collection relevant to exfoliative and aspiration cytology
- Familiarity with methods of preparation relevant to exfoliative and aspiration cytology
- Experience interpreting and reporting the diagnosis of common conditions in oral exfoliative and fine needle aspiration cytology
- Knowledge of clinical-cytopathological correlation, clinical relevance of diagnosis, appropriate follow-up required)

Different consultants may sign the form

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

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

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

Trainee name			Trainee ID	Stage of training				
				Y1	Y2	Y3	Y4	Y5
				if > Yr5 please specify				
	Date	Lab ref number	Brief description of case	Exfoliative (E) or FNA	Signature of consultant			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								



RCPA

The Royal College of Pathologists of Australasia

**Oral and Maxillofacial Pathology
Surgical Cases
Log**

How to use this form

This form records participation in the preparation, interpretation and reporting of stained tissue sections. During 5 years of training trainees should log a minimum of 5,000 surgical pathology specimens, of which at least 2,500 should be in oral and maxillofacial pathology and 1,500 in general anatomical pathology.

At least 2500 of these should be completed before Part I, of which approximately half (1250) should be general anatomical pathology specimens and half should be oral and maxillofacial pathology specimens. Take advantage of available opportunities to work with cases involving head and neck pathology.

Oral and maxillofacial pathology specimens should include:

- Diseases of the dental hard tissues, gingivae, periodontium and jaws
- Diseases of the oral mucosa and relevant skin disorders
- Diseases of the bones and joints
- Diseases of the salivary glands
- Soft tissue disorders affecting the oro-facial region
- Lymphoid and haematological disorders involving the oro-facial region
- Genetic and acquired disorders with oro-facial manifestations

Only cases that the trainee has reported should be logged on this form, with at least 50% of the total being original reports rather than reports on archival material. Cases that the trainee has reviewed (eg QAP or slide sets) but not reported should **not** be included.

At the end of each year, the log should be sighted by the supervisor and signed off on the annual supervisor report.

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

Trainee name			Trainee ID	Stage of training				
				Y1	Yr2	Yr3	Y4	Y5
				if > Y5 please specify				
	Date	Lab ref number	Brief description of specimen					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								



Oral and Maxillofacial Pathology Ancillary techniques Log

How to use this form

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

- immunofluoresence (IF)
- immunohistochemistry (IHC)
- electron microscopy (EM)
- molecular techniques as applied to Anatomical pathology (Mol)

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

Only cases that the trainee has reported should be logged. Cases that the trainee has reviewed (eg QAP) but not reported should **not** be included. Take advantage of available opportunities to work with cases involving head and neck pathology.

At the end of each year, the log should be sighted by the supervisor and signed off on the annual supervisor report.

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

Trainee name				Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
	Date	Lab ref number	Technique IF, IHC, EM, Mol	Brief description of specimen	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



Oral and Maxillofacial Pathology Supervisor sign off form for Clinical Meetings

How to use this form

This form is to be used to record that the trainee has presented cases/entities at ten (10) clinical meetings per year throughout training.

The supervisor is asked to sign to verify the trainee's participation and presentation.

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

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

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

Trainee name		Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
	Meeting date	Brief description of meeting at which trainee presented	Supervisor signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



Oral and Maxillofacial Pathology Teaching Sessions Log

How to use this form

From the beginning of training, trainees should log the number of teaching sessions conducted for students, laboratory colleagues or other audiences.

At the end of each year/rotation, the log should be sighted and signed off by the supervisor and also signed off on the annual supervisor report.

Trainee name		Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify				
	Date	Topic presented		Audience and location			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							



Oral and Maxillofacial Pathology Conference presentation Declaration

How to use this form

Trainees should make at least one presentation at a national or international conference, either an oral presentation or a poster, during the period of training.

The trainee must have made the presentation and made the major contribution to the work presented.

The trainee and supervisor should sign the declaration below.

A copy of the conference abstract and a copy of acceptance from conference organising committee must be attached to the declaration and should be kept in the portfolio.

Trainee name	Trainee ID	Stage of training				
		Y1	Y2	Y3	Y4	Y5

if > Y5 please specify

Title of presentation.....

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

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

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

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



Oral and Maxillofacial Pathology Complex case reports Declaration

How to use this form

Trainees should write up three complex case reports during the period of training. The cases must have been handled personally by the trainee as part of their supervised training.

NOTE: Trainees who have completed 8 complex case reports for the Research and Scholarship component (see Appendix 5) are exempt.

The written report should be

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

The trainee and supervisor should sign the declaration below.

This declaration should be appended to each case report and all should be kept in the portfolio.

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

Title of case report.....
.....

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

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

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

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

Appendix 8

Levels of complexity of histopathology specimens

Extract from the Australian Medicare Benefits Schedule, 2009

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

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

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

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