GUIDANCE TO CANDIDATES AND TRAINERS

FOR

DIPLOMA OF EXPERT PRACTICE

IN

NON-GYNAECOLOGICAL CYTOLOGY

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Note:

For the purpose of this diploma the defined range of non-gynaecological specimens is negative samples of:

- urine
- serous effusions
- respiratory tract

DIPLOMA OF EXPERT PRACTICE IN NON-GYNAECOLOGICAL CYTOLOGY

INTRODUCTION

The Institute's Diploma of Expert Practice in Non-Gynaecological Cytology provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the practice of non-gynaecological cytology, with the practical competence required to prepare and report a defined range of non-gynaecological cytology specimens. Possession of this diploma will enable you to apply for an appropriate post.

The Institute's professional qualification structure (below) indicates the position of a Diploma of Expert Practice.

AIMS

1. To develop the professional knowledge and skills of a candidate beyond a Specialist Diploma to a higher level of professional practice

2. To enable successful candidates to undertake a role that involves the preparation, evaluation and reporting of the previously defined range of non-gynaecological cytology specimens

3. To enable successful candidates to offer expert professional advice on the sampling and interpretation of the previously defined range of non-gynaecological cytology specimens

4. To enable successful candidates to participate in the training of biomedical scientists and specialist trainee medical staff in the sampling, preparation, evaluation and reporting of the previously defined range of non-gynaecological specimens

LEARNING OUTCOMES

Individuals awarded the Diploma of Expert Practice in Non-gynaecological Cytology will be able to:

1. Demonstrate expert professional skills and advanced knowledge beyond those required of biomedical scientists in cytopathology working at the level of a Specialist Diploma

2. Demonstrate full understanding of the physiological and pathological processes associated with the urinary tract, body cavities/joint spaces and the respiratory tract

3. Use specialised practical skills to prepare, evaluate and report non-gynaecological cytology specimens

4. Demonstrate the ability to operate autonomously within limits of their own competence, seeking advice from a consultant pathologist when needed

5. Engage in critical dialogue and work collaboratively with other healthcare professionals to provide a high quality service

6. Continue to develop their own area of practice by keeping up-to-date their professional knowledge and skills

7. Demonstrate the knowledge and skills to supervise and participate in the training of biomedical scientists and specialist trainee medical staff in non-gynaecological cytology

ELIGIBILITY CRITERIA

The valuation and reporting of non-gynaecological cytology specimens constitutes an expert role for biomedical scientists with the requirement to undertake additional duties and responsibilities as part of their professional practice. The minimum requirements for entry to a training programme for the Diploma of Expert Practice in Non-gynaecological cytology are:

- registration with the HCPC as a biomedical scientist
- Membership (MIBMS) or Fellowship (FIBMS) of the Institute of Biomedical Science
- have at least five years whole time equivalent post-registration experience in cytology
- have at least two years current practical experience in the preparation and evaluation of non-gynaecological cytology specimens

Candidates must maintain their membership with the Institute and their registration with the HCPC until the results are ratified and released in order to be certificated for this qualification.

CONSULTANT PATHOLOGIST SUPERVISOR

A biomedical scientist considering undertaking training for the Diploma of Expert Practice in Non-gynaecological Cytology requires a named consultant pathologist supervisor. This is essential in ensuring that a biomedical scientist in training has the necessary support and exposure to material and training to enable the acquisition of these advanced skills knowledge, and ultimately to apply them in their professional practice.

The named consultant pathologist supervisor must be registered on the specialist register with the GMC, currently reporting cytopathology specimens from the urinary tract, body cavities and respiratory tract, meet the minimum RCPath CPD requirements and participate in an appropriate EQA scheme

The consultant pathologist supervisor must:

1. Guide and direct the training process
2. Regularly review progress during the training period, which must include evidence of the discussion of results and case reviews

3. Set agreed learning plans with candidate

4. Be able to arrange for the biomedical scientist to obtain training in all the required areas

5. Inspect the portfolio prior to submission to the Institute to ensure it meets the requirements specified in the guidance to candidates

The consultant pathologist supervisor and the biomedical scientist in training must comply with all relevant IBMS and RCPath guidelines and standards.

LABORATORY REQUIREMENTS

The laboratory where the training is undertaken should be a UKAS (United Kingdom Accreditation Service) or CPA (Clinical Pathology Accreditation (UK) Ltd) registered laboratory. The laboratory must also have appropriate IBMS training approval. The laboratory manager must support the training of biomedical scientists in cytology.

DELIVERY OF TRAINING

Although there is no training logbook for this diploma, training must be delivered in accordance with an agreed training programme that includes the following:

- The interpretation, diagnosis and reporting of non-gynaecological cytology specimens
- Histology as relevant to non-gynaecological cytology
- Patient management in non-gynaecological cytology to include treatment options, follow-up, MDT meetings, clinical audit and professional guidance

Completion of training is evidenced by the compilation and submission of a portfolio that contains evidence of regular assessments of competence in evaluating and reporting appropriate non-gynaecological cytology specimens. If the repertoire of the training laboratory is not comprehensive enough to allow exposure to the widest spectrum of samples it is considered good practice for biomedical scientists to visit other laboratories to gain the necessary expertise or learn different techniques. This might require the delivery of training by individuals other than the named consultant pathologist supervisor, who may also conduct appropriate assessments of competence as described below.

The overall aim of a training programme for biomedical scientists in the evaluation and reporting of non-gynaecological cytology specimens is to develop specialist knowledge, attitudes in non-gynaecological cytology. Training of biomedical scientists must not detract from the training of specialist medical trainee staff in these areas.

ONGOING ASSESSMENT OF COMPETENCE

In-house assessments of competence must be an interactive continuous process between the supervising pathologist and the biomedical scientist which must include the use of formal discussion of results, case-based discussion or equivalent processes. Regular reviews of progress are essential for the setting of agreed learning plans and as part of an on-going personal development plan.

PORTFOLIO OF EVIDENCE

The compilation of a portfolio is a means of clearly organising and recording achievements and should demonstrate a range of competencies, skills, experience and an overall reflective approach to learning. This must also include a record of any formal assessments carried out during the training period. It must be submitted to the Institute as part of the evidence for completion of training in the evaluation and reporting of non-gynaecological cytology specimens prior to the examination. The portfolio must contain:

- a prospectively constructed evaluation and reporting log of **at least 300 cases** (minimum 100 cases each for urines, serous effusions and respiratory tract that contains a mixture of normal and abnormal results), using the template in Appendix A, ensuring an outcome is recorded for at least 50% of each set of 100 cases

- evidence of regular case review of at least 10% of each set of 100 cases with the supervising pathologist(s), using the template in Appendix A. This must include critical evaluation and reporting of non-gynaecological cytology specimens by the biomedical scientist. The case review must also show evidence of knowledge and understanding of diagnosis and the possible impact on subsequent treatment or outcome. This should form part of the evidence for continuing audit of the biomedical scientist in training. Evidence of reflection on case reviews should also be included where appropriate.

- four different case studies that reflect the case mix and specimen types encountered by the biomedical scientist during the training period with a minimum of one each from urine, serous effusion and respiratory tract – plus any one other of the candidate choice or a synovial fluid case study. The significance of cytopathology within the context of the 'patient pathway' from initial clinical presentation through surgical operation to treatment should provide the framework for each case. Details about possible differential diagnoses should be included to show understanding of the clinical/pathological context of the cases.

- a record of training programmes or courses attended with appropriate reflection evidenced

- a 500 word (± 10%) critical appraisal of a cytological paper published in a current peer reviewed journal

- details of in-house assessments and audit of personal practice against any locally or nationally published performance targets

- reflection on the whole learning process

Evidence in the portfolio should be accompanied by a written commentary indicating how and why particular evidence was included and its relationship to the learning outcomes. It may include digital microscopic images, flow diagrams or handouts from power-point presentations to accompany the written work.

AUDITS

Three different types of audits must be submitted with appropriate outcomes and reflection. These must include:

- Workplace audit – e.g. vertical, horizontal or health and safety audit
- Audit of personal practice – your own practice audited against final report and/or clinical outcome
- Audit of clinical practice – an audit of diagnostic cytology service provided by your department

The audits should be undertaken against any locally or nationally published performance targets.

CASE STUDIES

The four different case studies reports will be appropriate this qualification and the complexity of the specimen, and must be at least 1000 words (± 10%) in length. They should be prepared using aspects of the following format to bring a whole case history together supplemented by comments on options available to clinicians as the case progresses. Each case study must also include:

- patient clinical history
- macroscopic description of gross specimen
- details of preparation procedure
- slides prepared – number and staining method
- requirements for ancillary tests in light of additional patient information
- correlation of the relevance of macroscopic description and cytological findings to final histological diagnosis (as appropriate) and subsequent patient management
- details of possible differential diagnoses (if applicable) where they show a critical understanding of the clinical/pathological context
- knowledge and reasoned argument of sufficient depth and clarity
- adequate and appropriate references to key sources of information

The following sections provide further guideline to content of a case study:

PRE-ANALYSIS

Details of presenting symptoms and any additional relevant clinical history should be used to introduce the case. The clinical symptoms may be expanded upon and any additional laboratory tests should be critically discussed. Radiology or ultrasound results may also be involved at this stage. The surgical procedure selected and the subsequent sampling for cytological examination should be put into context with the patient's overall treatment plan, e.g. results may be discussed at a MDT meeting to include compliance with the appropriate cancer standards.

ANALYSIS

The way the specimen is handled when it arrives in the cytopathology laboratory should be discussed. The main cytological features should be described with details of any ancillary tests undertaken. Evaluation and impact of any imaging findings and clinical history should be demonstrated. The main cytological features should be discussed and details of the stains and antibodies (as appropriate) used on the case should be explained to show evidence of slide review.

Where a panel of markers have contributed to the final diagnosis these should be discussed, together with possible options of other specialised tests.

POST ANALYSIS

The outcomes for the patient should be discussed to include evidence of follow-up treatment, and the relationship of that treatment to the diagnosis. This should include a record of any MDT discussions and the outcomes.

COMPLETION OF TRAINING

Once the named consultant pathologist supervisor is satisfied that the training is complete candidates will be required to submit their portfolio to the Institute. If the candidate has not already done so they must submit a completed examination application form and submit it along with the appropriate payment before they submit their completed portfolio.

The portfolio should ideally be submitted electronically to the Institute at examinations@ibms.org as a zip file with clearly labelled documents by the date specified on the Institute website and in the Biomedical Scientist. It is recognised that this may not always be possible and a paper version of the portfolio will also be acceptable.

Progression to the examination for the Diploma of Expert Practice in Non-Gynaecological Cytology is dependent upon the satisfactory assessment of the portfolio. Success in the examination will be recognised by the awarding of the Diploma of Expert Practice in Non-Gynaecological Cytology.

END POINT ASSESMENT

1. Successful portfolio assessment

2. Examination comprising three papers:

    - paper 1 – written – short-answer questions
    - paper 2 – practical microscopy
    - paper 3 – practical microscopy

ASSESSMENT OF THE PORTFOLIO

Once submitted, the portfolio will be independently assessed by two members of the Conjoint Examination Board, using the following categories:

- case log
- case review
- case studies
- formative assessments
- audit
- tutorials and training sessions
- general overview of portfolio

There are a total of 28 standards across the above categories that must be met in order to achieve a pass and progress to the written examination.

Notes:

All evidence submitted as part of the portfolio must conform to the Data Protection Act (2003). All evidence that may identify an individual which is submitted as part of the portfolio must be made anonymous, but in such a way that allows identification to be re-established subsequently if appropriate.

- the use of a marker pen to blank out this information is often insufficient and its use is discouraged
- the use of correction fluid or tape is not permitted

NOTE: Portfolios that contain evidence that allows identification of a patient will be automatically marked as a fail and may not be resubmitted until the following year.

ASSESSMENT STANDARDS

The portfolios will be assessed using the following standards:

Case Log

1. The log is clearly laid out and accessible

2. The log must reflect a variety of cases in order to assess candidates' scope of professional practice

3. The mix of cases is in accordance with the diploma being studied for

Case Reviews

4. There is evidence that regular case reviews have taken place

5. The reviews are clearly laid out and accessible

6. There is a clear indication of the purpose of case review and that this has been undertaken by the candidate and the consultant pathologist supervisor

7. It is clear from the evidence presented that the candidate has an understanding of the impact of laboratory tests on diagnosis, treatment and prognosis of patients

8. The reviews show clearly that points of interest have been used as a positive learning experience

Case Studies

9. Studies are neat, well laid out and of appropriate length, including timeline from collection of sample to final MDT outcome

10. Details of clinical presentation, including correlation of any clinical and/or radiological findings performed are included in each study

11. Details of the preparation process including macroscopic description, number of slides prepared, stains performed, with relevant correlation to final diagnosis

12. Where appropriate, there is differential diagnosis and discussion of reasons

13. Details of appropriate ancillary tests, management, treatment and follow-up are presented in each case study

14. Illustrations or images when used, are relevant and of high quality

15. The case study mix matches the requirements of the diploma

Formative Assessments

16. It is clear from the evidence presented that systematic and periodic review of the candidate's performance throughout the training period has been undertaken by the consultant pathologist supervisor

17. It is evident from the details presented how the candidate's practice has evolved over the course of the training period by the inclusion of incident logs and competence assessments

Audit

18. There is evidence that the candidate understands the principles of audit through the provision of the appropriate number and mix of audits

19. It is clear from the evidence presented that the candidate has gathered data relevant to his or her own practice and that of their department

20. There is evidence of critical evaluation and implementation of audit outcomes where appropriate

Tutorials and Training Sessions

21. A record of training programmes, short courses, tutorials and in-house training sessions attended or delivered by the candidate has been included

22. Examples are accompanied by evidence of reflection on the learning outcomes

General overview

23. The portfolio is neat and tidy

24. There is a useful and accurate index

25. Sections are easily found and correctly labelled

26. The portfolio is written in English prose with the correct use of grammar and punctuation

27. There is no evidence of plagiarism

28. Evidence presented is high quality, relevant and shows appropriate reflection

MARKING OF PORTFOLIOS

Portfolios will be awarded a 'pass' or marked as 'refer' or 'fail'.

Pass

Candidates whose portfolio is marked as a pass will be notified of their eligibility to enter the written and practical examinations. It is normal practice for candidates to enter these examinations in the same year that their portfolio is judged to have passed but candidates may, on request, defer their first attempt at the examinations until the following year. Passed portfolios will be returned to candidates.

Refer

On review the portfolio examiners may decide that a portfolio has not yet met the required standards but is close to doing so. These portfolios will be marked as a 'refer'. In these circumstances individuals will be notified by the Institute of the shortcomings and will be given a further three weeks to address these issues. The additional evidence must be submitted by the deadline stated by the Institute at which time it will be re-assessed. At this point the portfolio will be either be awarded a 'pass' or 'fail'.

If a candidate does not submit the additional evidence by the deadline stated by the Institute this will result in an automatic fail but these candidates will be able to re-submit in the following year.

Fail

Candidates whose examination portfolio is deemed to have significant deficiencies or have information governance issues and therefore not to have met the requirements of the qualification will be marked as a fail. These candidates will not be permitted at this stage to proceed to sit the examinations.

Resubmission of Portfolios

Candidates who wish to resubmit their portfolio for assessment will be required to address the deficiencies identified by the assessors and submit the portfolio the following year by the stated deadline, accompanied by the portfolio re-assessment fee. In addition candidates who re-submit their portfolio must ensure that the evidence presented within the revised portfolio is up-to-date and reflects the training and experience gained in the period since the initial assessment of the portfolio.

After resubmission and reassessment any portfolios that are still deemed not to have met the requirements of the qualification will be again marked as a fail. These portfolios are not valid for a further re-submission and candidates must re-apply to undertake the qualification and must construct a new portfolio for assessment.

EXAMINATION FORMAT

This examination consists of one written examination and two practical examination papers as set out below.

Written Examination

This paper lasts 75 minutes with candidates being expected to answer five questions from a choice of six.

Practical Papers

The two practical examination papers comprise of 22 cases in total (8 respiratory, 6 urines and 8 serous effusions) with eight minutes allowed for each case. In order to maximise the number of candidate places in each examination series the case mix for each paper may vary. The maximum number of cases in any single paper will not exceed 14 and the case mix will be clearly indicated in the candidate instructions on front of each paper.

Each case consists of stained slide(s) with summary clinical information. Candidates are expected to prepare full reports, including case discussion where relevant, and are required to indicate their diagnostic opinion using the tick-boxes provided.

Important

Although an ‘equivocal’ tick box is included on the answer sheet for each case for quality and objectivity all cases within the practical examinations have a correct answer of either ‘benign’ or

'malignant'. The 'equivocal' box is therefore purely for candidates' uncertainty and although using this option will mitigate an incorrect response it will not achieve a pass mark for the case in question.

Marking and Issuing of Results

There are three components of the examination namely;

- the written paper
- the respiratory cases and;
- the serous fluids and urine case

Each written question and microscopy case is marked by two examiners, referring to a third independent examiner if appropriate, against an agreed specimen answer set by the Conjoint Board prior to the exam session.

For each written question and case a mark will be awarded out of 10 'notional' marks. In order to pass a component of the examination candidates will be required to achieve an average of five marks for each written question or case in the paper. To pass the qualification, all three components of the examination must be passed in a single sitting.

Candidates are reminded that as examiners hold patient safety as the priority only a certain level of inaccuracy is allowed. In the practical microscopy exams failure to distinguish across the benign/malignant boundary in a number of cases will result in failure of that paper with no leeway to compensate no matter how well other cases are answered.

Examination results will require ratification by the Institute's Conjoint Examination Board and will be sent to the candidates from the Institute no later than three weeks after the date of the examination provided that the payment of the appropriate fees for the qualification have been received by the Institute. In cases where payment was due to be made by the hospital trust via a purchase order candidates will be asked to chase their finance colleagues for payment.

Candidates who fail the examination will be provided with formal written reflective feedback, which will include identification of any areas of weakness. This will support candidates who wish to re-sit the examination.

Portfolios are valid for up to four attempts at the examination. Candidates are expected to continue in the evaluation and reporting of non-gynaecological cytology specimens in the intervening period between examination attempts and this should include attendance at regular case reviews.

Candidates will be required to re-sit all elements of both the written and practical microscopy examinations rather than just the paper(s) that they fail in the previous attempt.

Appeals

Any candidate wishing to appeal against the outcome of the examination must contact the Examinations Manager stating the nature of the appeal. All appeals must be received by the Institute within 40 days of the publication of results.

Mitigating circumstances

Any mitigating circumstances, which may affect examination performance or attendance, must be put in writing to the Institute, with the inclusion of any supporting evidence, e.g. doctor's certificate. Once written evidence is received the matter will be brought to the attention of the relevant examination board for consideration. Candidates who are unable to attend the examination for a reason deemed acceptable by the examination board may defer entry to the following year without financial penalty.

APPLICATION PROCESS

Application forms are available from the Institute's Office using the contact details below and may be requested by telephone or e-mail, or they may be downloaded from the Institute's web site. The completed application together with the correct fee must be returned to the Institute. Fees can be paid for through the provision of a personal cheque, credit or debit card payment or by a purchase order from your Hospital Trust. For information about fees, please refer to the Institute website or contact the Head of Examinations using the contact details below.

Incomplete, illegible or applications without fees will be returned for correction and resubmission before acceptance.

Confirmation of application

Once accepted, candidates will be sent a confirmation of candidacy and a reminder of the submission deadline for examination portfolios.

Enquiries

All enquiries relating to this Diploma of Expert Practice must be addressed to:

Head of Examinations
Institute of Biomedical Science
12 Coldbath Square
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Tel: 020 7713 0214 ext 142
E-mail: examinations@ibms.org

Diploma of Expert Practice in Non-Gynaecological Cytology - Indicative Syllabus

General Cytopathology

Be able to demonstrate knowledge and understanding of the:

- principles and concepts of tumourgenesis and metastasis
- principles and concepts of iatrogenesis
- theory of apoptosis and necrosis
- principles and concepts of inflammatory responses
- principles and concepts of health and safety, specifically related to microbiological risks, during specimen handling
- principles and concepts of all types of specimen available and their methods of collection
- principles, concepts and clinical application of fine needle aspiration techniques
- preparation and assessment of adequacy of fine needle aspiration specimens
- principles and concepts involved in specialist techniques to aid or confirm a diagnosis, such as immunocytochemistry and flow cytometry
- principles and concepts of the role of multidisciplinary teams
- recognition and rectification of any problems encountered in specimen preparation
- requirements for giving an accurate macroscopic description for all samples
- significance of crystals in joint fluids

Respiratory Tract

- be able to demonstrate knowledge and understanding of the anatomy, histology and pathophysiology of the respiratory tract

Be able to demonstrate competence in the recognition of:

- the normal cytological features of sputum, bronchial washings, brushings and lavages
- appearance and/or cytopathic effects of respiratory tract infections
- features of malignancy
- contaminants and artefacts

Urinary Tract

- be able to demonstrate knowledge and understanding of the anatomy, histology and pathophysiology of the urinary tract

Be able to demonstrate competence in the:

- recognition of the normal cellular constituents
- recognition of inflammatory changes
- appearance of urinary tract infections
- recognition and understanding of the significance of red cells, crystals and casts
- recognition of atypia and malignancy
- recognition of contaminants and artefacts
- recognition of ileal conduit samples

Serous Fluids and Peritoneal Washings

- be able to demonstrate knowledge and understanding of the anatomy, histology and pathophysiology of body cavities and joint spaces

Be able to demonstrate competence in recognition of the:

- significance of the cellular composition of serous effusions
- normal cytological features of effusions
- features associated with reactive changes
- features associated with mesothelioma
- features of metastatic tumour deposits and their differentiation from mesothelioma

INDICATIVE READING LIST

Note: This is not an exhaustive or mandatory reading list but the following books are recommended for this discipline. Candidates are also encouraged to expand their knowledge and understanding on the subject through further reading. In addition this list is correct at the date of publication of this study guide and will be reviewed periodically but candidates are advised that if a newer addition of a list book is available then that should be used.

Books

Bibbo M, Wilbur D. *Comprehensive Cytopathology.* 4th ed. Saunders; 2014. ISBN-10: 1455751952

Cibas ED, Ducatman BS. *Cytology: Diagnostic Principles and Clinical Correlates.* 4th ed. Saunders; 2014. ISBN-10: 145574462X

DeRay RM. *The Art and Science of Cytopathology.* 2nd ed. American Society for Clinical Pathology Press (ASCP); 2012. ISBN-10: 0891896449

Fan F, Damjanov I. *Cytopathology Review.* Jaypee Brothers Medical Publishers; 2012. IBSN-10: 9350255596

Gattuso P, Reddy VB, Masood S. (Eds.) *Differential Diagnosis in Cytopathology*. 2nd ed. Cambridge University Press; 2014. ISBN-10: 1107040299

Gray W, Kocjan G. *Diagnostic Cytopathology*. 3rd ed. Churchill Livingstone; 2010. ISBN-10: 0702031542

Kocjan G, Gray W, Kevine T, Kardum-Skelin I, Vielh P. *Diagnostic Cytopathology Essentials.* Churchill Livingstone; 2013. ISBN-10: 0702044504

Koss LG, Melamed MR. (Eds.) *Koss' Diagnostic Cytology and its Histopathologic Bases.* 5th ed. Lippincott Williams and Wilkins; 2005. ISBN-10: 0781719283

Shambayati B (Editor) *Cytopathology (Fundamentals of Biomedical Science), OUP, 2011. ISBN* 978-0-19-953392-3

Stevens A, Lowe J, Scott I. *Core Pathology*. 3rd revised Ed. Mosby; 2008. ISBN-10: 0723434441

Takahashi M. *Colour Atlas of Cytopathology*. 3rd edn. Lippincott Williams & Wilkins, 2000. ISBN 4-26014-348-4

Journals

British Medical Journal
Acta Cytologica
Current Diagnostic Pathology
British Journal of Obstetrics and Gynaecology
Journal of Clinical Pathology
Cytopathology
Cancer Cytopathology
SCAN

Web Sites

www.dh.gov.uk
www.dh.gov.uk/pathologymodernisation
www.cytology-iac.org
www.hpc-uk.org
www.nac.org.uk
www.rcog.org.uk
www.show.scot.nhs.uk
www.dh.gov.uk/agendaforchange
www.clinicalcytology.co.uk
www.nice.org.uk
www.cancerscreening.nhs.uk
www.rcpath.org
www.cpa-uk.co.uk

Appendix A

Case log

Case Number	Date	Slide Number	Specimen type	Preparation	Microscopic report recommended	Final report	Discussion Notes	Clinical or histological outcome
1		U1/08	Urine	Cytospin	negative	Benign squames and urothelial cells.		Macrohaematuria. Cystoscopy normal
2		U2/10	Urine	Cytospin	inadequate	inadequate		No clinical details

Case review

Case Number	Date	Slide Number	Specimen type	Preparation	Microscopic report recommended	Final report	Discussion Notes	Name of Pathologist case discussed with	Clinical or histological outcome
1		F1/08	Ascitic fluid	Cytospin	Equivocal		Cells present, possibly malignant Discussion with consultant required		Refer
2		F2/11	Pleural fluid	Cytospin	Abundant inflammatory cells with scanty mesothelial cells. Negative	reactive mesothelial cells and numerous neutrophils seen NMCS	Review		Chronic cough, ?paramalignant effusion. No follow up available.

A signed statement should be provided by the pathologist(s) confirming that they have discussed the cases with the candidate indicated in the case review table.