IBMS Institute of Biomedical Science

Diploma of Expert Practice (DEP) in Histological Dissection

Chris Ward

Head of Examinations - IBMS

Outline of Session

Consider the work that the DEP portfolio entails and how to pass this stage

The role of supervisors in supporting those dong the DEP

Understand the examination process for the qualification

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Requirements for DEP

- Registration with HCPC
- Member (MIBMS) or Fellow (FIBMS)
- At least three years post-registration experience in histology
- Signed named consultant level supervisor (pathologist or scientist)
- Other appropriately qualified individuals
- UKAS Approved Laboratory undertaking dissection
- The first step in the process is to order the Training Logbook

Supervisors

You need to have a single named consultant level supervisor who will be responsible for overall sign-off of the training logbook BUT different pathologists and appropriately qualified scientists can sign-off individual modules within the logbook

- Choose your supervisor wisely!
- Choose somebody you have a good working relationship with and who you can rely on
- Buddy with someone who has done DEP already or with someone doing the DEP at the same time

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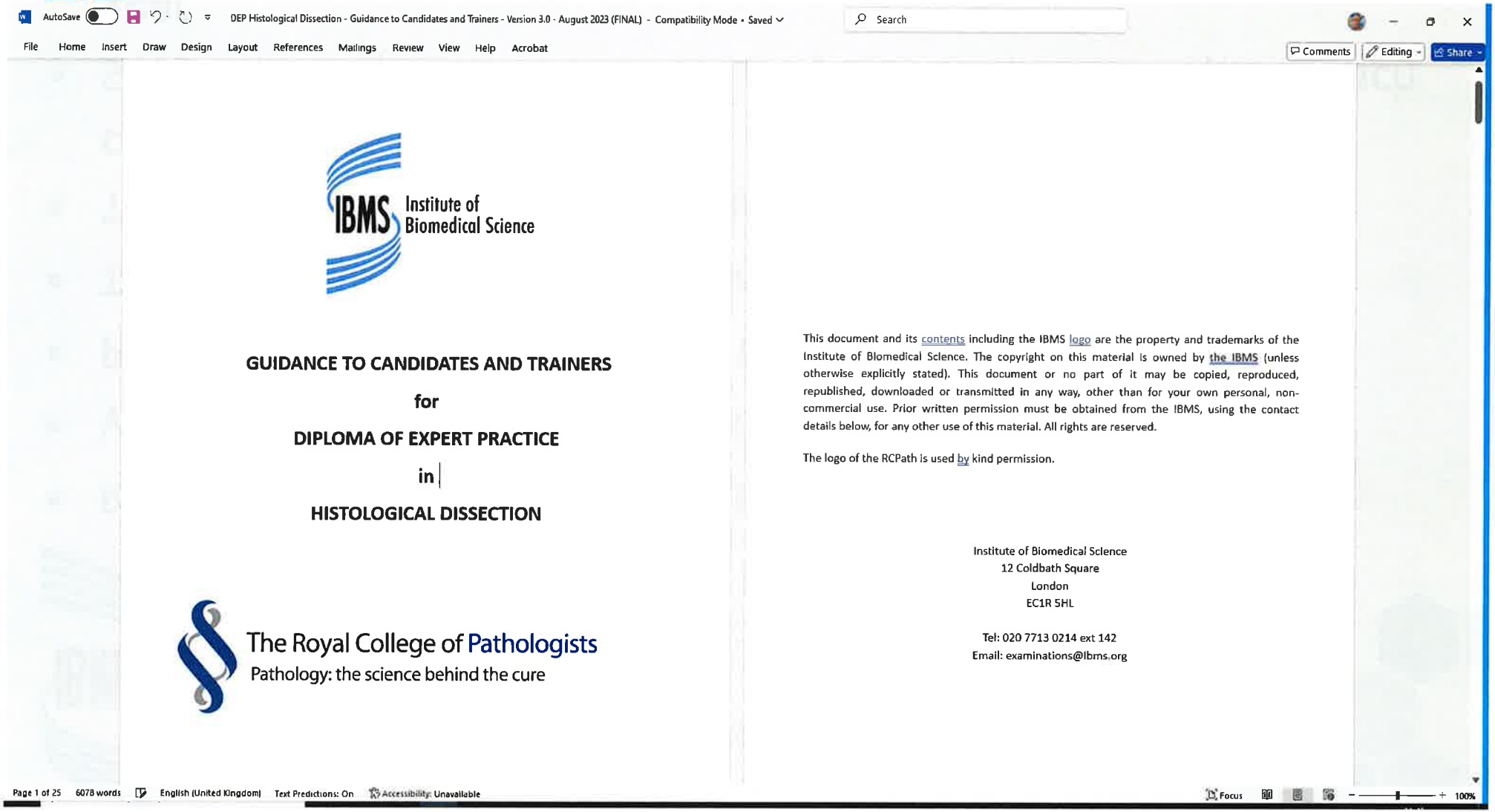
Role of Supervisors

- Read the Guidance for Candidates and Trainers
- Who else will support the candidate?
- Personal experience of being a trainee (in dissection)
- Training whilst in a busy department
- Training plans – Regular meetings with feedback - Discuss complications and set targets
- Set a finishing date – Portfolios only submitted at one point each year
- View completed portfolios before they are submitted

Guidance to Candidates and Trainers



Training Logbook

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BIOMEDICAL SCIENTIST TRAINING LOGBOOK

for

DIPLOMA of EXPERT PRACTICE IN HISTOLOGICAL DISSECTION

ISSUED TO:

Royal College of Pathologists Categories B and C Only

The Royal College of Pathologists
Pathology: the science behind the cure

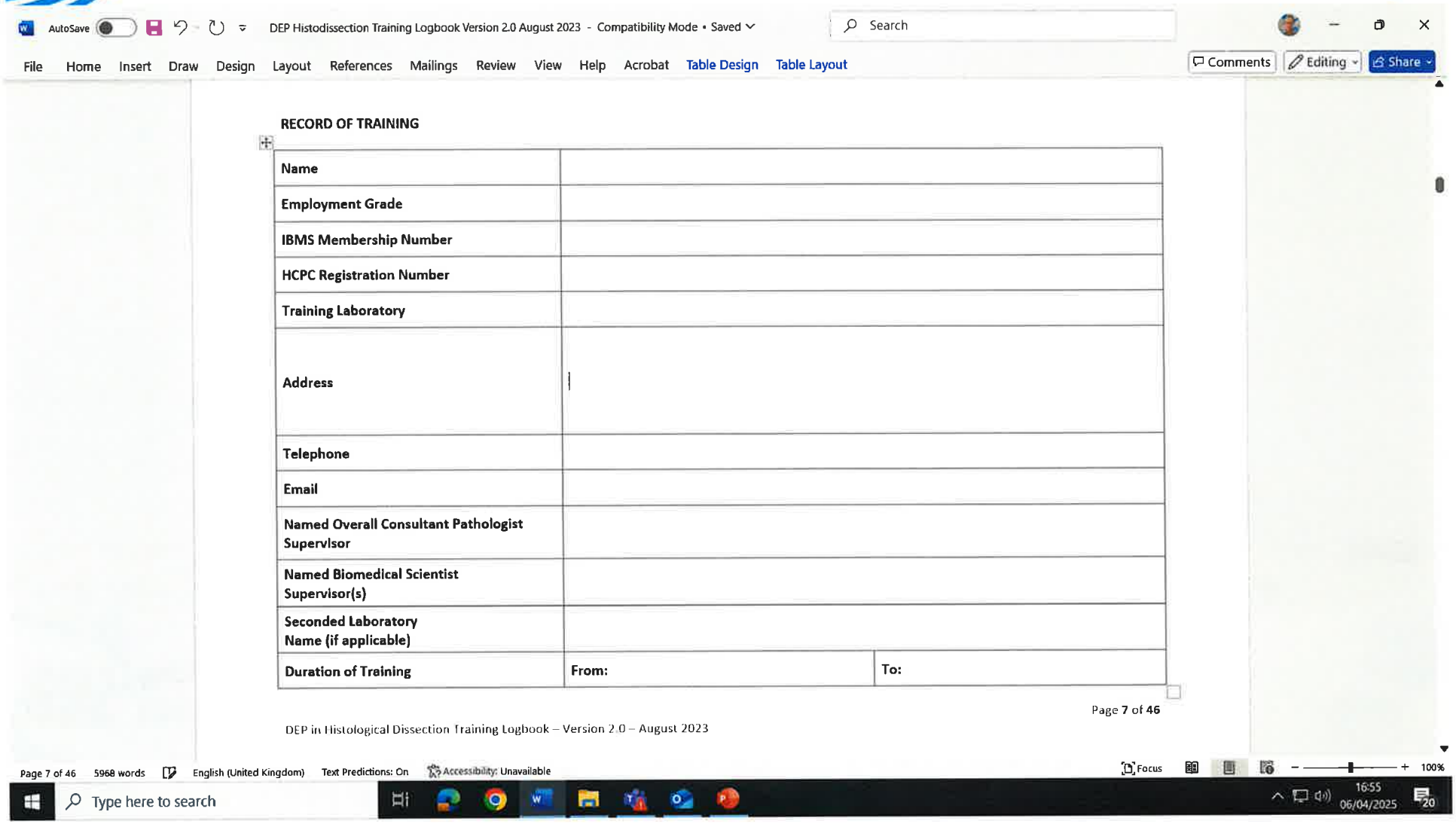
Training Logbook

Theoretical aspects

Practical aspects Portfolio of evidence

CONTENTS

Sign-off of Logbook



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RECORD OF TRAINING

Name		
Employment Grade		
IBMS Membership Number		
HCPC Registration Number		
Training Laboratory		
Address		
Telephone		
Email		
Named Overall Consultant Pathologist Supervisor		
Named Biomedical Scientist Supervisor(s)		
Seconded Laboratory Name (if applicable)		
Duration of Training	**From:**	**To:**

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DEP in Histological Dissection Training Logbook – Version 2.0 – August 2023

Page 7 of 46 | 5968 words | English (United Kingdom) | Text Predictions: On | Accessibility: Unavailable | Focus | 100%

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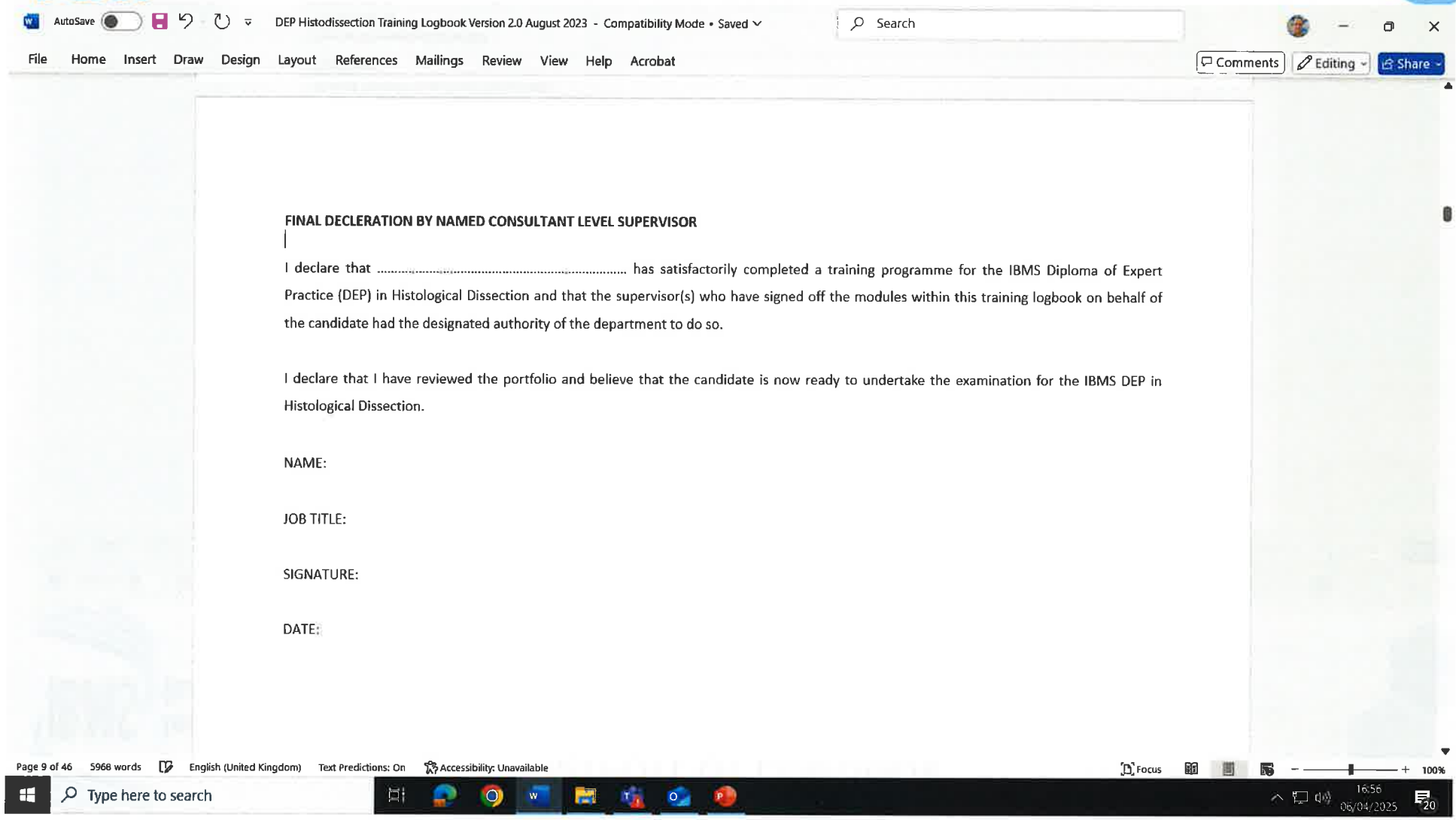
Sign-Off of Logbook (Declaration)



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FINAL DECLERATION BY NAMED CONSULTANT LEVEL SUPERVISOR

I declare that ..... has satisfactorily completed a training programme for the IBMS Diploma of Expert Practice (DEP) in Histological Dissection and that the supervisor(s) who have signed off the modules within this training logbook on behalf of the candidate had the designated authority of the department to do so.

I declare that I have reviewed the portfolio and believe that the candidate is now ready to undertake the examination for the IBMS DEP in Histological Dissection.

NAME:

JOB TITLE:

SIGNATURE:

DATE:

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Sign-Off of Logbook (Modules)

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OPTIONAL MODULE 2 continued SKIN	Date Started	Date Completed	Signature of designated supervisor
• Benign premalignant skin nodules e.g. seborrheic keratosis • Actinic/solar keratoses • Autoimmune conditions e.g. bullous pemphigoid, bullous pemphigus, dermatitis herpetiformis, discoid lupus erythematosus • Non-melanoma tumours e.g. basal cell carcinoma, squamous cell carcinoma, neuroendocrine carcinoma • Wider excisions, re-excisions and scarring • Sentinel nodes • Primary cutaneous melanocytic tumours benign and malignant	11/06/2024	28/06/2024	

Declaration

I declare that I have satisfactorily completed the skin module for the Diploma of Expert Practice in Histological Dissection as required by the Institute of Biomedical Science and the Royal College of Pathologists

Signed ..... Date 28/06/2024

I declare that ANA CATARINA SILVA has satisfactorily completed the skin module for the Diploma of Expert Practice in Histological Dissection as required by the Institute of Biomedical Science and the Royal College of Pathologists

Signed (designated supervisor) ..... Date 28/06/2024

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Portfolio Requirements

The following items are submitted for assessment:

- Introduction / Contents
- Case Log and Summary showing at least **two** years current practical experience in dissection
- Case Reviews
- Case Studies (minimum of two, one for each module applied for)
- Audit (minimum of three)
- Formative Assessments
- Tutorials and Training
- A signed training logbook (Relevant pages only)

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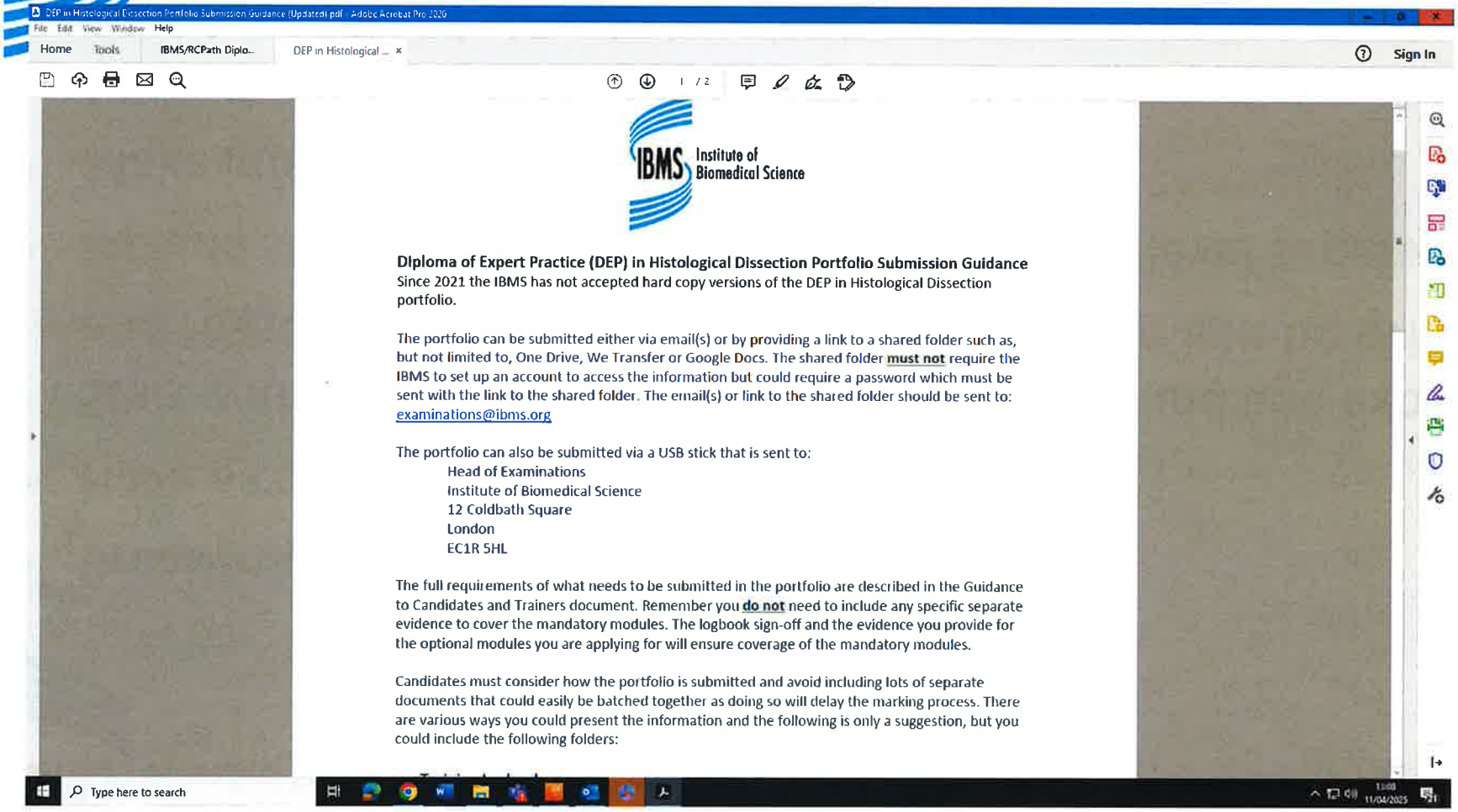
Compiling Your Portfolio

- Break into logical sections
- Have a contents page /index
- Start with an introduction about your background and experience and reasons for any gaps in your training that might be evident
- Include statement of support from consultant level supervisor(s)
- Make information easily accessible
- Make the assessment of the portfolio evidence easy for the examiner – Read submission guidance document
- **Portfolio must be submitted electronically – NOT IN HARD COPY**

Compiling Your Portfolio



Diploma of Expert Practice (DEP) in Histological Dissection Portfolio Submission Guidance

Since 2021 the IBMS has not accepted hard copy versions of the DEP in Histological Dissection portfolio.

The portfolio can be submitted either via email(s) or by providing a link to a shared folder such as, but not limited to, One Drive, We Transfer or Google Docs. The shared folder **must not** require the IBMS to set up an account to access the information but could require a password which must be sent with the link to the shared folder. The email(s) or link to the shared folder should be sent to: examinations@ibms.org

The portfolio can also be submitted via a USB stick that is sent to:

Head of Examinations
Institute of Biomedical Science
12 Coldbath Square
London
EC1R 5HL

The full requirements of what needs to be submitted in the portfolio are described in the Guidance to Candidates and Trainers document. Remember you **do not** need to include any specific separate evidence to cover the mandatory modules. The logbook sign-off and the evidence you provide for the optional modules you are applying for will ensure coverage of the mandatory modules.

Candidates must consider how the portfolio is submitted and avoid including lots of separate documents that could easily be batched together as doing so will delay the marking process. There are various ways you could present the information and the following is only a suggestion, but you could include the following folders:

https://www.ibms.org/resources/documents/dep-in-histological-dissection-portfolio-submission-guidance/

Case Log

- No set number for each specimen type
- Important to show experience of full (or nearly full) range of specimens within each module
- Staggering of training
- Log should ideally cross-reference to cases that have been reviewed, used as DOPS and submitted as case studies
- Submit as Excel spreadsheet – Each optional module on a separate tab or at least as filterable spreadsheet by module

Case Log Example

Date	Case number	Specimen type	Value	Comments	Diagnosis	Supervision	Supervisor	Evidence
30/06/2021		Other Benign	1	Breast Vacuum Assisted Biopsy	Granulation tissue/ haematoma formation	U		
30/06/2021		Fibrocystic Change	1	Breast Vacuum Assisted Biopsy	Fibrocystic change	U		
06/08/2021		Cysts	1	Breast cyst	Cyst/ hydradenitis	U		
11/08/2021		Fibrocystic Change	1	Breast Vacuum Assisted Biopsy	Fibrocystic changes	U		
17/08/2021		Other Benign	1	Capsular contraction	Fibrosis	D	WL	
17/08/2021		Other Benign	1	Capsular contraction	Fibrosis	D	WL	
18/08/2021		Breast Reductions	1		Normal	D	WL	
18/08/2021		Breast Reductions	1		Normal	D	WL	
18/08/2021		Duct Excisions	1		Duct ectasia	D	WL	
19/08/2021		Fibroadenomas	1		Fibroadenoma	D	WL	
20/08/2021		Gynaecomastia	1		Gynaecomastia	D	WL	
20/08/2021		Gynaecomastia	1		Gynaecomastia	D	WL	
01/09/2021		Duct Excisions	1	Micrododectomy	Duct ectasia	D	WL	Slide Review
01/09/2021		Other Benign	1	Ruptured implant	Fibrosis	D	WL	Slide Review
01/09/2021		Other Benign	1	Ruptured implant	Fibrosis/ inflammation	D	WL	Slide Review
02/09/2021		Fibrocystic Change	1		Breast reduction with fibrocystic change	P	WL	DODS
02/09/2021		Breast Reductions	1		Duct ectasia	P	WL	DODS
02/09/2021		Breast Reductions	1		Normal	P	WL	DODS
02/09/2021		Breast Reductions	1		Normal	P	WL	DODS & Slide Review
02/09/2021		Breast Reductions	1		Normal	P	WL	DODS & Slide Review

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Case Log Example

Date Dissected	Specimen Number	Suffix	Specimen Type	Specimen Category	Reporting Consultant	Preview	Diagnosis	Review	Comments
04/05/2021		A	SKIN - EXCISION	B	AMPT	BATN/MA	seborrhoeic keratosis		
19/05/2021		A	SKIN - EXCISION	B	LVF	BATN/MA	NAEVUS		
19/05/2021		A	SKIN - EXCISION	B	LVF	BATN/MA	SEBORRHOEIC KERATOSIS		
20/05/2021		A	SKIN - EXCISION	B	LA	BATN/MA	SEBORRHOEIC KERATOSIS	BATN/MA	
20/05/2021		A	SKIN - EXCISION	B	LVF	BATN/MA	FIBROUS HISTIOCYTOMA		
20/05/2021		A	SKIN - EXCISION	B	LA	BATN/MA	DERMATOFIBROMA	BATN/MA	
21/05/2021		A	SKIN - EXCISION	B	NJT	BATN/MA	NAEVUS		
22/05/2021		A	SKIN - EXCISION	B	NJT	BATN/MA	NAEVUS		
24/05/2021		A	SKIN - EXCISION	B	NJT	BATN/MA	CYST	BATN/MA	
24/05/2021		A	SKIN - EXCISION	B	NJT	BATN/MA	BOWENS DISEASE		
24/05/2021		A	SKIN - EXCISION	B	NJT	BATN/MA	SQUAMOUS CELL CARCINOMA	BATN/MA	
28/05/2021		C	SKIN - BIOPSY; SKIN - BIOPSY; SKIN - BIOPSY	A	NJT	BATN/MA	BASAL CELL CARCINOMA		

Case Log Example

Date	Lab Number	Sample type	Organ System	Dissection Category	Observations Clinical Diagnosis	Supervisor/ Consultant	Preview / Review	Date of slide review	Reviewed with
01/07/2020		placenta	Gynaecological	C	malperfusion				
01/07/2020		placenta	Gynaecological	C	chorioangioma				
01/07/2020		placenta	Gynaecological	C	malperfusion		Review	25.05.2022	
01/07/2020		placenta	Gynaecological	C	malperfusion				
01/07/2020		Placenta (Double/Twin)	Gynaecological	C	DCDA: malperfusion				
11/07/2020		Bone Marrow trephine	Haematolymphoid	A	polycythaemia				
11/07/2020		Bone Marrow trephine	Haematolymphoid	A	no residual leukemia				
11/07/2020		Bone Marrow trephine	Haematolymphoid	A	no residual leukemia				
21/07/2020		Placenta	Gynaecological	C	chorangiosis/Chorioamnionitis/inflammation		Review	25.05.2022	
21/07/2020		Placenta	Gynaecological	C	chorangiosis/Chorioamnionitis/inflammation				
21/07/2020		Placenta (Double/Twin)	Gynaecological	C	DCDA: Histology within normal limits				
03/08/2020		liver biopsy	Gastrointestinal & Heptobilliary	A	cirrhosis				
03/08/2020		Kidney transplant (>100 days)	Genitourinary	C	chronic damage				
04/08/2020		prostate core biopsy	Genitourinary	A	adenocarcinoma				
04/08/2020		prostate core biopsy	Genitourinary	A	adenocarcinoma				

Case Log Summary

Provide summary of numbers of each specimen type

Specimen Type	Period Jun 21 -- Dec 21	Jan 22 -- Jun 22	Jul 22 - Dec 22	Jan 23 -- Jul 23	Period Total
Fibroadenomas	8	5	3	12	28
Fibrocystic Change	12	5	2	7	26
Cysts	1	0	0	4	5
Duct Excisions	8	0	1	2	11
Breast Reductions	34	2	0	3	39
Nipple Biopsy	0	1	0	0	1
Gynaecomastia	2	0	0	0	2
Other Benign	21	5	8	12	46
				Total:	158

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Case Log Summary

Provide summary of numbers of each specimen type

Time Range / Specimen Type	July 2021- Sept 2021	Oct 2021-Dec 2021	Jan 2022- Mar2022	Apr 2022-Jun 2022
Ovary	11	11	12	25
Fallopian Tubes	13	4	23	32
Ovary and Fallopian Tubes	5	11	13	11
Uterus	20	30	19	17
Endometrium	91	73	119	20
Cervix	32	45	37	7
Tissues Related to Pregnancy	41	29	38	26
Vulva	19	14	17	7
Placenta	48	46	5	26
Other including Pouch of Douglas and Myometrium and Omentum	15	18	20	29
Total	295	281	303	200

Case Reviews

Evidence of regular case reviews must be provided for each optional module being applied for undertaken with appropriate individual(s)

Imagery can be included for case reviews – but not needed for all them!

Use a template could include clinical/specimen/ macro/ micro details, diagnosis, name/position of who review was undertaken with, discussion

Think about how your present case reviews in your portfolio – batch reviews from same optional module together

Reflection on case reviews

Case Studies

Select from category B&C - It doesn't have to be anything special

1,500 words (+/- 10%) – Does not include labels for figures or references

Include high quality annotated macroscopic and microscopic images and relevant radiological images.

Adequate and appropriate references to key sources of information

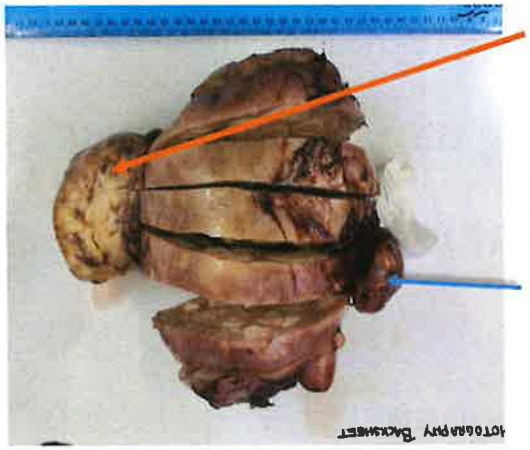
Pre- Analysis - Analysis – Post Analysis

Requirements:

Studying 1 module: 2 case studies

Studying >1 module: 1 case study for each module you are submitting

allowed to fix for another 18 hours before I began my dissection.



I cut straight 10 mm slices through the specimen including the fibroid prolapsed through the cervix.

None of the fibroids were calcified and so slicing through the specimen was relatively easy.

On reflection, I should have added a slice through this sub-serosal fibroid as when I came to dissecting it the next day it wasn't fully fixed and therefore I had to let the specimen further fix to be loaded on the 10/08 instead of the 09/08.

At NUH, we slice our uterus speci[illegible]ugh the lower uterine segment and then through the endometrial canal. Due to the distorted nature of the specimen, I was unable

Figure 4 – the subcutaneous tissue (resection margin) has been inked black and the specimen was serially sliced into 7 slices.

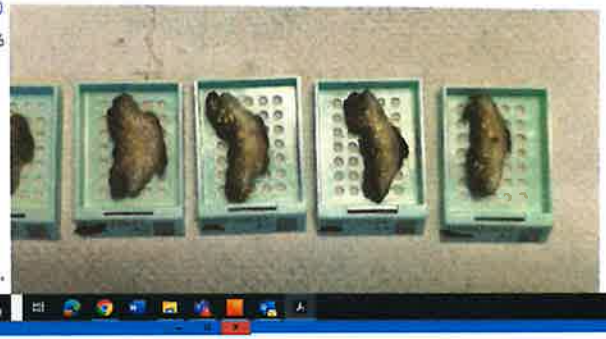


Figure 5 – the slices that contain lesion have been processed into 5 blocks.

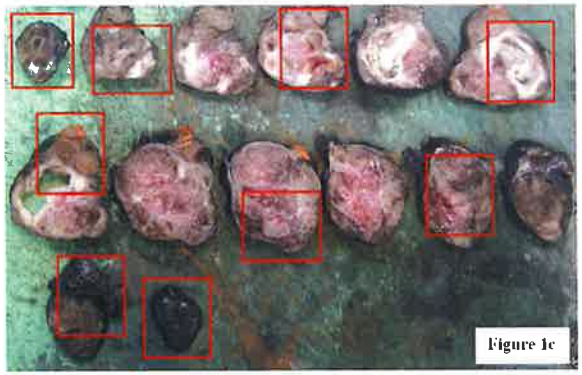
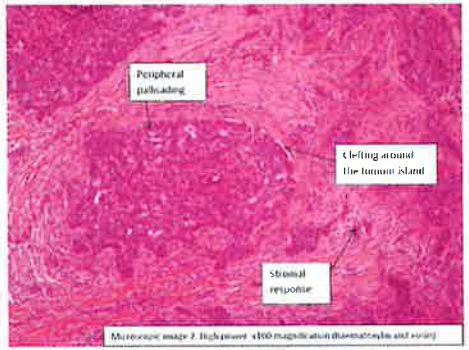


Figure 1 **(a)** Anterior view of lobe with nodular areas (arrowheads) **(b)** Posterior view of lobe with isthmus and fibrous connective tissue **(c)** Cut surface appearance, red boxes demonstrate samples taken. On slicing, the tissue appeared under-fixed (pink areas within slices); to ensure adequation fixation I selected the sections and ensured submersion in fresh formalin for an additional 24 hours before routine processing.

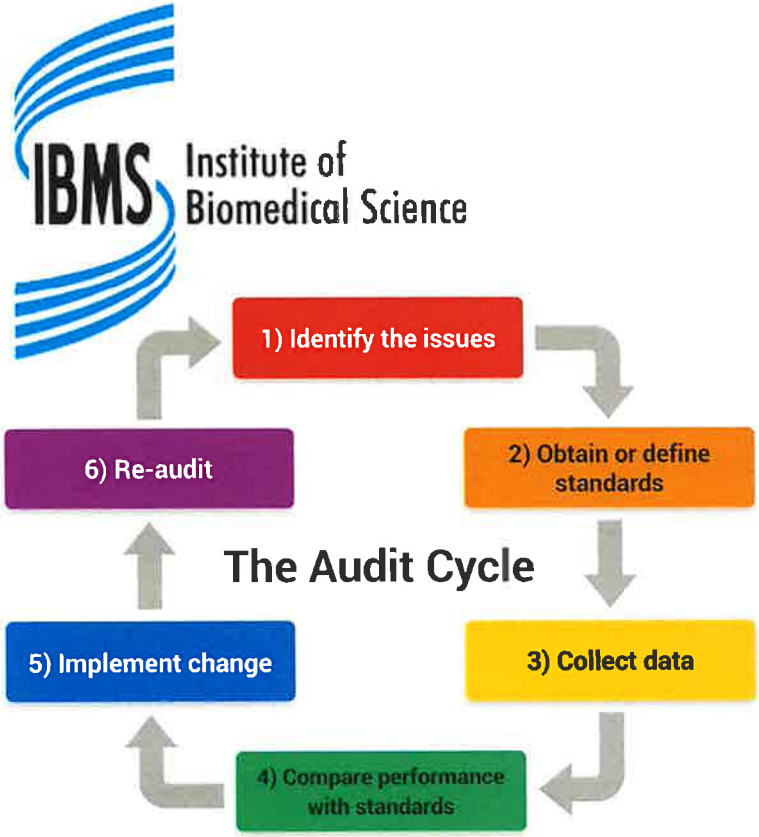


Block selection

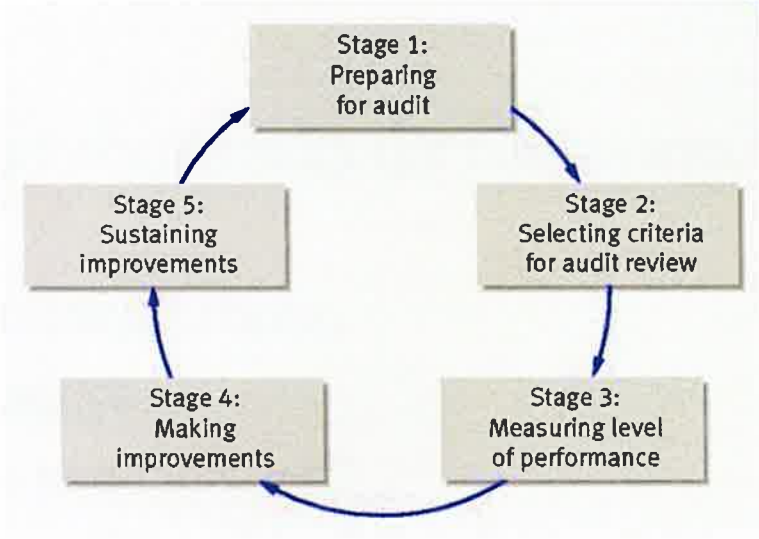
Case Studies – Key Points to Remember

- **Do** include patient clinical history
- **Do** include details of potential differential diagnosis
- **Do** include macroscopic description of gross specimen
- **Do** include block selection, number & area sampled, including extra sampling
- **Do** show evidence of any further/specialised investigations e.g. specials, IHC
- **Do** correlate relevance of macroscopic description, block selection & laboratory investigations to final diagnosis & subsequent patient management
- **Do** show good laboratory practice
- **Do** show knowledge & reasoned argument of sufficient depth & clarity
- **Do** contain adequate and appropriate references to key sources of information
- **Do** show evidence of context to candidate's own practice

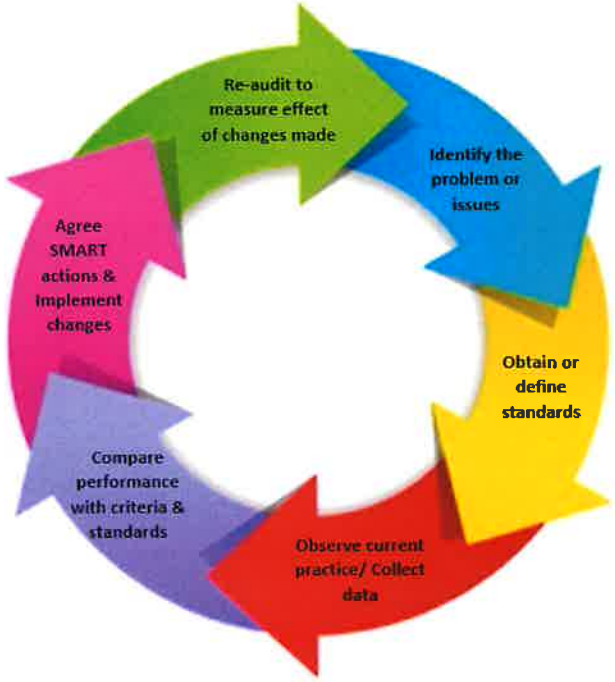
Audits



https://em3.org.uk/induction/clinical-audit?rq=audit%20cycle



BMJ – Audit, how to do it in practice, 2008



Audits

- Introduce your audits with a statement – showing your understanding of the different audits that can be undertaken
- **Minimum of three audits** - Include observational (examination), vertical & horizontal audits
- Ensure that at least one of the audits relates to your own practice
- Include learning outcomes, both positive and negative
- Explain if the event led to a change in practice
- Use an audit cycle model to guide you and action plan
- Don't just include the raw data
- If you have presented the outcomes of the audit submit the presentation – but don't just include it with no context

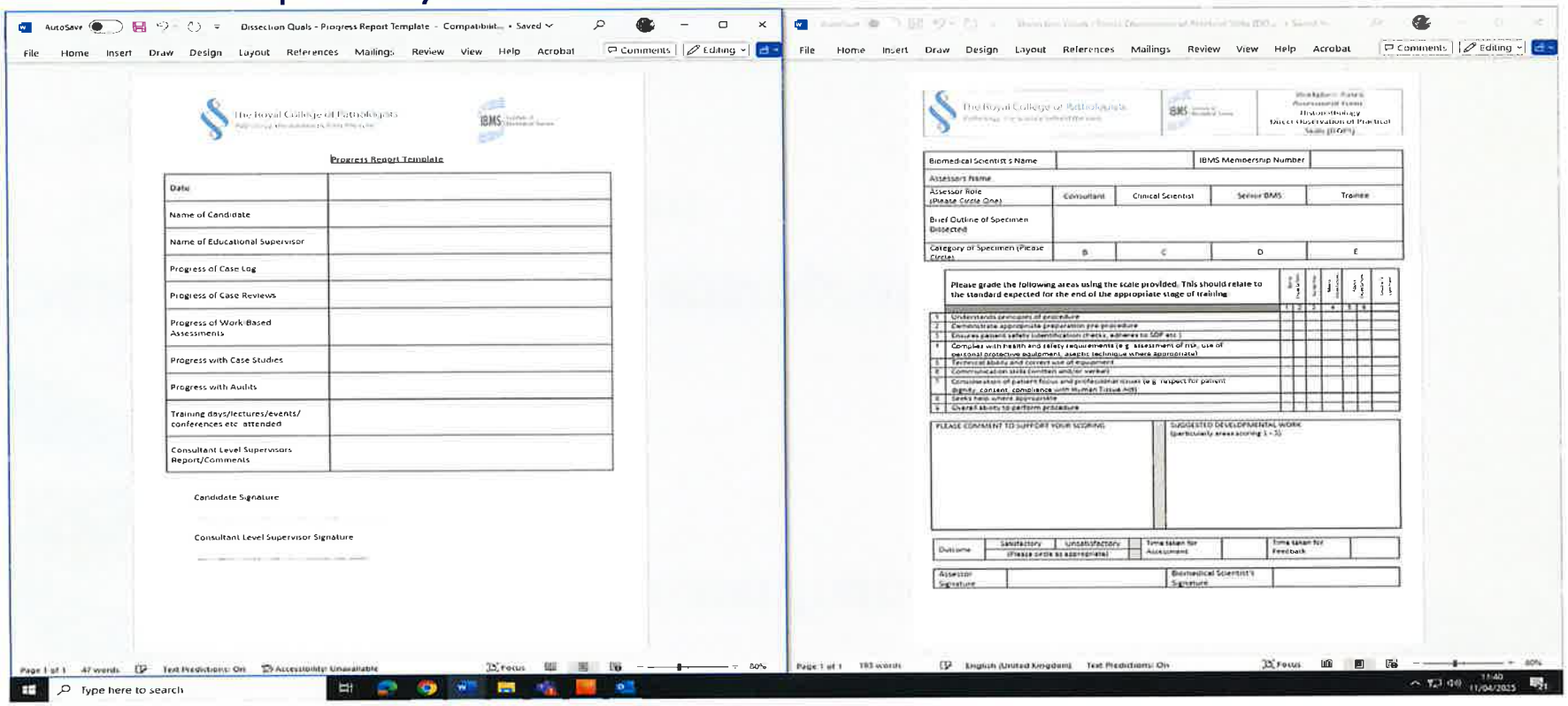
Formative Assessments

Progress Reports - Every six months

Direct Observation of Practical Skills (DOPS) – for each optional module

Incident Log – Both errors **and** good practice

Other Competency Assessments



Progress Report Template

Date	
Name of Candidate	
Name of Educational Supervisor	
Progress of Case Log	
Progress of Case Reviews	
Progress of Work-Based Assessments	
Progress with Case Studies	
Progress with Audits	
Training days/lectures/events/ conferences etc attended	
Consultant Level Supervisors Report/Comments	

Candidate Signature

Consultant Level Supervisor Signature

Biomedical Scientist's Name		IBMS Membership Number	
Assessor's Name			
Assessor Role (Please Circle One)	Consultant	Clinical Scientist	Senior BMS / Trainee
Brief Outline of Specimen Dissected			
Category of Specimen (Please Circle)	B	C	D / E

Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training

	1	2	3	4	5	6
1 Understands principles of procedure						
2 Demonstrate appropriate preparation pre-procedure						
3 Ensures patient safety (identification checks, adheres to SOP etc.)						
4 Complies with health and safety requirements (e.g. assessment of risk, use of personal protective equipment, aseptic technique where appropriate)						
5 Technical ability and correct use of equipment						
6 Communication skills (written and/or verbal)						
7 Consideration of patient focus and professional issues (e.g. respect for patient dignity, consent, compliance with Human Tissue Act)						
8 Seeks help where appropriate						
9 Overall ability to perform procedure						

PLEASE COMMENT TO SUPPORT YOUR SCORING	SUGGESTED DEVELOPMENTAL WORK (particularly areas scoring 1 – 3)

Outcome	Satisfactory / Unsatisfactory (Please circle as appropriate)		Time taken for Assessment		Time taken for Feedback
Assessor Signature			Biomedical Scientist's Signature		

Tutorials and Training Sessions

Table showing a record of appropriate training such as:

- In-house training sessions
- Self-Directed learning
- Presentations Attended
- Webinars / Virtual Courses
- Seminars, meetings, conferences – Including this one today
- NEPSEC Course
- Congress
- Must include reflection on activities

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Are you ready to submit?

Use the Portfolio Assessment Indicators in **Guidance to Candidates and Trainers** as a checklist

Remember you **do not** need to provide support evidence for the mandatory modules and **don't** include evidence from optional modules you are not applying for

Don't include patient identifiable information, copies of presentations from any training events or documents such as SOPs, training policies and procedures

Group similar documents together - **Make the examiners life easy!**

Portfolio Assessments

Portfolio is marked as either – Pass, Refer or Fail

All standards need to be met in order for a portfolio to pass – BUT it is possible to be awarded some optional modules applied for and not others

If some standards are not met portfolio can be referred and further evidence can be submitted which will be re-assessed.

If several standards are not met – portfolio will be marked as a fail and you will not be able to resubmit until following year.

Portfolio Assessment Standards

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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 modules 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 with the consultant level supervisor and/or suitably qualified (reporting) scientist(s)/
7. It is clear from the evidence presented that the candidate has an understanding of the impact of laboratory tests on diagnosis, treatment, monitoring and prognosis of patients
8. The reviews show clearly that points of interest have been used as a positive learning experience

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Portfolio Assessment Standards

Case Studies

9. Studies are neat, well laid out and of appropriate length, including timeline from surgery 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 dissection process, including block selection – number and area sampled, and macroscopic description, 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 mix matches the requirements set out in the training logbook

Portfolio Assessment Standards

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 and/or suitably qualified scientist(s)

17. It is clear from the evidence (such as the inclusion of DOPs for each o the optional modules being applied for) that the consultant pathologist supervisor and/or suitably qualified scientist(s) has observed the appropriate range of specimens from categories B & C

18. 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 assessments of competence against appropriate standards

Portfolio Assessment Standards

Audits

19. There is evidence that the candidate understands the principles of audit (service and clinical) through the submission of an appropriate mix of different types of audit

20. It is clear from the evidence presented that the candidate has gathered data relevant to his or her own practice

21. There is evidence of critical evaluation, reflection and implementation of audit outcomes relevant to the candidates own and in-house practice as appropriate

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Portfolio Assessment Standards

Tutorials and Training Sessions

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

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

General Overview

24. There is a useful and accurate index and the evidence of the different requirements of the portfolio are easily found and correctly labelled

25. There is no evidence of plagiarism

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

Useful Resources

IBMS website now includes the following resources:

- DOPS Form
- Clinical Audit Template
- Progress Report Form Template
- IBMS 'How to' Guides to Referencing - Vancouver and Harvard Referencing.
- IBMS 'How to' Guide on Reflection
- Past Exam Papers from 2023 and 2024
- IBMS 'How to' Guide – Tips for Exam Success.

- https://www.ibms.org/education/higher-and-expert-qualifications/diploma-of-expert-practice/histological-dissection/ (Additional Resources section)

DEP in Histological Dissection - Exam

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PAPER 1

MANDATORY MODULES

Two Hours

5 questions

20 points each

1 question per module

PAPER 2

OPTIONAL MODULES

Two Hours

6 questions

20 points each

1 question per module

Marking Structure and Process

Both papers carry an equal weighting. The overall pass for the DEP examination is 60%, with no individual papers scoring below 50%.

Each question is worth 20 marks and is marked independently by two markers. Each question has prescribed marking scheme. Both scores must be within 10% (2 marks) – disagreements are discussed and moderated or go to third marker

If the candidate is borderline pass/fail, their answers will be ratified by the conjoint board before being submitted to the examinations board

If you fail, you will be provided with feedback which will identify your areas of weakness.

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DEP in Dissection Exam Results

Year	Exam Entrants	Passes	Percentage
2024	30	21	70%
2023	35	26	74%
2022	45	35	78%
2021	39	30	77%
2020	33	27	82%
2019	27	20	74%
2018	24	15	63%

Examination Tips and Techniques

- Past examination papers from 2023 and 2024 are available on the IBMS website.
- Use logbook as a study guide especially for mandatory modules
- Don't forget the basics – e.g. clinical governance, anatomy, correct terminology and pathology
- Read instructions on the front of the paper – Consider doing the questions you are confident in first
- Read the questions carefully
- Plan your time in the examination - be realistic and concise.
- Consider the marks available for each sub-question.

Examination Tips and Techniques

- **Do** take it seriously and revise properly
- **Do** practice mock exam questions (and timing)
- **Do** practice handwriting – The examiner needs to be able to read your answer
- **Do** practice drawing and labelling organs
- **Do** ensure you have an appropriate, quiet, and undisturbed place to sit the exam
- **Do** wear a (non-smart) watch
- **Do** ask the IBMS for Reasonable Adjustments prior to the exam if you need them
- **Do** have a strategy before the exam starts
- **Don't** panic!

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Key Dates for 2025

Qualification Application Deadline: Friday 30 May 2025
Fee: £443 can be paid via PO or by card payment

Portfolio Submission Deadline: Friday 18 July (but can be submitted from Monday 2 June) – Must be submitted electronically to examinations@ibms.org or via USB stick

Exams: Monday 24 November - Candidates will sit these exams their own hospital and will be expected to find individuals who will be able to invigilate each exam.

Results Released: Friday 6 February 2026 (TBC)

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Thanks for Listening!

examinations@ibms.org