GUIDANCE TO CANDIDATES AND TRAINERS

ADVANCED SPECIALIST DIPLOMA (ASD)

IN GASTROINTESTINAL

HISTOPATHOLOGY REPORTING

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Please note the following:

1. The dissection of tissue specimens and reporting of results that may be performed by biomedical scientists, remains the responsibility of a consultant pathologist and may only be undertaken with the agreement of the medical head of department.

2. This candidate guidance must be read in conjunction with the Principles of Good Practice for Biomedical Scientist involvement in Histopathological Dissection guidance document.

3. For the purposes of this guidance and the training case log the upper gastrointestinal tract is defined as duodenum, ileum, oesophagus and stomach. The lower gastrointestinal tract is defined as the anus, caecum, rectum and the left, right, sigmoid and transverse colon.

INTRODUCTION

This qualification provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the reporting of gastrointestinal tract pathology specimens.

AIMS

1. To develop the professional knowledge and skills of a candidate to the highest level of professional practice.

2. To enable successful candidates to undertake a role that involves the description, dissection, block sampling and reporting of certain defined gastrointestinal tract pathology specimens.

3. To enable successful candidates to offer professional advice on gastrointestinal tract pathology specimen dissection and reporting.

4. To enable successful candidates to participate in training of biomedical scientists and specialist trainee medical staff in gastrointestinal tract pathology.

The Advanced Specialist Diploma (ASD) has three stages. All the requirements of a stage must be passed before a candidate can proceed to the next stage. For more information see the End-Point Assessment section of this document. The curriculum content for each stage is shown in detail in Appendix A.

Success in the final examination at the end of Stage C leads to the award of the RCPath/IBMS Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting.

After the successful completion of the ASD qualification a Stage D of training will need to be undertaken. This is a post qualification 'preceptorship' stage that involves the development of a supervised specific independent reporting plan. The purpose of this is to support the individual to achieve a level of post-qualification competence and confidence consistent with that of a qualified medical consultant histopathologist to independently report defined specimen types. The requirements of Stage D are defined in a separate document which should be read in conjunction with the joint statement from the RCPath and IBMS on 'Scientist Reporting of Histopathology Samples: Practice and Competencies'.

Successful completion of Stage D does not confer automatic eligibility to practice as this remains the decision of the employer and the medical head of department.

LEARNING OUTCOMES

Individuals successful in this qualification will be able to:

1. Demonstrate full understanding of the physiological and pathological processes associated with the gastrointestinal tract system.

2. Use highly specialised knowledge and skills to describe and dissect the specified gastrointestinal tract pathology specimens received in the histopathology laboratory.

3. Independently prepare, critically evaluate and interpret the specified gastrointestinal tract pathology samples, to initiate further investigations/tests or issue appropriate reports.

4. Evaluate, reflect and comment on previous or current clinical/pathological findings as an integral part of case management.

5. Demonstrate the ability to operate autonomously in certain specimens (defined in the curriculum in Appendix A of this document) whilst recognising the limits of their own competence, seeking advice from consultant medical colleagues when needed.

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

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

8. Participate in, organise and as appropriate lead multidisciplinary team (MDT) meetings.

9. Demonstrate the knowledge and skills to supervise and participate in the training of biomedical scientists and specialist trainee medical staff in gastrointestinal tract pathology particularly in dissection.

ELIGIBILITY CRITERIA AND LABORATORY REQUIREMENTS

The reporting of gastrointestinal tract pathology 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 the qualification are:

- be an HCPC registered biomedical scientist
- be a Member* (MIBMS) or Fellow (FIBMS) of the Institute of Biomedical Science
- have at least five years' whole time equivalent post-registration experience in cellular pathology

*For those who have MIBMS status it is strongly recommended that individuals complete the Diploma of Expert Practice in Histological Dissection (including the gastrointestinal optional module before undertaking this qualification).

Applicants must be working in a United Kingdom Accreditation Service (UKAS) registered laboratory which can clearly support their training with a view to the trainee eventually becoming a member of the Histopathology Reporting Team. Successful applicants need to demonstrate a commitment from their Trust to provide both an Educational Supervisor and Clinical Supervisor who will support the applicant through the training period.

Applicants must submit the following documentation to the IBMS:

- Completed expression of interest form (available on the IBMS website)
- Evidence of commitment from their proposed Educational Supervisor and Clinical Supervisor/Director through the provision of their details on the expression of interest form and a work/ job plan that must indicate the protected time the applicant will be given in order to undertake the pathway that they are applying for.
- A letter of support from the Clinical Director and Medical Head of Department.
- A 300-word personal supporting statement which details your current role and experience and suitability for the programme.

These documents must be submitted to examinations@ibms.org and although the Board reserve right to undertake interviews it is planned that admittance on to the training programme will depend solely on the information provided by the applicant. Only once an applicant is accepted on to the qualification can they start collecting evidence for their portfolio.

CONSULTANT PATHOLOGIST SUPERVISOR

A biomedical scientist considering undertaking this qualification 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, appropriately trained to carry out educational supervision, meet the minimum RCPath CPD requirements. The consultant pathologist must:

1. Guide and direct the training process.

2. Regularly review progress during the training period, which must include direct observation of practical skills and evidence of case reviews carried out by clinical supervisors and other members of staff.

3. Set agreed learning plans with candidate.

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

5. Review the portfolio prior to submission to the conjoint board to ensure it meets the requirements specified in the guidance to candidates.

6. Sign a declaration to confirm that the candidate has undergone training, meets the requirements of the stage concerned, in his/her opinion is competent and in the case of Stage A and Stage C ready to sit the examination.

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

DELIVERY OF TRAINING

The overall aim of the training programme is to develop advanced knowledge, attitudes and reporting skills in gastrointestinal tract pathology. Training of biomedical scientists in gastrointestinal tract pathology must not detract from the training of histopathologists in these areas.

Training must be delivered in accordance with the IBMS/RCPath training curriculum described in Appendix A. Completion of training is evidenced by submission of a log of reported specimens and compilation of a portfolio after each stage of the qualification. The portfolio must contain evidence of regular assessments of competence in reporting appropriate gastrointestinal tract pathology specimens by a consultant pathologist supervisor.

If the repertoire of the training laboratory is not comprehensive enough to allow exposure to the widest spectrum of tract pathology it is considered good practice for biomedical scientists to visit other laboratories / centres to share expertise and to learn different techniques. This may require the delivery of training by individuals other than the named consultant pathologist supervisor, and who must also conduct appropriate assessments of competence as described below. These individuals must be appropriately qualified in order that they can make judgements on the competence of the candidate concerned.

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 direct observation of practical skills, case-based discussions, evaluation of clinical events or equivalent processes. Regular reviews of progress are essential for the setting of agreed learning plans and as part of an ongoing 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. For each stage the submitted portfolio must contain:

- a log of the case repertoire encountered during the training period. For each stage at least the specified minimum number of reported cases must be provided in order to demonstrate the practical experience of the candidate. The candidate is expected to demonstrate experience in gastrointestinal tract pathology, detailing the scope and number of specimens reported. This should include evidence of adverse incidents and examples of ‘best’ practice. (See Appendix A for details of the specimen types to be included in the log)

- evidence of regular case review with the supervising pathologist(s) that should demonstrate critical evaluation of the reporting of gastrointestinal tract pathology specimens by the biomedical scientist. The case review will also show evidence of knowledge and understanding of the patient's diagnosis and the possible impact on their subsequent treatment and outcome. This should form part of the evidence for continuing audit of the biomedical scientist in training.

- formal observation of the practical skills and assessment of the applied knowledge of the biomedical scientist must include:
  - on-going assessments carried out by the consultant pathologist supervisor during training period evidenced through the provision of the following workplace-based assessments forms:
    - Case-Based Discussion (CBD),
    - Direct Observation of Practical Skills (DOPS)
    - Evaluation of Clinical Events (ECE)

  These are provided in Appendix D. The minimum number of each type of workplace-based assessment required is specified in the curriculum section of this document (Appendix A).

- details of audit(s) of personal practice and clinical audits against local or nationally published performance targets. The completion of at least one clinical audit is required per stage of the portfolio.

- formative in-house assessments including:
  - progress report meetings being held every six months between the educational supervisor and the candidate progress reports using the using the form in Appendix B. The reports should be submitted within the portfolio at the end of the stage.
  - the provision of multi-source feedback (MSF) forms (See Appendix C). A minimum of ten people should contribute to the MSF at each stage and must include a mix of consultant histopathologist, medical trainees (if they exist within the department), other scientists and other laboratory staff.

- clinicopathological case study (a minimum of one case study should be submitted per stage – see below for more details)

- a record of multidisciplinary team meetings (MDT) attended and details of the discussion of the cases reported by the biomedical scientist and other interesting cases (see below for more details)

- a record of training programmes, courses, tutorials or training sessions attended
- details of any seconded experience
- reflection on the whole learning process

CASE STUDIES

The case study (at least one of which should be submitted per stage) must be appropriate to the complexity of the specimen and be at least 1500 words (± 10%) in length. Tables, legends for figures and imagers and references are **not** included in this word count. 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
- correlation of any clinical/imaging/ findings with the pathology specimen
- details of dissection procedure
- block selection – number and area sampled
- requirements for extra blocks (if applicable) in light of additional patient information
- correlation of the relevance of macroscopic description and block selection to final diagnosis and subsequent patient management
- details of any interpretive report issued (as appropriate)
- details of possible differential diagnoses (if applicable) where they show a critical understanding of the clinical/pathological context
- details of management suggestions to aid the clinical team if appropriate
- the timeline from surgery/reception to the final MDT outcome
- knowledge and reasoned argument of sufficient depth and clarity

- adequate and appropriate references to key sources of information

Each case study **should** include photograph(s) of the specimen concerned and other imagery as appropriate such as H&E-staining images. 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, including previous biopsy or surgery should be critically discussed. Radiology or ultrasound results may also be involved at this stage. The surgical procedure selected and the subsequent removal of tissue for histological 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 cellular pathology laboratory should be discussed, e.g. whether fresh or formalin fixed. Precise details of the dissection process, blocks taken, and macroscopic description **must** be included. Evaluation and impact of imaging findings and clinical history should be demonstrated. The main histological features should be discussed, and details of the stains and antibodies 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.

MULTIDISCPLINARY TEAM MEETINGS (MDTs)

Evidence of attendance at least 12 MDT meetings per year where cases reported by the biomedical scientist in training are discussed. As the candidate progresses through the different stages of the qualification their involvement in these meetings should increase so that during Stage C there is evidence within the portfolio of cases that the candidate has reported being presented by them in these meetings.

There should be evidence of the discussion of the cases reported by the biomedical scientist,

and other cases the candidate found interesting and informative, in the form of details of the cases and the outcomes of the discussion and reflection by the candidate on the MDT meeting.

ASSESSMENT OF TRAINING

In total the training for Stages A, B, C and D must last a **minimum of 48 months.** There is no minimum time requirement for each stage, and it is expected that candidates will spend longer on some stages than others.

At Stages A and C candidates **do not** need to have submitted and passed their portfolio before they enter the exam. This means that if a candidate and their educational supervisor feel that the candidate will be ready for the exam by the proposed exam date (and it is the exam date rather than the exam application window that is important) the candidate can apply to enter the exam. Candidates must apply to sit the exam during the exam application window as late entries will not be accepted. The portfolio **must** still be completed but this can be submitted either before or after the exam.

At each stage candidates must ensure that the evidence within their portfolios at least meets the minimum requirements stated in the curriculum in Appendix A before the portfolio is submitted for assessment. It is important to note that these are minimum requirements and therefore candidates should not stop adding evidence to their portfolio just because they have reached those minimum requirements. When the named consultant pathologist supervisor is satisfied that the training for the stage is complete the candidate must submit the completed portfolio to the IBMS for assessment.

Candidates cannot formally proceed to Stage B until they have passed both the portfolio and examination elements of Stage A. There is no examination in Stage B. Candidates cannot formally proceed to Stage C until they have passed the Stage B portfolio.

At Stage C once candidates have passed both the portfolio and end of stage examination, they will be awarded the RCPath/IBMS Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting. Candidates will then proceed to Stage D which is post-qualification 'preceptorship' stage which is described in the separate document.

ASSESSMENT OF THE PORTFOLIO

Once submitted, the portfolio will be assessed by using the following categories:

- Case Log
- Case Review
- Case Study
- Formative (work-based) Assessments
- Audit
- Tutorials and Training Sessions
- General Overview

Note: All evidence submitted as part of the portfolio must conform to the Data Protection Act (2018) which is the UK's implementation of the General Data Protection Regulation (GDPR).

All evidence which is submitted as part of the portfolio that may identify an individual patient must be made anonymous, but in such a way that allows identification to be re-established subsequently if appropriate. Portfolios that contain evidence that allows on a small number of occasions identification of a patient will be automatically returned.

Candidates will be given time to amend the portfolio so the patient cannot be identified. If, however there are multiple incidents of evidence that allows for the identification of patient(s) the portfolio will be marked as a fail and will not be allowed to be resubmitted until a date that would be set by the portfolio examiners. Candidates are therefore strongly encouraged to check that such evidence is not included within the portfolio.

ASSESSMENT STANDARDS

The portfolios will be assessed by an examiner from, or appointed by, the Conjoint Board who will refer to another for a second opinion on areas that they are uncertain on using the following standards:

Case Log

1. The log is clearly laid out and accessible.

2. The mix of cases shown in the log must be in accordance with the curriculum requirements stated in the appropriate stage (See Appendix A for more information).

Case Review

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

4. The reviews are clearly laid out and accessible.

5. 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.

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

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

8. Evidence of MDT discussion of cases reported by the biomedical scientist in training together with the minutes and outcomes included. Attendance must be regular enough to ensure appropriate discussions take place and during training will require the biomedical scientist to attend 1 in every 4 MDT (or at least 12 per year) meetings held, where the cases reported by them are discussed.

Case Study

9. The case study is neat, well laid out and of appropriate length.

10. Details of initial clinical presentation, imaging results, previous medical history and tests performed are included.

11. The significance of laboratory tests within the context of the patient pathway is explained.

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 the case study.

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

Formative Assessments

15. It is clear from the evidence presented, including the provision of the specified minimum number of work-based assessment forms and progress reports, that systematic and periodic review of the candidate's performance has been undertaken by the consultant pathologist supervisor.

16. It is clear from the evidence provided in the work-based assessment forms that the consultant pathologist supervisor has observed the reporting of the entire range of specimens.

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 clinical audit.

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 colleagues.

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. There is a useful and accurate index and relevant sections are easily found.

24. There is no evidence of plagiarism.

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

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 of the shortcomings and will be given a specified period to address these issues. The additional evidence must be submitted by the deadline stated by the Institute at which time it will be reassessed. At this point the portfolio will be either be awarded a 'pass' or 'fail'.

Candidates whose portfolio is deemed to have significant deficiencies (three or more of the

portfolio assessment indicator standards not being met) and therefore not to have met the requirements of the qualification the portfolio will be marked as a fail and will not be able to proceed to the next stage of the qualification.

Examination

The examination at both Stage A and Stage C will run in accordance with the RCPath 'Examination Regulations and Guidelines' document. Candidates should note that, unless they are informed otherwise, they will be expected to bring their own microscope to the Stage A and Stage C exam. There is no examination in Stage B of the qualification.

Stage A - Examination

This is a three hour Objective Structured Practical Examination (OSPE) involving a mixture of microscopic assessment of slides, macroscopic assessment of dissection specimens and up to two face to face stations. There will be 15 x 12 minute stations in total, including two rest stations.

The examination will cover the full range of the stage A curriculum, and therefore may include malignant or slightly more complex cases but the mark scheme will reflect the level of expertise expected for Stage A. Basic pathological processes and management style questions could also be included.

The face-to-face stations will require no written answers, but the other cases will take the form of structured short answer questions. For example, candidates may be required to write a histopathology report based on their assessment of the slide and make a clinicopathological comment. Both the portfolio and examination must be passed before a candidate can proceed to Stage B.

Stage C - Examination

The examination is akin to the FRCPath Part 2 histopathology examination and consists of several parts including OSPEs, Short surgical Cases, Long Cases and Macros. It will take place over two days. The examination will cover the full range of the curriculum, regardless of the expected scope of practice once qualified. This could involve both benign and malignant diagnoses, including rarer and more complex entities. The mark scheme will reflect the level of expertise expected at Stage C.

Short surgical cases: this comprises the assessment of 20 cases which will be provided in ten pairs of haematoxylin and eosin (H&E) stained slides in 20-minute slots over 3hrs 20 minutes. The cases will include a mixture of neoplastic and non-neoplastic material. They will vary in

difficulty from straightforward cases readily diagnosable on a single H&E section, more complex cases requiring more detailed description, differential diagnosis and special techniques, and cases not capable of diagnosis on a single H&E which should prompt an approach for further techniques, extra blocks and specialist opinions. If appropriate, additional information such as a prognosis, further treatment options, or a clinicopathological comment should also be made.

Long cases: This comprises four cases with a number of slides or additional information to examine, which may include, for example, a number of H&E stained slides, or a single H&E stained slide with immunohistochemistry sections. Twenty minutes is given for each case and candidates are expected to discuss the microscopic findings and additional material to make a final diagnosis or to discuss a differential diagnosis. If appropriate, additional information such as a prognosis, further treatment options, or a clinicopathological comment should also be made.

Macros: Candidates will be provided with pictures of pathology specimens with clinical information and will be asked to prepare their responses to specific questions and to mark on the photographs where they would take blocks. Two x 20-minute slots will be provided to view a total of four cases followed by a 20-minute discussion with two examiners. Formal written reports are not required in this exercise, which is designed to allow candidates to demonstrate their capabilities in gross pathology and familiarity with block selection in the context of the RCPath Minimum Datasets.

There will also be two x 20-minute **Objective Structured Practical Examinations (OSPEs)** one of which is conducted face-to-face with two examiners while the other is a written exercise only. Possible topics include management/clinical governance and MDT type cases, although this list is not exhaustive.

The order that candidates will undertake these different parts of this examination will vary and will be dependent on the number of candidates. The exam itinerary information that will be provided to candidates will clearly explain the timetable and structure of the examination.

MARKING STRUCTURE

All examination papers will be marked by at least two examiners and all marks are subject to moderation and ratification by the Board.

EXAMINATION RE-SITS

If a candidate fails, the examination in either Stage A or Stage C they will be able to re-sit the examination. Candidates will be expected to continue to report on the range of specimens listed in the curriculum in between their attempts at the examination. They will be required to re-sit all parts of the examination rather than just the part that they were unsuccessful in on their previous attempt and a re-sit fee will apply.

Candidates can have up to four attempts at both the Stage A and Stage C examinations and these attempts do not have to be in consecutive examination sittings. If a candidate is unsuccessful at the examination four times, they can apply for up to a further two attempts via an appeal to the examination committee responsible for these qualifications. This appeal will need to explain the circumstances behind the need for these additional attempts.

Resources

For the latest list of books and websites that may be useful for those undertaking this qualification please refer to the IBMS website.

Appendix A - Curriculum for RCPath/IBMS Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting

SUPERVISION AND FEEDBACK

Specialist training must be appropriately supervised by the senior medical and scientific staff on a day-to-day basis under the direction of a designated educational supervisor. Supervision has more than one meaning in histopathology. Trainees will work under consultant supervision, gradually widening their knowledge and experience in each area. The day-to-day supervised training will be supplemented by more formal teaching such as 'black box' sessions and on regionally and nationally organised training courses.

If a histopathology report generated by the trainee states that they have been supervised by a consultant, this is usually taken to mean that the consultant has examined that report with the trainee. It also implies that the consultant accepts not only the microscopic but also any macroscopic description as accurate, even if the supervisor has not personally reviewed the specimen. However, there is also a more general level of supervision in day-to-day work. A trainee may ask for assistance at any time if a specimen they are dealing with is unfamiliar or unusual. Supervision also extends to working relationships and communication within and beyond the histopathology department.

Educational supervision is a fundamental conduit for delivering teaching and training in the NHS. It takes advantage of the experience, knowledge and skills of educational supervisors/trainers and their familiarity with clinical situations. It ensures interaction between an experienced clinician and the trainee. This is the desired link between the past and the future of medical practice, to guide and steer the learning process of the trainee.

Clinical supervision is also vital to ensure patient safety and a high-quality service.

The role of the educational supervisor is to:

- have overall educational and supervisory responsibility for the trainee in a given post
- ensure that the trainee is familiar with the curriculum relevant to the stage of training of the post
- ensure that the trainee has appropriate day-to-day supervision appropriate to their stage of training
- ensure that the trainee is making the necessary progress during the post
- ensure that the trainee is aware of the assessment system and undertakes it according to requirements
- act as a mentor to the trainee and help with both professional and personal development

- agree a training plan (formal educational contract) with the trainee and ensure that an induction (where appropriate) has been carried out soon after the trainee's appointment
- discuss the trainee's progress with each trainer with whom a trainee spends a period of training
- undertake regular formative/supportive appraisals with the trainee (two per year, approximately every 6 months) and ensure that both parties agree to the outcome of these sessions and keep a written record
- regularly inspect the trainee's training record, inform trainees of their progress and encourage trainees to discuss any deficiencies in the training programme, ensuring that records of such discussions are kept

Expected Training

The level of knowledge gained within each of the areas described below will vary between trainees. However, for each disease process listed, it is recommended that the trainee possesses at least a basic level of knowledge within the following eight categories:

- Epidemiology
- Aetiology
- Pathogenesis
- Clinical features
- Pathological features (macroscopic and microscopic)
- Natural history
- Management options
- Major complications of therapy

It is important that sufficient basic knowledge of major pathological processes is gained at this early stage. This should include topics such as: causes of and responses to cellular injury, acute and chronic inflammation, neoplasia, the effects of genetics and the environment in health and disease, infections and the basics of immunology.

Curriculum for Stage A of RCPath/IBMS Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting

The aims of Stage A are to provide:

- a structured introduction to histopathology
- practical training in gastrointestinal pathology

Competences required at the end Stage A:

- independent cut-up of most simple specimens (e.g. appendicectomy, cholecystectomy)
- independent cut-up of common larger specimens (e.g. colectomy for diverticular disease, ischaemic bowel)
- ability to write an appropriate report for a wide range of histopathology specimens (common biopsies, common benign resections)
- ability to demonstrate time management and task prioritisation (e.g. prioritisation of specimens for cut-up and reporting, timely turn-around of reporting histopathology, keeping portfolio up to date)

The portfolio assessment will mirror the Annual Review of Competence Progression (ARCP) process and will be evidenced through the submission within the portfolio of:

Practical Experience:

- surgical histopathology — a **minimum** of 750 reported cases and evidence of regular case reviews
- audit — completion of a minimum one clinical audit
- continuous development — completion of a minimum of one educational case report / study

Assessments:

- workplace-based assessments — a minimum of 18 in total, 12 directed (see below)
- multi-source feedback — one completed and satisfactory
- progress reports — to be completed every six months
- educational supervisor's report — satisfactory

The portfolio is reviewed at the end of this stage against the portfolio assessment indicators stated in this guidance. The final part of Stage A is the examination that is described earlier in this document. Candidates can only progress to Stage B with a pass in **both** the portfolio and the Stage A exam.

Curriculum for Stage A of RCPath/IBMS Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting

System	Macroscopic Pathology	Microscopy	Knowledge Base
General	Correctly identify patient details relevant to each specimen Correctly orientate specimens Open fresh specimens Correctly obtain fresh tissue for touch preparation, freezing, electron microscopy etc.	Set up a microscope correctly Demonstrate confidence in normal histology and normal variations of common tissue types Select/identify appropriate histochemical stains for glycogen, fat, mucins and amyloid Demonstrate awareness of basic immunohistochemical markers for major tissue and tumour types and the interpretation of a basic panel of immunohistochemical markers Demonstrate basic appreciation of artefacts such as formalin pigment, cross cutting and wrong embedding and its consequences	Normal anatomy and histology Pathological basis of disease Common pathological abnormalities including hyperplasia, metaplasia, dysplasia and malignancy
System	**Macroscopic Pathology**	**Microscopy**	**Knowledge Base**
Upper Gastrointestinal Tract	Oesophageal, gastric and duodenal biopsies Sleeve gastrectomy Cholecystectomy	**Oesophagus:** Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders, polyps and benign neoplasms • precursors to squamous carcinoma and adenocarcinoma (low- and high-grade dysplasia)	**Oesophagus:** Infectious lesions include viral, bacterial and fungal Inflammatory disorders include reflux oesophagitis, drug induced oesophagitis, Barrett's oesophagus, eosinophilic oesophagitis and Crohn's disease Benign neoplasms include squamous papilloma and adenoma

System	Macroscopic Pathology	Microscopy	Knowledge Base
Upper Gastrointestinal Tract	Oesophageal, gastric and duodenal biopsies Sleeve gastrectomy Cholecystectomy	**Stomach:** Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders, polyps and benign neoplasms • precursors to adenocarcinoma (low- and high-grade dysplasia) **Small Bowel (Duodenum):** Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders, polyps and benign neoplasms • precursors to adenocarcinoma (low- and high-grade dysplasia) **Gallbladder:** Demonstrate confidence in the diagnosis of: • infectious and inflammatory disorders and benign neoplasms (including adenoma) • precursors to adenocarcinoma (low- and high-grade dysplasia)	**Stomach:** Infectious lesions include viral, bacterial and fungal Inflammatory disorders include autoimmune gastritis, lymphocytic gastritis, granulomatous gastritis, reactive gastritis and Crohn's disease Polyps include hyperplastic, Menetrier's disease and inflammatory Benign neoplasms include adenoma **Small Bowel (Duodenum):** Infectious lesions include viral, bacterial and fungal Inflammatory disorders include ischaemia, autoimmune enteropathy, tropical sprue, inflammatory bowel disease, radiation and drug induced gastroenteritis. Polyps include hyperplasia, inflammatory, hamartomatous and adenomatous Benign neoplasms include adenoma

Note: As part of your practice, you are likely to come across invasive tumours. It is not expected for you to be able to confidently diagnosis invasive tumour in Stage A, however, you should be starting to develop the ability to recognise and understand the important histological features of malignancy.

System	Macroscopic Pathology	Microscopy	Knowledge Base
Lower Gastrointestinal Tract	Appendicectomy Colorectal biopsies, polypectomy and colectomy/proctectomy for benign disease (including diverticular disease and inflammatory bowel disease) Anal lesions Pilonidal sinuses Stoma	**Appendix:** Demonstrate confidence in the diagnosis of: • infectious and inflammatory disorders and benign neoplasms • precursors to adenocarcinoma (low- and high-grade dysplasia) **Colorectum**: Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders and epithelial polyps • precursors to adenocarcinoma (low- and high-grade dysplasia) **Anus:** Recognise benign tumour like lesions and benign tumours of the anus and anal canal	**Appendix:** Benign neoplasms include adenoma **Colorectum:** Infectious lesions include viral, bacterial and fungal Inflammatory disorders include inflammatory bowel disease, other colitides and solitary rectal ulcer/mucosal prolapse syndrome Epithelial polyps include hyperplastic, inflammatory, hamartomatous and neoplastic **Anus:** Tumour like lesions include haemorrhoids, fibroepithelial polyp and mucosal prolapse Benign tumours include condyloma acuminatum

Workplace-Based Assessments (WBA - 18 in total, 12 directed)

Directly Observed Practical Skills (DOPS) (six from the following):

Set up and use microscope

Cut Up:

- completion of a simple cut up session (e.g. gallbladders, appendix, stoma)
- macroscopic description and block taking of a larger resection (e.g. diverticular disease)

Microscopy:

- demonstrate ability to recognise normal histology
- demonstrate ability to recognise straightforward pathological entities (e.g. acute appendicitis)
- explain rationale for exclusion of malignancy

Comment: all six DOPS will be taken from this list (there may be more than one from each area).

Evaluation of Clinical Events (ECEs) (three from the following):

Histology/Cytology:

- present a case with ancillary investigations to a consultant trainer

Audit:

- present at audit meeting and lead discussion, having discussed findings with trainer beforehand

Poster Presentation:

- show a poster at the Pathological Society meeting or an appropriate team or Trust meeting

Teaching event for or demonstration of interesting case to students / trainees:

- to be observed by trainer

Referral letter:

- write a draft letter on a case for referral

Comment: three further ECEs may be taken from outside this list.

Case-Based Discussions (CBDs) (three from the following):

Histology:

- present a case with ancillary investigations (e.g. additional levels, blocks or immunohistochemical stains, review of previous samples) to a consultant trainer, indicating the relevance of the ancillary investigations
- write an appropriate report for a resection (with appropriate clinicopathological information)

Comment: three further CBDs may be taken from outside this list.

Curriculum for Stage B and Stage C of RCPath/IBMS Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting

In both Stage B and Stage C candidates will be assessed by submission of a portfolio demonstrating appropriate progress in the areas below.
In Stage C candidates also undertake formal examinations. The aims of both stages are to:

- broaden experience and understanding of histopathology
- provide practical training in gastrointestinal pathology

Competences required at the end of each stage:

- independent cut-up of most simple specimens (e.g. appendicectomy, cholecystectomy)
- independent cut-up of common larger specimens (e.g. colectomy for diverticular disease, ischaemic bowel)
- independent cut-up of the following cancer cases:

  Colon cancer (excluding abdominoperineal resections)

  Oesophageal/gastric cancer
- ability to write an appropriate report for a wide range of histopathology specimens (e.g. common biopsies, common benign resections, colon cancer)
- ability to demonstrate time management and task prioritisation (e.g. prioritisation of specimens for cut-up and reporting, timely turn-around of reporting histopathology, keeping portfolio up to date)

The portfolio assessment will mirror the Annual Review of Competence Progression (ARCP) process and will be evidenced through the submission within the portfolio at both Stage B and Stage C of:

Practical experience:

• surgical histopathology	a **minimum** of 1000 reported cases and evidence of regular case reviews
• audit	completion of a minimum of one clinical audit
• continuous development	completion of a minimum of one educational case report / case study
• Multidisciplinary team meeting (MDT/MDM) attendance	develop experience of involvement in the MDT and present cancer cases

Assessments:

• workplace-based assessments	a minimum of 18 in total, 12 directed (see below)
• multi-source feedback	one completed and satisfactory
• progress reports	to be completed every six months
• educational supervisor's report	satisfactory

Stage B

The portfolio is reviewed at the end of this stage against the portfolio assessment indicators stated in this guidance. There will be no formal examination. Candidates can only progress to Stage C once their Stage B portfolio has been marked as a pass.

Stage C

The portfolio is reviewed at the end of this stage against the portfolio assessment indicators stated in this guidance. The final part of Stage C is the examination that is described in detail earlier in this document. Candidates who pass **both** the portfolio and Stage C exam will be awarded the Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting. They will then be able to proceed to Stage D, the 'preceptorship' stage which is described in a separate document.

Detailed Description of Curriculum for Stage B and Stage C of RCPath/IBMS Advanced Specialist Diploma (ASD) in Gastrointestinal Histopathology Reporting

System	Macroscopic Pathology	Microscopy	Knowledge Base
General	Correctly identify patient details relevant to each specimen Correctly orientate specimens Open fresh specimens Correctly obtain fresh tissue for touch preparation, freezing, electron microscopy etc. Ink excision margins Lymph nodes anatomy and dissection in cancer specimens	Set up a microscope correctly Demonstrate confidence in normal histology and normal variations of common tissue types Select/identify appropriate histochemical stains for glycogen, fat, mucins and amyloid Demonstrate confidence in basic immunohistochemical markers for major tissue and tumour types and the interpretation of a basic panel of immunohistochemical markers Demonstrate an appreciation of artefacts such as formalin pigment, cross cutting and wrong embedding and its consequences	Normal anatomy and histology Pathological basis of disease Common pathological abnormalities including hyperplasia, metaplasia, dysplasia and malignancy
System	**Macroscopic Pathology**	**Microscopy**	**Knowledge Base**
Upper Gastrointestinal Tract **(As per Stage A)**	Oesophageal, gastric and duodenal biopsies Sleeve gastrectomy Cholecystectomy	**Oesophagus:** Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders, polyps and benign neoplasms • precursors to squamous carcinoma and adenocarcinoma (low- and high-grade dysplasia)	**Oesophagus:** Infectious lesions include viral, bacterial and fungal Inflammatory disorders include reflux oesophagitis, drug induced oesophagitis, Barrett's oesophagus, eosinophilic oesophagitis and Crohn's disease Benign neoplasms include squamous papilloma and adenoma

System	Macroscopic Pathology	Microscopy	Knowledge Base
Upper Gastrointestinal Tract (continued) **(As per Stage A)**	Oesophageal, gastric and duodenal biopsies Sleeve gastrectomy Cholecystectomy	**Stomach:** Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders, polyps and benign neoplasms • precursors to adenocarcinoma (low- and high-grade dysplasia) **Small Bowel (Duodenum):** Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders, polyps and benign neoplasms • precursors to adenocarcinoma (low- and high-grade dysplasia) **Gallbladder:** Demonstrate confidence in the diagnosis of: • infectious and inflammatory disorders and benign neoplasms (including adenoma) • precursors to adenocarcinoma (low- and high-grade dysplasia)	**Stomach:** Infectious lesions include viral, bacterial and fungal Inflammatory disorders include autoimmune gastritis, lymphocytic gastritis, granulomatous gastritis, reactive gastritis and Crohn's disease Polyps include hyperplastic, Menetrier's disease and inflammatory Benign neoplasms include adenoma **Small Bowel (Duodenum):** Infectious lesions include viral, bacterial and fungal Inflammatory disorders include ischaemia, autoimmune enteropathy, tropical sprue, inflammatory bowel disease, radiation and drug induced gastroenteritis. Polyps include hyperplasia, inflammatory, hamartomatous and adenomatous Benign neoplasms include adenoma

Upper Gastrointestinal Tract **(additional expectations for Stage B and C)**	Oesophageal, gastric and duodenal biopsies Sleeve gastrectomy Cholecystectomy Radical oesophagectomy Radical gastrectomy Antrectomy	**Oesophagus:** Demonstrate confidence in the diagnosis of: • epithelial tumours including squamous cell carcinoma and variants • adenocarcinoma and variants • neuroendocrine tumours • mesenchymal tumours **Stomach, Small Bowel and Gallbladder:** Demonstrate confidence in the diagnosis of • adenocarcinoma and variants • neuroendocrine tumours • mesenchymal tumours

System	Macroscopic Pathology	Microscopy	Knowledge Base
Lower Gastrointestinal Tract (As per Stage A)	Appendicectomy Colorectal biopsies, polypectomy and colectomy/proctectomy for benign disease (including diverticular disease and inflammatory bowel disease) Anal lesions Pilonidal sinuses Stoma	**Appendix:** Demonstrate confidence in the diagnosis of: • infectious and inflammatory disorders and benign neoplasms • precursors to adenocarcinoma (low- and high-grade dysplasia) **Colorectum:** Demonstrate confidence in the diagnosis of: • benign conditions including infectious lesions, inflammatory disorders and epithelial polyps • precursors to adenocarcinoma (low- and high-grade dysplasia) **Anus:** Recognise benign tumour like lesions and benign tumours of the anus and anal canal	**Appendix:** Benign neoplasms include adenoma **Colorectum**: Infectious lesions include viral, bacterial and fungal Inflammatory disorders include inflammatory bowel disease, other colitides and solitary rectal ulcer/mucosal prolapse syndrome Epithelial polyps include hyperplastic, inflammatory, hamartomatous and neoplastic **Anus:** Tumour like lesions include haemorrhoids, fibroepithelial polyp and mucosal prolapse Benign tumours include condyloma acuminatum

Lower Gastrointestinal Tract **(additional expectations for Stage B and C)**	Appendicectomy Colorectal biopsies, polypectomy and colectomy/proctectomy for benign and malignant disease Anal lesions Pilonidal sinuses Stoma	**Appendix:** Demonstrate confidence in the diagnosis of: • adenocarcinoma and variants • neuroendocrine tumours **Stomach, Small Bowel and Gallbladder:** Demonstrate confidence in the diagnosis of: • adenocarcinoma and variants • neuroendocrine tumours • mesenchymal tumours **Colorectal** Demonstrate confidence in the diagnosis of: • adenocarcinoma and variants • neuroendocrine tumours • mesenchymal tumours **Anus** Demonstrate confidence in the diagnosis of: • malignant lesions including squamous cell carcinoma and variants, adenocarcinoma and variants, Paget's disease, malignant melanoma • neuroendocrine tumours • mesenchymal tumours

Workplace-Based Assessments (WBA - 18 in total, 12 directed)

Directly Observed Practical Skills (DOPS) (six from the following):

Set up and use microscope

Cut up:

- completion of a simple cut up session
- completion of a cancer cut up session including macroscopic description and block taking

Microscopy:

- demonstrate ability to recognise normal histology
- demonstrate ability to recognise straightforward pathological entities
- demonstrate ability to report specified cancer cases

Comment: all six DOPS will be taken from this list (there may be more than one from each area)

Evaluation of Clinical Events (ECEs) (three from the following):

Histology

- present a case with ancillary investigations to a consultant trainer

Audit:

- present at audit meeting and lead discussion, having discussed findings with trainer beforehand

Poster presentation:

- show a poster at the Pathological Society meeting or similar

Teaching event for or demonstration of interesting case to students / trainees:

- to be observed by trainer

Referral letter:

- write a draft letter on a case for referral

Comment: Further ECE's may be taken from outside this list.

Case-Based Discussions (CBDs) (three from the following):

Histology:

- present a case with ancillary investigations (e.g. additional levels, blocks or immunohistochemical stains, review of previous samples) to a consultant trainer, indicating the relevance of the ancillary investigations
- write an appropriate report for a resection (with appropriate clinicopathological information)

Comment: Three further CBD's may be taken from outside of this list.

Appendix B - Progress Report

Date:	
Name of candidate:	
Name of educational supervisor:	
Cases reported:	
Progress on dissection of cases:	
Work based assessments: (completed to date)	
Progress with educational case:	
Progress with audit:	
Educational supervisors report: (need supervisor report every 6 months)	
Training days/lectures attended:	
Any other comments:	

Trainee signature .....

Educational supervisor signature .....

Appendix C - Summary of results from Multi-Source Feedback exercise (Blank)

Multi-source Feedback Summary

Overall Questionnaire Means

Self-assessed mean: ___
Assessor mean: ___
Group mean: ___
Total number of assessors: ___

Assessors Grades

Consultant histopathologist: ___
SpR or StR trainee within specialty: ___
Scientific / Laboratory staff: ___
Clinical staff: ___

Concerns Raised

The number of assessors who raised concerns with this assessment: ___

Numeric question responses

Insert summary graph from spreadsheet

The following numeric scale is used for question answers and relates to the BMS training in the dissection and reporting of histopathology specimens:

1. This behaviour calls into question the BMS's fitness to practice in this domain
2. This behaviour raises significant concern
3. Borderline: This behaviour needs addressing for the BMS's participant's personal development
4. This behaviour is as you would expect for a competent, safe BMS
5. This BMS functions above the level expected in this area
6. This BMS functions at a level well above the level expected in this area

The graph represents the questions from the form:

Question	Self response	Assessors Mean	Group Mean
1. Ability to recognise normal histology and common pathological abnormalities			
2. Ability to solve clinical problems by applying knowledge of basic principles of pathology			
3. Understanding of the importance of surgical pathology to clinicians and patients			
4. Ability to orientate and describe macroscopic pathological specimens			
5. Ability to take appropriate blocks			
6. Ability to use a microscope			
7. Ability to work in the laboratory in a safe way, demonstrating understanding of health and safety issues			
8. Attention to detail and vigilance			
9. Awareness of their own limitations			
10. Ability to apply up-to-date/evidence-based medicine			
11. Ability to manage time effectively/prioritise			
12. Ability to deal with stress			
13. Self motivation and commitment to learning			
14. Willingness and effectiveness when teaching/ training colleagues or students or junior medics in their department			
15. Ability to accept feedback			
16. Ability to understand the impact of pathology diagnosis on coordinating patient care			
17. Respect for patients and their right to confidentiality			
18. Ability to explain pathological findings in relation to biopsy to clinical colleagues			
19. Provision of clear, accurate written reports for colleagues			
20. Respect for and ability to work well with colleagues (laboratory, mortuary, clinical and administration staff)			
21. Reliability			
22. Overall how do you rate this BMS in terms of their pathological understanding of disease process and their ability to correlate with the clinical picture?			

Text Question Responses

Question	Comments
Please describe the ability of the BMS to adapt to the new role of specimen dissection and histology reporting.	
Please describe the ability of the BMS to participate in their own teaching, training and assessing.	
Please describe the willingness of the BMS to participate in the teaching, training and assessing of others in the department	
Please describe the ability of the BMS to work with colleagues, both scientific and medical	
Do you have any concerns about this BMS's probity? If yes, please describe them here.	
Do you have any concerns about BMS's health in relation to their fitness to practice? If yes, please describe them here.	
Do you have any concerns that you have not recorded elsewhere? If yes, please describe them here	
Please describe any behaviour that should be a particular focus for development	
Please use this space for any other comments you have about this BMS.	

Appendix D – Work-Based Assessment Forms

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WORKPLACE-BASED ASSESSMENT FORM HISTOPATHOLOGY
Case-based discussion (CbD)

Trainee's name:		**GMC Nº:**		**Stage of training:**	**A B C D**
Assessor's name:		**Please circle one**	Consultant SAS Senior BMS Clinical scientist Trainee Other		

Brief outline of procedure, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.

☐ Autopsy case – personally undertaken or observed autopsy protocol	☐ Reflective discussion on trainee's personal involvement in organisational or management issue	☐ Complex case requiring immunohistochemistry or other specialist technique	☐ Discussion of involvement in critical incident or patient safety event
☐ Discussion of case involving divergent diagnostic opinions	☐ Major resection specimens	☐ Reflective discussion on trainee's personal involvement in teaching event	Please specify:

Complexity of procedure: ☐ Low ☐ Average ☐ High

	Please ensure this patient is not identifiable **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:**	Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		1	2	3	4	5	6	
1	Pathological assessment of case							
2	Additional investigations (appropriateness, timeliness, cost effectiveness)							
3	Clinico-pathological correlation							
4	Advice to clinical users							
5	Record keeping, including reports, proformas, correspondence, coding							
6	Consideration of patient issues (e.g. respect for patient dignity, consent, confidentiality, turnaround times)							
7	Overall clinical judgement							
8	Overall professionalism							

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

Outcome:	Satisfactory Unsatisfactory (Please circle as appropriate)	Date of assessment:		Time taken for assessment:	
Signature of assessor:		Signature of trainee:		Time taken for feedback:	

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WORKPLACE-BASED ASSESSMENT FORM

HISTOPATHOLOGY

Direct observation of practical skills (DOPS)

Trainee's name:		**GMC Nº:**		**Stage of training:** A B C D	
Assessor's name:		**Please circle one**	Consultant SAS Senior BMS Clinical scientist Trainee Other		
Brief outline of procedure, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.					

- ☐ Specimen cut up (state specimen or scenario)
- ☐ Autopsy procedures (state aspect)
- ☐ Set up and use of microscope
- ☐ Systematic assessment of biopsy/cytology case (state type)
- ☐ Reporting procedures
- ☐ Use of camera and specimen photography
- ☐ Taking a fine needle aspirate
- ☐ Handling and reporting of frozen section
- ☐ Observation of trainee led teaching event
- ☐ Please specify

Complexity of procedure: ☐ Low ☐ Average ☐ High

	Please ensure this patient is not identifiable **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:**	Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		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)	Date of assessment:		Time taken for assessment:	
Signature of assessor:		Signature of trainee:		Time taken for feedback:	

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WORKPLACE-BASED ASSESSMENT FORM HISTOPATHOLOGY

Evaluation of clinical events (ECE)

Trainee's name:		**GMC Nº:**		**Stage of training:**	**A B C D**
Assessor's name:		**Please circle one**	Consultant SAS Senior BMS Clinical scientist Trainee Other		

Brief outline of procedure, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.

☐ Histopathology/cytology case – assessment and reporting	☐ Use of critical incident reporting procedures	☐ Demonstration and presentation of case(s) in MDTM/CPC	☐ Presentation/case discussion at morbidity/ mortality meeting or "grand round"
☐ Presenting audit findings and leading discussion on the action required	☐ Making histo/ cytopathological correlation and providing feedback	☐ Use of the call and recall system in cervical cytology screening	☐ Autopsy case – assessment and demonstration of autopsy findings to supervisor or clinical team
☐ Handling a patient safety event (e.g. specimen misidentification)	☐ Providing clinico-pathological advice in response to an enquiry	☐ Referring a case for specialist opinion	☐ Please specify:

Complexity of procedure: ☐ Low ☐ Average ☐ High

	Please ensure this patient is not identifiable **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:**	Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		1	2	3	4	5	6	
1	Understands theory of encounter/event (process)							
2	Applies clinical/pathological knowledge appropriately							
3	Makes appropriate clinical judgments							
4	Follows established procedure (SOP, Trust procedure or guidelines)							
5	Demonstrates appropriate communication skills (verbal and written)							
6	Maintains a patient focus and delivers patient centered care (e.g. respect for patient dignity, consent, confidentiality, turnaround times)							
7	Maintains professional standards							
8	Considers professional issues (record keeping, consultation with colleagues, linkage of department to others, Trust rules, plan for feedback)							
9	Organisation and efficiency							
10	Overall clinical care (where appropriate)							

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

Outcome:	Satisfactory Unsatisfactory (Please circle as appropriate)	Date of assessment:		Time taken for assessment:	
Signature of assessor:		Signature of trainee:		Time taken for feedback:	