TRAINING LOGBOOK

FOR

ADVANCED SPECIALIST DIPLOMA IN HISTOLOGICAL DISSECTION

ISSUED TO:

Royal College of Pathologists Categories D and E Only

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INTRODUCTION

All biomedical scientists undergoing training in the histological selection and dissection of tissues in preparation for sitting the IBMS Advanced Specialist Diploma (ASD) in Histological Dissection must use this logbook. It provides a nationally recognised training framework to enable biomedical scientists to acquire the minimum level of competence required to perform the histological dissection of tissues and organs in specimen categories D and E. It is acknowledged that variations in local practice may determine a local move from the Royal College of Pathologists specimen categories, but the examination will be based on the specimen and tissue types listed under specimen categories D and E.

Laboratories wishing to offer this training must be approved by the Institute for training. All laboratories wishing to participate in this training process must be United Kingdom Accreditation Service (UKAS) registered and have full accreditation or be actively seeking accreditation. Training must be conducted in-house under the overall supervision and responsibility of a named consultant level supervisor (either a pathologist or scientist). Additional consultant level individuals may supervise training for specimens from different organ systems or categories and this must be indicated in the training logbook.

The final assessment of competence is based upon the submission of an evidence-based portfolio and the subsequent written examination. The successful completion of these requirements will be recognised by the awarding of an Advanced Specialist Diploma (ASD) in Histological Dissection. This confers eligibility to undertake histological dissection of specimens in categories D and E according to the modules in which practical training has been received as stated on the certificate. The Institute's Advanced Specialist Diploma in Histological Dissection provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the practice of advanced specimen dissection, with the practical competence required to accurately dissect a wide range of complex specimens, whether benign or malignant. Possession of this diploma will enable you to apply for an appropriate post.

AIMS

1. To develop the professional knowledge and skills of a candidate beyond that of the Diploma of Expert Practice (DEP) to a high level of professional practice

2. To enable successful candidates to undertake a role that involves the description, dissection and block sampling of a range of complex pathology specimens

3. To enable successful candidates to offer expert professional advice on the dissection of a range of complex pathology specimens

4. To enable successful candidates to participate in the training of scientists and specialist trainee medical staff in complex histological specimen dissection and audits

LEARNING OUTCOMES

Individuals awarded the Advanced Specialist Diploma in Histological Dissection will be able to:

1. Demonstrate expert professional skills and advanced knowledge beyond those required of scientists in histopathology working at the level of the DEP in Histological Dissection

2. Demonstrate detailed understanding of the physiological and pathological processes associated with a range of advanced specimens

3. Accurately describe the macroscopic appearances of a range of histological specimens using appropriate terminology

4. Know and understand the role of imaging methods in relation to the assessment of disease

5. Able to relate clinical/radiological/pathological findings to the dissection of complex specimens

6. Use highly specialised practical skills to dissect a range of complex specimens to enable accurate histopathological reporting

7. Produce high quality images of specimens to enable correlation between the gross specimen, radiological findings and the final diagnosis

8. Demonstrate the ability to operate autonomously within limits of their own competence, seeking advice from consultant level individuals and other colleagues as and when required

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

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

Details about this qualification, such as the eligibility criteria, the requirements of the portfolio of evidence, exam structure and an indicative reading, resources and useful website list are from the Institute's website, www.ibms.org. in the documents 'Guidance to Candidates and Trainers' and 'DEP and ASD in Histological Dissection Resources.'

CONSULTANT LEVEL SUPERVISOR(S)

A scientist undertaking training for the Advanced Specialist Diploma in Histological Dissection requires a named consultant level educational supervisor, responsible for their overall training. This is essential in ensuring that the scientist in training has the necessary support and exposure to material and training to enable the acquisition of these advanced skills and knowledge, and ultimately, to apply them in advanced professional practice.

The scientist also requires named consultant level supervisor(s) for each optional specialty module that they are undertaking. This is essential in ensuring that the scientist in training has the necessary support and exposure to material and training to enable the acquisition of these advanced skills and knowledge, and ultimately, to apply them in advanced professional practice.

The named supervisor(s) for each module can be pathologist(s) or scientist(s). They must be currently reporting the specialty pathology that they are signing off and be participating in a general EQA scheme and/or the specialty EQA scheme for the module that they are signing off.

The named overall consultant level supervisor must:

1. Guide and direct the training process

2. Regularly review progress during the training period. This must include work-based assessments and evidence of case reviews

3. Set agreed learning plans with the scientist

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

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

6. Sign the declaration in the logbook to confirm that the candidate has undergone training, that those who have signed off each module had the authority to do so, and in his/her opinion is competent and ready to sit the examination

The consultant level supervisor(s) and the scientist in training must comply with all relevant IBMS and RCPath guidelines and standards.

DELIVERY OF TRAINING

Training must be delivered in accordance with this IBMS/RCPath logbook for the Advanced Specialist Diploma in Histological Dissection. Completion of training is evidenced by submission of the signed logbook and compilation of a portfolio for each optional module that contains evidence of regular assessments of competence in dissecting appropriate pathology specimens by named consultant level supervisors. If the repertoire of the training laboratory is not comprehensive enough to allow exposure to the widest spectrum of pathology for the relevant module, it is considered good practice for scientists to visit other laboratories to share expertise and to learn different techniques.

The sub-speciality training component of this training programme is best served by participation in current specialist pathology and related activities, in close association with a consultant specialising in this area. The overall aim of the training programme is to develop advanced knowledge, attitudes and dissection skills in complex pathology. Training of biomedical scientists in advanced histological dissection must not detract from the training of specialist trainee medical staff in these areas.

In accordance with Royal College of Pathologists (RCPath) guidelines, many aspects of pathology reporting comply with national cancer datasets and tissue pathways. The biomedical scientist in training will be expected to know and implement these and in accordance with locally agreed departmental practice.

All aspects of laboratory work must be covered by appropriate SOP which must be in place to describe the departmental protocol for the dissection of tissues. The scientist must always operate within the appropriate SOPs, but these SOPs do not need to be submitted as evidence within the portfolio.

Progression to the examination for the Advanced Specialist Diploma in Histological Dissection is dependent upon the satisfactory assessment of the portfolio. Success in the written examination will be recognised by the awarding of the Advanced Specialist Diploma in Histological Dissection. This confers eligibility to undertake histological dissection of complex specimens in categories D and E according to the modules in which practical training has been received as stated on the Certificate.

RECORD OF TRAINING

Name		
Employment grade		
Institute membership number		
HCPC registration number		
Training Laboratory		
Address		
Telephone		
Email		
Named Overall Consultant Level Educational Supervisor		
Other Named Consultant Level Supervisor(s)		
Seconded Laboratory Name (if applicable)		
Duration of Training	**From:**	**To:**

RECORD OF TRAINING continued

Module	Supervising Consultant Level Supervisor	Dates of Training

FINAL DECLERATION BY NAMED CONSULTANT LEVEL SUPERVISOR

I declare that …… has satisfactorily completed a training programme for the IBMS Advanced Specialist Diploma (ASD) in Histological Dissection and that the consultant level 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 ASD in Histological Dissection.

NAME:

JOB TITLE:

SIGNATURE:

DATE:

CORE GENERIC KNOWLEDGE AND SKILLS

Generic knowledge and dissection skills must be evidenced before attempting the Advanced Specialist Diploma in Histological Dissection.

Subject	Knowledge	Performance Criteria
Introduction	Has a sound and thorough knowledge of the nature of the specimens received within the department Possesses an appropriate knowledge of pathology, sufficient to dissect relevant specimens. Knowledge of relevant RCPath Cancer Datasets and NHS Screening Programmes	Demonstrates the ability to solve problems regarding queries over specimens from a clinician, at the cut-up bench. Understands that the clinicopathological correlation is absolutely crucial in pathology in general and the impact that this has on patient management.
Clinical Governance	Has a thorough knowledge and understanding of the definition and organisational framework of clinical governance.	Participates in all elements of clinical governance, maintains patient confidentiality, learns from complaints and errors and shares best practice
Training	Understands the training methods used to impart cut-up skills and appreciates the sequence of observation, direct supervision and indirect supervision	Applies the various training methods to the practical situation and demonstrates competence in sample selection.
Continuing Professional Development	Understands the need for Continuing Professional Development	Actively participates in learning opportunities including sessions spent in clinics, theatre, departmental multidisciplinary and breast pathology teaching sessions and meetings. Maintains a personal development plan to set learning goals. Has an insight into own knowledge and skills limitations. Is able to learn from colleagues and accepts that appraisal and feedback are positive steps to setting learning targets for further improvement/personal development.

Standard Operating Procedures	Understands that all aspects of laboratory work must be covered by individual, signed, indexed and dated SOPs. Knows that before commencing training it is mandatory that SOPs are in place to describe the departmental protocol for the dissection of tissues.	Can use departmental SOPs competently and has the ability to write, modify or add to them.
Risk	Has a good knowledge of risk management as applied to the laboratory setting and the utility of the risk management cycle which incorporates incident reporting Has specific knowledge of the following: Safety responsibilities of the employee as defined in each individual's job description. The universal precautions for handling specimens. Waste/human tissue disposal/retained organ regulations. The procedures for dealing with high-risk specimens. Specimen handling procedures for dissection. Procedure for mislabelled specimens. SOP risk assessment compliance The protocol for referring any specimen or specimen type outside their competence or remit to the consultant pathologist	Has a positive attitude to risk management by recognising that risk is a part of laboratory practice. Learns from mistakes and applies changes in order to minimise the risk of recurrence. Follows the departmental/trust risk and safety procedures.
Audit	Has a thorough knowledge of the audit cycle and internal and external quality assurance procedures as applied to laboratory practice	Can independently initiate an audit project. Appreciates that audit ensures that best practice is being carried out
Data security and confidentiality	Has knowledge of the Caldicott report and current Data Protection legislation and guidance and how these are applied to laboratory practice.	Understands the need for patient confidentiality and applies this knowledge to the laboratory situation.

OPTIONAL MODULE 1 – BREAST PATHOLOGY

CORE SUB-SPECIALITY BREAST PATHOLOGY KNOWLEDGE

The following are areas which the scientist in training must become familiar with:

GENERAL PRINCIPLES

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has a knowledge and understanding of: The anatomy, function and physiology of the breast The role of histopathology in the multidisciplinary approach to the treatment of breast disease (triple assessment) The role of mammography and other imaging methods in relation to the assessment of breast disease When and how to use specimen radiology, as appropriate in breast dissection The processes of pre-dissection and specimen preparation, including the importance of prompt and adequate fixation, as appropriate The variations in the cut surface of breast tissue in relation to the mix of glandular and fatty components The recognition and orientation of all breast specimens			

OPTIONAL MODULE 1 – BREAST PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
The possible macroscopic and radiological appearances of the following lesions:			
Fat necrosis			
Previous biopsy or surgery associated changes			
Fibrocystic change			
Fibroadenosis			
Duct ectasia/periductal mastitis			
Abscess			
Pregnancy associated changes			
Fibroadenoma			
Intraduct papilloma			
Radial scar			
Phyllodes tumour			
Fibromatosis			
Nodular fasciitis			
Paget's disease of the nipple			
Benign and malignant skin lesions which may affect the breast			
Ductal carcinoma in situ			
Invasive carcinomas including ductal, lobular and mucinous			
Metastatic carcinomas			
Lymphomas			
Sarcomas and angiosarcoma			
Normal and involved lymph nodes			

OPTIONAL MODULE 1 – BREAST PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge, skills and competence to be able to: Establish specimen orientation Correlate specimen features and orientation with radiology as appropriate Identify the resection margins Correlate the specimen features with previous fine needle aspirations (FNA) or biopsies Correlate the specimen features with the effects of any preoperative neo-adjuvant therapy Correlate the specimen features with MDT discussions as appropriate Ink margins accurately to permit subsequent orientation in three dimensions, where appropriate Incise the specimen Record the specimen and lesion measurements Describe the macroscopic appearances of the cut slices recording the features identified **Take appropriate blocks to determine:** Lesion(s) size, extent, location and multi-focality The distance from the lesion(s) to the resection margins and nipple (where present) Margin involvement Possible nodal and vascular involvement including the highest/apical or sentinel node involvement The site of any previous fine needle aspirations or biopsies The presence of occult disease in grossly normal breast tissue			

OPTIONAL MODULE 1 – BREAST PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge and professional skills to dissect the following breast specimens **Nipple duct dissections** These specimens are taken for single duct discharge and can show a variety of benign or malignant abnormalities including duct ectasia, inflammation, papillary lesions and in situ or invasive malignancies **Breast reduction specimens** These specimens are taken as part of a cosmetic procedure and are examined and sampled as described under general dissection procedures **Diagnostic biopsies** These specimens are taken where unequivocal pre-operative diagnosis cannot be established by FNA or needle core biopsy and are either: • Palpable lesions • Non-palpable lesions (with guide wire localisation) • Lesions previously inadequately sampled by FNA or needle core biopsy • Lesions previously assessed by FNA or needle core biopsy as benign or more rarely of uncertain malignant potential The specimens are examined and sampled as described under general dissection procedures			

OPTIONAL MODULE 1 – BREAST PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Therapeutic wide local excisions These specimens are taken where a pre-operative diagnosis has been established and complete removal is the aim of the surgery and are for breast lesions which are: • Malignant or extremely likely to locally recur (e.g. phyllodes tumour) • Small enough to remove with sufficient margin without affecting the post-surgical appearance of the breast • After neoadjuvant treatment for malignancy The specimens are examined and sampled as described under general dissection procedures **Re-excision/further excision specimens/cavity shavings** These specimens may be taken either at the time of primary surgery, or as a subsequent procedure. The aim of the re-excision procedure is to remove either all of the previous biopsy site and its margins or one or more specific margins known or suspected to be involved by breast disease. This disease is normally either malignant, of malignant potential, or extremely likely to locally recur. The specimens are examined and sampled as described under general dissection procedures.			

OPTIONAL MODULE 1 – BREAST PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Mastectomy specimens These specimens are taken for a variety of reasons: • to ensure the total removal of extensive malignant or multifocal malignant lesions • to ensure the total removal of non-malignant lesions that are extremely likely to locally recur (e.g. fibromatosis) • for prophylaxis in high-risk patients • after neoadjuvant treatment for malignancy • after previous incomplete excision of a malignant or multifocal malignant lesions. The specimens are examined and sampled as described under general dissection procedures. **Lymph node specimens** These specimens may be taken at the time of breast resections for malignant breast disease, or as a subsequent procedure following a diagnosis of malignant disease and are normally: • for the staging of breast malignancy (node samples, sentinel node samples) • for debulking involved axillary nodal tissue (node clearance) These specimens are examined and all nodes sampled independently as described in the NHS BSP guidelines to: • identify the apical lymph node where present • identify and sample all nodes • dissect radiation and dye directed lymph nodes appropriately			

OPTIONAL MODULE 1 – BREAST PATHOLOGY

DECLARATION

I declare that I have satisfactorily completed the breast pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the breast pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 2 - LUNG PATHOLOGY

CORE SUB-SPECIALITY LUNG PATHOLOGY KNOWLEDGE

The following are areas which the scientist in training must become familiar with:

GENERAL PRINCIPLES

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has a knowledge and understanding of: The anatomy, function and physiology of the lung The role of bronchoscopy, biopsy and cytology in the diagnosis of lung pathology The recognition, naming, anatomical relationships and orientation of lung surgical excision specimens How to dissect common specimen types within the lung pathology module competently and safely The role of imaging in the diagnosis and staging of lung pathology and their correlation with pathology results in the context of lung MDT meetings **Has the knowledge, skills and competence to be able to:** Interpret the various surgical procedures used to take histological specimens, and the reasons for using them, e.g. VATS vs thoracotomy Identify the anatomy and establish specimen orientation Ensure adequate fixation, e.g. via inflation prior to dissection Interpret relationship with other structures, e.g. ribs, diaphragm			

OPTIONAL MODULE 2 - LUNG PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge, skills and competence to be able to: Identify the resection margins Correlate the specimen features with MDT discussions as appropriate Ink margins accurately to permit subsequent orientation in three dimensions, where appropriate Record the specimen and lesion measurements Sample lung specimens for molecular testing **Take appropriate blocks to determine:** Lesion(s) size, extent, and location The relationship between the lesion(s) to the pleural surfaces and adjacent structures (where present) Resection margin involvement Possible nodal and vascular involvement including the highest/apical node involvement The presence of synchronous tumours and their relationship to other lesions and margins The presence of occult disease in grossly normal lung tissue			

OPTIONAL MODULE 2 - LUNG PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge and professional skills to interpret surgical procedures relating to the lung and dissect the following lung specimens **Wedge biopsy/resection** These procedures are undertaken to remove a small segment of lung without having to resect the entire lobe. Wedge biopsies/resections may be taken for: • diagnosis and resection of small primary tumour • diagnosis and resection of metastatic disease • bullae and pneumothorax • interstitial lung disease/diffuse parenchymal lung disease (DPLD), e.g. pneumonias, idiopathic pulmonary fibrosis, sarcoidosis • infectious disease **Segmentectomy** This procedure is undertaken to remove a small segment of lung without having to resect the entire lobe. Segmentectomy specimens may be taken for: • diagnosis and resection of small primary tumour • diagnosis and resection of metastatic disease • bullae and pneumothorax • interstitial lung disease/diffuse parenchymal lung disease (DPLD), e.g. pneumonias, idiopathic pulmonary fibrosis, sarcoidosis • infectious disease **Sleeve resection** This procedure is undertaken to resect malignant tumours from the middle of the lung without having to remove the entire lobe.			

OPTIONAL MODULE 2 - LUNG PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Lobectomy/bi-lobectomy These procedures involve removal of one or more lobes of a lung and may be undertaken via VATS or thoracotomy. Lobectomy/bi-lobectomy specimens are taken for tumour, e.g. adenocarcinoma, carcinoid tumour, squamous cell carcinoma or benign disease, e.g. infection. Complex specimens may include adjacent organs and structures, e.g. ribs, diaphragm. **Pneumonectomy** This procedure involves removal of one entire lung, with specimens taken for tumour, e.g. adenocarcinoma, carcinoid tumour, squamous cell carcinoma. Complex specimens may include adjacent organs and structures, e.g. ribs, diaphragm **Pleurectomy** These specimens are taken for: • persistent pleural effusion • recurrent episodes of pneumothorax • debulking mesothelioma **Lymph node specimens** These specimens may be taken at the time of lung resections for malignant disease, for the staging of lung malignancy. **Diagnostic biopsies** These specimens include endobronchial biopsy, transbronchial biopsy, transthoracic needle biopsy, mediastinal biopsy, pleural biopsy. Diagnostic biopsy specimens may be taken in conjunction with diagnostic cytology samples, e.g. transthoracic FNA lung, bronchial washings/traps/lavages, bronchial brushings, transbronchial or endoscopic needle aspirate, pleural fluid.			

OPTIONAL MODULE 2 - LUNG PATHOLOGY

DECLARATION

I declare that I have satisfactorily completed the lung module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the lung module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 3 – UPPER GASTROINTESTINAL TRACT PATHOLOGY

For this module, the upper gastrointestinal tract is defined as:

- the oesophagus
- the stomach
- the small bowel above the *Ampulla of Vater*

CORE SUB-SPECIALITY UPPER GASTROINTESTINAL TRACT PATHOLOGY KNOWLEDGE

The following are areas which the scientist in training must become familiar with:

GENERAL PRINCIPLES

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has a knowledge and understanding of: The anatomy, function and physiology of the upper GI tract The role of endoscopy, biopsy and cytology in the diagnosis of upper GI pathology The recognition, naming, anatomical relationships and orientation of upper GI surgical excision specimens How to dissect common specimen types within the upper GI pathology module competently and safely The role of imaging in the diagnosis and staging of upper GI pathology and their correlation with pathology results in the context of upper GI MDT meetings			

OPTIONAL MODULE 3 – UPPER GASTROINTESTINAL TRACT PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Specimens and Pathology Has the knowledge skills and competence with the following specimens and associated pathology: **GENERAL** **Local resections** Endoscopic (EMR/ESD) Stalked polyps or sessile lesions Orientation (attached marker suture, submitted pinned out) Fixation Identification and painting of the stalk or base Demonstration of the lesion and its relationship to the stalk, deep and lateral mucosal resection margins **Radical resections** Identification of the constituent anatomical parts Resection margins (proximal and distal longitudinal, non-peritonealised/circumferential radial, anastomotic rings) Mesenteric structure or adventitia and constituent lymph nodes and vessels Peritoneum			

OPTIONAL MODULE 3 – UPPER GASTROINTESTINAL TRACT PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Procedure Open partially or completely according to local dissection protocols Anatomical and lesion measurements Note obstruction, perforation, fistula, abscess, fat wrapping, adhesions, adherent or involved structures Fixation Inking of the non-peritonealised/circumferential radial resection margin as appropriate Take sufficient blocks to demonstrate the lesion(s) and the: • distribution e.g. focal/segmental/diffuse (non-neoplastic), or, solitary/multifocal (neoplasia) • relationship to anatomical structures (mucous membrane, wall, mesentery, peritoneum, lymph nodes, vessels, other organs) • for malignancies, the extent of the spread through the wall • relationship to surgical margins (longitudinal and circumferential) • block longitudinally (non-neoplastic) or transversely (neoplasia) according to specimen type, and, proximity of the lesion (s) to the nearest longitudinal resection margin the cut slices recording the features identified • sample representative (non-neoplastic) or all (neoplasia) lymph nodes • sample mesenteric vessels for: - tumour involvement - thromboemboli - others e.g. vasculitis, amyloid, anatomical anomalies			

OPTIONAL MODULE 3 – UPPER GASTROINTESTINAL TRACT PATHOLOGY

DECLARATION

I declare that I have satisfactorily completed the upper gastrointestinal tract pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the upper gastrointestinal tract pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 4 - LOWER GASTROINTESTINAL TRACT PATHOLOGY

For this module, the lower gastrointestinal tract is defined as:

- the small bowel below the *Ampulla of Vater*
- the appendix
- the colon
- the rectum
- the anus

CORE SUB-SPECIALITY LOWER GASTROINTESTINAL TRACT PATHOLOGY KNOWLEDGE

The following are areas which the scientist in training must become familiar with:

GENERAL PRINCIPLES

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has a knowledge and understanding of: The anatomy, function and physiology of the lower GI tract (as defined above) The role of endoscopy, biopsy and cytology in the diagnosis of lower GI pathology The recognition, naming, anatomical relationships and orientation of lower GI surgical excision specimens How to dissect common specimen types within the lower GI pathology module competently and safely The role of imaging in the diagnosis and staging of lower GI pathology and their correlation with pathology results in the context of lower GI MDT meetings			

OPTIONAL MODULE 4 - LOWER GASTROINTESTINAL TRACT PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Specimens and Pathology Has the knowledge skills and competence with the following specimens and associated pathology: **GENERAL** **Local resections** Endoscopic (EMR/ESD/EFTR) or transanal (TART/TAMIS/TEMS) Stalked polyps or sessile lesions Orientation (attached marker suture, submitted pinned out) Fixation Identification and painting of the stalk or base Demonstration of the lesion and its relationship to the stalk, deep and lateral mucosal resection margins **Radical resections** Identification of the constituent anatomical parts Resection margins (proximal and distal longitudinal, non-peritonealised/circumferential radial, anastomotic rings) Mesenteric structure or adventitia and constituent lymph nodes (including apical/limit node) and vessels Peritoneum			

OPTIONAL MODULE 4 - LOWER GASTROINTESTINAL TRACT PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Procedure Open partially or completely according to local dissection protocols Anatomical and lesion measurements. Note obstruction, perforation, fistula, abscess, fat wrapping, adhesions, adherent or involved structures Fixation Inking of the non-peritonealised/circumferential radial resection margin as appropriate Take sufficient blocks to demonstrate the lesion(s) and the • distribution e.g. focal/segmental/diffuse (non-neoplastic), or, solitary/multifocal (neoplasia) • relationship to anatomical structures (mucous membrane, wall, mesentery, peritoneum, lymph nodes, vessels, other organs) • for malignancies, the extent of the spread through the bowel wall • relationship to surgical margins (longitudinal and circumferential) • block longitudinally (non-neoplastic) or transversely (neoplasia) according to specimen type, and, proximity of the lesion (s) to the nearest longitudinal resection margin the cut slices recording the features identified • sample representative (non-neoplastic) or all (neoplasia) lymph nodes, and identify an apical node where appropriate • sample mesenteric vessels for - tumour involvement - thromboemboli - others e.g. vasculitis, amyloid, anatomical anomalies			

OPTIONAL MODULE 4 - LOWER GASTROINTESTINAL TRACT PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge and professional skills to dissect the following lower GI specimens **SMALL INTESTINE** **Resections are for** Ischaemia to include: volvulus, adhesions, incarcerated hernia and vasculopathies Small bowel obstructions to include: tumours and inflammatory bowel disease Right hemicolectomy for distal small bowel lesions **COLORECTUM** **Resections are for** Volvulus, ischaemia, polyps and diverticular disease **Resections are also done for specific lesions including** Pneumatosis coli, colonic angiodysplasia, inflammatory (e.g. ulcerative colitis, Crohn's disease, pseudomembraneous colitis) and neoplastic (carcinomas, lymphomas) conditions. Resection depends on the site, distribution of the lesion (single/multifocal, segmental/diffuse), involvement of other structures, stage of disease and, curative or palliative intent. The latter and inflammatory conditions require only limited as opposed to radical mesenteric resection			

OPTIONAL MODULE 4 - LOWER GASTROINTESTINAL TRACT PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Procedures • endoscopic mucosal resection • endoscopic submucosal dissection • endoscopic full thickness resection • transanal resection of tumour • transanal minimally invasive surgery • transanal endoscopic microsurgery • ileocaecectomy • segmental colectomy • right hemicolectomy • extended right hemicolectomy • transverse colectomy • left hemicolectomy • sigmoid colectomy • subtotal colectomy • total colectomy • total proctocolectomy • proctectomy (including excision of rectal stump) • anterior resection with total mesorectal excision (TME), or high anterior resection • abdominoperineal resection			

OPTIONAL MODULE 4 - LOWER GASTROINTESTINAL TRACT PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
APPENDIX Resections are for inflammatory or neoplastic conditions **ANUS** **Resections for inflammatory conditions** Can be local **including** haemorrhoids, skin tag, prolapsing cloacogenic polyp, the roof of a fissure or anorectal abscess, or excision of a fistula **Resections for neoplastic disease can be local or radical** Local excision: small lesions (< 2 cm) present at the anal verge with a 2 cm surrounding rim of normal skin Abdominoperineal resection: larger tumours or extensive tumours of the anal canal that are unresponsive to radio-/chemotherapy. Also for low rectal adenocarcinoma involving upper anal canal, and rare anal malignancies e.g. malignant melanoma, leiomyosarcoma **Pelvic exenteration** In general for locally advanced or recurrent pelvic malignancy in the absence of extra pelvic metastases. Anal, rectal, cervical carcinomas and sometimes aggressive bladder, uterine, vaginal, vulval and soft tissue malignancies **Pelvic exenteration can include** Anterior: bladder, lower ureters, internal reproductive organs, draining lymph nodes and pelvic peritoneum Posterior: anorectum, distal colon, internal reproductive organs, draining lymph nodes and pelvic peritoneum Total: anterior and posterior			

OPTIONAL MODULE 4 - LOWER GASTROINTESTINAL TRACT PATHOLOGY

DECLARATION

I declare that I have satisfactorily completed the lower gastrointestinal tract pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the lower gastrointestinal tract pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 5 - HEPATOPANCREATICOBILIARY PATHOLOGY

For this module, the hepatopancreaticobiliary tract is defined as:

- gallbladder, liver and bile ducts
- the pancreas

CORE SUB-SPECIALITY HEPATOPANCREATICOBILIARY PATHOLOGY KNOWLEDGE

The following are areas which the scientist in training must become familiar with:

GENERAL PRINCIPLES

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has a knowledge and understanding of: The anatomy, function and physiology of the hepatobiliary organs The role of endoscopy, biopsy and cytology in the diagnosis of hepatobiliary pathology The recognition, naming, anatomical relationships and orientation of all hepatobiliary surgical excision specimens How to dissect common specimen types within the hepatobiliary pathology module competently and safely The role of imaging in the diagnosis and staging of HPB pathology and their correlation with pathology results in the context of HPB MDT meetings			

OPTIONAL MODULE 5 - HEPATOPANCREATICOBILIARY PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Specimens and Pathology Has the knowledge skills and competence with the following specimens and associated pathology: **GENERAL** **Local mucosal resections** Stalked polyps or sessile lesions Orientation (attached marker suture, submitted sliced or piecemeal) Fixation **Radical resections** Identification of the constituent anatomical parts Resection margins (proximal and distal longitudinal, non-peritonealised/circumferential radial) Mesenteric structure or adventitia and constituent lymph nodes and vessels Peritoneum **Procedure** Open partially or completely according to local dissection protocols Anatomical and lesion measurements. Note obstruction, perforation, fistula, abscess, adhesions, adherent or involved structures Fixation Inking of the non-peritonealised/circumferential radial resection margin as appropriate			

OPTIONAL MODULE 5 - HEPATOPANCREATICOBILIARY PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Procedure continued Take sufficient blocks to demonstrate the lesion(s) and the: • distribution e.g. focal/segmental/diffuse (non-neoplastic), or, solitary/multifocal (neoplasia) • relationship to anatomical structures (mucous membrane, wall, mesentery, peritoneum, lymph nodes, vessels, other organs) • for malignancies, the extent of the spread through the wall • relationship to surgical margins (longitudinal and circumferential) • block according to specimen type, and, proximity of the lesion (s) to the nearest longitudinal resection margin the cut slices recording the features identified • sample representative (non-neoplastic) or all (neoplasia) lymph nodes • sample mesenteric vessels for: - tumour involvement - thromboemboli - others e.g. vasculitis, amyloid, anatomical anomalies Has the knowledge and professional skills to dissect the following hepatobiliary specimens: **GALLBLADDER** **Resections are for** Cholecystitis, cholelithiasis and cholesterol polyps (see IBMS Diploma of Expert Practice in Histological Dissection) Dysplasia and malignancy Fistulating disease			

OPTIONAL MODULE 5 - HEPATOPANCREATICOBILIARY PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
LIVER **Resections are for** Cirrhosis Cystic lesions Focal nodular hyperplasia Infectious disease Metastatic tumour Primary malignant tumours, e.g. hepatocellular carcinoma, cholangiocarcinoma **BILE DUCTS** **Resections are for** Dysplasia Obstruction Primary malignant tumour, cholangiocarcinoma **PANCREAS** **Resections are for** Cystic lesions Intraductal Papillary Mucinous Neoplasm Metastatic tumour Primary malignant tumours, e.g. adenocarcinoma, neuroendocrine tumour			

OPTIONAL MODULE 5 - HEPATOPANCREATICOBILIARY PATHOLOGY

DECLARATION

I declare that I have satisfactorily completed the hepatopancreticobiliary module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the hepatopancreticobiliary module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

CORE SUB-SPECIALITY GYNAECOLOGICAL PATHOLOGY KNOWLEDGE

The following are areas which the scientist in training must become familiar with:

GENERAL PRINCIPLES

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has a knowledge and understanding of: The anatomy, function and physiology of the pelvis, its divisions and gynaecological pathology The role of histology, cytology and molecular techniques in the diagnosis of gynaecological pathology The recognition, naming, anatomical relationship and orientation of all gynaecological surgical excision specimens How to dissect common specimen types within the gynaecological system module competently and safely The role of imaging in the diagnosis and staging of gynaecological pathology and their correlation with pathology results in the context of gynaecological MDT meetings The current International Federation of Gynaecology and Obstetrics (FIGO), WHO classification of female genital tract tumours and local gynaecological pathology cut-up protocols			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Specimens and Pathology Has the knowledge skills and competence with the following specimens and associated pathology: **Vulva** Has an understanding of the anatomy of the vulva Is aware of common disease processes of the vulva (inflammatory, benign, pre-malignant and malignant) **Vagina** Has an understanding of the anatomy of the vagina Is aware of common disease processes of the vagina **Cervix** Has detailed understanding of the anatomy of the cervix Has thorough knowledge of the pathogenesis and histological appearances, national guidelines for cervical screening and treatment options of: • Cervical cytology • HPV changes • HPV test • Cervical Intraepithelial Neoplasia (CIN) • Cervical Glandular Intraepithelial Neoplasia (CGIN) • Cervical tumours/malignancies			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Endometrium Has thorough knowledge of: • Cyclical changes of the endometrium • Hormonal effect on the endometrium • Endometrial pre-malignant conditions • Endometrial tumours/malignancies • Stromal tumours/malignancies **Myometrium** Is aware of common disease processes of the myometrium Has thorough knowledge of various macroscopic appearances of leiomyomas and malignant myometrial tumours **Fallopian Tube** Has an understanding of the anatomy of the fallopian tube Is aware of common disease processes of the fallopian tube and the emerging understanding of mucosal neoplasia as a cause of disseminated intraperitoneal malignancy			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Ovary Has an understanding of the anatomy of the ovary Has thorough knowledge of: • Various physiological process including functional cysts and embryological remnants • Benign, borderline and malignant tumours • Metastases to the ovary **Parametrial Tissue** Has an understanding of the anatomy of the parametrium Is aware of common disease processes of the parametrium **Omentum** Has an understanding of the anatomy of the omentum Is aware of common disease processes of the omentum **Appendix** Has an understanding of the anatomy and physiology of the appendix Is aware of pseudomyxoma Is aware of disease process of the appendix with regard to their link to gynaecological disease and pseudomyxoma peritonei **Products of Conception** Has an understanding of the anatomy and physiology of the conceptus, extraembryonic tissues and the implantation site Is aware of common trophoblastic disease processes and the macroscopic appearance of abnormal and normal products of conception			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge and professional skills to dissect the following gynaecological specimens: **Ovary** Torsion Oedema Benign cysts Endometriosis Benign epithelial tumours • Serous • Mucinous • Endometroid • Brenner Benign germ cell tumours (cystic teratoma) Benign stromal (fibrothecoma) Borderline neoplasms • Serous • Mucinous BRCA gene mutations			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
OVARY cont. **Malignant ovarian neoplasms** • Clear cell • Sex cord stromal • Germ cell • Mesothelial • Soft Tissue • Lymphoid and myeloid • Secondary **Fallopian Tube** Paratubal and fimbrial cysts Hydrosalpinx and pyosalpinx Ectopic pregnancy Adenomatoid tumour Serous adenocarcinoma BRCA Secondary carcinomas			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Uterus Prolapse +/- repair Adenomyosis/endometriosis Polyps endometrial / cervical Lynch syndrome Benign symptoms Endometrial carcinomas and carcinosarcomas Smooth muscle tumours (leiomyomas) Malignant uterine mesenchymal lesions (sarcomas) Endometrial stromal nodules Complications of Pregnancy • Rupture of uterus • Post-partum haemorrhage **Cervix** Cervical intraepithelial neoplasia (CIN) Cervical glandular intraepithelial neoplasm (CGIN) Squamous cell carcinoma Adenocarcinomas Adenosquamous carcinoma Mesenchymal and mixed epithelial/mesenchymal tumours Secondary tumours			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Vulva Vulval intraepithelial neoplasia (VIN) Vulval squamous cell carcinoma Other rarer tumour types: • Basel cell carcinoma • Adenocarcinomas • Malignant melanoma • Inflammatory including lichen sclerosis • Common benign including cysts and tumours **Vagina** Vaginal intraepithelial neoplasia (VAIN) Squamous carcinoma **Omentum** Inflammation Cysts and granuloma Malignancies – involvement by FGT tumours/ PPC Ultra-radical surgical resection Peritoneal resections			

OPTIONAL MODULE 6 – GYNAECOLOGICAL PATHOLOGY

DECLARATION

I declare that I have satisfactorily completed the gynaecological pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the gynaecological pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 7 – UROLOGICAL PATHOLOGY - CATEGORY A: KIDNEY (INCLUDING URETER) AND TESTIS

The urological system is defined as:

- Kidneys and ureters
- Testes
- Bladder and urethra
- Prostate gland

In recognition that it may not be possible to obtain experience in dissection of all types of urological resection specimens in all pathology departments, the Urological Pathology module has been separated into two and will be awarded in either or both of the following categories:

· Category A - Kidney (including ureter) and testis
· Category B - Bladder (including urethra) and prostate

The following are areas which the scientist in training must become familiar with:

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has a knowledge and understanding of The anatomy, function and physiology of the urological system The role of endoscopic techniques (e.g. cystoscopy, ureteroscopy) biopsy and cytology in the diagnosis of urological pathology The recognition, naming, anatomical relationships and orientation of all urological surgical excision specimens How to dissect common specimen types within the urological system competently and safely The role of imaging in the diagnosis and staging of urological pathology and its correlation with pathology results in the context of urological MDT meetings			

OPTIONAL MODULE 7 – UROLOGICAL PATHOLOGY - CATEGORY A: KIDNEY (INCLUDING URETER) AND TESTIS

Competence	Date Started	Date Completed	Signature of Designated Supervisor
GENERAL **Biopsy and Transurethral Resection Specimens** Handling and processing of small biopsy/curettage specimens from various sites within the urological system **Radical Resection Specimens** Identification of constituent anatomical parts and knowledge of their relationship with other organs Recognition of normal macroscopic appearances Identification of resection margins Inking of resection margins Opening of specimens to facilitate fixation Appropriate use of macrophotography Fresh tissue sampling for research and clinical trials, as appropriate Accurately describe tumours/lesions, using medical terminology, to record the location, focality, appearance, size, extent and the relationship to surgical margins Recognise incidental lesions Correlate appearances with clinical, imaging and previous biopsy/resection findings Correlate appearances with the effects of any neoadjuvant therapy Selection of appropriate blocks to enable assessment of tumour type, grade, stage and relevant prognostic factors and relationship to surgical margins Lymph node sampling			

OPTIONAL MODULE 7 – UROLOGICAL PATHOLOGY - CATEGORY A: KIDNEY (INCLUDING URETER) AND TESTIS

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Specimens and Pathology Has the knowledge skills and competence with the following specimens and associated pathology **KIDNEY AND URETER** **Ureter** Biopsies for lesions detected on imaging or ureteroscopy, including tumours, carcinoma insitu and benign conditions (including nephrogenic adenoma/metaplasia, ureteritis cystica, amyloidosis, endometriosis, florid von Brunn's nests and schistosomiasis) Pelvi-ureteric junction (PUJ) excisions for obstruction due to congenital or acquired conditions Ureterectomy for excision of stricture, congenital anomalies, ureteritis cystica, endometriosis, sclerosing retroperitoneal fibrosis (IgG4 related disease) **Partial nephrectomy (nephron-sparing surgery)** For small renal masses, benign or malignant **Nephroureterectomy** For tumours and/or carcinoma in-situ of the renal pelvis and/or ureter • usually includes a bladder cuff • may include resection of lymph nodes Includes adjacent organs if locally advanced tumour			

OPTIONAL MODULE 7 – UROLOGICAL PATHOLOGY - CATEGORY A: KIDNEY (INCLUDING URETER) AND TESTIS

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Simple nephrectomy For benign conditions including • renal cystic disease: adult polycystic kidney disease (APCKD), acquired cystic renal disease • non-functioning kidneys • inflammatory conditions e.g. chronic pyelonephritis, xanthogranulomatous pyelonephritis • renal calculous disease • reflux uropathy • failed renal transplant • hydronephrosis due to obstruction • other: traumatic injury, radiation nephropathy, ischaemia **Radical nephrectomy** For malignant/suspected malignant renal masses diagnosed on biopsy, imaging or following prior diagnosis of metastatic disease These resections may include: • the adrenal gland • hilar lymph nodes • separate sampling of other regional lymph nodes • inferior vena cava thrombi, separate or attached Includes adjacent organs if locally advanced tumour			

OPTIONAL MODULE 7 – UROLOGICAL PATHOLOGY - CATEGORY A: KIDNEY (INCLUDING URETER) AND TESTIS

Competence	Date Started	Date Completed	Signature of Designated Supervisor
TESTIS Biopsies For investigation of fertility To exclude germ cell neoplasia in-situ (GCNIS) in undescended testis or biopsy (uncommonly) of the contralateral testis at the time of surgery for malignancy **Hydrocoele** To exclude malignancy **Epididymis** Excision for cysts, chronic pain, pain post vasectomy, suspected tumour **Orchidectomy for benign conditions** Undescended testis, torsion, trauma, infarction, inflammatory conditions, infection, atrophy, testicular regression syndrome During hernia repair Bilateral, for hormonal control of prostate cancer (uncommon) **Orchidectomy for testicular masses** Benign or malignant Includes the epididymis and spermatic cord **Retroperitoneal lymph node dissection (RPLND)** For removal of intra-abdominal lymph node metastases, usually post-chemotherapy, for testicular germ cell tumours *It is accepted that dissection experience of RPLND specimens may not be possible at all centres*			

OPTIONAL MODULE 7 – UROLOGICAL PATHOLOGY - CATEGORY A: KIDNEY (INCLUDING URETER) AND TESTIS

DECLARATION

I declare that I have satisfactorily completed the urological pathology, Category A (Kidney (including Ureter) and Testes) module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the urological pathology, Category A (Kidney (including Ureter) and Testes) module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 8 - UROLOGICAL PATHOLOGY - CATEGORY B: BLADDER (INCLUDING URETHRA) AND PROSTATE

The urological system is defined as:

- Kidneys and ureters
- Testes
- Bladder and urethra
- Prostate gland

In recognition that it may not be possible to obtain experience in dissection of all types of urological resection specimens in all pathology departments, the Urological Pathology module has been separated into two and will be awarded in either or both of the following categories:

· Category A - Kidney (including ureter) and testis
· Category B - Bladder (including urethra) and prostate

The following are areas which the scientist in training must become familiar with:

Competence	Date Started	Date Completed	Signature of Designated Supervisor
GENERAL **Biopsy and Transurethral Resection Specimens** Handling and processing of small biopsy/curettage specimens from various sites within the urological system **Radical Resection Specimens** Identification of constituent anatomical parts and knowledge of their relationship with other organs Recognition of normal macroscopic appearances Identification of resection margins Inking of resection margins Opening of specimens to facilitate fixation Appropriate use of macrophotography Fresh tissue sampling for research and clinical trials, as appropriate Accurately describe tumours/lesions, using medical terminology, to record the location, focality, appearance, size, extent and the relationship to surgical margins			

OPTIONAL MODULE 8 - UROLOGICAL PATHOLOGY - CATEGORY B: BLADDER (INCLUDING URETHRA) AND PROSTATE

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Radical Resection Specimens continued... Recognise incidental lesions Correlate appearances with clinical, imaging and previous biopsy/resection findings Correlate appearances with the effects of any neoadjuvant therapy Selection of appropriate blocks to enable assessment of tumour type, grade, stage and relevant prognostic factors and relationship to surgical margins Lymph Node Sampling **Specimens and Pathology** Has the knowledge skills and competence with the following specimens and associated pathology **PROSTATE** **Prostate biopsies** For suspected prostate cancer following a raised PSA level and/or abnormal rectal examination Transrectal or transperineal approach **Transurethral resection (TURP)** For relief of bladder outflow obstruction in patients with no history of carcinoma or patients with known prostate cancer Uncommonly, for detection of suspected carcinoma in patients with previous negative prostate biopsies (to detect a transition zone tumour) **Retropubic prostatectomy/ enucleation specimens** For relief of bladder outflow obstruction, as for TURP **Radical prostatectomy** For prostatic carcinoma, previously diagnosed on biopsy or TURP Includes the seminal vesicles with or without pelvic lymph node sampling			

OPTIONAL MODULE 8 - UROLOGICAL PATHOLOGY - CATEGORY B: BLADDER (INCLUDING URETHRA) AND PROSTATE

Competence	Date Started	Date Completed	Signature of Designated Supervisor
BLADDER AND URETHRA **Bladder biopsies/transurethral resections** Investigation of • haematuria • abnormal urine cytology For diagnosis of lesions detected at cystoscopy Diagnosis of benign conditions, including cystitis (infectious, non-infectious, interstitial, ketamine related, post radiation), cystitis cystica, squamous metaplasia (keratinising and non-keratinising), amyloidosis, malakoplakia, nephrogenic adenoma/metaplasia Follow-up of tumours and carcinoma in-situ (CIS), post resection and post treatment - post intravesical therapy e.g. Bacillus Calmette-Guerin (BCG) or mitomycin C etc, chemotherapy or radiotherapy **Partial cystectomy** Diverticulum Benign localised lesions – endometriosis, haemangioma, leiomyoma, paraganglioma, amyloidosis Severe lower urinary tract symptoms – interstitial cystitis Fistula – colovesical or vesicovaginal Tumours arising the dome of the bladder, e.g. urachal carcinomas, with excision of the entire urachal tract remnant and the umbilicus			

OPTIONAL MODULE 8 - UROLOGICAL PATHOLOGY - CATEGORY B: BLADDER (INCLUDING URETHRA) AND PROSTATE

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Total cystectomy **For benign conditions** • radiation cystitis • palliative, for relief of severe pain, haematuria, urinary frequency • for management of keratinising squamous metaplasia • trauma For bladder carcinoma or carcinoma in-situ, with or without prior treatment (e.g. chemotherapy, radiotherapy, BCG) –includes other organs: • male – prostate (cystoprostatectomy) • female - female reproductive organs • urethra – female, or male (if pre-operative urethral biopsies contain carcinoma or carcinoma in-situ (CIS) • pelvic lymph node sampling Also includes adjacent organs if locally advanced tumour **Urethral biopsies** For investigation of urethral caruncle, polyps, strictures, inflammatory lesions, benign conditions (malakoplakia, polyps, nephrogenic adenoma/metaplasia) and tumours **Urethrectomy** For urethral stricture • at cystectomy, for known urethral involvement by carcinoma or carcinoma in-situ (CIS) (see cystectomy above)			

• following previous cystoprostatectomy, where urothelial carcinoma or carcinoma insitu (CIS) was found in the prostate/prostatic urethra i.e. secondary urethrectomy • for tumour recurrence/metastases in urethra • for urethral carcinoma			

DECLARATION

I declare that I have satisfactorily completed the urological pathology, Category B (Bladder (including Urethra) and Prostate) module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the urological pathology, Category B (Bladder (including Urethra) and Prostate) module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……

OPTIONAL MODULE 9 – HEAD AND NECK PATHOLOGY

CORE SUB-SPECIALITY HEAD AND NECK PATHOLOGY KNOWLEDGE

The following are areas which the scientist in training must become familiar with:

GENERAL PRINCIPLES

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge, skills and competence to be able to: Interpret the anatomy, function and physiology of the head and neck organs Recognise, name, and assess anatomical relationships and orientation of all head and neck surgical excision specimens Correlate specimen features and orientation with radiology as appropriate Interpret the role of diagnostic biopsy and cytology in the diagnosis of head and neck pathology Demonstrate the lesion and its relationship to the resection margins Record the specimen and lesion measurements Correlate the specimen features with the effects of any preoperative neo-adjuvant therapy Correlate the specimen features with MDT discussions as appropriate Ink margins accurately to permit subsequent orientation in three dimensions, where appropriate			

OPTIONAL MODULE 9 – HEAD AND NECK PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Take appropriate blocks to determine: Lesion(s) size, extent and location The distance from the lesion(s) to the resection margins and adjacent structures (where present) Margin involvement Possible nodal and vascular involvement including sentinel node involvement The site of any previous fine needle aspirations or biopsies **Has the knowledge and professional skills to interpret the following surgical procedures:** **Glossectomy** • may be partial, hemi or total glossectomy • for cancers of the tongue, oral cavity or throat • regional lymph nodes may also be removed **Laryngectomy and pharyngectomy** • may be partial or total laryngectomy, total laryngectomy with partial pharyngectomy, or total laryngopharyngectomy • for cancers of the larynx and pharynx • for patients with radiation-induced damaged to the larynx or pharynx • regional lymph nodes may also be removed			

OPTIONAL MODULE 9 – HEAD AND NECK PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Mandibulectomy • for cancer of the mandible • specimens may include surrounding soft tissue and teeth • regional lymph nodes may also be removed **Maxillectomy** • may be partial or total maxillectomy • for benign and malignant tumours of the hard palate, nose, maxillary sinus • for tumours with local spread into the maxilla • specimens may include surrounding soft tissue and teeth • regional lymph nodes may also be removed **Neck dissection and nodal excisions** • may be radical or partial neck dissection • radical neck dissections may include surrounding structures, e.g. sternocleidomastoid muscle, submandibular gland • for malignant tumours of the oral/maxillofacial and ENT regions **Tonsillectomy** • performed by transoral surgery • usually for benign disease, but can also be for malignancy **Salivary gland resection** • for cancers of the salivary glands or benign disease, e.g. stones • specimens may include surrounding bone and/or soft tissue structures • regional lymph nodes may also be removed			

OPTIONAL MODULE 9 – HEAD AND NECK PATHOLOGY

Competence	Date Started	Date Completed	Signature of Designated Supervisor
Has the knowledge and professional skills to interpret and dissect the following oral/maxillofacial and ear, nose, and throat specimens: Floor of mouth Mandible Maxilla Retromolar trigone Salivary gland (minor, parotid, submandibular, sublingual) Sentinel nodes Soft palate Tongue Upper and lower lip wedge resections **Ear, Nose and Throat** Ear Larynx Neck dissection Nose Paranasal sinuses Pharynx and hypopharynx Sentinel nodes Tonsil			

OPTIONAL MODULE 9 – HEAD AND NECK PATHOLOGY

DECLARATION

I declare that I have satisfactorily completed the head and neck pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed ……

Name ……

Date ……

I declare that …… has completed the head and neck pathology module for the Advanced Specialist Diploma (ASD) in Histological Dissection as required by the Institute of Biomedical Science (IBMS) and the Royal College of Pathologists (RCPath)

Signed (consultant level supervisor) ……

Name ……

Date ……