COMPETENCY BASED FRAMEWORK FOR SCIENTIST REPORTING

PRECEPTORSHIP STAGE OF BOWEL SCREENING AND CERVICAL SCREENING HISTOPATHOLOGY REPORTING QUALIFICATIONS

COMPETENCY BASED FRAMEWORK FOR SCIENTIST REPORTING (BOWEL AND CERVICAL SCREENING REPORTING QUALIFICATIONS)

1. BACKGROUND

Individuals who are successful in the portfolio and examination at Stage A then proceed to a post qualification 'preceptorship' stage which aims to support the individual to achieve a level of post-qualification competence and confidence consistent with that of a qualified medical consultant histopathologist or qualified reporting consultant scientist to independently report defined specimen types.

This document **must** be read in conjunction with the joint statement from the Royal College of Pathologists (RCPath) and the Institute of Biomedical Science (IBMS) on 'Scientist Reporting of Histopathology Samples: Practice and Competencies'[1].

1.1. Aims

The aims of the preceptorship stage of training are to:

- Develop a specific training plan tailored to the needs of the trainee and the department
- Demonstrate a level of knowledge and skill consistent with practice at Consultant Healthcare Scientist level within the relevant specialised area of histopathology.
- Continue to develop independent dissection and reporting.
- Continue to develop experience of teaching histopathology medical and scientific trainees.
- Continue to develop experience in multidisciplinary team meetings **and/or** equivalent screening meetings, which should include presentation of cases and leading the histopathology discussion.
- Enrol in appropriate internal quality assurance schemes, with audit of at least 10% of independently reported cases by either a BSCP or NHSCSP-accredited Consultant Histopathologist, as appropriate to the specialty being reported.
- Enrol in appropriate external quality assurance schemes relevant to the area of practice.
- Continue to be involved in clinical audit within the department.

1.2. Timeline

In total, training for the ASD limited scope qualification and the post-qualification preceptorship stage must last in total a **minimum of 18 months** but there is no minimum period that a candidate must remain on each stage. The preceptorship stage is a competency-based curriculum, and it is anticipated that most trainees will achieve the competencies required by reporting a variety of cases seen within the routine workload of the department.

2. INDEPENDENT REPORTING GUIDANCE COMPETENCY BASED FRAMEWORK

The competencies given in the following tables are to be used as a guide for independent reporting through the preceptorship stage. For independent reporting of histopathology screening cases a stepwise approach is recommended which involves gradually increasing the complexity of cases being reported by the scientist but it is a local rather board decision as to the most appropriate way of implementing this practice in a stepwise approach and which cases are included in each step. There must however be evidence of all the pathologies stated within the case log for this stage.

This guidance should be in conjunction with review of cases by the educational supervisor and other clinical colleagues and regular audit of the cases. Double reporting as per national and/or local guidance should continue[2,3].

The joint statement from the RCPath and the IBMS on 'Scientist Reporting of Histopathology Samples: Practice and Competencies' explains that whilst the RCPath/IBMS Conjoint Board runs and oversees the histopathology reporting qualifications, it is the responsibility of the employing department to determine the actual scope of practice of these individuals, and the extent of their role and responsibilities within their employing organisation[1].

An individual may report a wider range of specimens than those in the curriculum, with the agreement of their employer, if they have proven their competency to do so. Once an individual has successfully qualified from one of the RCPath/IBMS reporting qualifications their practice is beyond the jurisdiction of the College or the IBMS and would be a matter for each individual employing authority, organisation or Trust as is the case with all FRCPath and indeed all medical disciplines.

3. INDEPENDENT REPORTING

Regular discussion between supervising Consultant Histopathologists, the educational supervisor and the trainee regarding their performance in the preceptorship stage should occur and once a particular competence has been agreed the trainee should be 'signed off' for it.

When trainees begin to independently report cases, they take responsibility for the content and histopathological diagnosis. This should include a relevant SNOMED code that can be used to easily identify those cases that are independently reported.

The name of the scientist should be at the bottom of the report along with the appropriate terminology designating the job title so that the clinical users are aware of who has reported the case.

To independently report bowel cancer screening polyps, reporting scientists must follow current guidance in the UKHSA 'Bowel Cancer Screening: Pathology Guidance on Reporting Lesions' document[2], i.e.:

- Register for participation in the national BCSP diagnostic external quality assurance (EQA) scheme.

- Agree to attend at least one approved BCSP educational event during each 3-year period.

- Be aware of national guidance on BCSP pathology reporting.

- Be aware of local standard operating procedures related to the BCSP, such as managing difficult cases or changing a diagnosis after review.

- Double report all cases of pT1 cancer with a BCSP-accredited Histopathologist, who should be in a substantive consultant position.

To independently report cervical screening programme histopathology, scientists must follow current guidance in the UKHSA 'Cervical Screening Programme: Histopathology Reporting Handbook' document[3], i.e.:

- Report a minimum of 150 histopathology specimens per year (biopsies and or loops originating in the cervical screening programme).

- Undertake update training related to their role in the NHS CSP every two years, which must include morphology and screening programme components (via an e-learning module available from the BAGP website[4]).

4. COMPETENCY FRAMEWORK GUIDANCE

4.1. Bowel Screening Reporting

Specimen	Pathology	Knowledge base
- Polypectomy - Endoscopic Mucosal Resection (EMR) - Endoscopic Submucosal Dissection (ESD)	- Normal - Hyperplastic polyp - Serrated lesion - Hamartomatous polyp - Inflammatory polyp - Mixed polyp - Adenomatous polyp – low grade dysplasia - Adenomatous polyp – high grade dysplasia - Malignancy - Lower GI polyp mimics, e.g., prolapse - Mimics of malignancy, e.g., misplacement, pseudoinvasion - Lower GI tract inflammation	- Accurate measurement of polyp size - Identification of resection margins and assessment of surgical excision - Nomenclature of various lower GI polyps - Understand the Bowel Cancer Screening Programme (BCSP)

4.2. Cervical Screening Reporting

Specimen	Pathology	Knowledge base
- Cervical biopsy - Cervical polyp - Large Loop Excision of Transformation Zone (LLETZ)	- Normal - Hyperplasia - Metaplasia - Ectopia - Inflammation - Infection - Dysplasia - Cervical polyp mimics - Low grade dysplasia - High grade dysplasia - Malignancy - Mimics of malignancy, e.g. pseudoinvasion, reactive and reparative atypia	- Nomenclature of cervical polyps - Accurate measurement of extent of dysplasia and malignancy - Identification of resection margins and assessment of surgical excision - Understand the Cervical Screening Programme (NHSCSP)

5. AUDIT OF PERFORMANCE

During the preceptorship stage it is expected that a minimum of 10% of independently reported cases of variable and increasing complexity should be reviewed on a regular basis by a BCSP/NHSCSP-accredited Consultant Histopathologist as part of an internal audit. This information should be fed back to the trainee throughout the preceptorship stage and also be available for discussion at any competence progress meetings.

6. COMPLETION OF TRAINING

To complete the preceptorship stage the trainee must have:

- Satisfactorily completed a total of at minimum of 18 months of training (whole time equivalent) in total, which includes the portfolio stage plus the post examination practice-based preceptorship stage.

- Demonstrate a level of knowledge and skill consistent with practise as a limited scope reporting Healthcare Scientist in the NHS.

- Demonstrate the ability to report independently.

This is evidence through the submission of a portfolio that demonstrates that the individual has:

- Reported an additional indicative 500 cases (on top of the indicative number of 750 in Stage A) in the form of a case log with evidence of internal and external quality assurance data, including evidence of a minimum of 10% of the independently reported cases being reviewed by a Consultant Histopathologist as part of an internal audit

- Developed experience of teaching medical and scientific trainees and other professional groups.

- Developed experience of involvement in MDTs **and/or** equivalent screening meetings. This includes the presentation of cases that the candidate has reported and discussion on cases reported by others. This should take the form of notes from the meetings including details of the cases, the discussion and the subsequent actions and if known the outcome.

- Completed one **clinical** audit.

- Completed one satisfactory multisource feedback with responses from a **minimum of ten** individuals. This should include consultants, medical trainees (if the department has any), scientists and other laboratory and clinical colleagues.

- A satisfactory educational supervisor's progress report.

There is **no requirement** for the trainee to submit a clinical case study or any Work-Based Assessments in this preceptorship stage however they may still wish to do so.

REFERENCES

1. RCPath and IBMS: Scientist Reporting of Histopathology Samples: Practice and Competencies: Available from: Scientist-reporting-of-histopathology-samples-joint-RCPath-and-IBMS-statement-Sept-2023.pdf [Last accessed 20 August 2026]

2. Bowel Cancer Screening: Pathology Guidance on Reporting Lesions: Available from: https://www.gov.uk/government/publications/bowel-cancer-screening-reporting-lesions/bowel-cancer-screening-guidance-on-reporting-lesions [Last accessed 20 August 2026]

3. Cervical Screening Programme: Histopathology Reporting Handbook: Available from: https://www.gov.uk/government/publications/cervical-screening-histopathology-reporting-handbook [Last accessed 20 August 2026]

4. BAGP e-learning module: Available from: https://www.thebagp.org/course/e-learning-in-cervical-histopathology/ [Last accessed 20 August 2026]