GUIDANCE TO CANDIDATES AND TRAINERS

for

ADVANCED SPECIALIST DIPLOMA

in

HISTOLOGICAL DISSECTION

The Royal College of Pathologists

Pathology: the science behind the cure

Institute of Biomedical Science
12 Coldbath Square
London
EC1R 5HL

Tel: 020 7713 0214 ext 142
Email: examinations@ibms.org

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Please note the following:

1. On a case-by-case basis, the quality assurance of the dissection of tissue specimens performed by biomedical scientists, who hold the Advanced Specialist Diploma in Histological Dissection remains the responsibility of the reporting consultant level supervisor

2. This candidate guidance must be read in conjunction with the other supporting documents pertinent to this diploma:
   - Principles of Good Practice for Biomedical Scientist involvement in Histopathological Dissection
   - Training Logbook for the Institute Advanced Specialist Diploma in Histological Dissection

ADVANCED SPECIALIST DIPLOMA IN HISTOLOGICAL DISSECTION

INTRODUCTION

The Institute's Advanced Specialist Diploma (ASD) in Histological Dissection provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the practice of complex specimen dissection, with the practical competence required to accurately dissect a range of complex histological 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 complex pathology specimens

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

LEARNING OUTCOMES

Individuals awarded the ASD 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 complex specimens to enable correlation between the gross specimen, radiological and histological findings with 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

ELIGIBILITY CRITERIA

The histological dissection of complex pathology specimens constitutes an expert role for scientists with the requirement to undertake additional duties and responsibilities as part of their professional practice. The minimum requirements for entry to a training programme for the ASD in Histological Dissection are:

- registration with the HCPC as a Biomedical Scientist or Clinical Scientist

- Membership (MIBMS) or Fellowship (FIBMS) of the Institute of Biomedical Science

- hold the DEP in Histological Dissection that must include success in the relevant module(s) being studied for within the ASD (see below)

- have at least five years whole time equivalent post-registration experience in histopathology

The following table shows which module you must have at DEP level to be able to undertake the ASD in Histological Dissection.

ASD in Histological Dissection Module	**DEP Module which candidate must have been awarded**
Breast	Breast
Lung	Cardiothoracic
Lower Gastrointestinal Tract	Gastrointestinal and Hepatobiliary
Upper Gastrointestinal Tract	Gastrointestinal and Hepatobiliary
Hepatopancreaticobiliary	Gastrointestinal and Hepatobiliary
Gynaecological	Gynaecological
Urological – Bladder and Prostate	Genitourinary
Urological – Kidney and Testis	Genitourinary
Head and Neck	Head and Neck

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 consultant level educational 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, 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.

LABORATORY REQUIREMENTS

For candidates within the UK the laboratory where the training is undertaken should be a United Kingdom Accreditation Service (UKAS) registered laboratory. The laboratory must also have appropriate Institute training approval.

DELIVERY OF TRAINING

Training must be delivered in accordance with the IBMS/RCPath training 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. 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 the relevant area of pathology. The overall aim of the training programme is to develop advanced knowledge, attitudes and dissection skills in complex pathology. Training of scientists in complex histological dissection must not detract from the training of specialist trainee medical staff in these areas.

In-house assessments of competence must be an interactive continuous process between the consultant level supervisor and the scientist which must include formal observation of practical skills, case-based discussion 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. The portfolio must be submitted to the Institute, along with the training logbook, as part of the evidence for completion of training in complex specimen dissection for each module prior to the examination. The portfolio must contain:

- **Case Log**: A log of the case repertoire encountered during the full period of training and demonstrating at least two years of practice in complex specimen dissection of pathology from categories D & E, detailing the scope and number of specimens dissected and presented in module format. This should include evidence of adverse incidents and examples of 'best' practice, to include reflective learning on adverse incidents.

- **Case Studies**: The number of case studies to be submitted will depend on the number of modules that evidence is being submitted for:

	One module submitted	**Two modules submitted**	**Three modules submitted**	**Four modules submitted**
Case studies to be submitted	Four	Three per module	Three per module	Three per module

The significance of histopathology within the context of the 'patient pathway' from initial clinical presentation through surgical operation to treatment should provide the framework for each case.

Details about possible differential diagnoses should be included to show understanding of the clinical/pathological context of the cases. Case studies should correlate patient imaging with gross and dissected appearances and with subsequent histopathological diagnosis, with explanation and justification of any special staining, immunohistochemistry and molecular studies, performed either locally, regionally or nationally. More information on how the case studies should be compiled can be found below. (See page nine).

- **Case Reviews**: Evidence of regular case reviews for each module the candidate is applying for with relevant consultant level supervisor(s) that should demonstrate critical evaluation of the dissection of complex pathology specimens by the 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 scientist in training.

- **Multidisciplinary Team Meetings (MDTs):** A record of MDT meetings attended and evidence of the candidate's involvement in these meetings, including the presenting of some cases and participation in the discussions, with a **minimum of ten** relevant MDTs over the training period **for each module** that evidence is being submitted for.

  Candidates must include evidence of MDT discussion of cases dissected by them together with the next steps and patient outcomes (where known).

- **Formative Assessment – Progress Reports:** There should be evidence of meetings at least every four months between the candidate and their consultant level educational supervisor where progress towards the completion of the portfolio is discussed. A template for the Progress Report can be found in Appendix 3 and on the IBMS website.

- **Formative Assessments - Work-Based Assessments (WBAs):** Formal on-going observation and assessment of the practical skills of the scientist carried out by consultant level supervisor(s) during the training period. This should be in the form of the inclusion of a minimum of 12 work-based assessments (WBAs) for **each module** that evidence is being submitted for:
  - six Direct Observation of Practical Skills (DOPS)
  - three Evaluation of Clinical Events (ECEs), and
  - three Case Based Discussions (CBDs)

  The WBAs forms can be found in Appendix 4 and on the IBMS website.

- **Formative Assessments - Multisource Feedback (MSF)**: One 360-degree MSF should take place, reflecting on the two years of evidence collection before portfolio submission. The MSF should include feedback from a variety of individuals within the laboratory including consultant pathologists, medical trainees (if appropriate), biomedical and clinical scientists and other laboratory staff. An MSF template forms can be found in Appendix 5 and on the IBMS website.

- **Audits**: The number and type of audits to be completed will depend on the number of modules that evidence is being submitted for. Audits should be undertaken against local or nationally published performance targets where appropriate. For each optional module be applied for there should be **two** audits of personal practice. The following table shows the total number of audits that should be included in the portfolio:

Audit type	**One module submitted**	**Two modules submitted**	**Three modules submitted**	**Four modules submitted**
Personal practice	2	4	6	8
Clinical practice	1	1	1	1
Service practice	1	1	1	1
Total number of audits submitted	4	6	8	10

  Appendix 6 provides a template that can be used for the Clinical Audit. Adaptations of that template can be used for the personal and service practice audits that should also be submitted.

- **Training and Tutorials:** A record of training programmes, courses, lectures and events attended along with reflective learning of these

- Reflection on the whole learning process

Case Studies

Each case study must be between 1500 and 2500 words in length (excluding references) and they must reflect the case mix encountered by the scientist during the training period. 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 be your own work and include:

- patient clinical history

- clear macroscopic description of gross specimen aided by relevant photography where possible

- correlation of any clinical/radiological/ 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 possible differential diagnoses (if applicable) where they show a critical understanding of the clinical/pathological context
- 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

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

Pre-Analysis

Brief 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

A macroscopic description and the way the specimen is handled when it arrives in the cellular pathology laboratory should be discussed, e.g. whether fresh or formalin fixed, to include accurate details of the dissection process and blocks taken. 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.

COMPLETION OF TRAINING

Once the named consultant level supervisor is satisfied that the portfolio is nearing completion the candidate should apply to submit the portfolio. The candidate will be notified when the application has been accepted and will then be required to submit a completed portfolio by a specified date.

Progression to the examination for the ASD in Histological Dissection is dependent upon the satisfactory assessment of the portfolio. There is a written examination and an oral assessment (viva voce examination). Success in the examination will be recognised by the awarding of the ASD in Histological Dissection, in the specific modules submitted.

ASSESSMENT OF THE PORTFOLIO

Once submitted, the portfolio will be independently assessed by an examiner from the Histological Dissection Conjoint Examination Board who will seek the opinion of a second examiner on any matters that are unclear, using the following categories:

- Case Log
- Case Review
- Case Studies
- Formative Assessments
- Audits
- 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.

ASSESSMENT STANDARDS

There are a total of **27 standards** that must be met to achieve a pass and progress to the end point assessment. The portfolios will be assessed using the following standards all of which must be met for the portfolio to be passed.

Case Log

1. The log is clearly laid out and accessible

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

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

Case Review

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

5. The reviews are clearly laid out and accessible

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

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

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

9. Evidence of MDT discussion of cases dissected by the biomedical scientist in training together with the minutes and outcomes included. Attendance at MDTs must be regular enough to ensure appropriate discussions take place and during training will require the biomedical scientist to attend at least 10 MDT meetings per year, for each module that evidence is being submitted for, where the cases dissected by them are discussed

Case Studies

10. Studies are neat, well laid out and of appropriate length, including timeline from surgery to final MDT outcome

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

12. Macroscopic description and details of the dissection process, including block selection – number and area sampled with relevant correlation to final diagnosis

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

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

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

16. The case mix matches the requirements set out in the logbook

Formative Assessments

17. It is clear from the evidence presented that systematic and periodic review of the candidate's performance throughout the training period has been undertaken by the consultant level supervisor through the submission of progress reports

18. It is clear from the evidence that the consultant level supervisor has observed the 'entire' range of specimens

19. 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 competency/work-based assessments (DOP's, ECE's and CBD's)

Audit

20. There is evidence that the candidate understands the principles of audit (service and clinical)

21. It is clear from the evidence presented that the candidate has gathered data relevant to their own practice

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

Tutorials and Training Sessions

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

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

General Overview

25. There is a useful and accurate index with sections are easily found and correctly labelled

26. There is no evidence of plagiarism

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

PORTFOLIO MARKING OUTCOMES

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

Pass

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

It is possible for a portfolio to be marked as a pass, and therefore the candidate can proceed to the exam, even if for some of the optional modules that the candidate has submitted evidence for, do not yet meet the standard required. In these circumstances the candidate will be given time to provide appropriate additional evidence to meet the required standard for the other modules that they have applied for.

For example, a candidate may have submitted evidence for the gynaecological, lower gastrointestinal and upper gastrointestinal optional modules and on review the examiner might decide that there is sufficient evidence for lower gastrointestinal and upper gastrointestinal modules but conclude that the gynaecological module does not at the time meet the standard required.

In these circumstances the candidate will be able to proceed to the examination and they will be informed of the reasons why the gynaecological module does not meet the standard required. They will be given the opportunity to submit the required additional evidence which will be reviewed by the examiner who will decide whether that module can also be included on the supplementary certificate when the results are released.

Refer

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

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

Fail

Portfolios that contain evidence that breaches data confidentiality, or which are deemed to have significant deficiencies, will normally be failed and may not be resubmitted until the

following year**.** These candidates will not be permitted at this stage to proceed to sit the examination.

Resubmission of Portfolios

Candidates who wish to resubmit their portfolio for assessment will be required to address the deficiencies identified by the assessors and submit the portfolio the following year by the stated deadline, accompanied by the portfolio re-assessment fee.

In addition, candidates who re-submit their portfolio must ensure that the evidence presented within the revised portfolio is up-to-date and reflects the training and experience gained in the period since the initial assessment of the portfolio. Candidates should ensure that they clearly identify the revised or additional information when they re-submit their portfolios.

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

EXAMINATIONS

Written Examination

The format of each paper is to cover scenarios encountered in the dissection of complex pathology histological dissection and may also include questions on pathological processes or relevant topical matters.

There will be separate written paper for each individual module, each lasting 60 minutes. Each paper will be sat at different time over the course of a week. Questions may be multi-part or structured answer and may include case-based scenarios and questions on pathological processes or relevant topic matters. The candidate will be expected to answer all questions set.

The examination timetable will depend on the number of candidates and the pathway (modules) that each candidate is undertaken. All candidates who are sitting the same pathway (module) as each other will need to sit the exam at the same time. The timetable will be set each year once it is known which pathway (modules) that each candidate who has submitted their portfolio has applied for.

The examination papers will be marked by two examiners, referring to a third, independent, examiner if appropriate.

Viva Voce (Oral) Examination

The viva voce examination will take place after the written examination has been marked. The portfolio would be the framework for part of the *viva voce* examination, using the case studies, case reviews, audits, multi-disciplinary team meeting and other evidence to base any associated questions upon. The candidate will also be asked questions on unseen case(s) studies which will be presented to the candidate during the viva.

The viva will undertaken by examiners from the Conjoint Board and it is expected that the academic rigour of the *viva voce* would be that used when defence of a doctoral qualification is being undertaken and would last 45-60 minutes. For candidates that have submitted evidence for multiple modules the examiners may ask questions on any module but may focus their questions on those modules where the portfolio evidence and/or the mark in the written examination was weakest.

Pass Mark

Candidates will be required to achieve a minimum of 60% overall and minimum of 50% in each of the written paper and oral assessment. For candidates sitting more than one module, they will be awarded a pass in each module where the required mark is achieved.

Resitting the Examination

Modules will be marked separately. If a candidate fails to meet the pass mark in any of the modules submitted, they will be able to re-sit the examination for that module. This would normally be in the following year. Candidates will not be required to re-submit their portfolio as this is valid for up to four attempts at the examination. A fee applies for re-sitting the examination.

Modules on Supplementary Certificate

In addition to a pass certificate, successful candidates will be provided with a supplementary certificate listing the optional modules that the individual has been trained in and signed off as being competent to perform.

Additional Modules Portfolio and Examination Requirements

If, subsequent to obtaining the diploma, an individual wants to demonstrate competence in additional module(s), they must submit a new portfolio which meets the requirements stated earlier in this document. Once the candidate's portfolio is marked as a pass they will be required to enter the examination for the new module(s) and will need to undertake a further viva voce examination.

For more information on these requirements please refer to the early sections of this guidance. A fee applies for submitting evidence for additional optional module(s). Details of this fee are available on the IBMS website or by contacting the IBMS via examinations@ibms.org

ADMINISTRATION PROCESSES RELATING TO THE QUALIFICATION

Application Process

Application forms are available on the IBMS website. Fees can be paid for through a credit or debit card payment or by a purchase order from your employer. The purchase order should accompany the completed application form. For information about fees, please refer to the IBMS website or contact the Head of Examinations using the details below.

Deferrals and Withdrawals

Candidates who wish to defer entry to an examination must contact the IBMS a minimum of six weeks prior to the date of the examination will be entitled to a full transfer of their fees. Any deferrals made after this deadline will only be entitled to a 50% fee transfer unless proven mitigating circumstances exist. A maximum of two deferrals is permitted.

Candidates wishing to withdraw from an examination at any time will not be entitled to any reimbursement of the examination fee unless proven mitigating circumstances exist.

Mitigating Circumstances

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

Resources

For information on relevant textbooks, journals and websites please refer to the resources list on the IBMS website.

Enquiries

All enquiries relating to this ASD must be addressed to:
Head of Examinations
Institute of Biomedical Science
12 Coldbath Square
London
EC1R 5HL
E-mail: examinations@ibms.org

Appendix 1 - Example of Possible Case Log

As part of the requirements for this qualification candidates are required to submit a log of the case repertoire encountered during the full period of training which should demonstrate at least two years of current practice in dissection of specimens from categories D & E detailing the scope and number of specimens dissected. The case log should be submitted by module. The log should include some or all of the following information:

- Date
- Specimen Number
- Specimen Type
- Specimen Category
- Reporting Consultant
- Preview/Review
- Date of Slide Review (if appropriate)
- Diagnosis
- Comments / Reflection

Variations on the information presented are acceptable however it is important that what is presented allows enables the examiners to make a decision on whether the entire specimen types within the specific module have been covered.

Appendix 2 - Example of Case Log Summary Table

In the case log section of the portfolio a summary table for each module such as the one below **should** be included at the front of the log. The log must show a minimum of two years of current practice for each module and should show the number of each type of specimen dissected. The column headings for the different periods are only indicative and should be amended as appropriate. The specimen types that are listed should match those stated in the Training Logbook. Such a summary table will enable examiners to ensure that all the specimen types have been covered. Two examples of the case log summary table are provided below.

Module: Breast

	Period			
Specimen Type	X to X	X to X	X to X	TOTAL

Module: Lower Gastrointestinal

	Period			
Specimen Type	X to X	X to X	X to X	TOTAL

Appendix 3 - Progress Report Template

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

Candidate Signature

.....

Consultant Level Supervisor Signature

.....

Appendix 4 - Work-Based Assessment Templates

The Royal College of Pathologists Pathology: the science behind the cure	IBMS Institute of Biomedical Science	**Workplace-Based Assessment Form – Direct Observation of Practical Skills (DOPS)**

Trainee's Name		IBMS Membership Number	
Assessors Name		(Please Circle One)	Consultant Trainee AP Senior BMS Other
Brief Outline of Specimen Dissected			
Category of Specimen (Please Circle)	**B**	**C**	**D** / **E**

	Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training:	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		Time taken for Assessment		Time taken for Feedback	
	(Please circle as appropriate)						

Assessor Signature		Biomedical Scientist's Signature	

The Royal College of Pathologists Pathology: the science behind the cure	IBMS Institute of Biomedical Science	**Workplace-Based Assessment Form - Histopathology Case Based Discussion (CBD)**

Trainee's Name		IBMS Membership Number	
Assessors Name		(Please Circle One)	Consultant Trainee AP Senior BMS Other
Brief outline of procedure (indicating focus for assessment) – identify category if case or write in space below			

☐ Reflective discussion on candidate's personal involvement in organisational or management issue

☐ Case requiring specialist technique, e.g. decalcification, special staining, immunohistochemistry or molecular technique

☐ Discussion of involvement in critical incident or patient safety event

☐ Discussion of case involving divergent diagnostic opinions

☐ Simple specimens

☐ Complex specimens

☐ Reflective discussion on candidate's personal involvement in teaching event

☐ Other (please specify)

Complexity of Procedure	Low	Medium	High

	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 the case							
2	Additional investigations (appropriateness, timeliness and 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 etc.)							
7	Overall clinical judgement							
8	Overall professionalism							

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

Outcome	Satisfactory	Unsatisfactory		Time taken for Assessment		Time taken for Feedback	
	(Please circle as appropriate)						

Assessor Signature		Biomedical Scientist's Signature	

The Royal College of Pathologists Pathology: the science behind the cure	IBMS Institute of Biomedical Science	**Workplace-Based Assessment Form - Histopathology Evaluation of Clinical Events**

Trainee's Name		IBMS Membership Number	
Assessors Name		(Please Circle One)	Consultant Trainee AP Senior BMS Other
Brief outline of procedure (indicating focus for assessment) – identify category if case or write in space below			

☐ Histopathology case – assessment and/or reporting
☐ Use of critical incident reporting procedures
☐ Demonstration and presentation of cases in MDTM
☐ Presenting audit findings and leading discussion on the action required
☐ Making histopathological correlation and providing feedback
☐ Handling a patient safety event (e.g. specimen misidentification)
☐ Providing clinicopathological advice in response to an enquiry
☐ Other (please specify)

Complexity of Procedure	Low	Medium	High

	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 judgements (where appropriate)							
4	Follows established procedures (SOPs, Trust procedures, guidelines etc.)							
5	Demonstrates appropriate communication skills (written and/or verbal)							
6	Maintains a patient focus and delivers patient centred care (e.g. respect for patient dignity, consent, confidentiality, turnaround times)							
7	Maintains professional standards							
8	Considers professional issues (record keeping, consultation with colleagues, 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		Time taken for Assessment		Time taken for Feedback	
	(Please circle as appropriate)						

Assessor Signature		Biomedical Scientist's Signature	

Appendix 5 - Multi-Source Feedback Form

Summary of results from Multi-Source Feedback exercise (Blank) - Suggested Revised Version

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: ___

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 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, 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, 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 this 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 6 - Audit Template

This is a template that could be used for the Clinical Audits that are submitted as part of the portfolio requirements. Variations on this template are acceptable. This template can be adapted for the personal and service audits that should be submitted

The Royal College of Pathologists Pathology: the science behind the cure	IBMS Institute of Biomedical Science

Date of completion	
Name of lead author/ participants	
Specialty (Module)	
Title	
Background	
Aim and objectives	
Standards and criteria	
Method	
Results	
Conclusion	
Recommendations for improvement	
Action plan	
Re-audit date	
Reference(s)	

Appendix 7 - Reflective Learning Template

This is a template that can be used for reflection. There is no requirement to use this particular example, and it is more suited for training events, lectures, sessions.

Reflective Learning Statement

Name:
Membership No:

Activity Title:					
Date(s):					

1. What learning did you undertake? State your reasons for identifying this learning.

2. Explain what you have learned or achieved through this activity.

3. How have you applied or will you apply this learning in your day-to-day practice?

4. How could this benefit the service user?