



GUIDANCE TO CANDIDATES AND TRAINERS

for

DIPLOMA OF EXPERT PRACTICE

in

HISTOLOGICAL DISSECTION



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

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Please note:

On a case-by-case basis, the quality assurance of the dissection of tissue specimens performed by biomedical scientists, who hold the Diploma of Expert Practice in Histological Dissection, remains the responsibility of the reporting consultant pathologist. This candidate guidance must be read in conjunction with the Training Logbook for the Institute Diploma of Expert Practice (DEP) in Histological Dissection

DIPLOMA OF EXPERT PRACTICE IN HISTOLOGICAL DISSECTION

INTRODUCTION

The Institute's Diploma of Expert Practice (DEP) in Histological Dissection provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the practice of dissection of specimens from categories B & C, with the practical competence required to accurately dissect specimens from these categories within the modules studied. 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 a Specialist Diploma to a higher level of professional practice
2. To enable successful candidates to undertake a role that involves the description, dissection and block sampling of specimens from categories B & C
3. To enable successful candidates to offer expert professional advice on the dissection of specimens from categories B & C
4. To enable successful candidates to participate in the training of biomedical scientists and specialist trainee medical staff in the dissection of specimens from categories B & C

LEARNING OUTCOMES

Individuals awarded the DEP in Histological Dissection will be able to:

1. Demonstrate expert professional skills and advanced knowledge beyond those required of biomedical scientists in histopathology working at the level of a Specialist Diploma
2. Demonstrate understanding of the physiological and pathological processes associated with specimens from categories B & C
3. Accurately describe the macroscopic appearances of specimens from categories B & C using appropriate terminology
4. Use specialised practical skills to dissect specimens from categories B & C to enable accurate histological reporting
5. Demonstrate the ability to operate autonomously within limits of their own competence, seeking advice from a consultant pathologist when needed
6. Engage in critical dialogue and work collaboratively with other healthcare professionals to provide a high-quality service

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

ELIGIBILITY CRITERIA

The histological dissection of specimens from categories B & C constitutes an expert role for biomedical scientists with the requirement to undertake additional duties and responsibilities as part of their professional practice. The minimum requirements for entry to a training programme for the DEP in Histological Dissection are:

- registration with the HCPC as a biomedical or clinical scientist
- Membership (MIBMS) or Fellowship (FIBMS) of the Institute of Biomedical Science
- have at least **three** years whole time equivalent post-registration experience in histology

CONSULTANT LEVEL SUPERVISOR(S)

A biomedical scientist considering undertaking training for the DEP in Histological Dissection requires an appropriately qualified consultant level supervisor. This could be a consultant pathologist or a consultant level reporting scientist. This is essential in ensuring that a biomedical scientist in training has the necessary support and exposure to material and training to enable the acquisition of these advanced skills knowledge and ultimately to apply them in their professional practice.

The named consultant level supervisor must be currently reporting pathology specimens from categories B & C and be participating in an appropriate EQA scheme. The consultant level supervisor must:

1. Guide and direct the training process
2. Regularly review progress during the training period, which must include competency assessments such as the Direct Observation of Practical Skills (DOPS) and evidence of case reviews
3. Set agreed learning plans with candidate
4. Be able to arrange for the biomedical 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 the signatories of the modules have the delegated authority to do so and that in his/her opinion is competent and ready to sit the examination

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

Other consultant level supervisor(s) may provide training to the candidate for specific module(s) and in doing so will regularly review progress during the training period including undertaking competency assessments such as the direct observation of practical skills and case reviews with the candidate for the module(s) concerned.

SCIENTIST SUPERVISOR(S)

Ideally a scientist supervisor would be an individual who had already obtained the DEP in Histological Dissection. This may not always be possible, especially if the candidate is the first person to attempt the training programme within their laboratory. In such circumstances, the scientist supervisor must be a member of staff who has sufficient experience to enable them to guide and advise the candidate in all aspects of the training programme. They must also have authority to assign appropriate resources to the candidate and their training programme.

The scientist supervisor must be aware of the requirements of the diploma and must:

- monitor the candidates scope of practice
- ensure that due diligence is paid to all aspects of clinical governance
- ensure that all appropriate health and safety procedures are carried out
- ensure that the candidate keeps and updates a professional portfolio of evidence
- ensure that appropriate liaison occurs between the candidate and the consultant pathologist supervisor(s)
- ensure that the candidate has and takes the opportunity to engage with other healthcare professional

Suitably qualified scientists may have delegated authority to sign-off specific modules within the Training Logbook. In these circumstances these individuals may provide training to the candidate for specific module(s) and in doing so will regularly review progress during the training period including undertaking competency assessments such as the direct observation of practical skills and case reviews with the candidate for the module(s) concerned.

SIGN-OFF OF MODULES WITHIN THE TRAINING LOGBOOK

Whilst a single consultant level supervisor must take overarching responsibility for the training of the scientist undertaking the qualification it is acceptable for other consultant level scientist(s) and/or other suitably qualified scientist supervisor(s) to sign-off the candidate for the mandatory and optional modules within the training logbook.

Scientists who sign-off any module must have completed the DEP in Histological Dissection and have been awarded the optional module(s) that they sign-off. In signing the overall declaration, the consultant level scientist is confirming that those who signed off the modules within the logbook were eligible to do so.

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 Diploma of Expert Practice in Histological Dissection. Completion of training is evidenced by submission of the signed logbook and compilation of a portfolio that contains evidence of regular assessments of competence in dissecting appropriate specimens from categories B & C by named consultant level supervisor(s) and/or suitably qualified scientist(s).

If the repertoire of the training laboratory is not comprehensive enough to allow exposure to the widest spectrum of specimens it is considered good practice for biomedical scientists to visit other laboratories to share expertise and to learn different techniques. This might require the delivery of training by individuals other than the named consultant level supervisor (pathologists or biomedical scientists), and who may also conduct appropriate assessments of competence as described below.

The overall aim of the training programme is to develop specialist knowledge, attitudes and dissection skills in specimen dissection. Training of biomedical scientists in dissection of specimens from categories B & C must not detract from the training of specialist medical trainees in these areas.

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. This must also include a record of any formal assessments carried out during the training period.

It must be submitted to the Institute, along with the Training Logbook, as part of the evidence for completion of training in dissection of specimens from categories B & C prior to the examination. In brief the portfolio must contain:

- a log of the case repertoire encountered during the full period of training and demonstrating at least two years of current practice in dissection of specimens from categories B & C detailing the scope and number of specimens dissected and presented in module format with an accompanying summary of the specimens dissected
- evidence of regular case review with the supervising pathologist(s) and/or scientist supervisor(s) that should demonstrate critical evaluation of the dissection of specimens from categories B & C by the biomedical scientist
- one case study per optional module that is being applied for (however if candidates are only applying for only one module, they must provide two case studies on that module), that overall reflect the case mix and specimen types within categories B & C encountered by the biomedical scientist
- formal observation of the practical skills of the biomedical scientist must include on-going assessment of competence carried out by the consultant level supervisor or suitably qualified scientist during training and details of in-house competency assessments
- audits of personal practice - A minimum of three different types of audits must be submitted with appropriate outcomes and reflection
- a record of training programmes or courses attended with appropriate reflection demonstrated including details of any seconded experience
- reflection on the whole learning process.

More details on these requirements are explained below.

CASE LOG AND CASE LOG SUMMARY

The overall case log must demonstrate a minimum of two years of practice. This should include evidence of adverse incidents and examples of 'best' practice. Appendix 1 provides an example of how this information could be presented within the portfolio.

There are no minimum or maximum number of number of specimens required within the case log. This is because it is recognised that candidates' experiences will vary considerably depending on the hospital in which they are based and because some specimen types will be more common than others. The gynaecological module can be awarded either with or without placentas.

Whilst the portfolio **must** cover a minimum of a two-year period it is accepted that training for the optional modules may be staggered. If a candidate is applying for multiple optional modules most of the cases within the log and the accompanying case reviews may, for some modules, come from the earlier part of the training period.

The other evidence for the other optional modules that the candidate is applying may only cover the period of the last 15 to 18 months before the submission of the portfolio. This is acceptable provided that the candidate still provides a good number and mix of cases within the log and the accompanying case reviews.

For each optional module a summary of the cases included in the log must also be provided. This is so the examiners can see at a glance that the mix of cases presented within the log. Appendix 2 provides an example of how this information can be presented.

CASE REVIEWS

There must be evidence of case reviews for each of the optional modules that the candidate is applying for. These should take place regularly throughout the training period for the module. They can be undertaken with a consultant pathologist supervisor and/or suitably qualified scientist. There is no set requirement on how this case review information is presented but it must be clear:

- who they were undertaken with and when
- the specimen(s) that were part of the review including brief clinical details and diagnosis
- that through undertaking them that the candidate has knowledge and understanding of the patient's diagnosis and the possible impact on their subsequent treatment and outcome
- that the candidate has reflected on the case reviews

The case reviews should include photograph(s) of the specimen concerned and other imagery as appropriate such as H&E-staining images. There does not need to be reflection on every single case reviewed but the candidate must show how, for **each optional module** that evidence is being submitted, the case reviews have been used to enhance learning and improve their dissection practice through appropriate reflection. A template that could be used for this reflection is shown in Appendix 6.

CASE STUDIES

Each case study will be appropriate to this qualification and the complexity of the specimen and must be at least 1500 ($\pm 10\%$) words in length. Tables, legends for figures and imagers and references are **not** included in this word count. 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. They should be prepared using aspects of the following format to bring a whole case history together supplemented by comments on options available to clinicians as the case progresses. Each case study must also include:

- patient clinical history
- macroscopic description of gross specimen
- 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
- knowledge and reasoned argument of sufficient depth and clarity
- adequate and appropriate references to key sources of information

Each case study **should** include photograph(s) of the specimen concerned and other imagery as appropriate such as H&E-staining images.

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

PRE-ANALYSIS

Details of presenting symptoms and any additional relevant clinical history should be used to introduce the case. The clinical symptoms may be expanded upon and any additional laboratory tests, including previous biopsy or surgery should be critically discussed.

Radiology or ultrasound results may also be involved at this stage. The surgical procedure selected and the subsequent removal of tissue for histological examination should be put into context with the patient's overall treatment plan, e.g. results may be discussed at a MDT meeting to include compliance with the appropriate cancer standards.

ANALYSIS

The way the specimen is handled when it arrives in the cellular pathology laboratory should be discussed, e.g. whether fresh or formalin fixed. Precise details of the dissection process, blocks taken and macroscopic description **must** be included. Evaluation and impact of imaging findings and clinical history should be demonstrated. The main histological features should be discussed, and details of the stains and antibodies used on the case should be explained to show evidence of slide review. Where a panel of markers have contributed to the final diagnosis these should be discussed, together with possible options of other specialised tests.

POST ANALYSIS

The outcomes for the patient should be discussed to include evidence of follow-up treatment, and the relationship of that treatment to the diagnosis. This should include a record of any MDT discussions and the outcomes.

AUDITS

Audit must form an integral part of both the training process and ongoing practice. The requirement for preview and review of the specimen and any samples taken from it forms the basis of continuing audit of the biomedical scientist's competence and performance and must be clearly demonstrable within the portfolio of evidence presented for assessment.

A minimum of three different audits must be submitted. The audits that are submitted could include vertical, horizontal and health and safety audits but at least one must be of personal practice and another must be of clinical practice. The audits should be undertaken against any locally or nationally published performance targets with appropriate outcomes, next steps and reflection. **It is insufficient to simply provide the raw data for the audit.**

It should also be clear from the audits provided that the candidate understands the different types of audits that can be undertaken and the principals of audits. A template for the clinical audit is included in Appendix 3.

FORMATIVE ASSESSMENTS

In-house assessments of competence must be an interactive continuous process between the supervising pathologist(s) and/or suitably qualified scientist(s) and the biomedical scientist undertaking the qualification.

These should take place throughout the training period. Regular reviews of progress are essential for the setting of agreed learning plans and as part of an ongoing personal development plan and these should be evidence included within the portfolio. A template for the Progress Report can be found in Appendix 4 and on the IBMS website.

The formative assessment evidence must include evidence of regular progress reports and Direct Observation of Practical Skills (DOPS) and/or equivalent processes **for each of the optional modules** being submitted by the candidate. A DOPs template can be found in Appendix 5. Evidence can also include internal competency assessment forms.

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 Diploma of Expert Practice (DEP) in Histological Dissection is dependent upon the satisfactory assessment of the portfolio. Success in the examination will be recognised by the awarding of the DEP in Histological Dissection.

ASSESSMENT OF THE PORTFOLIO

Once submitted, the portfolio will be independently assessed by two members of the Conjoint Examination Board, 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 General Data Protection Regulations (2016). All evidence that may identify an individual which is submitted as part of a portfolio 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 26 standards across the above categories that must be met in order to achieve a pass and progress to the written examination. 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 modules 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 with the consultant level supervisor and/or suitably qualified (reporting) scientist(s).
7. It is clear from the evidence presented that the candidate understands the impact of laboratory tests on diagnosis, treatment, monitoring and prognosis of patients.
8. The reviews show clearly that points of interest have been used as a positive learning experience.

Case Studies

9. Studies are neat, well laid out and of appropriate length, including timeline from surgery to final MDT outcome.
10. Details of clinical presentation, including correlation of any clinical and/or radiological findings performed are included in each study.
11. Details of the dissection process, including block selection – number and area sampled, and macroscopic description, with relevant correlation to final diagnosis.

12. Where appropriate, there is differential diagnosis and discussion of reasons.
13. Details of appropriate ancillary tests, management, treatment and follow-up are presented in each case study.
14. Illustrations or images when used, are relevant and of high quality.
15. The case mix matches the requirements set out in the training logbook.

Formative Assessments

16. It is clear from the evidence presented that systematic and periodic review of the candidate's performance throughout the training period has been undertaken by the consultant pathologist supervisor and/or suitably qualified scientist(s).
17. It is clear from the evidence (such as the inclusion of DOPs for **each** of the optional modules being applied for) that the consultant pathologist supervisor and/or suitably qualified scientist(s) has observed the appropriate range of specimens from categories B & C.
18. It is evident from the details presented how the candidate's practice has evolved over the course of the training period by the inclusion of incident logs and assessments of competence against appropriate standards.

Audit

19. There is evidence that the candidate understands the principles of audit (service and clinical) through the submission of an appropriate mix of different types of audit.
20. It is clear from the evidence presented that the candidate has gathered data relevant to his or her own practice.
21. There is evidence of critical evaluation, reflection and implementation of audit outcomes relevant to the candidates own and in-house practice as appropriate.

Tutorials and Training Sessions

22. A record of training programmes, short courses, tutorials and in-house training sessions attended or delivered by the candidate has been included.
23. Examples are accompanied by evidence of reflection on the learning outcomes.

General Overview

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

25. There is no evidence of plagiarism.

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

PORTFOLIO MARKING OUTCOMES

If, following the assessment the candidate has not met all the standards and their portfolio is referred, or the two assessors' marks differ significantly, the portfolio will be reviewed by a third assessor and moderated accordingly. 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 skin, breast, neuromuscular and gynaecological optional modules and on review the examiner decides that there is sufficient evidence for skin, breast and gynaecological modules but they conclude that the neuromuscular does not 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 neuromuscular 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 the individual will be notified by the IBMS 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.

WRITTEN EXAMINATION

This examination consists of two papers as set out below.

Paper 1

This paper lasts 120 minutes and covers the five mandatory modules (one question per module) with candidates being expected to answer all questions.

Paper 2

This paper lasts 120 minutes and covers the optional modules (one question per module) with candidates being expected to answer six questions from a choice of eleven.

In both papers questions may vary in their format from short, multi-part or structured answer, or may be based on a diagram or sketch. Candidates are strongly advised to use the past papers that can be found on the IBMS website to help them prepare for the written examination.

Please note: Candidates are expected to take their first attempt at the examination within five years of being issued a training logbook.

All examination papers will be marked by two examiners, referring to a third, independent, examiner if appropriate. All marks are subject to moderation and ratification by the RCPATH/IBMS Conjoint Board and the IBMS Education and Professional Standards Committee Chair.

Candidates will be required to achieve a minimum of 60% overall and minimum of 50% in each of the written papers. 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.

Re-sitting the Examination

If a candidate fails to meet the pass mark, they will be able to re-sit the examination. 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.

ADDITIONAL OPTIONAL MODULES

If, after obtaining the diploma, an individual wants to demonstrate competence in additional optional module(s), the following evidence must be submitted so that it can be assessed by the conjoint examination board.

- The original training logbook (supplemented, if appropriate, by the most up-to-date version of the module(s) from the logbook available on the IBMS website) – the module(s) being applied for must be signed off in the logbook by an appropriate consultant level supervisor or scientist.
- A case log demonstrating at least two years of practice in the additional module(s) being applied for and a case log summary showing the mix of cases included in that log.
- Evidence of regular case reviews for the module(s) being applied for.
- One case study per module that reflect the additional optional module(s) being applied for (if a candidate is only applying for one additional module, they must provide two case studies on that module.)
- An audit of personal practice relating to each of the optional modules being applied for
- Formative assessments - formal observation of the practical skills of the biomedical scientist.

- Evidence of attendance at tutorials and training sessions for the additional module(s) being applied for and reflection on these sessions.

For more information on these requirements please refer to the early sections of this guidance. If the assessors are satisfied that additional competence has been achieved a new supplementary certificate will be issued to reflect the additional module(s) that have been awarded as well as those awarded previously.

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

Additional optional module(s) can be submitted at any point and will be assessed at the earliest opportunity however candidates should note that if this evidence is submitted at the same time as the full portfolios that are being assessed for the purposes of proceeding to the examination that those portfolios will be given priority. There is no requirement to re-sit the written examination.

Administration Processes Relating to 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 DEP 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 B & C 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

Specimen Type	Period			TOTAL
	X to X	X to X	X to X	
Fibroadenomas				
Fibrocystic change				
Cysts				
Duct excisions				
Breast reductions				
Nipple biopsy				
Gynaecomastia				
Other non-malignant samples				

Module: Skin

Specimen Type	Period			TOTAL
	X to X	X to X	X to X	
Skin polyps, cysts, warts				
Inflammatory biopsies				
Tumours/conditions of the dermis				
Benign premalignant skin nodules				
Actinic/solar keratoses				
Autoimmune conditions				
Non-melanoma tumours				
Wider excisions, re-excisions and scarring				
Sentinel nodes				
Primary cutaneous melanocytic tumours				

Appendix 3 – Clinical 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.

 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 4 – Template for Progress Report

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 5 – Direct Observation of Practical Skills (DOPS)

 <p>The Royal College of Pathologists Pathology: the science behind the cure</p>		<p>Workplace-Based Assessment Form - Histopathology Direct Observation of Practical Skills (DOPS)</p>
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Biomedical Scientist's Name				IBMS Membership Number	
Assessors Name					
Assessor Role (Please Circle One)	Consultant	Clinical Scientist	Senior BMS	Trainee	
Brief Outline of Specimen Dissected					
Category of Specimen (Please Circle)	B	C	D	E	

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

Assessor Signature		Biomedical Scientist's Signature	
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Appendix 6 – Reflective Learning Template

This is a template that can be used for reflection. There is no requirement to use this example, but it could be used to reflect on the case reviews, training events, lectures and conferences attended and submitted as evidence within the portfolio.



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?