GUIDANCE TO CANDIDATES AND TRAINERS

ADVANCED SPECIALIST DIPLOMA (ASD)

IN BOWEL SCREENING HISTOPATHOLOGY REPORTING

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Please note the following:

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

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

INTRODUCTION

This qualification provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the reporting of specimens taken as a consequence of the bowel screening programme and also bowel polyps taken for diagnostic purposes independent of any screening programme. It is supported by the NHS Bowel Cancer Screening Programme (NHSBCSP) Laboratory Clinical Professional Group.

AIMS

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

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

3. To enable successful candidates to offer professional advice on dissection and reporting of specimens related to the bowel screening programme

4. To enable successful candidates to participate in training of scientists and specialist trainee medical staff in bowel screening pathology

The Advanced Specialist Diploma (ASD) has one stage. The curriculum content for this qualification is shown in detail in Appendix A and it is assessed through the submission of a portfolio and an examination. Success in the portfolio and the examination leads to the award of the RCPath/IBMS Advanced Specialist Diploma (ASD) in Bowel Screening Histopathology Reporting.

After the successful completion of the ASD qualification candidates will proceed to a post qualification 'preceptorship' stage that involves the development of a supervised specific independent reporting plan. The purpose of this is to support the individual to achieve a level of post-qualification competence and confidence consistent with that of a qualified medical consultant histopathologist to independently report defined specimen types. Successful completion of this preceptorship stage does not confer automatic eligibility to practice as this remains the decision of the employer and the clinical head of department.

The training for the ASD qualification (Stage A) and the post qualification preceptorship stage must take a minimum of 18 months to complete. There is however no minimum time period that must be spent on each stage.

LEARNING OUTCOMES

Individuals successful in this qualification will be able to:

1. Demonstrate an understanding of the physiological and pathological processes associated with the lower gastrointestinal tract

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

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

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

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

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

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

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

9. Demonstrate the knowledge and skills to supervise and participate in the training of others in gastrointestinal tract pathology particularly in dissection

ELIGIBILITY CRITERIA

The reporting of bowel screening 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 the qualification are:

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

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

Candidates can join the qualification at any time though the submission of the appropriate qualification application form, job plan and letter of support from the clinical head of department.

CONSULTANT PATHOLOGIST SUPERVISOR

A scientist considering undertaking this qualification requires a named consultant pathologist supervisor. 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 knowledge, and ultimately to apply them in their professional practice.

The named consultant pathologist supervisor must be registered on the specialist register with the GMC, appropriately trained to carry out educational supervision, meet the minimum RCPath CPD requirements. The consultant pathologist must:

1. Guide and direct the training process
2. Regularly review progress during the training period, which must include direct observation of practical skills and evidence of case reviews carried out by clinical supervisors and other members of staff
3. Set agreed learning plans with candidate

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

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

6. Sign a declaration to confirm that the candidate has undergone training, meets the requirements of the stage concerned and in their opinion is competent and is ready to sit the examination

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

LABORATORY REQUIREMENTS

The laboratory must support the training of scientists in the reporting of bowel screening pathology specimens. This should be evidenced through the provision of training plan with the initial application to join the training programme.

DELIVERY OF TRAINING

The overall aim of the training programme is to develop advanced knowledge, attitudes and reporting skills in bowel screening pathology. Training of scientists in this pathology must not detract from the training of histopathologists in these areas. Training must be delivered in accordance with the IBMS/RCPath training curriculum described in Appendix A.

Completion of training is evidenced by submission of a signed log of reported specimens and compilation of a portfolio after each stage of the qualification. The portfolio must contain evidence of regular assessments of competence in reporting appropriate bowel screening pathology specimens by a consultant pathologist supervisor.

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

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.

In-house assessments of competence must be an interactive continuous process between the supervising pathologist and the biomedical scientist which must include the use of direct observation of practical skills, case-based 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.

The submitted portfolio must contain:

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

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

- details of in-house assessments (including progress reports). The candidates' educational supervisor must complete a progress report with the candidate every six months. The reports should be submitted within the portfolio at the end of the Stage. These reports should use the form in Appendix B.

- formal observation of the practical skills and assessment of the applied knowledge of the biomedical scientist must include on-going assessments carried out by the consultant pathologist supervisor during training period evidenced through the provision of a minimum of nine Workplace-Based Assessments (WBA) forms:
    - Case-based discussion (CBD) x 3
    - Direct observation of practical skills (DOPS) x 3

- Evaluation of clinical events (ECE) x 3

These are provided in Appendix D. Examples of each type of workplace-based assessment are specified in the curriculum section of this document (Appendix A).

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

- formative assessments – evidenced through the provision of a multi-source feedback (MSF) form (See Appendix C) which must include a minimum of **ten** respondents and must include Consultant Histopathologists, Medical Trainees (where possible), scientists and other members of laboratory staff

- a minimum of one clinicopathological case study (see below for more details)

- a record of multidisciplinary team meetings (MDT) attended and evidence of participation in these meetings through the provision of relevant notes on the discussions held on cases including some reported by the candidate

- a record of training programmes, courses, tutorials or training sessions attended with evidence of reflection

- details of any seconded experience

- reflection on the whole learning process

CASE STUDY

The clinicopathological case study must be at least 1500 ± 10% words in length and 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. It must also include:

- patient clinical history
- macroscopic description of gross specimen
- correlation of any clinical/imaging/ findings with the pathology specimen
- details of dissection procedure
- block selection – number and area sampled
- requirements for extra blocks (if applicable) in light of additional patient information

- details of requesting and interpreting of immunocytochemistry and molecular tests (where appropriate)
- correlation of the relevance of macroscopic description and block selection to final diagnosis and subsequent patient management
- details of any interpretive report issued (as appropriate)
- details of possible differential diagnoses (if applicable) where they show a critical understanding of the clinical/pathological context
- details of management suggestions to aid the clinical team if appropriate
- the timeline from surgery/reception to the final MDT outcome
- knowledge and reasoned argument of sufficient depth and clarity
- adequate and appropriate references to key sources of information

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. Ultrasound or other imaging results may be included 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, to include accurate details of the dissection process, blocks taken, macroscopic and (when appropriate) microscopic description. 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.

ASSESSMENT OF TRAINING

Once the named consultant pathologist supervisor is satisfied that the training for the stage is complete the candidate must submit the completed portfolio to the Institute by the specified date. Candidates must pass the portfolio and examination before they can proceed to the post qualification 'preceptorship' stage which is described in the separate document.

There are more details on the standards by which the portfolios will be assessed and on the practical examinations below.

ASSESSMENT OF THE PORTFOLIO

Once submitted, the portfolio will be independently assessed by examiners appointed by the Conjoint Board using the following categories:

- Case Log
- Case Review – including evidence of involvement in MDTs
- Case Study
- Formative Assessments including Work-Based Assessments and Progress Reports
- Audit
- 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 which is submitted as part of the portfolio that may identify an individual patient must be made anonymous, but in such a way that allows identification to be re-established subsequently if appropriate. Portfolios that contain evidence that allows on a small number of occasions identification of a patient will be automatically returned. Candidates will be given a period of time to amend the portfolio so the patient cannot be identified. If, however there are multiple incidents of evidence that allows for the identification of patient the portfolio will be marked as a fail and will not be allowed to be resubmitted until the following year. Candidates are therefore strongly encouraged to ensure that such evidence is not included within the portfolio.

ASSESSMENT STANDARDS

The portfolios will be assessed using the following standards:

Case Log

1. The log is clearly laid out and accessible.

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

Case Review

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

4. The reviews are clearly laid out and accessible

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

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

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

8. Evidence of attendance at MDT meetings including those where there is discussion of cases reported by the candidate in training together with the minutes and outcomes of those discussions.

Case Study

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

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

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

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

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

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

Formative Assessments

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

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

17. It is evident from the details presented how the candidate's practice has evolved over the course of the training period by the inclusion of incident logs and competence assessments

Audit

18. There is evidence that the candidate understands the principles of clinical audit

19. It is clear from the evidence presented that the candidate has gathered data relevant to his or her own practice and that of their colleagues

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

Tutorials and Training Sessions

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

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

General Overview

23. The portfolio is neat, tidy, with a useful and accurate index and appropriate sections can easily be found

24. The portfolio is written in English prose with the correct use of grammar and punctuation

25. There is no evidence of plagiarism

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

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

Candidates whose portfolio is deemed to have significant deficiencies (three or more of the portfolio assessment indicator standards not being met) and therefore not to have met the requirements of the qualification the portfolio will be marked as a fail and will not be able to proceed to the next stage of the qualification.

EXAMINATION

The examination for the Limited Scope Qualifications will run in accordance with the RCPath 'Examination Regulations and Guidelines' document. Candidates should note that, unless they are informed otherwise, they will be expected to bring their own microscope to the exam.

This is a 3 hour Objective Structured Practical Examination (OSPE) involving a mixture of microscopic assessment of slides, macroscopic assessment of dissection specimens and up to two face to face stations. There will be 15 x 12 minute stations in total, including two rest stations.

The aim of the examination is to ensure that the candidate can safely report out cases within their scope of practice and recognise those that are not. As such, the examination may include any cases that can be submitted as part of the screening programme (including malignant or inflammatory diagnoses), but in more complex cases the mark scheme will reflect the scope of practice and the candidate may only be expected to recognise the diagnostic difficulty and state the appropriate next steps. Basic pathological processes and management style questions could also be included.

The face-to-face stations will require no written answers, but the other cases will take the form of structured short answer questions. For example, candidates will only be required to write a

histopathology report based on their assessment of the slide and make a clinicopathological comment. Both the portfolio and examination must be passed before a candidate can proceed to the preceptorship stage.

EXAMINATION RE-SITS

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

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

SUPERVISION AND FEEDBACK

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

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

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

The role of the educational supervisor is to:

- have overall educational and supervisory responsibility for the trainee in a given post
- ensure that the trainee is familiar with the curriculum relevant to the stage of training of the post
- ensure that the trainee has appropriate day-to-day supervision appropriate to their stage of training
- ensure that the trainee is making the necessary progress during the post
- ensure that the trainee is aware of the assessment system and undertakes it according to requirements
- act as a mentor to the trainee and help with both professional and personal development
- agree a training plan (formal educational contract) with the trainee and ensure that an induction (where appropriate) has been carried out soon after the trainee's appointment
- discuss the trainee's progress with each trainer with whom a trainee spends a period of training
- undertake regular formative/supportive appraisals with the trainee (two per year, approximately every 6 months) and ensure that both parties agree to the outcome of these sessions and keep a written record

- regularly inspect the trainee's training record, inform trainees of their progress and encourage trainees to discuss any deficiencies in the training programme, ensuring that records of such discussions are kept

Expected Training

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

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

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

Advanced Specialist Diploma (ASD) Bowel Screening Histopathology Reporting (Stage A)

The training for the ASD in Bowel Screening Histopathology Reporting (Stage A) and the post-qualification preceptorship stage must take, in combination, a minimum of 18 months to complete. There is however no minimum time period that must be spent on each stage. The aims of this ASD are to provide:

- a structured introduction to histopathology
- practical training in lower gastrointestinal polyp dissection and reporting

Competences required at the end of this training:

- independent cut-up of small polyp specimens (e.g. polypectomy, endoscopic mucosal resection (EMR), endoscopical submucosal dissection (ESD))
- ability to write an appropriate standardised report for bowel screening polyp specimens (non-dysplastic and dysplastic)
- independent reporting of non-advanced adenomatous/serrated polyps (adenoma/serrated lesion<10mm, no high grade dysplasia, serrated lesion without dysplasia) according to the document "Bowel cancer screening: pathology guidance on reporting lesions" (last updated 31.05.21)
- ability to demonstrate time management and task prioritisation (e.g. prioritisation of specimens for cut-up and reporting, timely turn-around of reporting histopathology, keeping portfolio up to date)
- understand the purposes of a screening programme, and the pathway of a patient through the Bowel Cancer Screening Programme

The end of qualification process will mirror the Annual Review of Competence Progression (ARCP) process. It is evidenced through the submission within the portfolio of:

Practical experience:

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

Assessments:

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

The portfolio is reviewed is reviewed by examiner(s) appointed by the RCPath/IBMS Conjoint Board against the portfolio assessment indicators stated in this guidance. The final part the examination that is described earlier in this document. Candidates can only progress to the post-qualification preceptorship stage with the successful completion of their portfolio and a pass in the formal examination.

System	Macroscopic Pathology	Microscopy	Knowledge Base
General	Correctly identify patient details relevant to each specimen Correctly orientate specimens Handle fresh specimens Cut up of specimens according to relevant RCPath and BCSP documents	Sets up a microscope correctly Recognise normal histology and normal variations of small and large bowel and anus Select/identify appropriate histochemical stains for glycogen, fat, mucins and amyloid Familiarity with basic immunohistochemical markers for major tissue and tumour types and interpretation of a panel of immunohistochemical markers	Normal anatomy and histology Pathological basis of disease Common pathological abnormalities
System	**Macroscopic Pathology**	**Microscopy**	**Knowledge Base**
Lower gastrointestinal tract	Polypectomy Endoscopic mucosal resection (EMR) Endoscopic submucosal dissection (ESD)	Identify the full range of lower GI polyps Distinguish dysplastic from non-dysplastic polyps Recognise high grade dysplasia in a polyp Recognise malignancy in a polyp Recognise polyp mimics (e.g. prolapse) Recognise mimics of malignancy (e.g. misplacement) Be able to measure polyp size accurately Identify resection margins and assessment of	Hyperplastic polyps Serrated lesion Adenomatous polyps Hamartomatous polyps, Inflammatory polyps Fibroepithelial polyps Correctly define nomenclature of various polyps Understand the Bowel Cancer Screening Programme

		surgical excision Recognise inflammation in the lower GI tract	 Recognise patterns of inflammation in the lower GI tract

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

Workplace-Based Assessments (WBA – Minimum of 9 in total, all directed)

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

Set up and use microscope

Cut-up:
- completion of a simple cut up session (e.g. polypectomy, EMR or ESD)
- macroscopic description and block taking from a pinned or orientated specimen

Microscopy:
- demonstrate ability to recognise normal histology
- demonstrate ability to recognise various gastrointestinal polyps (non-dysplastic and dysplastic)

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

Histology:
- present a case with ancillary investigations to a consultant trainer

Audit and Safety:
- present at audit meeting and lead discussion, having discussed findings with trainer beforehand
- involvement in a patient safety event (e.g. specimen misidentification)

Poster presentation:
- show a poster at the Pathological Society meeting or similar

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

- to be observed by trainer

Referral letter:

- write a draft letter on a case for referral

MDT

- demonstration and presentation of case at MDM

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

Histology:

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

Appendix B - Progress Report

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

Trainee signature .....

Educational supervisor signature .....

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

Multi-source Feedback Summary

Overall Questionnaire Means

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

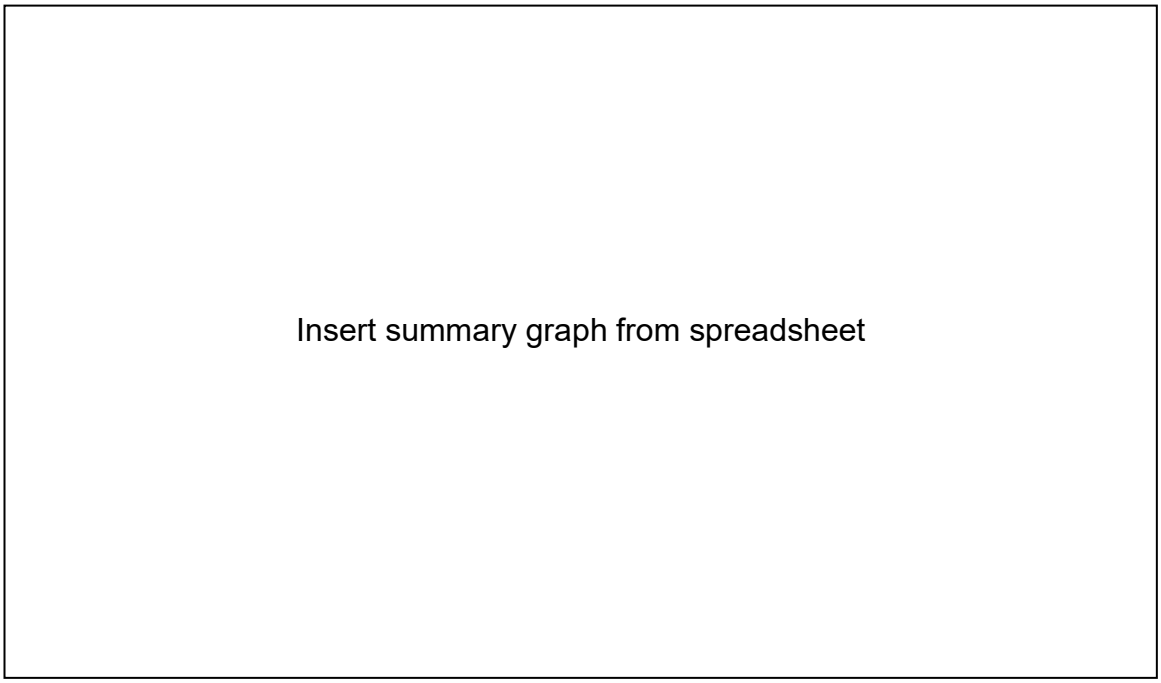
Assessors Grades

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

Concerns Raised

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

Numeric question responses



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

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

The graph represents the questions from the form:

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

Text Question Responses

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

Appendix D – Work-Based Assessment Forms

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

WORKPLACE-BASED ASSESSMENT FORM

HISTOPATHOLOGY
Case-Based Discussion (CBD)

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

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

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

Complexity of procedure: ☐ Low ☐ Average ☐ High

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

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

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

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WORKPLACE-BASED ASSESSMENT FORM

HISTOPATHOLOGY
Direct Observation of Practical Skills (DOPS)

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

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

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

Complexity of procedure: ☐ Low ☐ Average ☐ High

	Please ensure this patient is not identifiable **Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training:**	Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		1	2	3	4	5	6	
1	Understands principles of procedure							
2	Demonstrate appropriate preparation pre-procedure							
3	Ensures patient safety (identification checks, adheres to SOP etc.)							
4	Complies with health and safety requirements (e.g. assessment of risk, use of personal protective equipment, aseptic technique where appropriate)							
5	Technical ability and correct use of equipment							
6	Communication skills (written and/or verbal)							
7	Consideration of patient focus and professional issues (e.g. respect for patient dignity, consent, compliance with Human Tissue Act)							
8	Seeks help where appropriate							
9	Overall ability to perform procedure							

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

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

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WORKPLACE-BASED ASSESSMENT FORM

HISTOPATHOLOGY
Evaluation of Clinical Events (ECE)

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

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

Complexity of procedure: ☐ Low ☐ Average ☐ High

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

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

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