COMPETENCY BASED FRAMEWORK FOR SCIENTIST REPORTING

STAGE D OF HISTOPATHOLOGY REPORTING TRAINING

COMPETENCY BASED FRAMEWORK FOR SCIENTIST REPORTING

1. BACKGROUND

Individuals who are successful in the final examination at the end of Stage C then proceed to Stage D. This is a post qualification 'preceptorship' stage which aims to support the individual to achieve a level of post-qualification competence and confidence consistent with that of a qualified medical consultant histopathologist to independently report defined specimen types.

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

1.1. Aims

The aims of the stage D of training are to:

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

1.2. Timeline

In total Stages A, B, C and D must last in total a **minimum of 48 months** but there is no minimum period that a candidate must remain on each stage. Candidates can spend longer on some stages than others provided the total training time reaches the minimum of 48 months.

Stage D will normally take around 12 months whole time equivalent from satisfactory completion of Stages A-C of training to complete. This is a competency based curriculum and it is anticipated that most trainees will achieve the competencies required having

reported a minimum of 1500 cases that should include a variety of cases seen within the routine workload of the department.

2. INDEPENDENT REPORTING GUIDANCE COMPETENCY BASED FRAMEWORK

For independent reporting of histology cases a stepwise approach is recommended which involves progressing from step 1 to step 3 and gradually increasing the complexity of cases:

Step	Complexity	Independent Reporting
1	Simple	Most of these cases can be reported independently
2	Moderate	Many of these cases can be reported independently
3	Complex	Some of these cases can be reported independently, but the majority are likely to involve discussion with clinical colleagues.

The competencies given in the following tables are to be used as a guide for independent reporting throughout Stage D. This will require discussion at a local level as to the most appropriate way of implementing this practice. This guidance should be in conjunction with review of cases by the educational supervisor and other clinical colleagues and regular audit of the cases. Double reporting as per national guidance should continue.

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

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

3. INDEPENDENT REPORTING

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

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

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

COMPETENCY FRAMEWORK GUIDANCE

4.1. Gastrointestinal Pathology

Specimen	Pathology	Step		
		1	2	3
Anal biopsy/fissure	- Normal	✓		
	- Inflammatory bowel disease	X	✓	
Anal skin tag	- Benign disease	✓		
	- Viral / AIN	X	X	✓
Appendix	- Normal - Acute appendicitis - *Enterobius vermicularis*	✓		
	- Granulomatous appendicitis - Serosal inflammation without mucosal inflammation - Malignancy	X	X	✓
Colonic biopsy	- Normal	✓		
Duodenal biopsy	- Normal	✓		
	- Investigation for anaemia - Coeliac disease - Duodenitis	X	✓	
EMR/ESD	- Barrett's oesophagus without dysplasia - Barrett's oesophagus with dysplasia* - Malignancy	X	X	✓
Gallbladder	- Normal - Chronic/acute cholecystitis - Cholelithiasis	✓		
	- Malignancy	X	X	✓
Gastric biopsy	- Normal	✓		
	- Reactive gastropathy - *H. pylori* associated gastritis - Intestinal metaplasia	X	✓	
Gastrointestinal biopsy	- Normal	✓		
	- Inflammatory bowel disease in patients with a known history	X	✓	

	- Inflammatory bowel disease in patients without a known history - Inflammatory bowel disease with dysplasia* - Eosinophilic inflammation - Granulomatous inflammation - Primary diagnosis of malignancy	X	X	✓
Gastrointestinal polyp	- Non-neoplastic - Neoplastic	X	✓	
Gastrointestinal resection	- Volvulus - Ischaemia / infarction - Diverticular disease - Known inflammatory bowel disease	X	✓	
	- Malignancy	X	X	✓
Haemorrhoid		✓		
Meckel's diverticulum		✓		
Oesophageal biopsy	- Normal	✓		
	- Oesophagitis - Barrett's oesophagus without dysplasia	X	✓	
	- Barrett's oesophagus with dysplasia*	X	X	✓
Omental/peritoneal biopsy	- Malignancy	X	X	✓
Pilonidal sinus		✓		
Stoma		✓		
TART/TAMIS	- Dysplasia / malignancy	X	X	✓

*must be double reported according to national guidelines

4.2. Gynaecological Pathology

Specimen	Pathology	Step		
		1	2	3
Cervical loop excision	- CIN - CGIN	✓		
	- Malignancy	X	X	✓
Endometrial pipelle / curette / TCRE	- Normal - Inflammation - Leiomyoma	✓		
	- Complex hyperplasia +/- atypia/dysplasia	X	✓	
	- Malignancy	X	X	✓
Fallopian tubes	- Sterilisation - Prophylaxis – BRCA mutation	✓		
	- Atypia / *in situ* disease	X	✓	
	- Malignancy	X	X	✓
Gynaecological biopsy (cervix, vagina)	- Normal - Inflammation - Atypia / *in situ* disease	✓		
	- Malignancy	X	X	✓
Gynaecological polyp (cervix, endometrium, vagina)	- Non-neoplastic / benign neoplasm	✓		
	- Malignancy	X	X	✓
Hysterectomy +/- BSO	- Benign disease, e.g. leiomyoma, adenomyosis, benign ovarian pathology	✓		
	- Complex hyperplasia +/- atypia	X	✓	
	- Borderline neoplasms of the ovary - Malignancy of endometrium, fallopian tube and ovary - Sex cord stromal tumour, germ cell tumour	X	X	✓
Omental/pelvic biopsy	- Non-neoplastic	✓		
	- Malignancy	X	X	✓
Ovary	- Benign disease	✓		
	- Borderline/malignant neoplasm - Sex cord stromal tumour, germ cell tumour	X	X	✓

Products Of Conception (POC)	- Normal	✓		
	- Hydatidiform molar pregnancy	X	✓	
	- Trophoblastic neoplasia	X	X	✓
Vulval skin tag / naevus	- Non-neoplastic - Benign neoplasm	✓		
	- Malignancy	X	X	✓
Vulval biopsy/resection	- *In situ* disease	X	X	✓
	- Malignancy	X	X	✓

4.3 Dermatopathology

Specimen	Pathology	Step		
		1	2	3
Epidermal and sebaceous (pilar) cysts		✓		
Fibro-epithelial polyp		✓		
Molluscum contagiosum		✓		
Typical Dermatofibroma / fibrous histiocytoma		✓		
Typical Haemangioma / AV malformation	Small Superficial	✓		
Seborrhoeic keratosis		✓		
Viral wart		✓		
Kelid / hypertrophic scar		✓		
Typical Lipoma / angiolipoma	<5cm Superficial	✓		
Ganglion		✓		
Actinic keraotosis		X	✓	
Typical squamous cell carcinoma in-situ/ Bowen's disease (excluding all anal/genital and mucosal sites)		X	X	✓

Notes:
The following competencies are not covered by Stage D of the Reporting qualification:

- Intradermal melanocytic naevus
- Pilonidal sinus
- Bursa
- Hidradenitis
- Basal Cell Carcinoma
- Schwannoma

- Neurofibroma
- Giant cell tumour of tendon sheath
- Palmar and plantar fibromatosis
- Compound melanocytic naevus
- Squamous cell carcinoma (other than those covered in table above)
- Keraticanthoma
- Junctional melanocytic naevus

5. AUDIT OF PERFORMANCE

During Stage D it is expected that a minimum of 10% of independently reported cases of variable and increasing complexity should be reviewed on a regular basis by a consultant pathologist as part of an internal audit. This information should be fed back to the trainee throughout Stage D and also be available for discussion at the end of year review of competence progress meeting. At each stage it can be determined whether the next level of independent reporting can be commenced.

6. COMPLETION OF TRAINING

In order to complete Stage D the trainee must have:

- Satisfactorily completed a total of at minimum of 48 months of training (whole time equivalent), which includes stages A-C plus the post examination practice-based Stage D

- Demonstrate a level of knowledge and skill consistent with practise as a Consultant Healthcare Scientist in the National Health Service (NHS)

- Demonstrate the ability to report independently

- A minimum of 1500 cases (representing a range of simple and complex cases) with evidence of internal and external quality assurance data presented in the form of case log

- Develop experience of teaching histopathology trainees and other professional groups.

- Develop experience of involvement in MDTs. This includes the presentation of cases that the candidate has reported and discussion on cases reported by others. This should take the form of notes from the MDTs including details of the cases, the discussion and the subsequent actions and where known the outcome

- Completion of one clinical audit

- Completion of a minimum of 12 workplace-based assessments (all directed)
    - Six Case-based Discussions (CBD)
    - Six Evaluation of Clinical Events (ECEs)

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

- Completion of satisfactory educational supervisor's progress reports (every six months)