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FACULTY OF PATHOLOGY

**CURRICULUM FOR HIGHER
SPECIALIST TRAINING**

IN

**HISTOPATHOLOGY
&
NEUROPATHOLOGY**

JANUARY, 2006

This curriculum programme closely parallels that developed by the Royal College of Pathologists with appropriate modifications.

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HISTOPATHOLOGY/NEUROPATHOLOGY

ENTRY REQUIREMENTS:

Higher specialist training (*HST*) in Histopathology is open to applicants with a diversity of relevant previous experience. All applicants to the Specialist Registrar (*SpR*) grade will be required to have completed:

- At least one year of Basic Specialty Training (*BST* – equivalent to *General Professional Training, GPT*) in a recognised Histopathology SHO/Registrar Post

and

- To have demonstrated their aptitude for the specialty by satisfactory performance in the Aptitude Assessment.

In practice, many applicants will spend **two years** at BST at SHO/Registrar level in Histopathology. Towards the **end of the first year** each applicant will have presented themselves for Aptitude Assessment. If successful, the candidate is then in a position to apply to the SpR scheme the **following November** for entry in the July after that. **In effect, this point of entry to the SpR scheme will therefore be two years experience in Histopathology.**

Additionally, experience (*at SHO or Registrar*) level in other specialties, preferably those relevant to a career in Histopathology, such as General (Internal) Medicine, or Surgery, Gynaecology, Oncology, Radiology etc. or in completing research, or in any of the laboratory-based disciplines would also be considered favourably.

The entry requirements for Basic Specialty Training in Histopathology (*equivalent to GPT*) and the aims and objectives for Histopathology SHO training are contained within Appendix 1 of this document. A summary of the Aptitude Assessment is contained within Appendix 2.

DURATION OF TRAINING:

Training in Histopathology or Neuropathology consists of BST and HST periods. The duration of training **in the SpR grade** will **normally** be five years. The total training duration will therefore be six years **including 1 year of BST**. The **minimum total** training time for award of a Certificate of Satisfactory Completion of Specialist Training (*CSCST*) will **always be five years**. One year of two years spent at SHO/Registrar grade may in certain circumstances* be credited. This is in line with the Royal College of Pathologists (*RCPATH*) guidelines and is determined by 2 factors:

1. The MRCPATH Part II Examination can be taken after four years of **Specialist Training**.
2. This total training time for entry to Part II MRCPATH Examination can also include one year of Basic Specialty Training in Histopathology at SHO level.

These revisions were agreed in September, 2004 and operate from Spring, 2005. The current MRCPATH Examination rules for Part I and Part II are available at www.rcpath.org or e-mail: exams@rcpath.org.

*Note;

In circumstances where a trainee has, following successful Aptitude Assessment (see Appendix 2), spent two years in Histopathology at BST level, the second of these two years may be assessed for equivalence to a Year 1 Programme of Higher Specialist Training. This evaluation will be made by the National Training Committee of the Faculty of Pathology. It will be based on evidence provided of curricular content fulfilled/competencies acquired following an application made in writing to the National Specialty Director and the submission of a record of training undertaken (logbook).

The nature of specialist registrar training in Histopathology is such that it is not appropriate to specify individual skills to be acquired by the end of each year; rather the five years should be looked at as a whole so that by the end of the training period the overall objectives listed in the following sections will have been achieved. Training programmes will include suitable rotations to cover all the necessary areas of experience and will include an appropriate balance between teaching hospitals, district hospitals and specialised units such that each trainee gains the breadth of experience needed for their future career.

RESEARCH:

A period of supervised research is considered a highly desirable part of specialist registrar training in Histopathology. One year of research may be approved prospectively as an accepted component of training programmes. This option would usually be exercised in years 4 or 5 of the programme. Trainees may wish to study for a higher degree (*for example MD, PhD*) which will require longer periods of research activity. It is desirable that rotational programmes are flexible and allow for this option, but no more than 12 months educational credit will accrue towards the CSCST. However, when a research appointment also includes a programmed commitment to another prescribed component of the Curriculum, the trainee may be credited with additional time towards completion. This would be adjudicated on an ad personam basis by the Specialty Training Committee and referred for approval to the Dean of the Faculty. Trainees holding a position in a recognised SpR training rotation should arrange for prolonged periods of research and preservation of their training rotation place with the Dean of the Faculty.

OTHER OUT-OF-PROGRAMME APPOINTMENTS:

Academic and out-of-programme (*e.g. overseas*) posts are acceptable for consideration for inclusion in HST in Histopathology provided prospective approval has been obtained. It is emphasised to both trainees and supervising trainers that any training plan should be carefully thought out and prospective advice from the Regional and/or National Specialty Director should be sought, and if necessary confirmed with the Dean of Higher Medical Training (*HMT*), to comply with restrictions on the proportion of (*Irish*) HMT that can take place outside the jurisdiction of the ICHMT.

Approval of training out of Ireland will only be considered if evidence of the nature of the training has been submitted in advance through the National Specialty Director to the Dean of the Faculty. This will normally require a written statement from the department concerned and written support from the trainee's own rotation programme director.

Overseas training may be clinical or in research and will be recognised for up to a maximum of two years. It *may consist of entirely clinical laboratory training, or include research (for which a maximum of one year credit is allowed)*.

ASSESSMENT:

Training will be undertaken in posts in departments that are educationally approved by the Faculty of Pathology. The Faculty of Pathology requires that there should be an annual assessment of trainees using a standard format and record of assessment and logbooks. The assessment will be carried out by a committee of 6 members comprising the National Specialty Director in Histopathology, the Dean of the ICHMT, an External assessor from a training programme in the UK (*for final assessment only*), the Regional Specialty Director of the trainee, a Regional Specialty Director from another region in Ireland and the Honorary

Secretary of the Education and Training Committee of the Faculty (*or a suitable alternate to be nominated by the Dean of the Faculty*). Training will be supervised by the departmental consultants on a day to day basis under the direction of a designated educational supervisor (*in each hospital*) and a specialist training sub-committee (*in each region*) which will report to the National Histopathology Training Committee of the Faculty of Pathology.

The MRCPATH. examinations will be the main summative assessments of progress. Part I MRCPATH. is a written test of knowledge which consists of multiple choice questions, extended matching format questions and short answer type questions. The RCPATH recommends that candidates attempt the Part 1 examination after two years of recognised training. **The Part II exam** can be taken in Histopathology or in a particular sub-Specialty (*for example cytopathology, forensic pathology, paediatric pathology, neuropathology*).

The Faculty of Pathology will determine the date of completion of training having regard to:

- (i) acquisition of the MRCPATH. by examination and
- (ii) satisfactory completion of all the requirements of the Curriculum in a recognised Training Programme.

The Faculty of Pathology will forward their recommendations to the ICHMT for issuance of a Certificate of Satisfactory Completion of Specialist Training (*CSCST*) in Histopathology. This certificate can then be used, along with such other documents as may be required, for an application to the Medical Council for entry on the Specialist Register and, where appropriate, for issuance of the Council's Certificate of Specialist Doctor (*CSD*).

CURRICULUM

The curricula which follow closely parallel those developed by the Royal College of Pathologists with appropriate modifications.

GENERAL:

Following satisfactory completion of the mandatory twelve consecutive months of Basic Specialist Training in Histopathology and a successful aptitude assessment, entry to HST at SpR grade is by competitive interview. During the 4 or 5 years in the SpR grade, trainees will continue to work under consultant supervision in the Histopathology, cytopathology and autopsy services, gradually widening their knowledge and experience in each area so that by the time they have passed the MRCPATH Part 2 they are able to work largely independently. The exact rotational arrangements will vary according to the size of the departments in the various training hospitals, the number of placements on the training scheme and the number of other trainees on the training programme. The training scheme should be organised in such a way as to give each trainee some experience in most recognised areas of subspecialisation. The day-to-day supervised training will be supplemented by more formal teaching such as "black box" sessions and regionally and nationally organised training courses. The rotas should also be arranged in such a way that SpRs have time available for participation in research projects as part of their training. The more academically inclined trainees will be encouraged to take time out from the training time to include a more sustained period of grant-funded research working towards an MD or PhD. One year of this research time can count towards the total years needed for the acquisition of a CSCST.

OVERALL OBJECTIVES:

The overall aim of specialist training in Histopathology is to produce clinicians who are competent to practice at consultant level in the Specialty and sub-specialities of Histopathology. Over the training period of five years in total the overall objective is that the trainee should acquire or develop the following:-

1. **The habit of lifelong learning** by building on previous undergraduate and general medical training experience so that relevant knowledge of disease processes is acquired and maintained at a level consistent with the requirements of independent practice in Histopathology.
2. **Critical skills for the assessment of published literature** and, where possible, to contribute to the advancement of such knowledge.
3. **Interpretative skills** at both macroscopic and microscopic levels such that clinically useful opinions can be produced from surgical, biopsy and cytology specimens and from the findings of post mortem examinations.
4. **Sufficient technical knowledge** of the processing, sectioning and staining of histological sections (*including special techniques such as immunocytochemistry and molecular pathology*) and of cytological preparations to be able to interact appropriately with biomedical scientist (BMS) colleagues over those aspects of the technical work for which they are responsible.
5. **Familiarity with health and safety regulations** relating to the practice of Histopathology and its subspecialities such that the working environment is safe both for themselves and for their colleagues.

6. **Understanding of information technology** sufficient to be able to use computers for producing pathology reports and laboratory statistics, to search databases and to access e-mail and internet services.
7. **Management and communication skills** in order to interact appropriately with medical, scientific, technical and clerical colleagues in the workplace and eventually to function as a team leader, if so requested.
8. **Responsibility for their standard of professional practice** with an awareness of their own limitations, the benefits of team working and the requirements of Continuing Professional Development.

CURRICULUM IN DETAIL

The curricula which follow closely parallel those developed by the Royal College of Pathologists with appropriate modifications.

Health And Safety Regulations

SpRs should build on the initial training given during the SHO year and be able to show that they are fully familiar with health and safety regulations as they affect the work of a Histopathology department. It is recommended that senior biomedical scientists are involved in these aspects of training and that trainees are familiar with Accreditation (*e.g. CPA*) standards.

Information Technology

This is a rapidly advancing field and trainees need to become sufficiently familiar with computers to use them routinely in pathology reporting, general word processing, preparation of teaching and presentational materials, literature searches, e-mail communications and internet access. If adequate training is not available within departments, more formal hands-on courses may be required.

Laboratory Management

During the Specialist Registrar training programme, ongoing involvement in management and audit of laboratory and clinical practice is necessary. During the first two years of SpR training, this must include active participation in Departmental Committees (*e.g. health and safety, accreditation, research and audit etc*). With increasing experience, in the final years of training, participation in hospital committees and attendance at formal laboratory management courses are advisable. The experience gained should be designed so that the SpR is fully familiar with laboratory management structures, committee practice, minute taking, preparation, enactment and audit of protocols, and also have knowledge of the budgetary and personnel aspects of laboratory management.

Audit

SpRs must participate in clinical audit activities. They should attend departmental audit meetings and be active participants in audit projects. Autopsies can be used to audit clinical activities, surgical specimens can be used to audit previous fine needle aspiration (*FNA*) cytology. Audits of reporting procedures such as turnaround times and accuracy of reports can also be carried out. By the time of taking the final MRCPATH examination they should be able to demonstrate their understanding of the importance of auditing their own activities and those of a Histopathology department.

Quality Assurance

Trainees should become familiar with the principles of both technical and professional quality assurance, be aware of how assurance schemes are applied within the departments to which they are attached and, towards the end of their training period, should personally participate either informally or formally in appropriate external quality assurance (*EQA*) schemes. Throughout their training SpRs should show that they have an awareness of their own limitations and know when it is appropriate to seek help.

Scientific & Medical Literature

Trainees should develop the habit of frequent referral to bench books in relation to their diagnostic work. Encountering rarer entities will necessitate wider consultation of the medical literature including the use of electronic searches and such searches will also be relevant to research activities.

Clinical Correlations

Trainees should regularly discuss cases with clinicians, attend clinico-pathological meetings and in the later training years present cases at such meetings and at grand rounds.

Research

Some trainees will wish to pursue an academic career and should be encouraged to be actively involved in major grant-funded research projects, possibly requiring an extension of their training time. This may be easier if they are appointed to lecturer posts to which special arrangements apply regarding credit towards completion of training. Those SpRs who are aiming at a general service career should show evidence of an inquiring mind, by participating in one or more research project(s) of a standard suitable for presentation at a scientific meeting or publication in a peer reviewed journal.

Teaching

Participation in undergraduate teaching is considered an excellent way of learning about the pathological basis of disease and should be encouraged.

HISTOPATHOLOGY

Specimen Reception & Booking

SpRs should acquire full familiarity with procedures for transportation, reception and booking in of surgical and biopsy specimens including identification measures taken to prevent any mix-up of specimens.

Macroscopical Examination

Building on their understanding of the basic principles of macroscopical examination of specimens and block taking, SpRs should widen their experience of handling different types of specimen, including the use of cancer resection protocols and minimum datasets so that by the end of the training period they are competent to deal with any type of submitted specimen. They should be able to carry out macroscopic photography and be able to handle both fixed and unfixed material using appropriate safety precautions. They should appreciate the need for and be able to implement alternative processing schedules, such as decalcification, rapid processing, plastic embedding or frozen sections, in appropriate cases.

Microscopical Examination

Building on the experience of the SHO year, SpRs should continue to widen their histological experience to include all the major specimen types submitted as biopsies or surgical resections. This would normally include dermatopathology, gastrointestinal and liver, gynaecological and urological, renal, breast, cardiorespiratory, lymph nodes, endocrine, ENT, oral, orthopaedic and soft tissue tumours together with basic neuropathology. All types of specimen received in a training department should be available to the SpRs and experience in the more specialised areas may be gained by attachment to consultants carrying out specialist reporting, although it is preferable for trainees to be allowed to examine the slides first and draft their own reports before discussing the cases with the consultant specialist. Slide collections may be used to remedy any gaps in experience and rotations to other hospitals may be needed to cover particular specialist areas. This should be discussed with the educational supervisor as part of the educational planning process.

Frozen Sections

SpRs should take every opportunity to participate in the handling and reporting of specimens submitted for frozen section. They should show that they are aware of the limitations of the technique and in what situations it is appropriate to use it. They should be given the chance to examine the sections with the consultant on a double-headed microscope and become accustomed to being in the “hot-seat” by giving their own opinion before the verbal report is transmitted to the surgeon.

Special Techniques

SpRs should develop a methodical approach to dealing with histopathological cases. They should demonstrate that they understand the situations in which further sampling or deeper sections are needed and learn the appropriate selection of special stains and immunocytochemical techniques for cases where a diagnosis is not attainable on initial haematoxylin and eosin (*H+E*) sections. They should show that they understand in what circumstances more complex techniques such as electron microscopy and molecular biology may be used.

Writing Reports

Training will include guidance in the development of a lucid style of reporting including appropriate observations and deductions, an appropriate amount of detail and an indication of the degree of confidence with which any suggested diagnosis is made. There should also be experienced in the use of proformas for minimum dataset cancer reporting. Checking and correcting errors in typed reports and using suitable coding systems for tissue and diagnosis should be included. By the end of the training period SpRs should be able to formulate clinically useful accurate reports on all types of specimen.

CYTOPATHOLOGY

General

In each year of HST there should be a period of at least 6 weeks' protected time spent on cytopathology so that, including the year of BST, general trainees spend a total of at least 30 weeks on cytopathology by the end of the SpR 5 year. This cytopathology training should be carried out in departments supervised by a consultant cytopathologist or a histopathologist with a special interest in cytopathology.

Specimen Collection & Handling

The training should include experience in methods of collection of different types of cytological specimen and participation in fine needle aspiration clinics. Trainees should be able to recognise when a specimen is inadequate, understand the possible reasons for such inadequacy and know how these may be overcome.

Cervical Screening

Trainees should be involved in all aspects of cervical cytology screening, gradually building up their experience so that by the time they take the Part 1 MRCPATH (*written papers*) they can describe the requirements and features of such a programme, problems which may occur in the running of a national screening programme including the concepts of specificity and sensitivity, the significance of false positive and false negative results and ways of auditing the performance of a screening laboratory. They should also know the principles of management of women with abnormal smears and procedures for follow-up and “fail-safe”.

During the early years of HST the practical training emphasis should be on the recognition of dyskaryosis and the discrimination of this from normal appearances, reactive changes and common infections. Supervised experience should then be built up so that by the time SpRs take the Part 2 MRCPATH (*practical and oral examination*) they should be fully familiar with the day-to-day involvement of the cytopathology laboratory in cervical screening and be able to carry out both primary screening of unmarked slides and assessment of smears which have been marked by a primary screener. They should be confident in identifying a negative smear and be familiar with the known pitfalls in defining the borderline between benign reactive changes and dyskaryosis in both squamous and glandular cells and in the assessment of grades of squamous dyskaryosis. They should be encouraged to participate in EQA and proficiency testing schemes which are carried out in the department in order to monitor their performance. They should also be involved in regular cytological-histological correlations as part of the audit of the screening programme.

Diagnostic Cytopathology

Trainees should become familiar with both direct and cytospin types of preparation and with both Papanicolaou and Giemsa type staining. They should have access to material from all the common types of sample (*serous fluids, urine, sputum, cyst fluids, and endoscopic brushings from sites such as bronchus and oesophagus*) and to FNAs from a variety of sites including breast, lymph node, thyroid, salivary gland, intrathoracic and intra-abdominal masses. Rotations may be needed to cover these aspects if they are not all available in an individual training department. As far as is possible, trainees should examine slides first and draft their own report before having the findings checked by a consultant supervisor and discussed by examination on a double or multiheaded microscope. Any deficiencies in the overall range of material can also be remedied by examination of slide collections but this should not replace the day-to-day involvement in the diagnosis of material coming through the laboratory. There should be regular correlations between the opinion given on cytological preparations and subsequent histological specimens and an appreciation of the significance of this form of audit. Trainees should also become familiar with the role of FNA in pathology diagnosis in general and in the triple assessment of breast lesions and should attend and participate in multidisciplinary cancer and other clinico-pathological conferences at which there is discussion of cytological findings in relation to clinical features and other investigations.

AUTOPSIES

Documents

Trainees should become familiar with the contents of the various publications from the Royal College of Pathologists and the Faculty of Pathology on the autopsy including:

- Guidelines for Post Mortem Reports
- The Autopsy and Audit
- The Retention of Tissues at Post Mortem Examination
- Faculty of Pathology - Post Mortem Guidelines

Health & Safety

The awareness of potential health hazards is particularly important in the post mortem room and both trainers and trainees should always ensure that safe practices are employed. Trainees should be able to show that they understand the concept of “universal precautions” and should demonstrate their use of precautions against specific hazards as appropriate.

Supervision

Given the reducing number of "hospital" autopsies and the considerable workload of coroners' autopsies which falls to general Histopathologists, it is essential that trainees should be exposed to medico-legal autopsies at the earliest opportunity and training on these cases should be part of HST. Training in autopsy practice must always be under the direct supervision of a consultant pathologist who should either be present during the conduct of the autopsy or should have discussed fully the nature of the case and the approach to be taken by the trainee before commencement of the examination and who should be available to assist in or take over the examination should the trainee encounter difficulties.

Pre-Examination Case Assessment

Trainees need to have a clear understanding of consent procedures, the roles of Coroners and the rights of relatives in relation to post mortem examinations. Trainees must acquire the ability to perform a pre-examination "risk assessment" of an autopsy case so that they can make an appropriate judgement regarding risks of infection or any other potential hazard or problem and whether the case is within their own capabilities to perform or whether they need advice or assistance from another specialist.

Numbers & Types of Autopsies

By the end of HST each SpR must have performed, or had substantial involvement in, adult autopsies. (*It is accepted that, in the current climate of general resistance to the performance of autopsies, it is unreasonable to place a specific minimum on this number*). These should include both deaths which occur in hospital and within the community. The trainee should maintain their own portfolio of autopsy cases with a record of the degree to which they were involved in each case and an account of the techniques used and the lessons learned from each case. This portfolio should form part of their overall training record and be used as part of the planning of their training requirements from year to year. For a portfolio to be complete, trainees should (*where possible*) have had experience of autopsies where the cause of death lies in each of the major organ systems (*central nervous, cardiovascular, respiratory, gastrointestinal and hepatic, genitourinary and renal*) and cases where death follows surgery and intensive care. Deaths involving "external factors" should, where possible, include falls in the elderly, road traffic accidents, suicides, drug-related deaths and bodies recovered from water or fire. Trainees should be able to carry out appropriate special dissections as required including basic neuropathological examination of the brain, spinal cord, peripheral nerves and muscles.

Reports

Trainees must develop the ability to present their autopsy findings to clinicians in an understandable and helpful manner, both in face-to-face presentations and in clear written reports which should be in a standard format and should be clearly worded so that they are understandable by relatives and others without medical training. Appropriate experience of presenting autopsy findings in different settings should be monitored so that by the end of their training SpRs can present their findings in an understandable and helpful way at clinico-pathological conferences or at inquests.

NEUROPATHOLOGY

During HST there should be a period of at least 4 weeks spent in neuropathology. This should be by an attachment to or under the supervision of a department approved for training in neuropathology and this should be appropriately divided between pre-Part 1 and pre Part II MRCPATH. During this period trainees should become familiar with the neuropathological aspects of post mortem practice and the recognition of the normal anatomy of the CNS and its supporting structures. They should be able to recognise the general nature of the more common CNS diseases including CNS complications of systemic diseases and the effects of raised intracranial pressure. They should also become familiar with the general aspects of neuropathology laboratory practice such that they know the appropriate investigative techniques for handling tissues from the nervous system and skeletal muscle and can give appropriate advice to clinicians on these matters.

PAEDIATRIC AND PERINATAL PATHOLOGY

During HST a period equivalent to at least 8 weeks should be spent in paediatric and perinatal pathology and this should be appropriately divided between the pre-Part 1 and pre-Part 2 MRCPATH periods. This should include a minimum of 5 supervised foetal/perinatal autopsies and experience of examining placentae so that common placental lesions can be recognised. Trainees should know how to approach malformation syndromes and congenital heart disease and should be able to recognise non-accidental injury. They should have attended at least one perinatal mortality meeting. They should also have had some exposure to paediatric tumours.

SUB-SPECIALTY TRAINING

The curricula which follow closely parallel those developed by the Royal College of Pathologists with appropriate modifications.

CYTOPATHOLOGY

Trainees who wish to develop Cytopathology as a special interest may take Part I MRCPATH in Histopathology followed by Part II MRCPATH in Cytopathology or they may take Part I and Part II MRCPATH in Histopathology followed by the Diploma in Cytopathology, the requirements for which are indicated in the Royal College of Pathologist's examination regulations (www.rcpath.org). However, neither of these options is mandatory for the development of a career in Cytopathology and candidates should carefully consider the career implications with their educational supervisor, particularly in the case of the slanted examinations. The general MRCPATH followed by the Diploma in Cytopathology would be an advantageous combination for those planning to apply for posts with a substantial cytopathology component.

FORENSIC PATHOLOGY

Those intending to pursue a career in forensic pathology should first have a sound training in Histopathology, such that they have a satisfactory knowledge of disease mechanisms and systemic pathology and of autopsy techniques and microscopy.

A number of examination routes are possible:

- o Part I MRCPATH in Forensic Pathology (*slanted*) followed by Part II in Forensic Pathology.
- o Part I MRCPATH in Histopathology followed by Part II in Forensic Pathology
- o Parts I and II MRCPATH in Histopathology followed by the Diploma in Forensic Pathology.

Trainees should refer to the Examinations section of the RCPATH website, www.rcpath.org for the requirements for each of the above stages in the examination progress and the structure of the examinations.

Whichever route is chosen, candidates for the various examination options should be aware of the minimum training requirements for each of the examination stages. They should also be aware that the slanted Part 1 MRCPATH does not give exemption from the general Part I and this therefore does restrict their subsequent career options.

By completion of the sub-specialty training programme SpRs should have acquired the following:

Medico-legal systems and clinical practice

1. A working knowledge of the Coroner systems in Ireland and an awareness of different systems abroad.
2. An understanding of the certification involved in relation to death procedures for transplantation, principles of consent and confidentiality and the regulation of the medical profession.

Autopsies & Related Investigations

1. Detailed knowledge and familiarity in performance of post mortem examinations in a wide range of natural and non-natural deaths, the latter to include various forms of suicidal and accidental death, deaths potentially related to medical treatment, industrial disease and deaths of children.
2. An appreciation of the findings in other categories, e.g. homicides, maternal deaths, the examination of skeletal remains and mass disasters.
3. Detailed knowledge of histological findings in each of the above categories and the appropriate use of special stains.
4. An awareness of the circumstances when toxicological and other investigations may be appropriate, the relevant procedures for sampling and the limitations in interpreting the results obtained.
5. The ability to interpret autopsy findings competently, to appreciate the potential limitations of such interpretation and to formulate comprehensible and meaningful reports.
6. Knowledge of the principles and practice of health and safety procedures as applied to the mortuary.

Suspicious Deaths & Court Work

1. An awareness of the responsibilities, procedures and personnel involved in the investigation of suspicious deaths, including attendance at crime scenes.
2. Knowledge of criminal and civil court procedure, the role of the defence and the rules of evidence employed.

PAEDIATRIC AND PERINATAL PATHOLOGY

Those wishing to enter a specialist training programme in paediatric and perinatal pathology should first have received a sound training in general Histopathology. The Part I and Part II MRCPATH examinations can either be taken in general Histopathology or slanted towards paediatric and perinatal pathology. Trainees should refer to the Examinations section of the RCPATH website, www.rcpath.org for details of entry requirements and structures of these examinations.

Specialist Experience

Those intending to complete specialist training in paediatric and perinatal pathology will be expected to spend a minimum of 2 years in specialist departments and, since few, if any, such departments can offer training in every aspect of paediatric and perinatal pathology, appropriate rotations and secondments will be required. Attendance at relevant postgraduate courses and national and international conferences and courses is also desirable. The training period should allow time for research, preferably towards a higher degree and a period at an overseas centre of excellence is also strongly recommended.

During their training SpRs in paediatric pathology should be exposed to the following:

1. Specialist journals and text books.
2. Organisation and audit of a regional perinatal pathology service.
3. Clinico-pathological meetings including perinatal mortality and foetal dysmorphology meetings.
4. Contact with parents in the context of bereavement and/or clinical genetic counselling.
5. Information technology and data sources as applicable to paediatric and perinatal pathology.

By the end of the training period, the following should have been acquired:

1. An understanding of the basics of embryology, cytogenetics, molecular genetics and clinical genetics as they apply to the practice of Histopathology in this age group. An understanding of anatomical and physiological aspects of normal and abnormal pregnancy.
2. A knowledge of the normal structure and function of the placenta, common lesions and their interpretation.
3. An understanding of developmental physiology, particularly in respect of postnatal adaptation.
4. A broad knowledge of the epidemiology of pregnancy-related diseases, foetal and perinatal diseases and paediatric disorders.
5. An understanding of normal growth, how it is assessed and of prenatal and postnatal growth restriction.
6. An understanding of the pathogenesis of malformation syndromes and the identification of those important for genetic counselling.
7. A knowledge of prenatal, perinatal and paediatric infectious diseases.
8. A knowledge of iatrogenic diseases relevant to modern management of paediatric diseases, particularly in the fields of neonatal intensive care and paediatric oncology.
9. Knowledge of specific childhood diseases including inherited metabolic diseases, bowel motility disorders, children's tumours, etc in the context of histological or autopsy material.
10. Forensic aspects of perinatal and paediatric pathology, in particular the investigation of sudden unexplained or unexpected deaths in infancy and childhood and the investigation of suspected fatal child abuse.
11. The ability to use techniques of special value in paediatric pathology, such as macroscopic photography, stereomicroscopy and photography, specimen radiology, fine dissection, special techniques of reconstruction of small bodies, etc.
12. Knowledge of law and ethics in paediatric and perinatal pathology, particularly death certification, the Coroner's rules, tissue and organ retention, genetic testing and research involving human tissues or clinical records.

NEUROPATHOLOGY

Those wishing to pursue a career as a specialist neuropathologist will first be expected to have a sound basic training in general Histopathology including the general pathological principles of disease and the basic anatomy and pathology of all the main body systems in accordance with the details given in the section on general histopathological training. The Medical Council in Ireland recognises Neuropathology as a separate subspecialty. Trainees within the Irish Higher Specialist Training System can approach a career as a Specialist Neuropathologist or Histopathologist with an interest in Neuropathology in one of two ways:

1. Part I and Part II MRCPATH in Histopathology followed by **an additional period** of specialist training in neuropathology (*so that the total minimum training in neuropathology is 2 years – see full curriculum and requirements in Appendix 4*). This will lead to a CSCST in both Histopathology and Neuropathology.
2. Part I MRCPATH with Part II slanted towards neuropathology (*see full curriculum and requirements in Appendix 4*). This will lead to a CSCST in Neuropathology.

It is anticipated that for the majority of trainees the one year of BST and the first two years of HST will be spent substantially or exclusively in a general Histopathology department. See Appendix 4 and the Neuropathology section of the Examinations areas of the RCPATH website, www.rcpath.org.

Specialist Experience

Knowledge and skills must be acquired actively and prospectively during a minimum of 2 years' full-time attachment to a specialist department approved by the Faculty of Pathology for HST in Neuropathology. It is expected that for trainees wishing to take neuropathology-slanted examinations in order to pursue a career as a specialist neuropathologist, the majority of the SpR years (*typically years 3, 4 and 5*) will be spent in such a department with appropriate rotations arranged to acquire experience in particular specialist areas. Attendance at relevant postgraduate courses and national and international conferences and courses is also desirable and the training period should also allow time for research, preferably towards a higher degree.

During their training SpRs in Neuropathology should be exposed to the following:

1. Specialist journals and textbooks.
2. Special laboratory services relevant to neuropathology.
3. Specialist post mortem procedures and facilities relevant to neuropathology.
4. Organisations and audit experience of a specialist neuropathology service.
5. Clinico-pathological meetings and multidisciplinary clinical meetings in clinical neurosciences.

By the end of the training period in the specialty of Neuropathology, the following should have been acquired:

1. A knowledge of the laboratory and clinical practice of neuropathology including ethical, legal, management, organisational, quality assurance and health and safety aspects.
2. A knowledge of embryology, cell biology, molecular and clinical genetics as they apply to the clinical practice of neuropathology.
3. A detailed knowledge of the structure and function of the nervous system and skeletal muscle in health and disease, including coverings and support tissues.
4. Skills in the application and evaluation of photographic, histological (including cytological smears and frozen sections), ultrastructural and cell biological techniques of relevance to clinical neuropathology.

5. Detailed knowledge, practical and interpretative skills in those aspects of general histopathological practice which are of relevance to the clinical practice of neuropathology.
6. Detailed knowledge, practical and interpretative skills in the specialist post mortem procedures of relevant to neuropathological practice, including examination of the fixed brain and spinal cord.
7. Detailed knowledge, practical and interpretative skills related to the investigation and diagnosis of diseases of the nervous system and skeletal muscle with emphasis on, but not limited to, disorders caused by developmental, genetic, infective, immune, toxic, metabolic, traumatic, demyelinating, neoplastic, degenerative, vascular and iatrogenic conditions.
8. A knowledge of the diagnostic and clinical aspects of neuro-oncology, disorders of skeletal muscle, peripheral nerve disease, neurodegenerative diseases and neurological diseases of childhood.
9. A knowledge of the forensic aspects of neuropathology and of law and ethics relating to death certification, post mortem examination, tissue and organ retention, genetic testing and research involving human tissues or clinical records.
10. Skills in teaching neuropathology in the setting of a clinical neurosciences centre.
11. Skills to produce accurate, timely and clinically relevant reports on diagnostic cases in the setting of a clinical neurosciences centre.
12. Competencies to undertake the role of a clinical consultant or equivalent academic post.

N.B. A more detailed account of the body of knowledge and skills and competencies essential to complete subspecialty training in Neuropathology is contained in Appendix 4 with further details available from the RCPATH website, www.rcpath.org.

BASIC SPECIALIST TRAINING (BST)

The curricula which follow closely parallel those developed by the Royal College of Pathologists with appropriate modifications.

General

A minimum of one year of BST will be spent in a histopathology SHO/**Registrar post** and this will normally be immediately preceding entry to the Specialist Registrar (*SpR*) grade. It is preferable for SHO posts to be in departments where there are also SpR training posts. **For more detail see separate document entitled “Aptitude Assessment”**

Entry Requirements

Entry to histopathology can be directly following pre-registration house officer (*intern*) posts, but a desirable preparation is 1 or 2 years General Professional Training (*GPT*) at SHO or Registrar grade in Medical, Surgical, Laboratory or other specialities relevant to a future career in Histopathology. Credit will be given for such additional experience.

Aims & Objectives for Histopathology SHO Training

The overall aim is to establish that the trainee has a genuine commitment as well as the capabilities to acquire the skills, attitudes and knowledge necessary for a career in Histopathology. Although some of the skills needed are generic to most medical specialities, others are more specific to histopathology and in particular the ability to interpret microscopic images is a key skill.

Supervision & Monitoring of Progress

All work by SHOs will be supervised by departmental consultants, usually on a rota basis. Each trainee will keep a training record (*log book*) of supervised training activities and one of the consultants will act as an educational supervisor and will carry out three monthly supportive appraisals of progress. By approximately 9 months' BST there will be a more formal assessment of aptitude which will involve an external assessor. **See separate Aptitude Assessment document.**

CONTENT OF BASIC SPECIALIST TRAINING (BST)

General

The SHO year will include supervised experience in all three main aspects of the work; diagnostic Histopathology, cytopathology and autopsies. The exact rotational arrangements will depend on the size of the training department and numbers of trainees, but SHOs should spend at least 6 weeks' protected time in cytology and sufficient time on autopsies to enable them to gain experience in adult post mortem examinations.

BST experience should include:

- familiarisation with basic health and safety aspects of working in a laboratory and post mortem room environment
- shadowing Biomedical Scientists in the laboratory aspects of the preparation, cutting and staining of histological sections
- the use of departmental protocols for the handling of specimens including identification, documentation, entering patient data on to computer and measures to prevent specimen mix-ups
- attendance at clinico-pathological conferences (CPCs) and grand rounds
- participation in departmental audit projects and audit meetings

Diagnostic Histopathology

1. training in the performance of the examination, description and microscopic sampling of surgical and biopsy specimens (the cut-up)
2. supervised performance of regular cut-ups on a rota which enables the SHO to experience all the variety of specimens submitted to the department
3. supervised reporting of surgical and biopsy specimens starting with small numbers of simple cases and working up to more complex ones across the range of types of specimen submitted to the department. This must include the use of double or multiheaded microscopes so that trainees and supervisors can observe the histological sections simultaneously and discuss the findings
4. the principles of the use of special stains and immunostains
5. practice in writing Histopathology reports including advice on their content and composition

Autopsies

1. training in the performance and reporting of an autopsy
2. supervised performance and reporting of adult autopsies including basic examination of the central nervous system (CNS), histological sampling and reporting and formulating the cause of death.

Cytopathology

1. an introduction to the principles of cytology, including the methods of collection and preparation of adequate specimens for both cervical screening and diagnostic cytopathology
2. supervised reporting of cervical screening and diagnostic cytopathology slides. This must also include the use of double or multiheaded microscopes so that trainee and supervisor can observe the slides simultaneously and discuss the appearances

Skills to be Acquired by the End of BST

In **diagnostic histopathology**, the trainee should be able to:

1. describe and measure a gross specimen accurately and succinctly ink or otherwise mark resection margins
2. select appropriate blocks to show lesions in relevant planes of section, including using protocols for minimum datasets where relevant
3. request special processing, e.. decalcification, frozen sections, rapid processing, electron microscopy, etc, for appropriate types of specimen
4. handle different types of specimen appropriately according to the degree of clinical urgency
5. recognise the difference between histologically normal and abnormal tissues
6. accurately describe microscopic appearances and discriminate the important from the unimportant
7. recognise common pathological conditions, e.g. common tumours and inflammatory processes
8. use a suitable diagnostic approach to more difficult cases
9. write a clinically useful report on straightforward cases
10. fully check and correct the final typed reports

In the **post mortem** room, the trainee should be able to:

1. carry out a normal full evisceration
2. dissect the internal organs
3. ensure that special dissections are made in appropriate circumstances
4. describe the appearances accurately and succinctly
5. interpret the findings in the light of the clinical information available
6. present the findings to clinicians either immediately or later at a clinico-pathologic conference
7. write a final gross and microscopic report with suitable summaries

In **cytopathology**, the trainee should be able to carry out primary screening of a cervical smear and should be able to recognise:

1. a normal cervical smear including cyclical and post-menopausal variations
2. typical appearances of common infections in cervical smears (*candida*, *trichomonas*, *human papilloma virus* and *herpes viruses*)
3. typical examples of dyskaryosis of squamous and endocervical cells
4. malignant endometrial cells
5. the difference between normal cells in common diagnostic cytology specimens (*breast fine needle aspirations [FNAs], sputum, bronchial brushings, serous effusions, urine*) and typical examples of malignancy

They should also be able to show that they understand:

1. the rationale and administration of the cervical screening programme, including patient recall mechanisms
2. the numerical system of cervical screening reporting and the implications of a report of each grade

ASSESSMENT OF APTITUDE FOR THE SPECIALTY

On completion of Basic Specialty Training in Histopathology, the trainee should be fully confident in their choice of a career in this Specialty or one of the subspecialties and the educational supervisor should be confident that the trainee can become capable of independent practice at SpR level (*and ultimately become eligible for appointment at Consultant level*). By the time of completion of 9 months of basic specialist Histopathology training an assessment of aptitude will have been undertaken which will **normally** have the following features:

General

The assessment of aptitude is not an examination which is passed or failed but an opportunity to advise and counsel those trainees who are shown not to have an aptitude for this discipline before they have committed too much time to Histopathology training.

Timing

The assessment will normally be held during the first year of BST (*by 9 months*) which will normally be in an SHO post. The outcome will therefore be known in time for the trainees to apply either for an SpR post in Histopathology or for a post in another specialty.

In practice, those applying for an SpR post in Histopathology will then do so in the November following their Aptitude Assessment with a view to entry on to the SpR scheme in the July after that. During this period such applicants will be engaged in a second year of BST in Histopathology at SHO/Registrar level. The assessments will be arranged locally by the programme organiser or regional specialty adviser at suitable times for each training programme's SHOs. A second assessment may be made for any individual if there are mitigating circumstances for a poor performance at the first assessment.

Format

After discussion with all the consultant trainers who have supervised the trainee, the educational supervisor will fill out an Aptitude Assessment Form indicating for each attribute whether performance is considered satisfactory or gives cause for concern. The educational supervisor will then ask the training programme organiser to set up a meeting with an external assessor. Where possible, all the SHOs on a training programme should be assessed at the same time. This will be facilitated if the commencement dates for these posts are synchronised with those of the SpR posts.

External Assessor

The external assessor should be a training programme organiser, Specialty adviser or educational supervisor from another programme or region who has not been involved in the supervision of the training of the SHOs being assessed. Before the meetings the external assessor will be provided with the completed Aptitude Assessment Forms for each of the trainees.

Assessment Meeting

The trainees should bring the following to the assessment meeting:

1. their training record (log book)
2. a portfolio of the reports of all the autopsies they have performed up to that point, the reports of 20 representative Histopathology cases and 10 cytopathology cases which they have reported under supervision together (if requested) with the microscope slides on which they were based. At the meeting the external assessor will review the attributes outlined on the Aptitude Assessment Form paying particular attention to any in which cause for concern has been indicated. The assessor will also review the autopsy, Histopathology and cytopathology reports. In addition the assessor may show the trainee macroscopic specimens or microscopic slides for discussion. The aim of this will not be to see if the trainee can make correct diagnoses but rather to assess whether they can make appropriate observations and deductions at macroscopic and microscopic levels.

Outcome

After the assessment meeting, the external assessor will discuss the findings with the programme organiser or Specialty adviser and make a joint decision on the outcome. This will be communicated in writing to the trainee and their educational supervisor, indicating any particular areas of weakness to those whose overall result is satisfactory and indicating the reasons for the decision in the case of those considered not to have adequate aptitude for the discipline. The trainee can discuss any mitigating circumstances for poor performance at the first assessment with their educational supervisor and request a second assessment if appropriate.

MINIMAL NEUROPATHOLOGY EDUCATIONAL OBJECTIVES FOR HISTOPATHOLOGY TRAINEES – 4 WEEKS

TRAINEE:			
ADDRESS:			
SCHEME:			
FROM DATE:		TO DATE:	

Trainees on Completion of a 4 Week Rotation Must be Able To:

1. Brain – Spinal Tumours
a) Demonstrate a working knowledge of the WHO classification of Brain and Spinal Tumours: Certified: _____ Neuropathologist: _____ Date: _____
b) Show an ability to interpret intra-operative smear and frozen sections: Certified: _____ Neuropathologist: _____ Date: _____
c) Have a good working knowledge of immunohistochemical stains as applied to the interpretation of Brain and Spinal Tumours: Certified: _____ Neuropathologist: _____ Date: _____
d) Be familiar with common tumour types: Certified: _____ Neuropathologist: _____ Date: _____
e) Be familiar with the neuroanatomical appearances of the common primary (<i>and secondary</i>) brain and spinal tumours: Certified: _____ Neuropathologist: _____ Date: _____

2. Nerve & Muscle Biopsy
a) Demonstrate an ability to recognise the common pathologic appearances in nerve and muscle. Certified: _____ Neuropathologist: _____ Date: _____
b) Have a good working knowledge of the common histochemical stains used in the interpretation of muscle: Certified: _____ Neuropathologist: _____ Date: _____
c) Demonstrate a sound practical knowledge of the technical aspects of nerve and muscle biopsy preparation including advice to clinicians re muscle section; handling; transport. Certified: _____ Neuropathologist: _____ Date: _____
d) Have knowledge of a classification system for nerve and muscle disease. Certified: _____ Neuropathologist: _____ Date: _____
e) Know the pathologic appearances which characterise denervation (<i>including denervation in infancy and childhood</i>); reinnervation; myopathy; “dystrophic muscle”; regenerating muscle. Certified: _____ Neuropathologist: _____ Date: _____
f) Have knowledge of the standard immunohistochemical profile required to evaluate a “dystrophic muscle”. Certified: _____ Neuropathologist: _____ Date: _____
g) Be able to interpret standard muscle electron microscopy images Certified: _____ Neuropathologist: _____ Date: _____
h) Be aware of the supplementary investigations such as a respiratory chain analysis required to evaluate certain muscles. Certified: _____ Neuropathologist: _____ Date: _____

3. Autopsy Pathology		
a)	Demonstrate an ability to remove brain at autopsy from scalp incision to brain removal	
Certified:	Neuropathologist:	Date:
b)	Demonstrate an ability to remove spinal cord at autopsy using anterior and posterior approaches.	
Certified:	Neuropathologist:	Date:
c)	Demonstrate an ability to examine the following areas at autopsy:	
	<input type="checkbox"/> Sinuses including sphenoidal sinus <input type="checkbox"/> Optic nerve <input type="checkbox"/> Middle ear <input type="checkbox"/> Carotid and vertebral arteries <input type="checkbox"/> CSF – sterile conditions	
Certified:	Neuropathologist:	Date:
d)	Be able to carry out a “brain cut” on a formalin fixed and fresh brain	
Certified:	Neuropathologist:	Date:
e)	Be able to block either a formalin fixed or fresh brain with particular reference to;	
	<input type="checkbox"/> Dementia <input type="checkbox"/> Stroke <input type="checkbox"/> Demyelination <input type="checkbox"/> Infection	
Certified:	Neuropathologist:	Date:
f)	Be aware of the procedures required to carry out an infectious neuro-autopsy including the special requirements for carry out a CJD autopsy:	
Certified:	Neuropathologist:	Date:
4. Theoretical – at Trainees Secret		
a)	Proteins:	
	<input type="checkbox"/> <i>synaptophysin</i> <input type="checkbox"/> <i>Glial Fibrillary Acidic Protein</i> <input type="checkbox"/> <i>Neurofilament</i>	
b)	CNS Cytology	
c)	Stroke:	
	<input type="checkbox"/> <i>classification</i> <input type="checkbox"/> <i>pathogenesis</i> <input type="checkbox"/> <i>autopsy procedure and findings</i>	
d)	Brain Tumours:	
	<input type="checkbox"/> <i>classifications (adults and children)</i> <input type="checkbox"/> <i>genetics</i> <input type="checkbox"/> <i>behaviour</i> <input type="checkbox"/> <i>treatments</i> <input type="checkbox"/> <i>basic</i> <input type="checkbox"/> <i>neuroimaging characteristics</i>	
e)	Dementia: <i>classification; diagnosis at autopsy; knowledge of functions of amyloid</i>	
	<input type="checkbox"/> <i>classification</i> <input type="checkbox"/> <i>diagnosis at autopsy</i> <input type="checkbox"/> <i>knowledge of functions of amyloid</i>	
f)	Demyelination:	
	<input type="checkbox"/> <i>myelin structure and biochemistry</i> <input type="checkbox"/> <i>central V peripheral myelin</i> <input type="checkbox"/> <i>immune response to myelin</i> <input type="checkbox"/> <i>oligodendrocyte viral lysis</i>	
g)	Blood brain barrier structure:	
	<input type="checkbox"/> <i>function</i> <input type="checkbox"/> <i>perturbations</i>	
h)	Neurodegenerative Disease:	
	<input type="checkbox"/> <i>concept of selective neuronal degeneration</i> <input type="checkbox"/> <i>genetics</i> <input type="checkbox"/> <i>toxic</i> <input type="checkbox"/> <i>metabolic contributions</i> <input type="checkbox"/> <i>hall marks of common neurodegenerative diseases (excluding dementia see above)</i> <input type="checkbox"/> <i>neuroimaging characteristics</i> <input type="checkbox"/> <i>Parkinson's disease</i> <input type="checkbox"/> <i>Huntington's disease</i> <input type="checkbox"/> <i>Motor Neurone Disease</i> <input type="checkbox"/> <i>Multiple system atrophy</i>	
i)	Infection:	
	<input type="checkbox"/> <i>common CNS Infection</i> <input type="checkbox"/> <i>meningitis</i> <input type="checkbox"/> <i>encephalitis</i> <input type="checkbox"/> <i>opportunistic infections</i> <input type="checkbox"/> <i>measles</i> <input type="checkbox"/> <i>congenital infections</i> <input type="checkbox"/> <i>transplacental spread</i>	

SAMPLE

4. Theoretical – at Trainees Discretion contd...									
j)	Congenital Malformations of Brain: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>spina bifida</i></td> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>Hydrocephalus</i></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> <i>cortical dysplasia</i></td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> <i>spina bifida</i>	<input type="checkbox"/> <i>Hydrocephalus</i>	<input type="checkbox"/> <i>cortical dysplasia</i>					
<input type="checkbox"/> <i>spina bifida</i>	<input type="checkbox"/> <i>Hydrocephalus</i>								
<input type="checkbox"/> <i>cortical dysplasia</i>									
k)	Brain: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>spinal trauma</i></td> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>skull fractures</i></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> <i>contusions</i></td> <td style="border: none;"><input type="checkbox"/> <i>haemorrhages</i></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> <i>diffuse axonal</i></td> <td style="border: none;"><input type="checkbox"/> <i>vascular injury</i></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> <i>non-accidental head injury</i></td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> <i>spinal trauma</i>	<input type="checkbox"/> <i>skull fractures</i>	<input type="checkbox"/> <i>contusions</i>	<input type="checkbox"/> <i>haemorrhages</i>	<input type="checkbox"/> <i>diffuse axonal</i>	<input type="checkbox"/> <i>vascular injury</i>	<input type="checkbox"/> <i>non-accidental head injury</i>	
<input type="checkbox"/> <i>spinal trauma</i>	<input type="checkbox"/> <i>skull fractures</i>								
<input type="checkbox"/> <i>contusions</i>	<input type="checkbox"/> <i>haemorrhages</i>								
<input type="checkbox"/> <i>diffuse axonal</i>	<input type="checkbox"/> <i>vascular injury</i>								
<input type="checkbox"/> <i>non-accidental head injury</i>									
l)	Epilepsy: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>SUDEP</i></td> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>pathology of intractable epilepsy</i></td> </tr> </table>	<input type="checkbox"/> <i>SUDEP</i>	<input type="checkbox"/> <i>pathology of intractable epilepsy</i>						
<input type="checkbox"/> <i>SUDEP</i>	<input type="checkbox"/> <i>pathology of intractable epilepsy</i>								
m)	Leukodystrophies: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>principles</i></td> <td style="width: 50%; border: none;"><input type="checkbox"/> <i>classification</i></td> </tr> </table>	<input type="checkbox"/> <i>principles</i>	<input type="checkbox"/> <i>classification</i>						
<input type="checkbox"/> <i>principles</i>	<input type="checkbox"/> <i>classification</i>								

Certified Participation in Neuropathology Duties

WEEK 1:			
Period From:		Period To:	
Date:		Neuropathologist:	
WEEK 2:			
Period From:		Period To:	
Date:		Neuropathologist:	
WEEK 3:			
Period From:		Period To:	
Date:		Neuropathologist:	
WEEK 4:			
Period From:		Period To:	
Date:		Neuropathologist:	

SAMPLE

STATEMENT OF ORIGIN

The Medical Council (Ireland) gave recognition to Neuropathology as a specialist discipline in July, 2004. Welcoming this move the Faculty of Pathology set about developing a Training Programme for this Specialty. As the training for Neuropathology and Histopathology is closely aligned it was agreed to incorporate the "Neuropathology Curriculum" within the Histopathology Curriculum which allows our trainees to complete training in Histopathology alone; Histopathology and Neuropathology (*with registration on both specialist registers*) or Neuropathology alone. Issue 5 of the Histopathology Curriculum was updated to incorporate the training elements for Neuropathology by the National Training Committee of the Faculty of Pathology and ratified by the Board of the Faculty in September, 2005.