FACULTY OF PATHOLOGY

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING IN

HISTOPATHOLOGY

OUTCOMES BASED EDUCATION – OBE CURRICULUM

This curriculum of Basic Specialist Training in Histopathology was developed in 2026 and undergoes an annual review by the National Specialty Director(s), and the Histopathology Specialty Training Committee. The curriculum is approved by the Faculty of Pathology.

Version	Date Published	Last Edited By	Version Comments
1.0	July 2026	Keith Farrington	New OBE Curriculum

National Specialty Director's Foreword

This curriculum will guide you through the Basic Specialty Training (BST) programme in Histopathology. It describes the goals of training for the programme – goas that each Trainee should be familiar with and work towards. The curriculum is designed to lead you to high levels of practice in the fundamentals of Histopathology. Following the curriculum closely will enable you to understand the expected level of performance for a BST Trainee and the anticipated level of competence on exiting BST, with the prospect of entering the HST programme. The curriculum is an outcomes-based curriculum, meaning there are identified training goals (for BST there are six training goals) and each goal is broken down into several achievable outcomes. Trainees will work at the level of the outcome and will engage in regular workplace-based assessments such as Case Based Discussions and Directly Observed Procedural skills to enable feedback from consultant Trainers and senior colleagues. 15 months into the programme, Trainees will engage in an aptitude assessment. The function of the aptitude assessment is to provide formative feedback at a critical juncture in the programme and assess particular training needs for each Trainee. Trainees' may, with agreement of Trainer and NSD attempt the FRCPath Part I examination in Histopathology in the second year of BST post aptitude assessment. The curriculum also outlines the core professional skills that every doctor in every specialty should demonstrate in the workplace. They are directly aligned to the Medical Councils eight domains of good professional practice. The BST curriculum undergoes regular review to commensurate training needs, development of the specialty, and future practices in Histopathology.

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Co-National Specialty Directors
Histopathology Training Scheme

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INTRODUCTION

This section includes an overview of the Basic Specialist Training programme and of this Curriculum document.

Purpose of Training

This programme is designed to provide training in Histopathology in approved training posts, under supervision, to fulfil agreed curricular requirements. Each post provides a Trainee with a named Trainer and the programme is under the direction of the National Specialty Director in Histopathology.

Purpose of the Curriculum

The purpose of the curriculum is to define the relevant processes, contents, outcomes, and requirements to be achieved. The curriculum is structured to delineate the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise your Basic Specialist Training (BST) programme. It provides a feedback framework for successful completion of BST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This curriculum design differs from traditional minimum based requirement designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

How to Use the Curriculum

It is expected that both Trainees and Trainers have a good working knowledge of the curriculum and should use it as a guide for the training programme. Trainers are encouraged to use the curriculum as the foundation of their discussions with Trainees, particularly during goals-setting, feedback, and appraisal processes.

Each Trainee is expected to engage with the curriculum by maintaining an ePortfolio in which assessments and feedback opportunities must be recorded. The ePortfolio allows Trainees to build up evidence to inform decisions on their progress at the annual reviews whilst also providing tools to support and identify further educational and development opportunities. It is imperative that the Trainees keep an up-to-date ePortfolio throughout the duration of their programme.

Reference to Rules & Regulations

Please refer to the following sections within the Histopathology BST Training Handbook for rules and regulations associated with this post. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website following this link.

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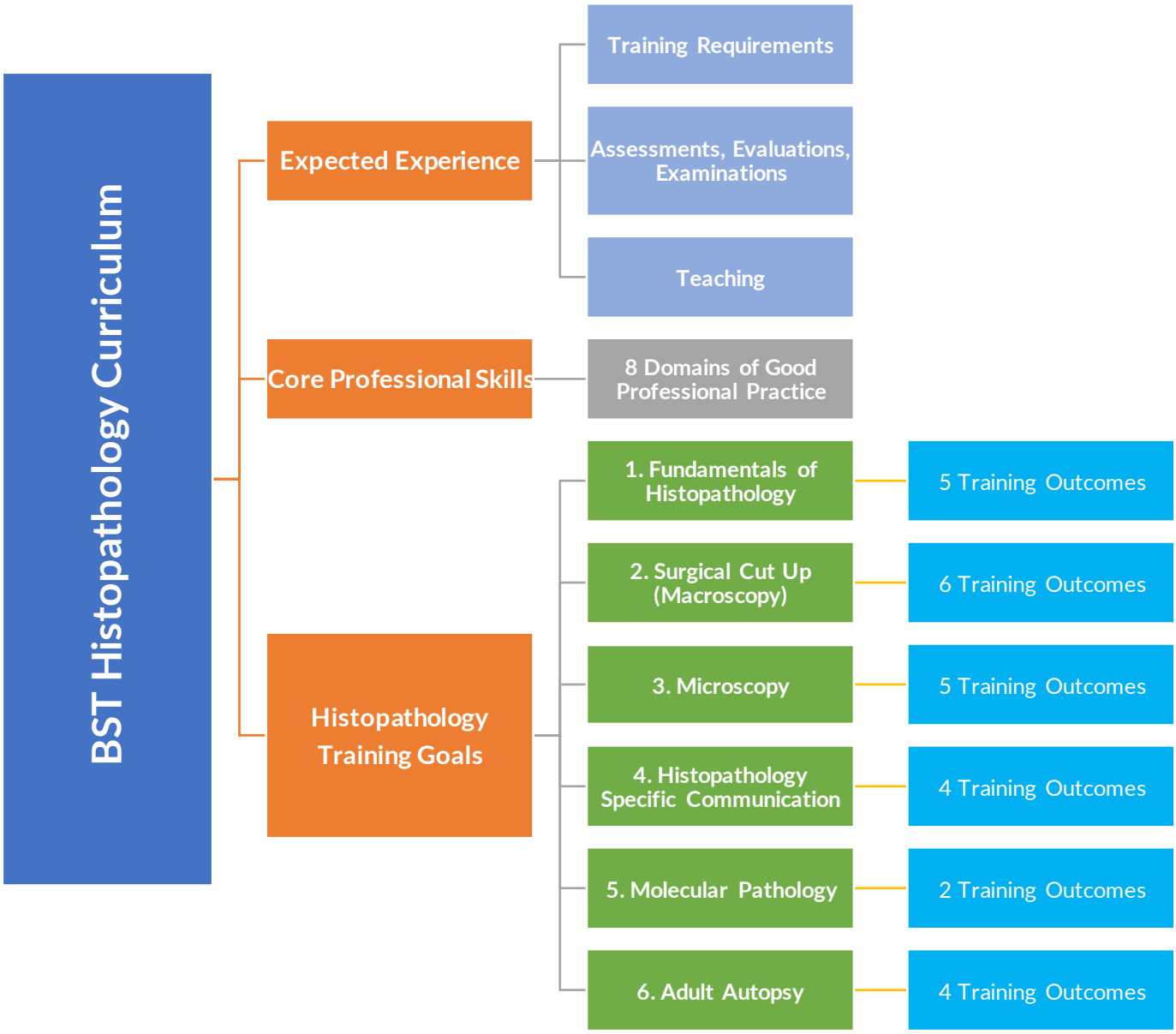
Programme Structure



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EXPECTED EXPERIENCE

This section details the training experience that all Trainees are expected to complete over the course of Basic Specialist Training.

Programme Requirements

To complete the BST Training Programme in Histopathology, Trainees are expected to observe the following rotations requirements.

Over the course of BST, Trainees are expected to complete:

- 24 months (2 x 12 months) experience in Histopathology Posts, unless otherwise advised.
- At the start of each post, Trainees are expected to fill out a Personal Goals form with their Trainer and upload it on ePortfolio; the form should be agreed and signed by both Trainee & Trainer.
- Aptitude Assessment at approximately 15 months.

Failure to demonstrate satisfactory progress at end of year review or in relation to aptitude assessment may result delay training or prevent its completion.

In-House Commitments

BST Trainees are expected to attend a series of in-house commitments as follows:

- Attend at least **1 Grand Rounds per month**
- Attend at least **4 MDT Meeting per month**
- Attend at least **1 Seminar, teaching session or journal club per month**
- Attend at least **1 Lecture / Webinar per quarter**

Evaluations, Assessments & Examinations

BST Trainees are expected to:

- **Complete 4 quarterly evaluation per training year** (1 evaluation per quarter)
- **Complete 1 end of year evaluation at the end of each training year**
- **Regularly update your ePortfolio – this is your record of training and is a vital resource**
- **Complete all relevant workplace-based assessments in partnership with your Trainer**

For more information on evaluations, assessment, and examinations, please refer to the Assessment Appendix at the end of this document.

Research, Audit & Teaching Experiences

BST Trainees are expected to complete the following activities:

- Deliver a minimum of **2 teaching sessions** (to include tutorials, lectures, , etc.) over the course of 2 years of BST
- Deliver **1 oral or poster presentation**, per each year of BST
- Complete **1 Audit or Quality Improvement Project**, per year of BST
- Attend a minimum of **1 National or International Meeting**, per each year of BST
- Desirable to complete **1 research project**, over the course of 2 years of BST

Teaching Attendance

Specialist Registrars are expected to attend all the courses and study days as detailed in the Teaching Appendix, at the end of this document.

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Overview of Expected Experience

Experience Type	Expected	ePortfolio form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of each post complete a Personal Goals form on ePortfolio, agreed with your Trainer and signed by both Trainee & Trainer	Personal Goals
Deliver Teaching	Record on ePortfolio all the occurrences where you have delivered Tutorials (at least 1 per Year), Lectures (at least 1 per Year)	Delivery of Teaching
Research	Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Publication	Complete 1 publication during the training programme (Desirable)	Additional Professional Activities
Presentation	Deliver 1 oral or poster presentation or poster per each year of training	Additional Professional Activities
Audit	Complete and report on an audit or Quality Improvement (QI)per each year of training, either to start, continue or complete	Audit and QI
Attendance at In-House Activities	Attend at least 1 Grand Rounds per month, Attend at least 4 MDT Meeting (see above) per month, Attend at least 1 Seminar/Journal Club/Educational session per month, Attend at least 1 Lecture/Webinar per quarter Record attendance on ePortfolio	Attendance at In-House Activities
National/International Meetings	Attend 1 per year of training	Additional Professional Activities
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix	Teaching Attendance
Examinations	FRCPath I (if appropriate)	Examinations
Evaluations and Assessments	Complete a Quarterly Assessment/End of post assessment with your Trainer 4 times in each year. Discuss your progress and complete the form. Aptitude Assessment	Quarterly Assessments/End-of-Post Assessments
Workplace-based Assessment	Complete all the workplace-based assessment as agreed with your Trainer and complete the respective form.	CBD/DOPS/Mini-CEX
End of Year Evaluation	Prepare for your End of Year Evaluation by ensuring your portfolio is up to date and your End of Year Evaluation form is initiated with your Trainer.	End of Year Evaluation

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CORE PROFESSIONAL SKILLS

This section includes the Irish Medical Council guidelines for medical professional conduct.

*The Medical Council has defined **eight domains of good professional practice**.*

These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.

These principles are woven into training practice and feedback is formally provided in the Quarterly Assessments, End of Post, and End of Year Evaluation.

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Core Professional Skills

Introduction to Core Professional Skills

Core Professional Skills refer to the foundational capabilities expected of all doctors in postgraduate training in Ireland. These skills underpin safe, ethical, and effective clinical practice across all specialties and settings.

They are aligned with *the Eight Domains of Good Professional Practice*, as defined by the Medical Council. These domains provide a national framework of professional competencies that apply across the continuum of a doctor's career – from formal medical education and postgraduate training to lifelong professional development and the maintenance of competence.

Trainees and Trainers should use these Domains to guide reflection, supervision, developmental goal setting, and assessment throughout training. The standards described under each Domain define what all doctors are expected to demonstrate and continually develop in their professional practice.

For doctors whose practice also involves indirect patient care, the Core Professional Skills remain fully applicable. In such contexts, some professional competencies may be demonstrated through the support, guidance, and expertise provided to patient-facing colleagues, or through leadership and decision-making that influences patient care at a systems level.

1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

Quality Improvement

- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

System Safety and Governance

- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

Antimicrobial Resistance

- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

Informed Consent and Shared Decision-Making

- Contribute to, or directly undertake where appropriate, the assessment of capacity, ensuring discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, providing specialist input to colleagues or seeking consent directly where this forms part of clinical duties, respecting valid Advance Healthcare Directives when capacity is lacking.
- Be aware of the need to identify, address or escalate cultural and social barriers to participation in healthcare decisions.

Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

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3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance.

Patient Communication and Comprehension

- Collaborate with colleagues to confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

4 Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

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5 Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

6 Scholarship

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

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7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

Antimicrobial Stewardship

- Use antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

8 Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

Transfer of Care

- Consider the need for referral or transfer of patients as required, contributing to collaboration, coordination, and continuity across services.

Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

Complex Care Planning

- Participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.

Safe Prescribing

- Understand the principles of prescribing safely and appropriately, including selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

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HISTOPATHOLOGY – GOALS AND OUTCOMES - OVERVIEW

This section includes the Histopathology goals that the Trainee should achieve by the end of Basic Specialist Training.

Each Training Goal is broken down into specific and measurable training outcomes. Under each outcome there is an indication of the suggested training/learning opportunities and assessment methods.

To achieve the outcomes, it is recommended to agree the most appropriate training and assessment methods with the assigned Trainer.

Training Goal 1 – Fundamentals of Histopathology

By the end of BST Trainees should have proficiency in the fundamentals of Histopathology and is a basic requirement of the specialty and all Trainees. Working through these outcomes will help Trainees become proficient in all aspects of working in a Histopathology laboratory ranging from health and safety and specimen handling through to workflow, writing reports and communication at clinicopathological meetings.

Outcome 1 – Describe the principles of macroscopic dissection of surgical pathology specimens and autopsy dissection

Trainees will be able to describe the principles of macroscopic (gross) dissection of surgical pathology specimens, including proper orientation, inspection, and systematic appropriate sampling of specimens. This will include identifying relevant anatomical landmarks, measuring and describing lesions, and selecting representative sections for microscopic examination. This will involve having sufficient anatomical knowledge to accurately identify organs, structures, and landmarks during both gross and microscopic examination.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days including simulation based training

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 2 – Describe the core principles of microscopic examination of surgical pathology specimens.

Trainees will be able to describe the key microscopic features of surgical pathology specimens - evaluating tissue architecture, cellular morphology, and pathological changes. This will include includes correlating histological findings with clinical information and identifying features of disease.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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OUTCOME 3 – RECOGNISE NORMAL HISTOLOGY AND CYTOLOGY FROM VARIOUS ORGAN SITES

Trainees will be able to view a variety of surgical pathology samples and recognise as normal or abnormal and explain the key features of each. Trainees will understand that recognising normal histology and cytology provides a baseline for detecting pathological changes and distinguishing disease from normal / physiological variation.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 4 – DEMONSTRATE KNOWLEDGE OF SPECIMEN PROCESSING IN PATHWAYS

Trainees will experience and be able to show and explain how specimens are processed in a Histopathology laboratory i.e. the full workflow of a histopathology laboratory, from specimen receipt and accessioning to processing, embedding, sectioning, staining, and final reporting.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 5 – DEMONSTRATE PRINCIPLES OF QUALITY IMPROVEMENT (QI) PATIENT SAFETY AS APPLIED TO HISTOPATHOLOGY

Trainees will incorporate QI and patient safety principles in their work as Histopathologists and be able to monitor errors, participating in audits and proficiency testing, implementing corrective actions, and continuously reviewing processes to reduce risk.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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Training Goal 2 – Surgical Cut Up (MACROSCOPY)

By the end of BST Trainees will be able to perform systematic gross examination and dissection of surgical specimens. This will include assessing specimen size, shape, and appearance, identifying lesions, and selecting representative tissue sections for microscopic analysis.

Outcome 1 – Perform surgical cut up (under supervision) and recognise common patterns of disease

Trainees will be able to systematically examine, describe and dissect tissue samples, and sample appropriately while guided by an experienced Histopathologist. Trainees will be able to identify anatomical landmarks, select representative tissue sections, and recognize common patterns of disease.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 2 – Be able to assist with frozen sections

Trainees will be able to prepare and examine tissue rapidly for intraoperative consultation while guided by an experienced Histopathologist. Trainees will demonstrate competency in proper freezing, sectioning, staining, and interpretation techniques.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 3 – Knowledge of and adherence to Health and Safety rules

Trainees will demonstrate understanding of and consistently following health and safety regulations in the histopathology laboratory. This will include It includes proper use of personal protective equipment, safe handling of specimens and chemicals, and adherence to infection control and waste disposal protocols.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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Outcome 4 – Demonstrate appropriate Sampling/Block Selection/use of Moulds

Trainees will be able to select appropriate mould and mould sizes for tissue embedding, ensuring the sample is properly oriented and fully encased as appropriate. The goal is to produce a stable, uniform tissue block suitable for microtomy and subsequent microscopic evaluation, ensure adequate tissue orientation, and optimise specimen preservation.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 5 – Demonstrate appropriate specimen imaging e.g. photography, X-Ray

Trainees will demonstrating proper imaging of specimens, including photography and radiography, to document macroscopic features or locate embedded materials. This will involve the ability to capture clear, accurate images that support diagnostic evaluation and record-keeping.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 6 – Understand the concept of Tissue Stewardship

Trainees will be able to optimally manage limited patient tissue samples to produce maximum diagnostic information while preserving tissue for further analysis where appropriate. Trainees will recognise that tissue samples are a finite resource, studies must be planned appropriately, and diagnostic/prognostic information must be maximised.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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Training Goal 3 – Microscopy

By the end of BST Trainees examining tissue sections under the microscope to assess cellular and structural changes. Trainees will be able to identify normal versus abnormal morphology, recognizing patterns of disease, and correlating findings with clinical information.

Outcome 1 – Demonstrate appropriate knowledge of Ergonomics and set up of the microscope/digital workstation

Trainees will demonstrate knowledge of ergonomics and correct setup of the microscope or digital workstation to promote comfort, efficiency, and safety. This will include proper positioning of seating, eyepieces, screen height, lighting, and hand placement to reduce strain and fatigue.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 2 – Demonstrate ability to formulate basic Histopathology reports

Trainees will be able to follow the standardised structure (according to Hospital or department regulations) and ensure clarity, completeness and utility for clinicians, other pathologists and patients. This will include accurately describing macroscopic and microscopic findings, providing a concise diagnosis, and ensuring clinical relevance.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 3 – Perform diagnosis of common entities e.g. Basal Cell Carcinoma

Trainees will become proficient in making diagnosis of malignancies commonly encountered in routine practice and will demonstrate the ability to recognise normal from abnormal by recognising typical morphological features and correlating findings with clinical information.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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OUTCOME 4 – PERFORM DIAGNOSTIC WORKUP AND REQUEST ANCILLARY TESTS

Trainees will be able to oversee the process, with consultant supervision, of determining the need for further ancillary tests such as special stains, immunohistochemistry and molecular studies.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 5 – RECOGNISE BASIC CYTOLOGICAL ABNORMALITIES

Trainees will be able to perform an appropriate diagnostic workup of cytology specimens by systematically evaluating morphological findings and clinical information. This will include includes selecting and requesting relevant ancillary tests, such as special stains, immunohistochemistry, or molecular studies, when indicated and performed with consultant supervision.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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Training Goal 4 – Histopathology Specific Communication

By the end of BST Trainees are expected to be able to ensure accurate unambiguous and clinically relevant information is conveyed to other pathologists and clinicians and, as appropriate, patients both verbally and in writing. The means of communication will be primarily written reports and attendance at MDT. This involves demonstrating effective communication within histopathology, including clear discussion of cases with colleagues, laboratory staff, and multidisciplinary teams. This will include conveying diagnostic findings, uncertainties, and recommendations in a precise and professional manner.

Outcome 1 – Attend MDT Meetings (4 per month)

It is essential that Trainees attend MDT meetings on a regular basis throughout training. The holistic learning experience is invaluable. Cases encountered at MDT may be further explored by CBD.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 2 – Recognise the implications of pathology reports on patient management

Trainees will appreciate how histopathology report findings directly influence patient management decisions, including further investigations, treatment options, and prognosis. There are many ways that Trainees can demonstrate this understanding. This requires understanding the clinical significance of diagnoses, staging, grading, and margin status. Appreciating these implications ensures reports are accurate, relevant, and supportive of optimal patient care.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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OUTCOME 3 – TRIAGE AND ESCALATE SAMPLES WHERE APPROPRIATE, RECOGNISING URGENCY

Trainees will be able to triage specimens based on clinical information and suspected pathology, recognising cases that require urgent processing or reporting. This will include escalating critical or time-sensitive samples, such as suspected malignancies (for example lymphoma) or intraoperative consultations, to ensure prompt attention.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 4 – TO BE RESPONSIBLE FOR CASE MANAGEMENT AND OWNERSHIP

Trainees will recognise the importance of taking responsibility for case management from specimen receipt through to final report sign-out. This will involve ensuring appropriate investigations are performed, results are reviewed in a timely manner, and any issues are followed up proactively. This outcome also includes clear and concise handover of cases to either fellow trainees or consultants.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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Training Goal 5 – Molecular Pathology

By the end of BST Trainees will have an appropriate knowledge of Molecular Pathology commensurate with experience. Molecular pathology in histopathology integrates genetic, genomic, and molecular analyses with traditional tissue evaluation to enhance diagnostic accuracy and patient care. It enables detection of mutations, gene rearrangements, and biomarkers that guide prognosis, targeted therapy, and personalized treatment. Trainees will be expected to be able to describe molecular pathology tests and test selection to support precision medicine and informed clinical decision making.

Outcome 1 – Understand molecular pathology techniques

Trainees will be expected to understand molecular pathology techniques in histopathology and have knowledge of methods such as PCR, sequencing, fluorescence in situ hybridization (FISH), and next-generation sequencing. This will include awareness of how these techniques detect genetic alterations, their limitations, and their appropriate clinical applications.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 2 – Demonstrate appropriate knowledge of common test selection (under supervision)

Trainees will be able to describe which tests are relevant, when they are indicated, and how they contribute to diagnosis or patient management based on clinical indication and histopathological findings.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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Training Goal 6 – Adult Autopsy

By the end of BST Trainees are expected to demonstrate proficiency in adult autopsy. Autopsy is a critical component of histopathology training, providing essential, and thorough comprehension of disease pathogenesis, morphology, and the correlation between clinical findings and autopsy findings. It is a decisive quality assurance tool for determining cause of death, and provides training in gross anatomical examination, and developing specialised skills.

Outcome 1 – Demonstrate safe practice in performing autopsy

Trainee should be knowledgeable on relevant department protocols, completion of related in-house training and be able to continually demonstrate safe practice in autopsy. This will include correct use of personal protective equipment, safe handling of instruments and specimens, and adherence to infection control protocols along with awareness of environmental hazards, chemical safety, and ergonomic techniques to prevent injury.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days and simulation-based training

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

Outcome 2 – Describe the difference between coronial and house cases and the pathologist's role in each type

Trainees will be able to appropriately discriminate between coronial and house case requirements for autopsy.

- Coronial cases are legally mandated for deaths that are sudden, unexplained, or of public interest; the pathologist's role is to determine the cause of death, provide objective findings to the Coroner, and assist in legal proceedings.
- House cases are consented autopsies performed in hospitals to review disease, confirm diagnoses, address specific family questions, or support teaching; the pathologist's role focuses on clinical correlation, education, and feedback to the clinical team and family.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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OUTCOME 3 – DEMONSTRATE BASIC AUTOPSY TECHNIQUES, AND UNDERSTANDING OF ORGAN RETENTION

Trainees will be competent in basic autopsy - including external examination, evisceration, dissection of major organs, and systematic tissue sampling. Trainees will be able to describe the principles and regulations around organ and tissue retention for further analysis.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days and simulation-based training

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 4 – DEMONSTRATE AWARENESS OF LIMITED AUTOPSY AND NON-INVASIVE TECHNIQUES

Trainees will demonstrate awareness of limited autopsy approaches and non-invasive techniques, such as targeted organ examination, imaging-based post-mortem studies, or needle biopsies. This will include understanding when these methods are appropriate, their advantages, and their limitations compared with full autopsy.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)
Study Days

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

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APPENDICES

This section includes two appendices to the Curriculum.

The first one is about Assessment (i.e. Workplace Based Assessments, Evaluations etc).

The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)

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ASSESSMENT APPENDIX

Workplace-Based Assessment & Evaluations

The expression "workplace-based assessments" (WBA) defines all the assessments used to evaluate Trainees' daily clinical practices employed in their work setting. It is primarily based on the observation of Trainees' performance by Trainers. Each observation is followed by a Trainer's feedback, with the intent of fostering reflective practice.

Relevance of Feedback for WBA

Although "assessment" is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for Trainees. Such feedback is expected to be:

- **Frequent**: the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the Trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely**: preferably, the feedback should be a direct conversation between Trainer and Trainee in a timeframe close to the training event. The Trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive**: the recorded feedback would inform both Trainee's practice for future performance and committees for evaluations. Hence, feedback should provide Trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable**: to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee's strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; *Feedback*; *Mandatory Evaluations*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

Mandatory Evaluations are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Assessment/End of Post Assessment; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

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Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every Trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track Trainees' progression.

Formative & Summative Assessment

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

If the WBA is logged as formative, the Trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression.

If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression.

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WORKPLACE-BASED ASSESSMENTS	
CBD **|***Case Based Discussion***	This assessment is developed in three phases: 1. Planning: The Trainee selects two or more cases to present to the Trainer who will choose one for the assessment. Trainee and Trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and case management skills. 3. Feedback: The Trainer provides constructive feedback to the Trainee. It is good practice to complete at least one CBD per quarter in each year of training.
DOPS **|** *Direct Observation of Procedural Skills*	This assessment is specifically targeted at the evaluation of procedural skills involving a single case. In the context of a DOPS, the Trainer evaluates the Trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.
Feedback Opportunity	Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)
MANDATORY EVALUATIONS	
QA **|***Quarterly Assessment***	As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months). It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio. However, if the Trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post. This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement.
EOPA **|** *End of Post Assessment*	
EOYE **|** *End of Year Evaluation*	The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June).
PYE **|** *Penultimate Year Evaluation*	The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training. It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so.
FYE **|** *Final Year Evaluation*	In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation.

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TEACHING APPENDIX

RCPI Taught Programme

The RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of BST.

Trainees will receive their induction content and timetable ahead of their start date on BST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the BST Taught Programme is a mandatory component of BST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training curriculum for a full list of requirements for their BST programme. When not sure, Trainees should contact their Programme Coordinator.

Study Days

Study days vary from year to year, they comprise a rolling schedule of on-line consultant-delivered teaching sessions, in-person educational days and national/international events selected for their relevance to the BST curriculum.

Trainees are expected to attend the majority of the study days available.

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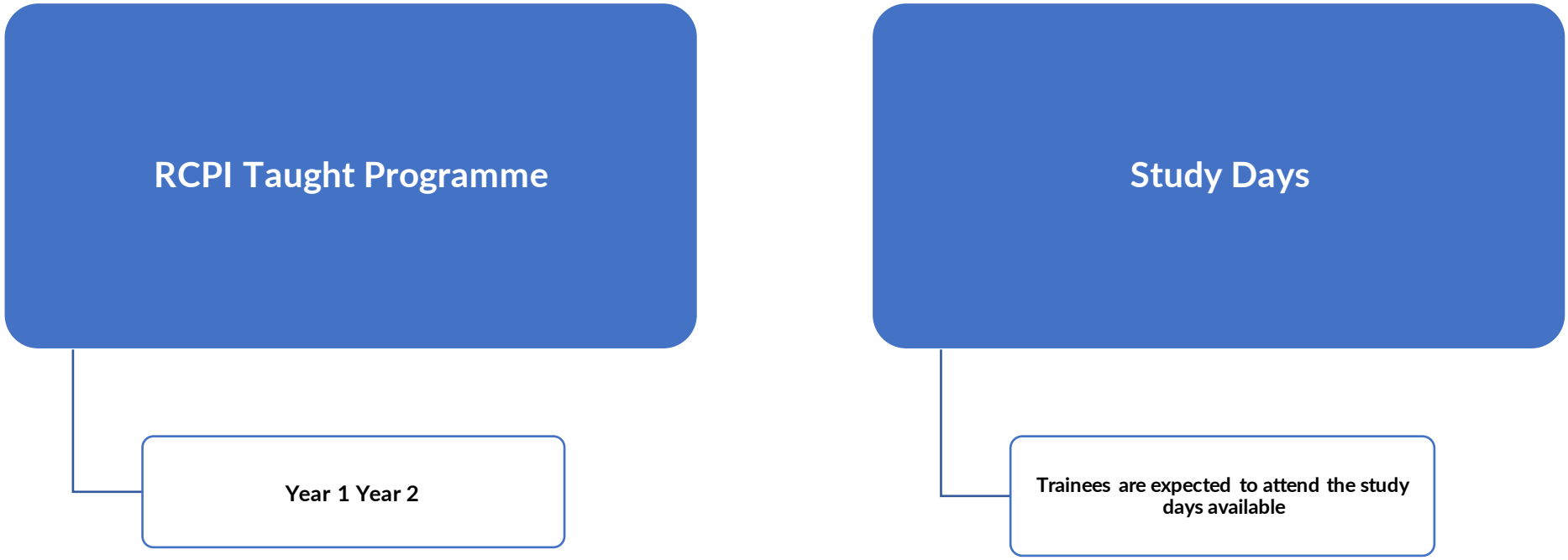
BST Histopathology Teaching Attendance Requirements



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