



**FACULTY OF
PATHOLOGY**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

HISTOPATHOLOGY

OUTCOME BASED EDUCATION - OBE CURRICULUM



This curriculum of Higher 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 defines the purpose, learning objectives, training process and programme of assessment for Histopathology training in Ireland leading to the award of Certificate of Satisfactory Completion of Specialist Training (CSCST). The purpose of the Histopathology Curriculum is to set the standards for attainment of the award of CSCST and to produce doctors with the requisite skills to independently practice as a Histopathology consultant in Ireland. The Histopathology Curriculum has been developed with the input of a working group comprising Histopathology consultants actively involved in delivering teaching and training, education specialists and Trainee representatives. The Curriculum moved to an Outcome Based Education (OBE) approach in line with other countries in Europe and the US and this current curriculum is a revision of the original OBE curriculum developed in 2021. There are six broad training goals each aligned to key areas of practice. Within each goal are a series of training outcomes that reflect the totality of everyday practice in Histopathology. Trainees will demonstrate proficiencies in each outcome matched to the level of their training, progressing to independent competence in each. Trainers will link closely with their Trainees assisting them and evaluating their progress on a regular basis. In addition to clinical training, and reflecting the diversity of the specialty, the Curriculum includes management, education, quality improvement and research experience. Achievement of FRCPATH (UK) is a mandatory requirement for successful completion of Higher Specialist Training to achieve CSCST. It is advised that Trainees attempt the Part I of the FRCPATH examination within year 1 of the HST scheme. The Certificate of Higher Autopsy Training (CHAT) examination can only be attempted after successful completion of the part 1 FRCPATH exam and is recommended to be taken in HST years 2–3. The Part 2 FRCPATH examination is taken when the candidate is considered by their educational supervisor/trainer to be sufficiently prepared for the examination and is generally in years 3–5. This Curriculum has been designed to provide Trainees with the full range of generic professional competencies, specialty-specific capabilities and underlying knowledge and skills essential to practice as a Consultant Histopathologist. We would like to thank all the individuals involved in the writing of this Curriculum. We are excited to be part of the ongoing development of the Histopathology HST programme in conjunction with the RCPI and Trainers around the country.

Prof Niall Swan & Dr Marie Staunton
Co-National Specialty Directors
Histopathology Training Scheme

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INTRODUCTION

This section includes an overview of the Higher 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 Higher Specialist Training (HST) programme. It provides a feedback framework for successful completion of HST 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

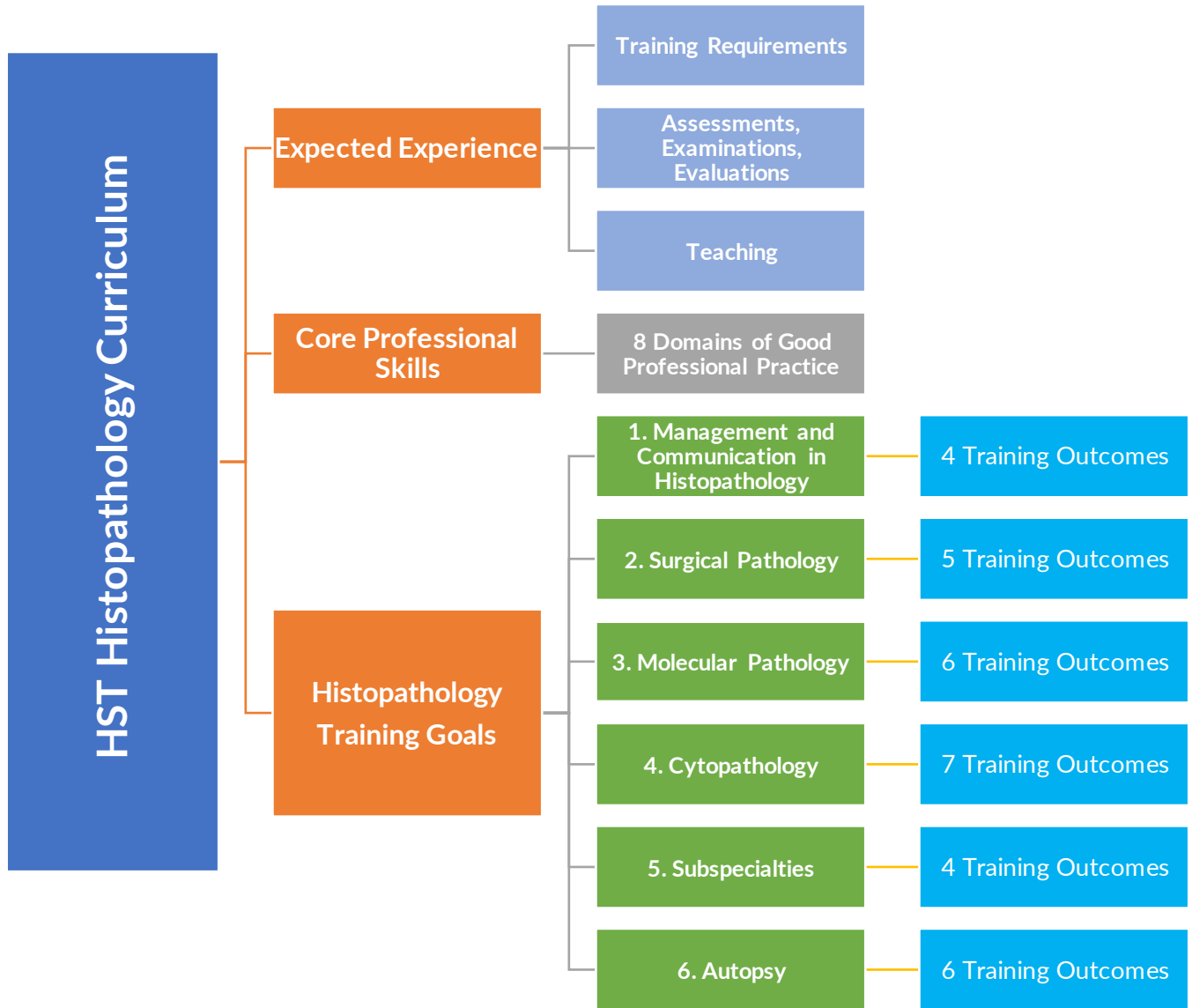
It is expected that both Trainees and Trainers have a good working knowledge of the curriculum and should use it as a guide for the training programme. Trainers are encouraged to use the curriculum as the foundation of their discussions with Trainees, particularly during goals-setting, feedback, and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

Programme Structure



EXPECTED EXPERIENCE

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

Programme Requirements

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

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

- 48-60 months (4/5 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.
- FRCPath Part I and II (if Part I not already completed before entry to HST)
- CHAT Examination

Failure to demonstrate satisfactory progress at end of year review or failure to Pass FRCPath exams may result in delay of training or prevent its completion.

Examinations

The FRCPath and CHAT examinations are a significant marker of progress. Trainees often attempt Part I in BST year 2 or HST year 1. The RCPATH indicate that candidates must have at least one year of Histopathology training and be in year 2 before applying to attempt Part I.

The FRCPath Part I examination is a written test of knowledge and comprised of 125 multiple choice questions, mixture of single best answer (which may include images) and extended matching format questions designed to test both knowledge and understanding.

For FCRPath Part II, the RCPATH state that candidates should have at least three years of specialty training in Histopathology. The exam is held over 2 days and involves surgical pathology, non-Gynaecological cytology, long cases, frozen sections, macros and OSPE examinations.

For the CHAT exam, the RCPATH state that candidates must have passed the FRCPath Part 1 examination and have done 3 months equivalent in autopsy training, have performed at least 50 autopsy examinations and have at least two years of training completed.) The exam is composed of a practical autopsy component and an OSPE component.

Clinical Requirements Consultations

Performance at cut up/microscopy, microscopy screening and consultant signout, exposure to molecular pathology and performance / observation of adult autopsy. The timetable and frequency of above duties should be agreed with the assigned Trainer at the beginning of the post.

This table provides an overview of the expected experience a Specialist Registrar should gain when performing their clinical duties.

CLINICAL ACTIVITIES			
CONSULTATIONS, MDT, PROCEDURES, LABORATORY			
Type	Timeline	Expected Experience	ePortfolio Form
Examinations			Examinations
FRCPATH Part I	By end of year 2	1	
CHAT	By end of year 3	1	
FRCPATH Part II	By end of year 4/5	1	
Audit			Audit/QA
	Programme	At least 1 per month	
	Programme (Year 4-5)	5	
Attend Departmental Quality / Management Meeting			Procedures, Skills, & DOPS
	Programme	5	
	Year 4-5	5	

In-House Commitments

Specialist Registrars 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

Specialist Registrars 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 Experience

Specialist Registrars are expected to complete the following activities:

- Deliver a minimum of **10 teaching sessions** (to include tutorials, lectures, , etc.) over the course of 4-5 years of HST
- Deliver **1 oral or poster presentation**, per each year of HST
- Complete **1 Audit or Quality Improvement Project**, per year of HST
- Attend a minimum of **1 National or International Meeting**, per each year of HST
- Complete **1 research project**, over the course of 5 years of HST
- Complete **1 publication** (may include peer reviewed research or case report that demonstrates effective written communication or scientific writing,) over the course of 4-5 years of HST

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.

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	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 Meetings (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 and II, CHAT Examination	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

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.

Core Professional Skills

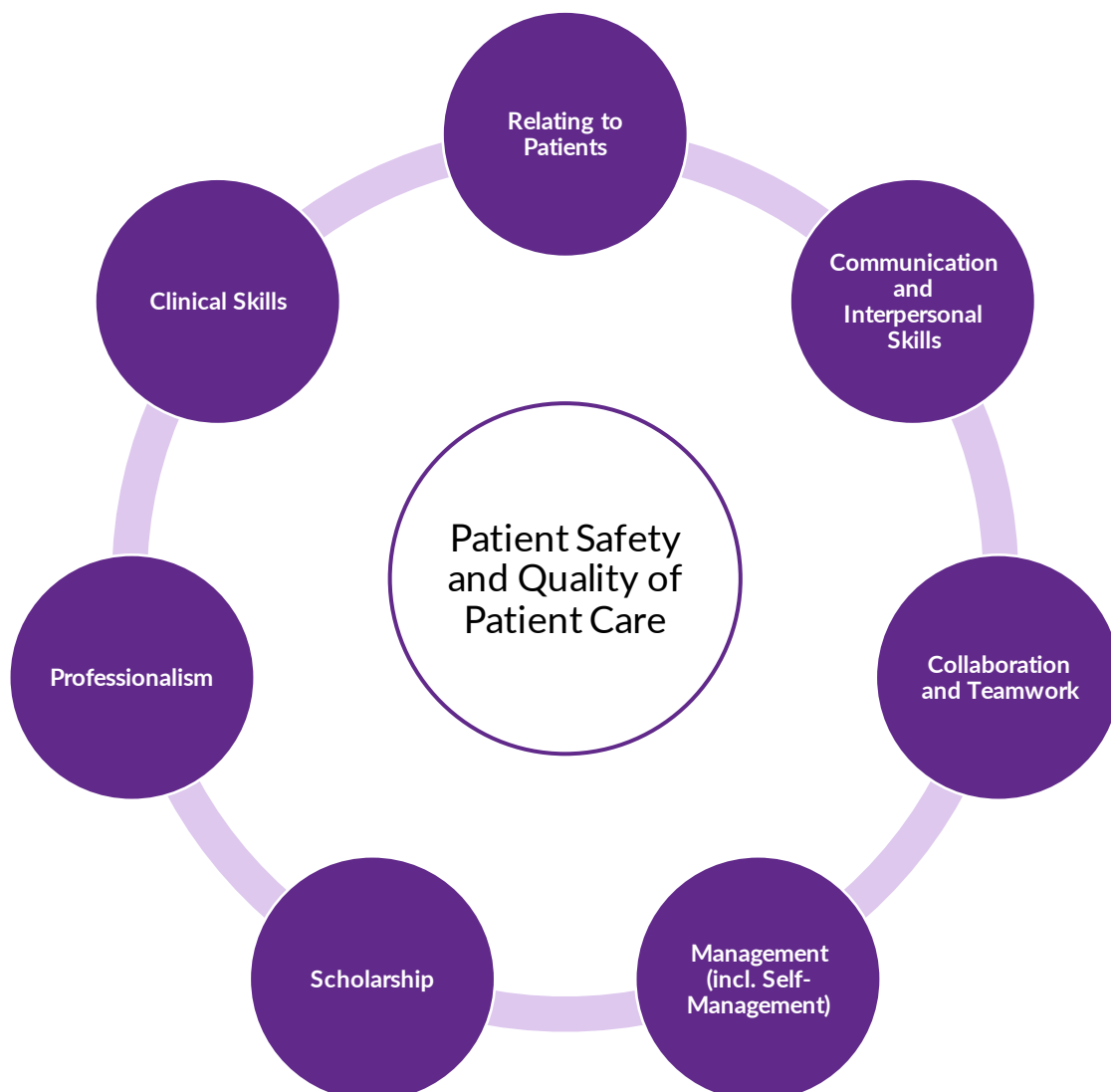
Introduction to Core Professional Skills

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.

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.

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.

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.

SPECIALTY SECTION - HISTOPATHOLOGY TRAINING GOALS

This section includes the Histopathology Training Goals that the Trainee should achieve by the end of the Higher 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.*

In order to achieve the Outcomes it is recommended to agree on the most appropriate type of training and assessment methods with the assigned Trainer.

Training Goal 1 – Management & Communication in Histopathology

By the end of HST Trainees should have proficiency in efficient management and communication. Histopathologists are vital for accurate diagnosis, patient safety, and efficient healthcare delivery. Key components include structured reporting, multidisciplinary team (MDT) collaboration, rapid communication of urgent or clinically unexpected diagnoses, and the use of digital technology where appropriate.

OUTCOME 1 – COMMUNICATE APPROPRIATELY WITH CLINICIANS E.G. MDT, FROZEN SECTIONS, UNEXPECTED DIAGNOSIS

Communication between pathologists and clinicians is a critical safety component in patient care, designed to ensure that urgent, unexpected, or complex findings are acted upon. Trainees will demonstrate best practices involving direct, verbal communication for critical diagnoses, report writing and the use of structured, collaborative approaches in Multi-Disciplinary Team (MDT) meetings.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA (for example, performance observed presenting at MDT meeting)
FRCPATH Examination

OUTCOME 2 – TO PARTICIPATE (COMMENSURATE WITH EXPERIENCE) IN ACCREDITATION AND QI ACTIVITIES.

Histopathology plays a critical role in accreditation and quality improvement (QI) by ensuring that diagnostic services meet established standards of accuracy, reliability, and patient safety. Trainees will be able to actively engage in QI and audit activities and identify appropriate metrics / QI tools such as proficiency testing, root cause analysis, turnaround times and diagnostic accuracy.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 3 – TO PARTICIPATE (COMMENSURATE WITH EXPERIENCE) IN QUALITY PLANNING AND ATTEND LABORATORY MEETINGS

Trainees will contribute to quality planning by setting measurable objectives, developing standard operating procedures, and aligning laboratory practices with regulatory and accreditation standards. Trainees will also attend Regular laboratory meetings and contribute to reviewing relevant performance indicators.

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 FOLLOW UP

Trainees will be aware of steps required for case management and follow up such as ensuring accurate specimen tracking, timely reporting, and proper documentation throughout the diagnostic process. Trainees will recognise the importance of continuity of care, diagnostic accuracy, clinical handover of cases, and optimal patient outcomes.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

Training Goal 2 – Surgical Pathology

By the end of HST Trainees will be able to examine tissue specimens to diagnose disease and guide clinical management. This includes gross and microscopic evaluation to include elements such as margin assessment, staging, and ancillary testing as required. Overall, Trainees will be able to produce accurate, complete and timely reports which support treatment decisions and overall patient care.

OUTCOME 1 – DEMONSTRATE DIAGNOSTIC COMPETENCY

Trainees will be able to ensure accurate and reliable diagnoses. This may be demonstrated through case-based discussions, proficiency testing, peer review and case audits which will help maintain accuracy and consistency.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 2 – PROFICIENT IN REPORT WRITING INCLUDING USE OF TEMPLATES/SOP'S

Proficiency in report writing supports clear communication with clinicians and promotes high quality patient care. Trainees will be able to produce clear, accurate, and clinically relevant Histopathology reports. Trainees will be able to effectively use relevant standardised templates, and adhere to laboratory or other SOP's, to ensure completeness, consistency and compliance with local and/or national standards.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 3 – UNSUPERVISED CUT UP AND SUPERVISED CUT UP

Trainees will demonstrate competency in specimen handling, gross examination and appropriate tissue sampling. Supervised cut up involves performing these tasks under senior oversight to ensure accuracy, proper technique, and adherence to laboratory standards.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPath Examination

OUTCOME 4 – SELECT APPROPRIATE TESTS

Trainees will be able to choose appropriate special stains, immunohistochemistry, or ancillary studies based on clinical history and microscopic findings. Trainees will be able to select appropriate tests to ensure accurate diagnosis while avoiding unnecessary investigations.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 5 – MANAGE ADVANCED CASES, INCLUDING EXTERNAL REFERRAL

Trainees will be able to manage a complex case through thorough evaluation, appropriate use of ancillary tests, MDT discussion as required or referral to a specialised department or for expert opinion or additional studies.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

Training Goal 3 – Microscopy

By the end of HST Trainees will be able to use molecular pathology techniques to supports diagnosis, prognosis, and targeted therapy selection. Trainees will recognise the value of the analysis of DNA, RNA, and other biomarkers to detect genetic and acquired alterations in disease which may enhance precision medicine and personalised patient care.

OUTCOME 1 – DESCRIBE TECHNIQUES AND INSTRUMENTATION RELEVANT TO MOLECULAR PATHOLOGY.

Trainees will be able to describe molecular pathology techniques such as PCR, real-time PCR, sequencing, in-situ hybridisation, and next-generation sequencing to detect genetic alterations, and instrumentation including thermal cyclers, automated nucleic acid extractors, sequencers, and hybridization platforms.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 2 – DEMONSTRATE APPROPRIATE REQUESTING OF MOLECULAR DIAGNOSTIC INVESTIGATIONS.

Trainees will be able to select tests based on clinical indication, histopathological findings, and appropriate guidelines. Trainees will be able to request targeted tests based on evidence and supported by adequate specimen quality and quantity.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 3 – DEMONSTRATE APPROPRIATE TISSUE SELECTION: FRESH VS. FORMALIN FIXED PARAFFIN EMBEDDED (FFPE), INDICATION FOR MACRO OR MICRO DISSECTION.

Trainees will be able to distinguish between choosing fresh tissue for certain molecular studies or FFPE tissue, being suitable for most routine molecular analyses. Trainees will be able to describe the indications for macro-dissection, or microdissection depend on tumour cellularity, heterogeneity, and/or the need to enrich for tumour cells.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 4 – BE ABLE TO ESTIMATE TUMOUR PERCENTAGE AND UNDERSTAND ITS RELEVANCE

Trainees will be able to accurately assess the proportion of viable tumour cells relative to non-neoplastic elements within a specimen. Trainees will recognise that accurate estimation is essential for molecular testing, as low tumour content may affect test sensitivity and result validity.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 5 – INTERPRET RESULTS IN CLINICAL CONTEXT AND INFORMED REPORT WRITING.

Trainees will be able to correlate histopathological and molecular findings with the patient's history, imaging, and other laboratory data. Trainees will be able to integrate results into a concise, clinically meaningful conclusion with appropriate comments or recommendations.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 6 – LIAISE WITH MOLECULAR SCIENTISTS AND CONVEYING CONTEXTUAL RESULTS TO CLINICIANS

Trainees will be able to effectively communicate with molecular scientists to ensure accurate interpretation of test results and clarification of technical details. Further Trainees will be able to convey these results to clinicians in context and advise on translation of complex data into actionable insights for patient management.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

Training Goal 4 – Cytopathology

By the end of HST Trainees will be competent in cytopathology. Cytopathology complements tissue-based diagnosis by evaluating cellular samples from fluids, smears, or fine-needle aspirates. Overall, Trainees will demonstrate proficient cytopathological evaluation that guides clinical management for patients.

OUTCOME 1 – DIAGNOSE MALIGNANCY IN COMMON SPECIMENS

Trainees will be able to diagnose malignancy with confidence in commonly encountered specimens including but not limited to gastrointestinal (GI) tract, urinary tract, head and neck, lymphoreticular system, serous fluids and thyroid. For this purpose, Trainees will be able to accurately make diagnoses through microscopic assessment, correlation with clinical and laboratory data, and use of ancillary tests when needed.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 2 – RECOGNISE THE FEATURES OF NON-MALIGNANT DIAGNOSES, E.G. INFECTION

Trainees will be able to identify patterns of infection, inflammation, or other benign conditions in tissue specimens and use of ancillary stains / tests when needed.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 3 – RECOGNISE WHEN DEFINITE DIAGNOSIS IS BEYOND CAPABILITY.

Trainees will be able to recognise when cases require additional expertise, specialized testing, or external consultation, or that a definitive diagnosis may not be possible.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 4 – DEMONSTRATE A MULTIDISCIPLINARY APPROACH TO DIAGNOSIS AND MANAGEMENT.

Trainees will demonstrate collaboration with clinicians, radiologists, and other specialists to integrate histological, molecular, and clinical data in a multidisciplinary approach.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 5 – DEMONSTRATE KNOWLEDGE OF REQUIREMENTS FOR A REPORT AND TO WRITE AN ACCURATE REPORT THAT PROVIDES CLINICIANS THE INFORMATION NEEDED.

Trainees will recognise what information is essential for clinical decision-making and write accurate, structured reports that ensure clarity, level of certainty, completeness, and relevance, providing clinicians with the data needed for patient management.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 6 – DEMONSTRATE KNOWLEDGE OF RELEVANT DATASETS AND REPORTING SYSTEMS E.G. MILAN REPORTING SYSTEM FOR SALIVARY GLAND NEOPLASMS.

Trainees will be able to ensure standardised, consistent, and evidence-based reporting. Trainees will be expected to be familiar with relevant reporting systems to guide accurate diagnosis, risk stratification, and clinical decision-making.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 7 – DEMONSTRATE KNOWLEDGE OF THE LIKELY OUTCOME IN TERMS OF FURTHER INVESTIGATION OR MANAGEMENT OF THE PATIENT

Trainees will demonstrate how a diagnosis may influence further investigations, treatment options, or patient management. This awareness ensures reports are clinically relevant and provide actionable guidance.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

Training Goal 5 – Subspecialties

By the end of HST Trainees will have an appropriate knowledge of Histopathology commensurate with experience. There are four subspecialties in Histopathology that are part of the curriculum. It is recognised that not all Trainees will experience each outcome, however it is likely that most Trainees will experience at least one. For outcomes that Trainees do not experience directly i.e. assigned to a post in, it will still be required to record relevant content in eportfolio. However, the level of expertise required will vary significantly depending on whether a Trainee is placed in a relevant post or not.

OUTCOME 1 – TO BE PROFICIENT IN NEUROPATHOLOGY COMMENSURATE WITH EXPERIENCE

Trainees should (commensurate with experience) be able to evaluate central and peripheral nervous system specimens, recognizing common and complex pathological patterns and correlate histological findings with clinical and radiological data and applying appropriate ancillary tests.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 2 – TO BE PROFICIENT IN GYNAECOLOGICAL CYTOPATHOLOGY COMMENSURATE WITH EXPERIENCE

Trainees should (commensurate with experience) be able to evaluate cervical and other gynaecological cytology specimens. This will include recognizing normal, reactive, and abnormal cellular changes, and applying standardized reporting systems such as the Bethesda System.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 3 – TO BE PROFICIENT IN PAEDIATRIC PATHOLOGY COMMENSURATE WITH EXPERIENCE

Trainees should (commensurate with experience) be able to evaluate tissue and cellular specimens from infants and children. This will include recognizing age-specific normal and pathological patterns, congenital anomalies, and paediatric neoplasms.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 4 – TO BE PROFICIENT IN PERINATAL PATHOLOGY COMMENSURATE WITH EXPERIENCE

Trainees should (commensurate with experience) be able to evaluate placental, foetal, and neonatal specimens. This will include recognizing developmental abnormalities, causes of foetal or neonatal loss, and pregnancy-related complications.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

Training Goal 6 –Autopsy

By the end of HST Trainees are expected to demonstrate proficiency in autopsy commensurate with experience. In general proficiency in Autopsy will involve performing systematic post-mortem examinations and accurate documentation of findings. It includes determining cause of death, identifying contributing conditions, and correlating clinical and pathological information.

OUTCOME 1 – PERFORM EXTERNAL EXAMINATION, EVISCERATION, AND DISSECTION OF MAIN ORGAN BLOCKS

Trainees will be able to perform a thorough external examination, followed by systematic evisceration and dissection of the main organ blocks. Trainees will demonstrate careful observation, accurate documentation, and appropriate tissue sampling for further analysis.

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 - PERFORM DISSECTION OF OTHER MORE SPECIFIC ORGANS E.G. DEEP VEINS OF THE LEGS, VERTEBRAL COLUMN, AND SPINAL CORD ETC

Trainees will demonstrate the skill and anatomical knowledge extend the autopsy beyond routine organ block dissection when indicated by the clinical history or preliminary findings including targeted examination of specific structures e.g. deep veins of the legs, vertebral column, and spinal cord etc.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 3 – APPROPRIATELY SELECT OF ADDITIONAL EXAMINATIONS / TESTS E.G. HISTOLOGY, TOXICOLOGY, MICROBIOLOGY, BIOCHEMISTRY

Trainees will be able to appropriately select additional investigations at autopsy based on the clinical history and macroscopic findings e.g. histology for microscopic confirmation, toxicology for suspected poisoning or drug-related death, microbiology for infection, and biochemistry for metabolic or electrolyte disturbances.

Training/Learning Opportunities

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

Recommended Assessment Methods

Feedback opportunities
WBA
FRCPATH Examination

OUTCOME 4 – FORMULATES REPORTS AND CAUSE OF DEATH AS APPROPRIATE FOR CORONERS AND NON-CORONERS' AUTOPSIES

Trainees will be able to prepare clear, structured autopsy reports and determining the cause of death in a manner appropriate to the type of case.

- For Coroner's cases, reports must address legal requirements and clearly explain findings and causation.
- For non-Coroner (consented) autopsies, reports focus on clinical correlation and family understanding.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)

Study Days

Recommended Assessment Methods

Feedback opportunities

WBA

FRCPATH Examination

OUTCOME 5 – DESCRIBE THE PURPOSE AND ROLE OF THE CORONER AND INQUESTS AND BE ABLE TO COMMUNICATE WITH THE CORONER AND CLINICIANS IN RELATION TO THE AUTOPSY FINDINGS

Trainees will be able to demonstrate understanding of the role of the coroner and be able to explain autopsy findings clearly and objectively to the Coroner and provide relevant clinical explanations to treating clinicians.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)

Study Days

Coroner Inquest attendance

Recommended Assessment Methods

Feedback opportunities

WBA

FRCPATH Examination

OUTCOME 6 – DEMONSTRATE KNOWLEDGE OF REASONS FOR AND REGULATIONS AROUND ORGAN RETENTION

Trainees will understand the clinical, educational, and legal reasons for organ or tissue retention following autopsy, such as further examination, specialist referral, or teaching, including includes knowledge of relevant consent requirements, legal frameworks, and institutional policies governing retention and disposal.

Training/Learning Opportunities

Self-directed learning (Relevant text, guidance)

Study Days

Recommended Assessment Methods

Feedback opportunities

WBA

FRCPATH Examination

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)

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.

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.

WORKPLACE-BASED ASSESSMENTS	
CBD <i>Case Based Discussion</i>	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. Planning: The Trainee selects two or more medical records 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 management skills. 3. Feedback: The Trainer provides constructive feedback to the Trainee. <p>It is good practice to complete at least one CBD per quarter in each year of training.</p>
DOPS <i>Direct Observation of Procedural Skills</i>	<p>This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter. 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.</p>
Feedback Opportunity	<p>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)</p>
MANDATORY EVALUATIONS	
QA <i>Quarterly Assessment</i>	<p>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.</p>
EOPA <i>End of Post Assessment</i>	<p>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.</p> <p>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.</p>
EOYE <i>End of Year Evaluation</i>	<p>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).</p>
PYE <i>Penultimate Year Evaluation</i>	<p>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.</p>
FYE <i>Final Year Evaluation</i>	<p>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.</p>

TEACHING APPENDIX

RCPI Taught Programme

The new 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 HST.

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

As the HST Taught Programme is a mandatory component of HST, 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 HST 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 consultant-provided topic-specific on-line lectures / live microscopy tutorials, in-person educational days and national/international events selected for their relevance to the HST curriculum.

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

HST Histopathology Teaching Attendance Requirements

