FACULTY OF PATHOLOGY

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

HISTOPATHOLOGY

Outcomes Based Education – OBE Curriculum

This outcomes-based curriculum of training in Histopathology was developed in 2021 and undergoes an annual review by Dr Niall Swan, National Specialty Director, the RCPI Education Department, and by the Histopathology Specialty Training Committee. The curriculum is approved by the Faculty of Pathology.

Version: 3.0
Date Published: July 2024
Last Edited By: Keith Farrington
Changes: Inclusion of RCPI Taught Programme

Contents

Introduction

About the Programme

Upon satisfactory completion of specialist training in Histopathology, the doctor will be competent to undertake comprehensive medical practice in Histopathology in a professional manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system. The overall aim of the specialist training in Histopathology is to produce clinicians who are competent to practice at consultant level in the specialty of Histopathology. Registration as a specialist in Histopathology and award of a Certificate of Satisfactory Completion of Specialist Training (CSCST) will require satisfactory completion of this structured training programme. In addition, Trainees in Histopathology are required to have passed the FRCPath examinations and the CHAT examination.

The HST Histopathology programme is an Outcomes Based Programme. The curriculum is divided into several *modular* goals reflecting the current areas of training and practice in the specialty. These goals are then subdivided into outcomes or domains of proficiency reflecting the day to day work of a Histopathologist. Trainees are required to demonstrate proficiencies in the outcome commensurate with their level of training and experience. In the HST outcomes based curriculum for Histopathology, there are 12 goals with six of the goals being Histopathology specific, one being proficiency in Core Professional Skills and the remaining five related to recording of activities such as Research, Examinations, RCPI Taught Programme/Study Days *etc*. The Goals are shown in Table 1 along with the number of outcomes associated with each goal.

Table 1: Goals and number of outcomes HST Outcomes Based Histopathology

Goal Number	Goal	No. of Outcomes
Histopathology Specific		
1	General Laboratory Activities	8
2	Surgical Pathology	8
3	Molecular Pathology	6
4	Cytopathology	11
5	Autopsy	8
6	Histopathology Subspecialties	4
Professionalism		
7	Core Professional Skills	9
Professional Development		
8	Concurrent Training Activities	2
9	Research	1
10	Examinations	1
11	Personal Goals	1

12	Formal Assessments	2

Trainer Sign Off

Some Trainee activities require sign off from Trainers, some activities can be performed with any Histopathology consultant if he/she is willing and some other activities do not require further reference to Trainer.

Table 2 summarises what level of sign off is required and by who, for all Trainee activities leading to progression on the programme.

Table 2: Trainee activities requiring sign off

Activity	Minimum Requirements	Outcomes Based	Points of Note
Recording Cases	Extensive Numbers based	One per quarter for relevant outcomes	
Self-Assessment	Not part of MR	For certain goals/outcomes	Not formal assessment – no Trainer input required
Informal Discussion	Not part of MR	For certain goals/outcomes	Can be performed with any Histopathology consultant or senior post exam Trainee (does not need to be RCPI registered Trainer)
Informal Observation	Not part of MR	For certain goals/outcomes	Can be performed with any Histopathology consultant or senior post exam Trainee (does not need to be RCPI registered Trainer)
Formal Discussion (CBD)	Feedback point	Trainee must perform satisfactorily	Must be performed with registered RCPI Trainer in Histopathology (Does not have to be Trainees registered Trainer)
Formal Observation (DOPS)	Feedback point	Trainee must perform satisfactorily	Must be performed with registered RCPI Trainer in Histopathology (Does not have to be Trainees registered Trainer)
Core Professional Skills	Not explicitly assessed	Explicitly assessed at CBD and Quarterly Assessment	Response to medical council accreditation

Duration and Organisation of Training

The duration of Training will normally be four to five years. If a trainee has completed their part FRCPath Part II successfully in HST year 2 or 3, a part of their subsequent training may be spent in a fellowship style period of training in a sub-speciality within the training programme. Trainees may receive up to 12 months credit for Out of Programme Experience (OPE.) Trainees must spend at least two years training in clinical posts in Ireland before undertaking any period of OPE.

Assessment Process

Trainees must demonstrate proficiencies in each outcome for every goal in Training. The methods used to assess progress through training must be valid and reliable. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. The assessment of training will utilise Directly Observed Procedural Skills (DOPS), and Case Based Discussions (CBD) methods. They are offered as a means of providing the Trainee with attested evidence of proficiency in each goal and outcome. Assessment are supported by the Trainee's ePortfolio (record of training e.g. meetings, presentations, audit, self-assessments attendance at RCPU Taught Programme and study days.

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 1.

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 done 3 months equivalent in autopsy training, have performed at least 60 autopsy examinations be at least in or beyond stage C of training (i.e. at least two years of training completed.) The exam is composed of a practical autopsy component and an OSPE component.

Tables of Requirements

Table 1 indicated the goals and number of outcomes HST Outcomes Based Histopathology associated with each goal. Further detail is provided for each specialty goal and the Core Professional Skills goal in table 3-9 below. These tables outline what Trainee activities are required to achieve each outcome and hence goal.

Table 3: General Laboratory Activities outcomes

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 1 of 8	1. Describe the health and safety aspects of working in a laboratory and autopsy room environment.	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	1	yr 3	Year 3
		Informal Observation	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Observation (DOPS)	1	Years 3 or after	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3
Outcome 2 of 8	2. Demonstrate knowledge of workflow within a laboratory including Laboratory Information Systems (LIMS).	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	1	yr 3	Year 3
		Informal Observation	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Observation (DOPS)	1	Years 3 or after	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3
Outcome 3 of 8	3. Describe departmental protocols for handling of specimens including patient/specimen identification documentation, entering patient data onto LIMS and measures to prevent specimen mix up.	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	1	yr 3	Year 3
		Informal Observation	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Observation (DOPS)	1	Years 3 or after	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3
Outcome 4 of 8	4. Be able to handle high risk specimens (for example hepatitis, HIV, Tuberculosis.)	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	1	yr 3	Year 3
		Informal Observation	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Observation (DOPS)	1	Years 3 or after	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3
Outcome 5 of 8	5. Demonstrate experience in writing reports.	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	1	yr 3	Year 3
		Informal Observation	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Observation (DOPS)	1	Years 3 or after	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3
Outcome 6 of 8	6. Demonstrate competency in liaising and communicating with clinicians.	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	1	yr 3	Year 3
		Informal Observation	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Observation (DOPS)	1	Years 3 or after	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3
Outcome 7 of 8	7. Participation at MDT and clinicopathological meetings.	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	1	yr 3	Year 3
		Informal Observation	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Observation (DOPS)	1	Years 3 or after	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3
Outcome 8 of 8	8. Describe the budgetary background to histopathology, and the cost/benefit implications of timely reporting and of routine and ancillary tests.	Case Experience	1	per quarter (3 years)	Year 3
		Self-Assessment	2	1 in yr 1; 1 yr 3	Year 3
		Informal Discussion	2	1 in yr 1; 1 in yr 3	Year 3
		Formal Discussion (CBD)	2	1 in yr 1; 1 in yr 3	Year 3
		QA/EOPA	4	per year (3 years)	Year 3
		EOYE	1	per year (3 years)	Year 3

Table 4: Surgical Pathology outcomes

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 1 of 8	**1. Perform specimen dissection safely and accurately.**	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	before end yr 3	Year 5
		Informal Discussion	1	per yr (before CBD))	Year 5
		Formal Discussion (CBD)	1	per yr (after Inform disc.)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per yr (after Inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 2 of 8	**2. Perform and interpret photography and radiography of specimens as required.**	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	before end yr 3	Year 5
		Informal Discussion	1	per yr (before cbd)	Year 5
		Formal Discussion (CBD)	1	per yr (after Inform disc.)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per yr (after Inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 3 of 8	**3. Accurately complete the macroscopic and microscopic components of specimen reporting templates/datasets.**	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	before end yr 3	Year 5
		Informal Discussion	1	per yr (before cbd)	Year 5
		Formal Discussion (CBD)	1	per yr (after Inform disc.)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per yr (after Inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 4 of 8	**4. Demonstrate awareness of the role of scientific and other staff in the preparation of diagnostic material, and of administrative staff in the generation of reports.**	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	before end yr 3	Year 5
		Informal Discussion	1	per yr (before cbd)	Year 5
		Formal Discussion (CBD)	1	per yr (after Inform disc.)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per yr (after Inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 5 of 8	**5. Demonstrate a knowledge of appropriate turnaround time and targets for specimen types.**	Case Experience	None	n/a	Year 5
		Self-Assessment	1	before end yr 3	Year 5
		Informal Discussion	1	per yr (before cbd)	Year 5
		Formal Discussion (CBD)	1	per yr (after Inform disc.)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per yr (after Inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 6 of 8	**6. Be able to proficiently report routine (non-complex) histopathology (including frozen sections)**	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	before end yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (after Inform Disc.)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per yr (after Inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5

Table 4: Surgical Pathology outcomes…continued

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 7 of 8	7. **Request and source appropriate** additional studies/tests and correctly interpret the results.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	per programme (1 before end year 2)	Year 5
		Informal Discussion	1	per year (before cbd)	Year 5
		Formal Discussion (CBD)	1	per year (after Inform. disc.)	Year 5
		Informal Observation	1	per year (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 8 of 8	**8. Advise on the choice and limitations of biopsy material most likely to yield relevant information for formulation of clinicopathological correlations.**	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	per programme (1 before end year 2)	Year 5
		Informal Discussion	1	per year (before cbd)	Year 5
		Formal Discussion (CBD)	1	per year (after Inform. disc.)	Year 5
		Informal Observation	1	per year (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after inform. Obs.)	Year 5
		QA/EOPA	4	per yr	Year 5
		EOYE	1	per yr	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5

Table 5: Molecular Pathology outcomes

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 1 of 6	1. Be able to describe techniques and instrumentation relevant to molecular pathology	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	yr 1 or 2	Year 5
		Informal Discussion	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Discussion (CBD)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Informal Observation	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Observation (DOPS)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 2 of 6	2. Demonstrate appropriate requesting of molecular diagnostic investigations	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	yr 1 or 2	Year 5
		Informal Discussion	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Discussion (CBD)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Informal Observation	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Forml Observation (DOPS)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 3 of 6	3. Demonstrate appropriate tissue selection: fresh vs. FFPE, indication for full sections, macro or micro dissection	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	yr 1 or 2	Year 5
		Informal Discussion	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Discussion (CBD)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Informal Observation	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Observation (DOPS)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 4 of 6	4. Be able to estimate tumour percentage and understand its relevance	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	yr 1 or 2	Year 5
		Informal Discussion	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Discussion (CBD)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Informal Observation	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Forml Observation (DOPS)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 5 of 6	5. Interpret results in clinical context and informed report writing	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	yr 1 or 2	Year 5
		Informal Discussion	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Discussion (CBD)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Informal Observation	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Observation (DOPS)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 6 of 6	6. Liaise with molecular scientists and conveying contextual results to clinicians	Case Experience	1	per quarter	Year 5
		Self-Assessment	1	yr 1 or 2	Year 5
		Informal Discussion	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Formal Discussion (CBD)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Informal Observation	2	1 before yr 3, 1 in yr 3 or after	Year 5
		Forml Observation (DOPS)	2	1 before yr 3, 1 in yr 3 or after	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5

Table 6: Cytopathology outcomes

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 1 of 11	1. Be able to describe preparation and staining techniques for common specimen types.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 2 of 11	2. Demonstrate knowledge of the use of (selection) special techniques.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	perp programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 3 of 11	3. Demonstrate knowledge of (selection) panels of antibodies for particular diagnostic application e.g. mesothelioma.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 4 of 11	4. Be able to recognise faults and artefacts of preparation, e.g. air-drying.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	perp programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 5 of 11	5. Be able to diagnose malignancy with confidence in common specimens such as breast, gastrointestinal (GI) tract, urinary tract, head and neck, lymphoreticular system, serous fluids and thyroid.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 6 of 11	6. Be able to recognise the features of non-malignant diagnoses, e.g. infection.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	perp programme	Year 5
		FRCPath Part II	1	per programme	Year 5

Table 6: Cytopathology Outcomes…continued

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 7 of 11	7. Ability to recognise when definite diagnosis is beyond capability.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 8 of 11	8. Demonstrate a multidisciplinary approach to diagnosis and management.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	perp programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 9 of 11	9. Demonstrate knowledge of requirements for a report and to write an accurate report that provides clinicians the information needed.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 10 of 11	10. Demonstrate knowledge of relevant datasets and reporting systems e.g. Milan reporting system.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	perp programme	Year 5
		FRCPath Part II	1	per programme	Year 5
Outcome 11 of 11	11. Demonstrate knowledge of the likely outcome in terms of further investigation or management of the patient.	Case Experience	1	per quarter	Year 5
		Self-Assessment	2	1 before yr 3, 1 in yr 3	Year 5
		Informal Discussion	1	per yr (before CBD)	Year 5
		Formal Discussion (CBD)	1	per yr (before CBD)	Year 5
		Informal Observation	1	per yr (before DOPS)	Year 5
		Formal Observation (DOPS)	1	per year (after Inform. Obs.)	Year 5
		QA/EOPA	4	per year	Year 5
		EOYE	1	per year	Year 5
		FRCPath Part I	1	per programme	Year 5
		FRCPath Part II	1	per programme	Year 5

Table 7: Autopsy outcomes

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can activity be achieved
Outcome 1 of 8	1. Knowledge of the legal basis and guidelines for autopsy practice and be able to determine if an autopsy is deemed to be a Coroner's or non-coroner "state case" autopsy	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4
Outcome 2 of 8	2. Demonstrate knowledge of appropriate checklists including health and safety protocols, consent, and potential role of limited autopsy prior to performing examination	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4
Outcome 3 of 8	3. Demonstrate knowledge of external examination, evisceration, and dissection of main organ blocks	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4
Outcome 4 of 8	4. Demonstrate knowledge of dissection of other more specific organs e.g. deep veins of the legs, vertebral column, and spinal cord etc	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4
Outcome 5 of 8	5. Demonstrate knowledge of evisceration and dissection of main organ blocks	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4
Outcome 6 of 8	5. Demonstrate knowledge on appropriate selection of additional tests e.g. histology, toxicology, microbiology, biochemistry etc	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4
Outcome 7 of 8	7. Be able to 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	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4
Outcome 8 of 8	8. Demonstrate knowledge of reasons for and regulations around organ retention	Case Experience	4	per programme	Year 3 or 4
		Self-Assessment	2	1 before end yr 3, 1 before end yr 4 or 5)	Year 3 or 4
		Informal Discussion	2	per programme	Year 3 or 4
		Formal Discussion (CBD)	2	per programme	Year 3 or 4
		Informal Observation	2	per programme	Year 3 or 4
		Formal Observation (DOPS)	2	per programme	Year 3 or 4
		QA/EOPA	4	per year	Year 3 or 4
		EOYE	1	per year	Year 3 or 4
		CHAT	1	per programme	Year 3 or 4

Table 8: Histopathology Subspecialties outcomes

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 1 of 4	**Perinatal Pathology**	Self-Assessment	1	Per Programme	On completion of activities
		Informal Discussion	1	Per Programme	On completion of activities
		Perinatal Pathology Study Day	1	Per Programme	On completion of activities
Outcome 2 of 4	**Paediatric Pathology**	Self-Assessment	1	Per programme	On completion of activities
		Informal Discussion	1	Per programme	On completion of activities
		Paediatric Pathology Study Day	1	Per programme	On completion of activities
Outcome 3 of 4	**Neuropathology**	Self-Assessment	1	Per Programme	On completion of activities
		Informal Discussion	1	Per Programme	On completion of activities
		Neuropathology Study Day	1	Per Programme	On completion of activities
Outcome 4 of 4	**Gynaecological Cytopathology**	Self-Assessment	1	Per programme	On completion of activities
		Informal Discussion	1	Per programme	On completion of activities
		Gynaecological Cytopathology Study	1	Per programme	On completion of activities

Table 9: Core Professional Skills outcomes

Outcome Number	Outcome Description	Activities required to log to reach this outcome	Quantity of activity to log	How often activities must be recorded	When can outcome be achieved
Outcome 1 of 9	**Good Professional Practice**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Formal Discussion (CBD)	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per Year	Year 5
Outcome 2 of 9	**Infection Control**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Structured CBD	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per year	Year 5
Outcome 3 of 9	**Safe Care and Maintaining Wellbeing**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Formal Discussion (CBD)	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per Year	Year 5
Outcome 4 of 9	**Communication in Clinical and Professional Setting**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Structured CBD	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per year	Year 5
Outcome 5 of 9	**Leadership**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Formal Discussion (CBD)	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per Year	Year 5
Outcome 6 of 9	**Quality Improvement**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Structured CBD	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per year	Year 5
Outcome 7 of 9	**Scholarship**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Formal Discussion (CBD)	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per Year	Year 5
Outcome 8 of 9	**Management**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Structured CBD	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per year	Year 5
Outcome 9 of 9	**Standards of Care**	Up to date ePortfolio	4	Per Year	Year 5
		Self-Assessment	1	Per Year	Year 5
		Informal Discussion	1	Per Year	Year 5
		Formal Discussion (CBD)	1	Per Year	Year 5
		QA/EOPA	4	Per Year	Year 5
		EOYE	1	Per Year	Year 5

Histopathology Goals

Goal 1 - General Laboratory Activities

About this goal

The goal *General Laboratory Activities* is divided into **8** outcomes of equal weight designed to ensure you are 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. The goal is of high importance but if all outcomes are met you may be deemed proficient on this goal at the end of year 3.

The outcomes for General Laboratory Activities are:

1. Describe the health and safety aspects of working in a laboratory and autopsy room environment.

2. Demonstrate knowledge of workflow within a laboratory including Laboratory Information Systems (LIMS).

3. Describe departmental protocols for handling of specimens including patient/specimen identification documentation, entering patient data onto LIMS and measures to prevent specimen mix up.

4. Be able to handle high risk specimens (for example hepatitis, HIV, Tuberculosis.)

5. Demonstrate experience in writing reports.

6. Demonstrate competency in liaising and communicating with clinicians.

7. Participation at MDT and clinicopathological meetings.

8. Describe the budgetary background to Histopathology, and the cost/benefit implications of timely reporting and of routine and ancillary tests.

Case Experience

You must record at least 1 instance of Case Experience for each of the 8 outcomes once per quarter. This will be shown as 4 times per year in ePortfolio. Use the *Case Experience Form* for recording your Case Experiences.

Self- Assessment

You must record 2 self-assessments (one in year 1 and one in year 3) for 7 of the 8 outcomes. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish, record all outcomes simultaneously. Use the *Self-Assessment Form* to record your self-assessments.

Informal Discussion

You must engage in 2 Informal Discussions for 7 of the 8 outcomes related to General Laboratory Activities throughout the duration of the programme (1 in year 1 and 1 in year 3.) It is possible to record multiple outcomes on the same Informal Discussion form, so you may

if you wish record all outcomes simultaneously. Use the *Informal Discussion Form* to record your Informal Discussions.

Formal Discussion (CBD)

You must engage in 1 Formal Discussion (CBD) Case Based Discussion for 7 of the 8 outcomes in General Laboratory Activities in year 3 of the programme and perform satisfactorily in it. It is possible to record multiple outcomes on the same Case Based Discussion form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Discussion (CBD) Form* to record your Case Based Discussions.

Informal Observation

You must be informally observed twice during the programme for 7 of the 8 outcomes associated with General Laboratory Activities, once before the end of year 1 and once before the end of year 3. It is possible to record multiple outcomes on same Informal Discussion form if appropriate. Use the *Informal Observation Form* to record your informal Observation.

Formal Observation (DOPS)

You must engage in 1 Directly Observed Procedural Skills (DOPS) workplace based assessment for 7 of the 8 outcomes in General Laboratory Activities in year 3 (or after) of the programme and perform satisfactorily in it. It is possible to record multiple outcomes on the same DOPS form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Observation (DOPS) Form* to record your DOPS assessments.

Quarterly Assessment / End of Post Assessment

You must engage in 3 quarterly and one end of post assessments per Training year. These activities are very similar but at the end of post your Trainer may make recommendations for your next post. Your ePortfolio records and personal goals will also be reviewed at these assessments. Use the *Quarterly Assessment / End of Post Assessment Form* to record these activities.

End of Year Evaluation

You must engage in an end of Year Evaluation once per training year which will contribute to each of the 8 outcomes (and goal) and govern entry into the next year of the training programme. Use the *End of Year Evaluation Form* to record your End of Year Evaluation.

Final Achievement of Outcomes and Goals

When you have satisfactorily completed all the activities associated with each outcome (and hence goal), your Trainer or NSD's will be in a position to mark as completed.

About the outcomes

1. Describe the health and safety aspects of working in a laboratory and autopsy room environment

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Your ability to work in a Histopathology laboratory or autopsy in a safe manner, following health and safety procedures. Awareness of Transmission of and protection against infection e.g. HIV, Hepatitis, TB, SARS CoV-2.

2. Demonstrate knowledge of workflow within a laboratory including Laboratory Information Systems

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Workflow, Operation of LIMS, Sample Tracking.

3. Describe departmental protocols for handling of specimens including patient/specimen identification documentation, entering patient data onto laboratory information system (LIMS) and measures to prevent specimen mix up

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Sample Tracking, labelling, data entry, principles of quality assurance, QI in Histopathology, causes and types of error, clinical audit.

4. Be able to handle high risk specimens (for example hepatitis, HIV, Tuberculosis)

Record of experience: Case Experience and Self-Assessments
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Specific concerns and processes in handling high risk specimens.

5. Demonstrate experience in writing reports

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Specimen reporting, including use of hard copy and electronic reports, urgent reports and protocols, addendum reports, direct contact with clinicians.

6. Demonstrate competency in liaising and communicating with clinicians

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Communication skills, interpersonal skills.

7. Participation at MDT and clinicopathological meetings

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Role of multidisciplinary team meetings (MDT) and clinicopathological meetings.

8. Describe the budgetary background to Histopathology, and the cost/benefit implications of timely reporting and of routine and ancillary tests

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Quality Assurance / Quality Improvement.

Goal 2 - Surgical Pathology

About this goal

The goal *Surgical Pathology* is divided into **8** outcomes of equal weight designed to ensure you are proficient in all aspects of Surgical Pathology ranging from performing specimen dissection and progressing through to microscopic interpretation of routine Histopathology and producing a comprehensive report. The goal is of critical importance and cannot be met before final year.

The 8 outcomes for Surgical Pathology are:

1. Perform specimen dissection safely and accurately.

2. Perform and interpret photography and radiography of specimens as required.

3. Accurately complete the macroscopic and microscopic components of specimen reporting templates/datasets.

4. Demonstrate awareness of the role of scientific and other staff in the preparation of diagnostic material, and of administrative staff in the generation of reports.

5. Demonstrate a knowledge of appropriate turnaround times and targets for specimen types.

6. Be able to proficiently report routine (non-complex) Histopathology (including frozen sections.)

7. Request and source appropriate additional studies/tests and correctly interpret the results.

8. Advise on the choice and limitations of biopsy material most likely to yield relevant information for formulation of clinicopathological correlations.

To achieve this goal, all 8 outcomes must be met. Each outcome consists of several activities spread over multiple years of the programme. These activities are described below.

Case Experience

You must record at least 1 instance of Case Experience in Surgical Pathology for 8 of the 8 outcomes once per quarter. You should note that there are specific expectations about how often you should encounter each of these outcomes, for example, it is expected that you will perform specimen dissection on at least a weekly basis so please ensure that if a curricular requirement is in place that you are meeting this requirement when completing the form. Use the *Case Experience Form* to record your cases.

Self- Assessment

You must record 1 self-assessment (one before the end of year 2) for 6 of the 8 outcomes associated with Surgical Pathology (outcomes 1-6) and 2 self-assessments per programme for outcomes 6-8. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Self-Assessment Form* to record your self-assessments.

Informal Discussion

You must record 1 Informal Discussion per year for each of the 8 outcomes in Surgical Pathology. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Note that the informal discussion should happen before the CBD. Use the *Informal Discussion Form* to record this activity.

Formal Discussion (CBD)

You must undergo 1 Formal Discussion (CBD) per year of training for each of the 8 outcomes associated with Surgical Pathology. It is possible to record multiple outcomes on the same Formal Discussion (CBD) form, so you may if you wish record all outcomes simultaneously if appropriate. Note that you should have engaged in an informal discussion before undergoing the CBD. Use the *Formal Discussion (CBD) Form* to record this activity.

Informal Observation

You must be informally observed once per training year on each of the 8 outcomes associated with Surgical Pathology. The Informal Observation should happen before the DOPS. It is possible to record multiple outcomes on the same Informal Observation form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Informal Observation Form* to record this activity.

Formal Observation (DOPS)

You must engage in 1 Formal Observation (DOPS) workplace based assessment on each of the 8 outcomes in Surgical Pathology one per year of the programme and perform satisfactorily in it. It is possible to record multiple outcomes on the same Formal Observation (DOPS) form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Observation (DOPS) Form* to record your DOPS assessments.

Quarterly Assessment / End of Post Assessment

You must engage in 3 quarterly and 1 end of post assessments per Training year. These activities are very similar but at the end of post your Trainer may make recommendations for your next post. Your ePortfolio records and personal goals will also be reviewed at these assessments. Use the *Quarterly Assessment / End of Post Assessment Form* to record these activities.

End of Year Evaluation

You must engage in an end of Year Evaluation once per training year which will contribute to each of the 8 outcomes (and goal) and govern entry into the next year of the training programme. Use the *End of Year Evaluation Form* to record this activity.

FRCPath Examination

It is necessary to pass both FRCPath I and II before completing all outcomes in Surgical Pathology.

Final Achievement of Outcomes and Goals

When you have satisfactorily completed all the activities associated with each outcome (and hence goal), your Trainer or NSD's will be in a position to mark as completed.

About the outcomes

1. Perform specimen dissection safely and accurately.

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical ability, safety, knowledge of templates.

2. Perform and interpret photography and radiography of specimens as required.

Record of experience: Case Experience and Self-Assessments
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical ability, knowledge, interpretation, example discussion.

3. Accurately complete the macroscopic and microscopic components of specimen reporting templates/datasets.

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Knowledge of the details of specimen dissection, macroscopic description and block selection in neoplastic and non-neoplastic disease, Knowledge of dissection and sampling of all standard cancer resection specimens to enable completion of template-based reporting of cancer cases.

4. Demonstrate awareness of the role of scientific and other staff in the preparation of diagnostic material, and of administrative staff in the generation of reports.

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Time management, organisation of work, knowledge of specimens requiring prioritisation.

5. Demonstrate a knowledge of appropriate turnaround time and targets for specimen types.

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Time management, organisation of work, knowledge of specimens requiring prioritisation.

6. Be able to proficiently report routine (non-complex) Histopathology (including frozen sections)

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Knowledge of laboratory procedures to be able to evaluate problems including accessioning and staining problems to ensure accurate and high quality diagnostic material is available. Knowledge of the microscopic features of the range of common disease for each of the major organs systems, including the role of special stains, immunocytochemistry, molecular pathology and other ancillary techniques such as , flow cytometry, immunofluorescence.

7. Request and source appropriate additional studies/tests and correctly interpret the results.

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Know when to use additional techniques including further sampling, deeper sectioning, special and immunocytochemical stains, molecular techniques or other ancillary tests.

8. Advise on the choice and limitations of biopsy material most likely to yield relevant information for formulation of clinicopathological correlations.

Record of experience: Case Experience and Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.

Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Broad general clinical knowledge including current practice and major changes in trends of diagnosis and treatment. Comprehensive knowledge of general and systemic pathology and its role in diagnosis and patient management.

Goal 3 - Molecular Pathology

About this goal

The goal *Molecular Pathology* is divided into **6** outcomes of equal weight designed to ensure you are proficient in all aspects of Molecular Pathology ranging from the description of techniques and instrumentation and requesting investigations through to interpreting results and conveying results. The goal is of high importance and cannot be met before the final year of the programme.

The 6 outcomes for Molecular Pathology are:

1. Be able to describe techniques and instrumentation relevant to molecular pathology.
2. Demonstrate appropriate requesting of molecular diagnostic investigations.
3. Demonstrate appropriate tissue selection: fresh vs. FFPE, indication for full sections, macro or micro dissection.
4. Be able to estimate tumour percentage and understand its relevance.
5. Interpret results in clinical context and informed report writing.
6. Liaise with molecular scientists and conveying contextual results to clinicians.

To achieve this goal all 6 outcomes must be met. Each outcome consists of several activities spread over multiple years of the programme. These activities are described below.

Case Experience

You must record at least 1 instance of Case Experience in Molecular Pathology for each of the 6 outcomes at least once per quarter. You should note that there are specific expectations about how often you should encounter each of these outcomes, for example, it is expected that you will be involved in Molecular Pathology investigations at least quarterly and probably monthly so please ensure that if a curricular requirement is in place that you are meeting this requirement when completing the form. Use the *Case Experience Form* to record your cases.

Self- Assessment

You must record 1 self-assessment either in year 1 or 2 for each of the 6 outcomes associated with Molecular Pathology. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Self-Assessment Form* to record your self-assessments.

Informal Discussion

You must record 2 Informal Discussion per programme for each of the 6 outcomes in Molecular Pathology – one before year 3 and one in year 3 or after. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Note that the informal discussion should happen before the CBD. Use the *Informal Discussion Form* to record this activity.

Formal Discussion (CBD)

You must undergo 2 Formal Discussions (CBD) per programme for each of the 6 outcomes associated with Molecular Pathology – 1 before year 3 and one in year 3 or after. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Note that you should have engaged in an Informal Discussion before undergoing the CBD. Use the *Formal Discussion (CBD) Form* to record this activity.

Informal Observation

You must be informally observed twice per programme on each of the 6 outcomes associated with Molecular Pathology – once before year 3 and once in year 3 or after. The Informal Observation should happen before the Formal Observation (DOPS.) It is possible to record multiple outcomes on the same Informal Observation form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Informal Observation Form* to record this activity.

Formal Observation (DOPS)

You must engage in 2 Formal Observations (DOPS) workplace based assessment on each of the six outcomes in Molecular Pathology one before year 3 and one in year 3 or after and perform satisfactorily in them. It is possible to record multiple outcomes on the same DOPS form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Observation (DOPS) Form* to record your DOPS assessments.

Quarterly Assessment / End of Post Assessment

You must engage in 3 quarterly and 1 end of post assessments per Training year. These activities are very similar but at the end of post your Trainer may make recommendations for your next post. Your ePortfolio records and personal goals will also be reviewed at these assessments. Use the *Quarterly Assessment / End of Post Assessment Form* to record these activities.

End of Year Evaluation

You must engage in an End of Year Evaluation once per training year which will contribute to each of the 6 outcomes (and goal) and govern entry into the next year of the training programme. Use the *End of Year Evaluation Form* to record these activities.

FRCPath Examination

It is necessary to pass both FRCPath I and II before completing all outcomes in Molecular Pathology.

Final Achievement of Outcomes and Goals

When you have satisfactorily completed all the activities associated with each outcome (and hence goal), your Trainer or NSD's will be in a position to mark as completed.

About the outcomes

Be able to describe techniques and instrumentation relevant to molecular pathology

Record of experience: Case Experience Self-Assessments
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Design, optimisation, validation of molecular assays – Isolation and quantification of nucleic acids in cells. In vitro amplification of DNA/RNA including RT-PCR, Solid and solution hybridization, blot analysis, FISH, CISH/SISH, RNA, ISH. Nucleic acid enrichment, sequencing, Other molecular techniques, Basic bioinformatics, Biobanking.

Demonstrate appropriate requesting of molecular diagnostic investigations

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Knowledge of current and emerging diagnostic, prognostic and predictive molecular assays (e.g. ER, PR, her2, PDL1, EGFR mutations, ALK / ROS rearrangements, RAS mutations, BRAF, HPV sub-typing, c-Kit, c-MET, mismatch repair proteins/microsatellite instability.

Demonstrate appropriate tissue selection: fresh vs. FFPE, indication for full sections, macro or micro dissection

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Molecular classification by organ system – haematolymphoid, paediatric, molecular neuropathology, molecular pathology of common solid tumours (skin, breast, GI, gastric, GIST, thyroid, genitourinary, pulmonary, gynaecological, etc.)

Be able to estimate tumour percentage and its relevance

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.

Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Molecular Oncology.

Interpret results in clinical context and informed report writing

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Quality assurance and quality control for molecular diagnostics, data interpretation, broad knowledge of current and emerging diagnostic, prognostic / theragnostic and predictive molecular assays, Report writing.

Liaise with molecular scientists and conveying contextual results to clinicians

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Communication, Basic concepts in molecular genetics/pathology, data interpretation, molecular classification by organ systems.

Goal 4 - Cytopathology

About this goal

The goal *Cytopathology* is divided into **11** outcomes of equal weight designed to ensure you are proficient in all aspects of Cytopathology ranging from the staining techniques and selections of panels of immunocytochemical antibodies though to recognising features of malignancy and benign processes and report writing. The goal is of high importance and cannot be completed before the final year of the programme.

The 11 outcomes for Cytopathology are:

1. Be able to describe preparation and staining techniques for common specimen types.

2. Demonstrate knowledge of the use of (selection) special techniques.

3. Demonstrate knowledge of (selection) panels of antibodies for particular diagnostic application e.g. mesothelioma.

4. Be able to recognise faults and artefacts of preparation, e.g. air-drying.

5. Be able to diagnose malignancy with confidence in common specimens such as breast, gastrointestinal (GI) tract, urinary tract, head and neck, lymphoreticular system, serous fluids and thyroid.

6. Be able to recognise the features of non-malignant diagnoses, e.g. infection.

7. Ability to recognise when definite diagnosis is beyond capability.

8. Demonstrate a multidisciplinary approach to diagnosis and management.

9. Demonstrate knowledge of requirements for a report and to write an accurate report that provides clinicians the information needed.

10. Demonstrate knowledge of relevant datasets and reporting systems e.g. Milan reporting system.

11. Demonstrate knowledge of the likely outcome in terms of further investigation or management of the patient.

To achieve this goal all 11 outcomes must be met. Each outcome consists of several activities spread over multiple years of the programme. These activities are described below.

Case Experience

You must record at least 1 instance of Case Experience in Cytopathology for each of the 11 outcomes at least once per quarter. You should note that there are specific expectations about how often you should encounter each of these outcomes, for example, it is expected that you will be involved in Cytopathology investigations at least quarterly and probably monthly so please ensure that if a curricular requirement is in place that you are meeting this requirement when completing the form. Use the *Case Experience Form* to record your cases.

Self- Assessment

You must record 2 self-assessments one before year 3 and one in year 3 for each the 11 outcomes associated with Cytopathology. It is possible to record multiple outcomes on the

same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Self-Assessment Form* to record your self-assessments.

Informal Discussion

You must record 1 Informal Discussion per year for each of the 11 outcomes in Cytopathology. The Informal Discussion should be performed before the Formal Discussion (CBD.) It is possible to record multiple outcomes on the same Informal Discussion form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Informal Discussion Form* to record this activity.

Formal Discussion (CBD)

You must undergo 1 Formal Discussion (CBD) per year for each of the 11 outcomes associated with Cytopathology. You should undergo the Formal Discussion (CBD) at a point after the Informal Discussion. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Discussion (CBD) Form* to record this activity.

Informal Observation

You must be informally observed once per year on each of the 11 outcomes associated with Cytopathology. The Informal Observation should happen before the Formal Observation (DOPS.) It is possible to record multiple outcomes on the same Informal Observation form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Informal Observation Form* to record this activity.

Formal Observation (DOPS)

You must engage in 1 Formal Observation (DOPS) workplace-based assessment on each of the 11 outcomes in Cytopathology per year and perform satisfactorily in them. It is possible to record multiple outcomes on the same DOPS form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Observation (DOPS) Form* to record your DOPS assessments.

Quarterly Assessment / End of Post Assessment

You must engage in 3 quarterly and 1 end of post assessments per Training year. These activities are very similar but at the end of post your Trainer may make recommendations for your next post. Your ePortfolio records and personal goals will also be reviewed at these assessments. Use the *Quarterly Assessment / End of Post Assessment Form* to record these activities.

End of Year Evaluation

You must engage in an End of Year Evaluation once per training year which will contribute to each of the 11 outcomes (and goal) and govern entry into the next year of the training programme. Use the *End of Year Evaluation Form* to record these activities.

FRCPath Examination

It is necessary to pass both FRCPath I and II before completing all outcomes in Cytopathology.

Final Achievement of Outcomes and Goals

When you have satisfactorily completed all the activities associated with each outcome (and hence goal), your Trainer or NSD's will be in a position to mark as completed.

About the outcomes

1. Be able to describe preparation and staining techniques for common specimen types

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Specimen preparation and staining.

2. Demonstrate knowledge of the use of (selection) special techniques

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Special techniques in Cytopathology.

3. Demonstrate knowledge of (selection) panels of antibodies for particular diagnostic application e.g. mesothelioma

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Appropriate antibody selection.

4. Be able to recognise faults and artefacts of preparation, e.g. air-drying

Record of experience: Case Experience Self-Assessments.

Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Recognition of processing faults and artefact.

5. Be able to diagnose malignancy with confidence in common specimens such as breast, gastrointestinal (GI) tract, urinary tract, head and neck, lymphoreticular system, serous fluids and thyroid

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical Competency – recognition of malignancy.

6. Be able to recognise the features of non-malignant diagnoses, e.g. infection

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical Competency – recognition of non-malignant features.

7. Ability to recognise when definite diagnosis is beyond capability

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical Competency – recognition of diagnostic limitations in cytopathology specimens.

8. Demonstrate a multidisciplinary approach to diagnosis and management

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical competency and Communication.

9. Demonstrate knowledge of requirements for a report and to write an accurate report that provides clinicians the information needed

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Written communication, Requirements for a report (completeness including interpretive comment, advice on further investigations), knowledge of likely outcome in terms of further investigation or management.

10. Demonstrate knowledge of relevant datasets and reporting systems e.g. Milan reporting system

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Relevant data sets, reporting systems.

11. Demonstrate knowledge of the likely outcome in terms of further investigation or management of the patient

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical knowledge and communication with clinicians.

Goal 5 - Autopsy

About this goal

The goal *Autopsy* is divided into **8 outcomes** of equal weight designed to ensure you are proficient in all aspects of Autopsy ranging from assessing circumstances of death and advising on necessity of autopsy through to performing detailed autopsy, focused examinations, additional examinations and communication of results and report writing. The goal is of critical importance and but can be meet when all components of autopsy are complete.

The 8 outcomes for Autopsy are:

1. Knowledge of the legal basis and guidelines for autopsy practice and be able to determine if an autopsy is deemed to be a Coroner's or non-coroner "state case" autopsy.
2. Demonstrate knowledge of appropriate checklists including health and safety protocols, consent, and potential role of limited autopsy prior to performing examination
3. Demonstrate knowledge of external examination, evisceration, and dissection of main organ blocks
4. Demonstrate knowledge of dissection of other more specific organs e.g. deep veins of the legs, vertebral column, and spinal cord etc
5. Demonstrate knowledge on appropriate selection of additional tests e.g. histology, toxicology, microbiology, biochemistry etc
6. Demonstrate knowledge of formulating report and cause of death as appropriate for Coroners and non-coroners' autopsies
7. Be able to 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
8. Demonstrate knowledge of reasons for and regulations around organ retention

To achieve this goal all 8 outcomes must be met. Each outcome consists of several activities spread the programme. These activities are described below.

Case Experience

You must record at least 4 instances of Case Experience in Autopsy for each of the 8 outcomes per programme. Ideally you should record Autopsy outcomes for each post in which you have access to Autopsy. Use the *Case Experience Form* to record your cases.

Self- Assessment

You must record 2 self-assessments per programme, 1 before the end of year 3 and 1 in years 4 or 5 for each the 8 outcomes associated with Autopsy. It is possible to record multiple outcomes on the same self-assessment form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Self-Assessment Form* to record your self-assessments.

Informal Discussion

You must record 2 Informal Discussions per programme for each of the 8 outcomes in Autopsy. The informal discussions should be performed before the Formal Discussion (CBD.) It is possible to record multiple outcomes on the same Informal Discussion form, so you may if you

wish record all outcomes simultaneously if appropriate. Use the *Informal Discussion Form* to record this activity

Formal Discussion (CBD)

You must one undergo 2 Formal Discussions (CBD) per programme for each of the 8 outcomes in Autopsy. You should undergo the Formal Discussion (CBD) at a point after the Informal Discussion. It is possible to record multiple outcomes on the same Formal Discussion (CBD) form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Discussion (CBD) Form* to record this activity.

Informal Observation

You must be informally observed twice per programme on each of the 8 outcomes associated with Autopsy. The Informal Observation should happen before the Formal Observation (DOPS.) It is possible to record multiple outcomes on the same Informal Observation form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Informal Observation Form* to record this activity.

Formal Observation (DOPS)

You must engage in 2 Formal (DOPS) workplace based assessment per programme on each of the 8 outcomes in Autopsy and perform satisfactorily in them. It is possible to record multiple outcomes on the same DOPS form, so you may if you wish record all outcomes simultaneously if appropriate. Use the *Formal Observation (DOPS) Form* to record your DOPS assessments.

Quarterly Assessment / End of Post Assessment

You must engage in 3 quarterly and 1 end of post assessments per Training year. These activities are very similar but at the end of post your Trainer may make recommendations for your next post. Your ePortfolio records and personal goals will also be reviewed at these assessments. Use the *Quarterly Assessment / End of Post Assessment Form* to record these activities.

End of Year Evaluation

You must engage in an end of Year Evaluation once per training year which will contribute to each of the 8 outcomes (and goal) and govern entry into the next year of the training programme. Use the *End of Year Evaluation Form* to record these activities.

CHAT Examination

It is necessary to pass the CHAT Exam before completing all outcomes in Autopsy.

Final Achievement of Outcomes and Goals

When you have satisfactorily completed all the activities associated with each outcome (and hence goal), your Trainer or NSD's will be in a position to mark as completed.

About the outcomes

1. Knowledge of the legal basis and guidelines for autopsy practice and be able to determine if an autopsy is deemed to be a Coroner's or non-coroner "state case" autopsy

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Assimilate the circumstances of a death and clinical information to establish the jurisdiction (coroner v hospital autopsy), identification, requirement or appropriateness for restricted / limited examination.
Understanding the importance of the clinical information, through both the patient medical record and direct contact with clinicians and Garda information (including information from the C71 form) and formulating questions to be addresses in autopsy. Know the legal basis and guidelines for autopsy, including Anatomy act, Coroners Act. Human Tissue Act, coroner rules, Faculty of Pathology guidelines.

2. Demonstrate knowledge of appropriate checklists including health and safety protocols, consent, and potential role of limited autopsy prior to performing examination

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Check documentation to confirm identity and to confirm that permissions for autopsy complete and correct, and to establish if there are any restrictions on the extent of the examination. Call clinical team for clarifications if required.

3. Demonstrate knowledge of external examination, evisceration, and dissection of main organ blocks

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.

Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Know the external appearance, gross and microscopic features of the major diseases and causes of death. Know the approach to death in specific circumstances. Technical competency – standard autopsy examination and dissection techniques. Know the appearance and major features of common causes of disease. Possess broad understanding of pathological basis of disease.

4. Demonstrate knowledge of dissection of other more specific organs e.g. deep veins of the legs, testes, breast, head and neck sites, vertebral column, and spinal cord etc

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Technical competency, pathological basis of disease, knowledge of approach to death in specific circumstances.

5. Demonstrate knowledge on appropriate selection of additional tests e.g. histology, toxicology, microbiology, biochemistry etc

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Pathological basis of disease, current clinical practice, know external appearance, gross, and microscopic features of major diseases and cause of death.

6. Demonstrate knowledge of formulating report and cause of death as appropriate for Coroners and non-coroner's autopsies

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Produce a timely report, including details of the permission or direction for autopsy, the circumstances of death, history and clinical background, the external and internal examination, the results of any histological, toxicological or other additional

examination and including anatomical diagnosis, clinicopathological correlation and cause of death.

7. Be able to 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

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Have a detailed knowledge of the role and practice of the coroner, including the circumstances in which a coroner may order an autopsy, and of the need for a direction from the coroner to perform the autopsy and for participation of a garda in the formal identification process, know the purpose of an inquest and the reasons the coroner may hold an inquest.

8. Demonstrate knowledge of reasons for and regulations around organ retention

Record of experience: Case Experience Self-Assessments.
Workplace interactions: Informal Discussions with consultant Trainer, structured CBD with consultant Trainer, Informal observations by consultant Trainer, Formal Observations (DOPS) by consultant Trainer.
Sign off: Upon completion of all activities, satisfactory performance in CBD's and DOPS' and satisfactory QA/EOPA.

Focus of feedback: Have a detailed knowledge of the role and practice of the coroner, including the circumstances in which a coroner may order an autopsy, and of the need for a direction from the coroner to perform the autopsy and for participation of a garda in the formal identification process, Know the purpose of an inquest and the reasons the coroner may hold an inquest.

Goal 6 - Histopathology Subspecialty Areas

About this goal

The goal *Histopathology Subspecialty Areas* is divided into 4 sub goals of equal weight designed to ensure you are exposed to and knowledgeable on these areas.

These sub-goals are:

- Perinatal Pathology
- Paediatric Pathology
- Neuropathology
- Gynaecological Cytopathology

Each of outcomes associated with these sub-goals is signed off at the goal level. However, the outcomes of each goal are listed below.

Perinatal Pathology

1. Recognise basic dysmorphic features, assess gestational age (using published tables and growth charts); recognise major features of intrauterine growth restriction.
2. Appropriately sample internal organs for histological examination.
3. Demonstrate awareness of appropriate sampling for ancillary investigations (microbiology, virology, cytogenetics and biochemistry.)
4. Be able to apply photography and X-rays as an accurate way of documentation of abnormalities.
5. Be able to recognise signs of maceration and timing of intrauterine death in stillbirths.
6. Be able to discuss/describe issues of autopsy consent, tissue/organ retention, implications of sampling for cytogenetics, coroners' practice.
7. Demonstrate an understanding of the importance of autopsy findings for genetic counselling, from the parental and clinicians' point of view.
8. Be able to recognise major features of iatrogenic lesions related to procedures in intensive care unit (e.g. pneumothorax in a premature ventilated baby.)
9. Be able to appropriately examine singleton and twin placenta with sampling for histology.

Case Experience

You are not required to record Case Experience for Perinatal pathology. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Self- Assessment

You must record 1 self-assessments per programme for Perinatal Pathology.

Informal Discussion

You must record 1 self-assessment per programme for Perinatal Pathology

Formal Discussion (CBD)

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Informal Observation

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Formal Observation (DOPS)

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Perinatal Pathology Study Day

You must attend at least one Perinatal Pathology study day per programme.

Paediatric Pathology

1. Principles of specimen dissection, macroscopic description and block section in neoplastic and non-neoplastic paediatric diseases.
2. Knowledge of various genetic abnormalities in common paediatric neoplasms and their role in diagnosis, treatment and prognosis.
3. The histological appearance of normal developing tissues and examples of developmental abnormalities commonly seen clinically in the paediatric age group.
4. Principles for the approach to reporting neoplasms.
5. Reasons for paediatric autopsy, in particular the subject of sudden infant deaths.

Case Experience

You are not required to record Case Experience for Paediatric Pathology. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Self- Assessment

You must record 1 Self-Assessment per programme for Perinatal Pathology.

Informal Discussion

You must record 1 Informal Discussion per programme for Perinatal Pathology.

Formal Discussion (CBD)

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Informal Observation

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Formal Observation (Directly Observed Procedural Skills)

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Paediatric Pathology Study Day

You must attend at least one Perinatal Pathology study day per programme.

Neuropathology

1. Demonstrate ability to solve clinical problems by applying knowledge of basic principles of pathology to the nervous system.

2. Demonstrate the ability to prepare and interpret smears and cryostat sections; to recognise the limitations of intraoperative diagnoses.
3. Demonstrate ability to interpret histology and immunocytochemistry for the accurate diagnosis of neoplastic and non-neoplastic lesions of the central and peripheral nervous system.
4. Be able to integrate clinical, radiological, and pathological data in formulating accurate pathological diagnoses.
5. Demonstrate the ability to interpret muscle and nerve histology and histochemistry for accurate diagnosis of disease.
6. Recognise the importance of genetics in the diagnosis and management of muscle, nerve and central nervous system (CNS) disease.

Case Experience

You are not required to record Case Experience for Neuropathology. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Self- Assessment

You must record 1 Self-Assessment on Neuropathology per programme.

Informal Discussion

You must engage in 1 Informal Discussion on Neuropathology per programme.

Formal Discussion (CBD)

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Informal Observation

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Formal Observation (DOPS)

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Neuropathology Study Day

You must attend at least one Neuropathology study day per programme.

Gynaecological Cytopathology

1. Describe the rationale, methodology and organisation of the cervical screening programme (CSP). Describe the importance of CSP to the population. Outline uncertainty in diagnosis in some cases. Outline the dangers of over and under-calling.

2. Describe technical aspects of preparing specimens - Liquid Based Cytopathology Techniques and Microscopy (how to screen a smear.)

3. Describe the uses of national/international nomenclature.

4. Slide Interpretation. Describe features of infections in cervical smears Describe criteria for diagnosis (borderline nuclear change.)

5. Slide Interpretation. Describe knowledge of criteria for diagnoses of dyskaryosis (mild, moderate, severe), glandular abnormalities, potential invasive lesions. Features of common pitfalls in diagnosis of dyskaryosis (for example, tubo-endometrioid metaplasia (TEM), follicular cervicitis, metaplasia.)

Case Experience

You are not required to record Case Experience for Gynaecological Cytopathology. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Self- Assessment

You must record 1 Self-Assessment on Gynaecological Cytopathology per programme.

Informal Discussion

You must engage in 1 Informal Discussion on Gynaecological Cytopathology per programme.

Formal Discussion

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Informal Observation

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Formal Observation (DOPS)

Not required. However, if you are in a post that offers this activity you may wish to include a level of proficiency in your personal goals – consult your Trainer.

Gynaecological Cytopathology Study Day or Gynaecological Cytopathology Training Course (UK)

You must attend at least one Gynaecological Cytopathology study day per programme. Trainees also have the option to attend the Gynaecological Cytopathology Training course on line – Pease consult your Trainer or the NSD.

Professionalism Goal

Goal 7 - Core Professional Skills

About this goal

The goal *of Core Professional Skills* is divided into **9 sub-goals** of equal weight designed to ensure you are proficient in each of the Core Professional Skills. Core Professional Skills are traits that every doctor is expected to demonstrate in their day to day work practice. The Core Professional Skills are mapped to the Medical Council domains of professionalism.

The Core Professional Skills are

1. Good Professional Practice.
2. Infection Control.
3. Self-Care and Maintaining Wellbeing.
4. Communication in Clinical and Professional Setting.
5. Leadership.
6. Quality Improvement.
7. Scholarship.
8. Management.
9. Standards of Care.

To achieve proficiency in Core Professional Skills, all 9 sub-goals must be met. Each goal consists of several outcomes and associated activities spread over all years of the programme. These activities are described below.

Case Experience

Case Experiences are not required for Core Professional Skills.

Self- Assessment

You must record 1 self-assessment per year on your knowledge, and proficiency in each of the 9 sub-goals associated with core professional skills. It is possible to record multiple sub-goals on the same form if appropriate. Use the *Self-Assessment Form* to record this.

Informal Discussion

You must engage in and record 1 Informal Discussion with a Histopathology Consultant or Senior (post FRCPath Part II) Trainee on Core Professional Skills once per year of the programme. You should engage in the Informal Discussion before undergoing a Formal Discussion (CBD.) It is possible to record multiple goals on the same form if appropriate. Use the *Informal Discussion Form* to record this activity.

Formal Discussion (CBD)

You must engage in a Case Based Discussion (CBD) for each of the goals of Core Professional Skills once per year. You should undergo the Formal Discussion (CBD) after your informal

Discussion. It is possible to record multiple goals on the same form if appropriate. Use the *Formal Discussion (CBD) Form* to record this activity.

Informal Observation

Not required for Core Professional Skills.

Formal Observation (DOPS)

Not required for Core Professional Skills.

Quarterly Assessment / End of Post Assessment

You must engage in 3 quarterly and 1 end of post assessments per Training year. These activities are very similar but at the end of post your Trainer may make recommendations for your next post. Your ePortfolio records and personal goals will also be reviewed at these assessments. Use the *Quarterly Assessment / End of Post Assessment Form* to record these activities.

End of Year Evaluation

You must engage in an end of Year Evaluation once per training year which will contribute to each of the 9 outcomes (and goal of Core Professional Skills) and govern entry into the next year of the training programme.

Final Achievement of Outcomes and Goals

When you have satisfactorily completed all the activities associated with each outcome (and hence goal), your Trainer or NSD's will be in a position to mark as completed.

Core Professional Skills medical Council Domains of Professionalism Mapping

The outcomes for each sub-goal associated with Core Professional Skills along with the medical council domains of professionalism to which the sub-goal is mapped is shown below.

Good Professional Practice

Mapped to Medical Council Domains: *Relating to Patients, Communication & Interpersonal Skills, Professionalism, Quality of Patient Care*

- Effective communication with colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ethical and legal decision-making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines
- Ability to learn from errors and near misses to prevent future errors

- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

Infection Control

Mapped to Medical Council Domains: *Patient Safety and Quality of Patient Care, Management (Including Self-Management)*

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Encouraging staff to observe infection control principles
- Communicating effectively with colleagues regarding measures recommended to prevent re-infection or spread
- In the case of infectious diseases requiring disclosure:
    - Working knowledge of those infections requiring notification
    - Undertaking notification promptly
    - Collaborating with external agencies regarding reporting, investigating and
    - management of notifiable diseases
    - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

Self-Care and Maintaining Wellbeing

Mapped to Medical Council Domains: *Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (Including Self-Management)*

- Exhibiting empathy and showing consideration for all patients, colleagues, their impairments and attitudes irrespective of cultural and other differences
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to work practice
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being

- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

Communication in Clinical and Professional Setting

Mapped to Medical Council Domains: *Relating to Patients, Communication and Interpersonal Skills*

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- Using "active listening" techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage cooperation, compliance; obtaining informed consent
- Showing consideration and respect for other's culture, opinions, patient's right to be informed and make choices
- Respecting another's right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- Being available, contactable, time-conscious
- Setting realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- Establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Knowledge of principles of informed consent
- Giving and receiving feedback

Leadership

Mapped to Medical Council Domains: *Patient Safety and Quality of Patient care, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (Including Self-Management)*

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships

- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

Quality Improvement

Mapped to Medical Council Domains: *Patient Safety and Quality for Patient Care, Communication and Interpersonal Skills, Collaboration and Teamwork, Management, Relating to Patients, Professionalism*

- Improvement approach to all problems or issues
- Engaging colleagues and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation
- Encouraging contributions and involvement from others including members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

Scholarship

Mapped to Medical Council Domains: *Scholarship*

- Undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

Management

Mapped to Medical Council Domains: *Management*

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation

- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

Standards of Care

Mapped to Medical Council Domains: *Patient Safety and Quality of Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (Including Self-Management) Clinical Skills*

- Analysing a clinical history, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Collaborate Appropriately on selecting treatment and management of disease
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
- Effective listening
- Ability to articulate and deliver instructions
- Encourage questions and openness
- Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Transfer information in an appropriate and timely manner
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

Professional Development Goals

Goal 8 - Concurrent Training Activities

About this goal

Concurrent Training Activities support your Education and Training. They are not direct clinical responsibilities but are educational in nature. They take place both locally and in RCPI.

The Concurrent Training Activities are:

1. Educational Activities
    a. Attend RCPI Taught Programme
    b. Attend Study Days
2. Collaborative Activities
    a. In House Activities
    b. National/International Meetings
    c. Committee Attendance
    d. Deliver Teaching
    e. Audit Activities & Reporting

To reach the goal of Concurrent Training Activities, all activities must be recorded in the correct form and in the correct quantity per time period. For example, it may be necessary to record multiple study days per year or attend a specific number of grand rounds per training year and to attend RCPI Taught Programme.

The requirements for each activity are outlined below.

Outcome 1: RCPI Taught Programme

Trainees Must attend all aspects of the programme and attend the study days on offer. The figure below shows the Taught Programme requirements for Year 1, Years 2 and 3 are to be confirmed.

Trainees must also attend the "Core Pathology" course before end year 3 of the programme.

Outcome 2: Collaborative Activities

Outcome Description	Activities required to log to reach this outcome	Form to record Activity	Quantity of activity to log	How often activities must be recorded
Collaborative Activities		Collaborative Activities		
(Part 1 of 5) In House Activities	Attend Grand Rounds		5	per year
	Attend MDT Meetings		10	
	Attend Journal Clubs		20	
(Part 2 of 5) National/International Meetings		Collaborative Activities	1	per year
(Part 3 of 5) Committee Attendance		Collaborative Activities	1	per year
(Part 4 of 5) Deliver Teaching	Lecture	Collaborative Activities	1	per year
	Grand Rounds		1	
	Journal Club		1	
	Tutorial		1	
(Part 5 of 5) Audit Activities and Reporting		Audit & QI	1	per year

Goal 9 - Research

About this goal

There is a requirement that research be performed during the programme. Specific recommendations about research are shown below. Use the Research Activities form to record instances of research.

Goal Name	Activities required to log to reach this goal	Form to record activities	Quantity of activity to log	How often activities must be recorded
Research	Presentation Publication	Research Activities	1 1	per year per year

Goal 10 - Examinations

About this goal

A critically important part of the HST Histopathology programme is passing all relevant examinations. Requirements are shown below. Use the Examinations form to record your successful completion of these examinations.

Goal Name	Activities required to log to reach this goal	Form to record Activity	Quantity of activity to log	How often activities must be recorded
Examinations	FRCPath Part I FRCPath Part II CHAT	Examinations	1 1 1	per programme

Goal 11 - Personal Goals

About this goal

An important component of training is setting goals for each post. You are required to engage in a personal goals meeting with your Trainer early in each post where you will set a number of goals, professional, technical, educational etc for the post. Use the Personal Goals form to record the outcomes of these meetings.

Personal Goals Plan	Activities required to log to reach this goal	Form to record Activity	Quantity of Activity to Log	How often activities must be recorded
Goal Level (No Outcomes)	**Personal Goals Plan**	**Personal Goals Plan**	1	per year (post)

Goal 12 – Formal Assessments

About this goal

You are required to undergo formal assessments on a quarterly basis in addition to an end of year evaluation. The Quarterly Assessments involve meeting with your Trainer and discussing your progress and achievements in the preceding quarter and setting goals for the next quarter.

If your quarterly assessment coincides with completing a post it is called an End of Post Assessment and is a little wider in its scope. Use the *Quarterly Assessment/ End of Post Form* (QA/EOPA) to record these activities

Your end of year evaluation involves an assessment panel (NSD's) reviewing your ePortfolio record, your outcomes and goals and reviewing Trainers comments and is a formal

assessment which governs entry to the next year of the programme. Use the *End of Year Evaluation Form* (EOYE) to record this activity.

Formal Assessments	Activities required to log to reach this goal	Fom to record Activity	Quantity of Activity to Log	How often activities must be recorded
Quarterly Assessments/End of Post Assessments	**Complete QA/EOPA**	**QA/EOPA**	4	per year (3 x QA and 1 x EOPA)
End of Year Evaluation	**Complete EOYE**	**EOYE**	1	per year