



DIRECTED WORKPLACE-BASED ASSESSMENTS BY STAGES OF TRAINING AND OPTIONAL PACKAGES

The following are lists of workplace-based assessments, from which should be selected appropriate examples to make up the 'directed' component of assessments during each stage of training. Each item in the lists is in fact a group of possible scenarios to be used, and each group may be used more than once as long as exact circumstances are not duplicated. Additionally, it can be seen that the lists are similar for each stage, but increase in complexity and/or depth as a trainee progresses through the stages of training. Finally, the relative numbers of DOPS, ECEs and CBDs changes with increasing stage, until in stage D, no DOPS are required, but ECEs and CBDs make up all the required workplace-based assessments.

Stage A (18 in stage, 12 directed)

Directly Observed Practical Skills (DOPS) (six from the following):

Set up and use microscope

Autopsy:

- performing a straightforward evisceration
- dissection of single organ / system

Cut-up:

- completion of a simple cut up session (e.g. simple skins, gall bladders, appendices)
- macroscopic description and block taking of a major cancer resection (e.g. colonic cancer)

Microscopy:

- demonstrate ability to recognise normal histology
- demonstrate ability to recognise straightforward pathological entities (e.g. basal cell carcinoma, adenocarcinoma in biopsies, acute appendicitis)

Cytology:

- screen a gynae cytology slide and correctly identify various cells

Comment: all six DOPS undertaken in Stage A will be taken from this list.



Evaluation of Clinical Events (ECEs) (three from the following):

Histology/cytology:

- present a case with ancillary investigations to a consultant trainer

Autopsy:

- presentation to trainer or clinicians of findings in straightforward cases (e.g. bronchopneumonia, myocardial infarction, pulmonary embolus, cerebrovascular accident)

Audit:

- present at audit meeting and lead discussion, having discussed findings with trainer beforehand

Poster presentation:

- show a poster at the Pathological Society meeting or similar

Teaching event for medical students or demonstration of interesting case to other trainees:

- to be observed by trainer

Referral letter:

- write a draft letter on a case for referral

Comment: three further ECEs in stage A may be taken from outside this list.

Case-Based Discussions (CBDs) (three from the following):

Autopsy:

- write an appropriate post-mortem report with clinicopathological correlation and cause of death

Histology/non-cervical cytology:

- present a case with ancillary investigations (e.g. additional levels, blocks or immuno- or histo-chemical stains, review of previous samples) to a consultant trainer, indicating the relevance of the ancillary investigations
- write an appropriate report for a major cancer resection (with appropriate TNM staging and prognostic information)

Cytology:

- present and discuss a case of cervical dyskaryosis (including appropriate follow-up and clinical management)

Comment: three further CBDs in stage A may be taken from outside this list.



Stage B (18 in stage, 12 directed)

Directly Observed Practical Skills (DOPS) (four from the following):

Autopsy:

- performing an evisceration (not including complex case, e.g. post-operative)
- dissection of single organ/system

Cut-up:

- completion of a whole cut-up session
- macroscopic description and block taking of a major cancer resection (e.g. radical prostatectomy or hysterectomy for cancer)

Microscopy:

- demonstrate ability to recognise pathological entities (e.g. ulcerative colitis, small cell carcinoma of the lung, urothelial carcinoma *in situ*)

Cytology:

- screen a gynae cytology slide and correctly grade the degree of dyskaryosis
- demonstrate the ability to recognise simple pathological entities in non-cervical cytology samples (e.g. fibroadenoma, Warthin's tumour, non-small cell carcinoma of the lung)

Photography:

- macro or microscopic specimens

Comment: two further DOPS undertaken in stage B may be taken from outside this list.

Evaluation of Clinical Events (ECEs) (four from the following)

Histology/cytology:

- present a case with ancillary investigations to a consultant trainer

Autopsy:

- presentation to trainer or clinicians of findings (e.g. carcinomatosis, road traffic accident, gastrointestinal haemorrhage, cirrhosis)

Audit:

- present at audit meeting and lead discussion, having discussed findings with trainer beforehand

Poster presentation:



- show a poster at the Pathological Society or similar

Teaching event for medical students or demonstration of interesting case to other trainees:

- to be observed by trainer

Referral letter:

- write a draft letter on a case for referral

MDTs

- demonstrate a case that the trainee has reported at MDT or other clinicopathological meeting

Comment: two further ECEs in stage B may be taken from outside this list.

Case-Based Discussions (CBDs) (four from the following):

Autopsy:

- write an appropriate post-mortem report with clinicopathological correlation and cause of death

Histology/non-cervical cytology:

- present a case with ancillary investigations (e.g. additional levels, blocks or immuno- or histo-chemical stains, review of previous samples) to a consultant trainer, indicating the relevance of the ancillary investigations
- write an appropriate report for a major cancer resection (with appropriate TNM staging and prognostic information)

Cytology:

- present and discuss a case of cervical dyskaryosis (including appropriate follow-up, clinical management and histocytological correlation)
- present and discuss a non-cervical cytology case (with appropriate follow-up, clinical management and histocytological correlation)

Comment: two further CBDs in stage B may be taken from outside this list.

Stage C (18 in stage, 12 directed)

Directly Observed Practical Skills (DOPS) (four from the following):

Cut-up:

- supervision and training of more junior trainees undertaking cut-up, observed by trainer



- cut-up of complex case (e.g. laryngectomy, multi-organ resection for cancer, Whipple's resection)

Microscopy:

- demonstrate ability to recognise pathological entities (e.g. medical renal or liver biopsies, inflammatory skin biopsies)

Cytology:

- demonstrate the ability to recognise pathological entities in non-cervical cytology samples (e.g. high-grade lymphoma, metastatic tumours in lymph nodes, complex serous fluid samples with ancillary investigations where appropriate)

Photography:

- macro or microscopic specimens for presentation/publication

Comment: two further DOPS undertaken in stage C may be taken from outside this list.

Evaluation of Clinical Events (ECEs) (four from the following):

Histology/cytology:

- present a case with ancillary investigations to a consultant trainer

Audit:

- present at audit meeting and lead discussion, having discussed findings with trainer beforehand

Poster presentation:

- show a poster at the Pathological Society or similar

Teaching event for medical students or other trainees:

- to be observed by trainer

Referral letter:

- write a draft letter on a case for referral

MDTs

- review and present case(s) at MDT or other clinicopathological meeting

Comment: two further ECEs in stage C may be taken from outside this list.



Case-Based Discussions (CBDs) (four from the following):

Histology/non-cervical cytology:

- present a case with ancillary investigations (e.g. additional levels, blocks or immuno- or histo-chemical stains, review of previous samples) to a consultant trainer, indicating the relevance of the ancillary investigations
- write an appropriate report for a major cancer resection (with appropriate TNM staging and prognostic information)
- present and discuss a non-cervical cytology case (with appropriate follow-up, clinical management and histo-cytological correlation)

Management

- clinical incident reporting (draft formulation and discussion of report)
- involvement in business planning of a clinical development

Comment: two further CBDs in stage C may be taken from outside this list.

Stage D (12 in stage, all directed)

Evaluation of Clinical Events (ECEs) (six from the following):

Audit:

- present at audit meeting and lead discussion, having discussed findings with trainer beforehand

Poster or oral presentation:

- present a poster or supervise the composition of a poster presentation by a more junior trainee

Teaching event for medical students or other trainees:

- to be observed by trainer

Referral letter:

- initiate the referral of and write a referral letter for a complex case requiring a second opinion

MDTs

- review cases for and present a complete MDT or other clinicopathological meeting



Case-Based Discussions (CBDs) (six from the following):

Histology/non-cervical cytology:

- present a complex case to a consultant trainer, indicating the relevance of any ancillary investigations
- write an appropriate report for a complex special interest case of the trainee's choice
- present and discuss a non-cervical cytology case (with appropriate follow-up, clinical management and histo-cytological correlation)

Management

- clinical incident reporting (draft formulation and discussion of report)
- involvement in business planning of a clinical development
- participation in an appropriate departmental or other management meeting, with a demonstration of an understanding of the issues discussed therein
- demonstration of an understanding of the management and financial issues affecting the nhs outside of as well as within histopathology (e.g. in the context of an observed presentation to more junior trainees on one or more of these subjects/issues).

Subspecialist Cytopathology Training (18 in total, 12 directed)

Directly Observed Practical Skills (DOPS):

Perform an FNA using an aspiration technique (targeting may be by palpation or ultra-sound).

Perform an FNA using a non-aspiration technique.

Spread and stain a direct smear from an FNA.

Assess adequacy of a targeted aspirate from a deep lesion (mediastinal or retro-peritoneal structure).

Case-Based Discussions (CBDs):

Provide a second opinion/review on a case previously reported.

Discuss a case where morphology and ancillary studies give inconclusive results.

Discuss a case assessed in a rapid diagnosis clinic where an immediate report was not appropriate.

Discuss a case where ancillary studies were essential to the diagnosis.



Evaluation of Clinical Events (ECEs):

Present a non-cervical case at an MDT where there are discordant cytological findings.
Discuss statistical data prepared for KC61 returns.
Audit and present cytology performance in an area of specialist practice.
Explain procedure and take consent for a fine needle aspirate.

Optional packages of training

Cervical cytopathology (four in package, all directed)

Evaluation of Clinical Events (ECEs) (two from the following):

- perform a formal NHSCSP audit of a case of invasive squamous carcinoma of the cervix
- present a case at an MDT where there is non-correlation between histology and cytology
- attend an NHSCSP management meeting

Case-Based Discussions (CBDs) (at least two from the following):

- present and discuss a set of QA performance data
- write a draft failsafe letter
- present and discuss a case involving either review of previous cervical cytology slides or ancillary tests (e.g. HPV)

Higher Autopsy Training (six in package, all directed)

Directly Observed Practical Skills (DOPS) (two from the following):

- removal of spinal cord



- dissection of heart to examine and sample histologically the conduction system
- taking blood cultures
- taking peripheral blood for toxicology screen
- removal and slicing a femur
- exposure and dissection of the neck in a hanging case
- exposure of the vertebral arteries.

Evaluation of Clinical Events (ECEs) (two from the following):

- interpretation of a positive illicit drug-related death toxicology results, in conjunction with relevant histopathology
- interpretation of a complex medical multi-organ death with histology, e.g. HIV, haematopathology case
- head injury examination and interpretation.

Case-Based Discussions (CBDs) (two from the following):

- clinicopathological evaluation of a perioperative death
- clinicopathological evaluation of an alcohol-related death
- clinicopathological evaluation of a mesothelioma death, with co-morbidities (i.e. affecting compensation claims)
- mock inquest – presenting evidence
- presentation of autopsy gross and histopathology findings to a mortality review meeting with clinicians
- presentation of an autopsy in real time to visiting ambulance/police trainees coming to the mortuary.

Research methodology (six in package, all directed)

Directly Observed Practical Skills (DOPS) (two from the following):

- instruct a research technician to undertake a simple experiment, defining rationale for each step, and expected practical outcomes
- safely conduct an experiment within a laboratory



- deposit a specimen within a tissue bank and correctly document the process, showing an understanding of, and strict adherence to local and national guidelines
- give a five-minute presentation of own work

Evaluation of Clinical Events (ECEs) (two from the following):

- given a research goal within the trainees experience and understanding by a consultant trainer, the trainee should construct the outline of a research application
- chair a journal review meeting (journal club)
- conduct a health and safety review of a research laboratory
- draw up the documentation needed for an MHRA review of an analytical histopathology laboratory involved in clinical trials

Case-Based Discussions (CBDs) (two from the following):

- critically review an ethics application form
- undertake an analytical review of the methodology of a research paper
- having written a review article, justify the approach and conclusions to a consultant trainer

Extact from the [Histopathology Curriculum \(2010\)](#), Appendix 6

**The Royal College of Pathologists
Assessment Department
March 2018**

assessment@rcpath.org

