The Royal College of Pathologists
Pathology: the science behind the cure

JCPT

Joint Committee on Pathology Training

A Competency Based Framework for Graded Responsibility for Specialist Registrars and Specialty Trainees in Histopathology and Cytopathology (Arranged by Organ System)

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The Royal College of Pathologists

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Introduction

The gradual assumption of increasing levels of responsibility for ones own work is an essential feature of postgraduate medical education. Without it, a Specialist Registrars (SpR) and Specialty Registrars (StR) would be ill-prepared for consultant practice.

Many current consultant histopathologists were permitted to report certain specimens without supervision whilst training but in recent years, there has been a trend to increasing levels of supervision. This has led to the anomalous situation where a patient could undergo an appendectomy by an unsupervised surgical SpR or StR having been anaesthetised by an unsupervised anaesthetics SpR or StR but the inflamed appendix could not be reported by an unsupervised histopathology SpR or StR.

In the past, trainees were permitted to report unsupervised in a rather piecemeal way. This resulted in uncertainty on the part of trainees and consultants as to what could or could not be done. The proposed system of a competency based framework gives clear guidance to trainees what they may or may not do and allows them to take responsibility as certain competencies are achieved. This is entirely in keeping with the ethos of a competency based curriculum. The documents can be incorporated into trainees' portfolios in order to demonstrate specific achievements during training.

In this document competencies are presented by organ system and expressed in terms of levels of competence. These levels may broadly equate to year 1, year 2 etc of specialty training. However, they take into account the fact that specific competencies may be achieved at different times by different SpRs and they are not, therefore, specifically linked to the year in grade.

It is up to trainees and consultants to discuss the appropriate stage at which to be signed off for a particular specimen type. The signing off takes place after discussion and trainees should remember that they are under no pressure to report specimens unsupervised and that they should retain a low threshold for seeking consultant advice.

In cytopathology, the four levels of reporting proposed may broadly relate to the stage of training, but are formally determined by assessments of competence linked to informal day to day assessment and continuous monitoring of the trainee's opinion against the final report issued.

The training programme organiser or nominated deputy and an external assessor from another training programme will conduct the assessments of competence. Both the assessors shall be a specialist cytopathologist or a consultant histopathologist with a major interest in cytology.

On training rotations in which cytology is incorporated with surgical pathology and autopsies it may be appropriate for the assessments of competence to be conducted towards the end of each year of training. Alternatively on rotations employing a block system of training in cytology it may be more appropriate for the formal assessments of competence to be undertaken at the end of the cytology block appointments.

1. Gastrointestinal Pathology

	Authorised Date/Signature
Level 1	
Appendix	
• Normal	• .....
• Acute appendicitis	• .....
• Enterobius infestation	• .....
(Excluding granulomatous appendicitis, serosal inflammation without mucosal inflammation, tumours)	
Gallbladder	
• Normal	• .....
• Chronic/acute cholecystitis	• .....
• Cholelithiasis	• .....
Level 2	
• As for Level 1 + normal mucosal biopsies	• .....
• Haemorrhoids	• .....
Level 3	
As for Levels 1 and 2 +	
Oesophageal biopsies	
• Acute/chronic inflammation (Excluding cases of immunocompromise and Barrett's oesophagus)	• .....
Gastric biopsies	
• Bacterial/non-bacterial gastritis (Excluding eosinophilic or granulomatous gastritis)	• .....
• Intestinal metaplasia	• .....
• Fundic glandular cysts or granulomatous duodenitis)	• .....
Partial and subtotal villous atrophy (Excluding cases of immunocompromise)	• .....
Colonic biopsies	
• Metaplastic polyps	• .....
• Adenomas	• .....
• Anal skin tags (non-viral/AIN)	• .....
Colonic/ileal resections	.....
• Diverticular disease	• .....
• Acute ischaemia/infarction	• .....
• Sigmoid volvulus	• .....
• Colostomy/ileostomy closure	• .....
• Meckel's diverticulum	• .....

Liver biopsies • "Surgical" liver biopsies metastatic tumour – where the biopsy shows normal/minimal inflammation/fatty change only with no tumour	• .....
Level 4 As for Levels 1-3 + Oesophageal biopsies • Barrett's oesophagus (excluding dysplasia) Colonic biopsies • Confirmation of IBD in patients with known history (Excluding dysplasia) • Oesophagectomy for cancer – according to protocol • Gastrectomy for cancer – according to protocol Colectomy • for cancer – according to protocol • for known inflammatory bowel disease **Specific Exceptions** All primary diagnoses of malignancy are to be reported only under supervision	 • ..... • ..... • ..... • ..... • ..... • .....

2. Gynaecological Pathology

	Authorised Date/Signature
Level 1 • Normal fallopian tube	• .....
Level 2 As for Level 1 + • Benign cervical polyps • Benign endometrial polyp • TAH BSO – no abnormalities • TAH BSO – fibroids • Retained products of conception • Termination of pregnancy • Normal post menopausal (greater than 4-5 years) • Uterus, cervix and vagina for prolapse	 • ..... • ..... • ..... • ..... • ..... • ..... • ..... • .....
Level 3 As for Levels 1 and 2 + • Normal proliferative secretory or menstrual endometrium • Lichen planus • Lichen sclerosus • Vulval skin tags • Vulva naevi	 • ..... • ..... • ..... • ..... • .....
Level 4 As for Levels 1, 2 and 3 + • VIN • Resections for previously diagnosed vulval carcinoma • VAGIN • Resections for previously diagnosed vaginal carcinoma • CIN • Resection for previously diagnosed cervical carcinoma • Functional ovarian cysts	 • ..... • ..... • ..... • ..... • ..... • ..... • .....

	Authorised Date/Signature
Level 4 (cont'd) • Endometrial hyperplasia (all types) **Specific Exceptions** The following diagnoses have important implications for treatment and must be diagnosed in conjunction with consultant opinion:- Ovarian epithelial neoplasia Ovarian sex cord tumours Ovarian germ cell tumours First diagnosis of vulval, squamous or endometrial invasive neoplasia Fallopian tube neoplasia Trophoblastic neoplasia	• .....

3. Skin and Soft Tissue Pathology

	Authorised Date/Signature
Level 1 • Sebaceous cyst • Fibro-epithelial polyp	 • ..... • .....
Level 2 As for Level 1+ • Intradermal naevus • Pilonidal sinus • Molluscum contagiosum • Dermatofibroma • Leiomyoma • Haemangioma/AV malformation • Squamous papilloma • Seborrhoeic keratosis • Lipoma/angiolipoma	 • ..... • ..... • ..... • ..... • ..... • ..... • ..... • ..... • .....
Level 3 As for Level 2+ • Schwannoma • Neurofibroma • Glomus tumour • Nodular synovitis	 • ..... • ..... • ..... • ..... •
Level 4 As for Levels 1-3+ • Keratoacanthoma • Solar keratosis • Bowen's • Junctional/compound/blue naevus • Chondroma • Osteoma **Specific Exceptions** For MDT purposes, the following should all be seen under consultant supervision :- Melanomas and atypical melanocytic lesions Squamous and basal cell carcinomas Mycosis fungoides and suspected mycosis All other malignant diagnoses	 • ..... • ..... • ..... • ..... • ..... • .....

4. Head and Neck Pathology

	Authorised Date/Signature
Level 1	
Oral cavity	
• Normal – minimal inflammation	• .....
• Fibro-epithelial polyp	• .....
Nasal cavity	
• Simple allergic polyp	• .....
Level 2	
As for Level 1+	
Oral cavity	
• Non-specific ulceration	• .....
• Mucocoele	• .....
• Keratosis, no dysplasia	• .....
• Apical cyst (jaw)	• .....
Larynx	
• Simple polyp	• .....
• Inflammation	• .....
Salivary gland	
• Chronic sialadenitis	• .....
Temporal artery	
• Normal/no evidence of arteritis	• .....
Level 3	
As for Level 1 and 2+	
Oral cavity	
• Gingivitis/hyperplasia	• .....
• Pemphigoid	• .....
• Candidosis	• .....
• Dentigerous cyst (jaw)	• .....
• Lichen planus	• .....
Tonsil	
• Normal/inflammation	• .....

Level 3 (cont'd) Nasal cavity • Inverted nasal papilloma • Pyogenic granuloma • Non-specific inflammation/nasal septal perforation Larynx • Squamous papilloma Nasopharynx • Normal/inflammation Salivary gland • Warthin's tumour • Pleomorphic adenoma Thyroid gland • Colloid goitre/cyst Temporal artery • Typical arteritis	 • ..... • ..... • ..... • ..... • ..... • ..... • ..... • ..... • .....
Level 4 As Level 3+ Oral cavity • Granular cell tumour • Giant cell granuloma Major Resections (according to protocol) • Larynx • Neck Dissection **Specific Exceptions** All primary diagnoses of malignancy are to be reported only under supervision	 • ..... • ..... • ..... • .....

5. Breast

	Authorised Date/Signature
Levels 1 and 2 There are no Level 1 or 2 competencies	
Level 3 • Breast reduction • Gynaecomastia	• ..... • .....

6. Respiratory

	Authorised Date/Signature
Levels 1 and 2 There are no Level 1 or 2 competencies	
Level 3 • Volume reduction • Bullectomy and pleurectomy for pneumthorax	• ..... • .....
Level 4 As above plus • Empyema decortication (no suspicion of malignancy)	• .....

7. Male Genital and Urinary Tract

	Authorised Date/Signature
Level 1 • Vas deferens normal	
Level 2 As for Level 1+ • Prepuce – routine circumcision, inflammation/BXO • Scrotum – inflammation, hydrocoele • Nephrectomy – PCK • Testis – inflammation/infarction	 • ..... • ..... • ..... • .....
Level 3 As for Levels 1 and 2+ • Nephrectomy – calculus/obstruction • Bladder bx – inflammation • Prostate – BPH • Testis - maldescent	 • ..... • ..... • ..... • .....
Specific Exceptions All first diagnoses of malignancy to be made only under consultant supervision	

8. Non-Gynaecological Cytology

	Authorised Date/Signature
Level 1 There are no Level 1 competencies	
Level 2 • Urine which has been pre-screened • Sputum which has been pre-screened • Bronchial washings which have been pre-screened	 • ..... • ..... • .....
Level 3 As for Level 2 + • Negative serous and joint fluids • Negative ovarian cyst fluid • Category C1 and C2 breast FNA • Benign FNA from other sites provided that this opinion does not differ from the clinical or radiological opinion as stated on the request form • FNA all sites – acellular or inadequate	 • ..... • ..... • ..... • ..... • .....
Level 4 As for Level 3 + • Category C5 breast FNA • Malignant FNAs from other sites • Malignant serous fluids • Positive joint fluid	 • ..... • ..... • ..... • .....

9. Gynaecological Cytology

	Authorised Date/Signature
Level 1 There are no Level 1 competencies	
Level 2 • Negative smear where there is agreement with the primary screener and checker opinion • Negative smear with specific infection where there is agreement with the primary screener and checker opinion • Severe dyskaryosis where there is agreement with the checker opinion	• ..... • ..... • .....
Level 3 As for Level 2 + • Inadequate smear • Borderline smear where there is agreement with the primary screener and checker opinion • Mild dyskaryosis where there is agreement with the primary screener and checker opinion • Moderate dyskaryosis where there is agreement with the primary screener and checker opinion	• ..... • ..... • ..... • .....
Level 4 As for Level 3 + • Mild dyskaryosis where the trainees grade differs from the checker or screener but will not alter clinical management • Moderate dyskaryosis where the trainees grade differs from the checker or screener but will not alter clinical management • Severe dyskaryosis where the trainees grade differs from the checker or screener but will not alter clinical management • ? Invasive squamous carcinoma • ? Glandular neoplasia	• ..... • ..... • ..... • ..... • .....

Assessment of Competence in Cytopathology

Level 2

When trainees have examined and reported under supervision a minimum of 500 cervical cytology specimens and 200 non-gynaecological cytology specimens they should undertake the Level 2 Assessment of Competence.
This will consist of 10 gynaecological and 10 non-gynaecological cytology specimens, to be reported under normal laboratory conditions in three hours. For each specimen trainees will be asked if they would be happy to independently report the specimen and if so what form the report would take, or alternatively if it were a specimen on which they would prefer to have a consultant opinion before reporting. The case selection will reflect the specimen categories that can be independently reported at Level 2 and should be drawn from the routine laboratory workload supplemented if necessary by departmental teaching collections and training sets.

Trainees should correctly assess 100% of the cases in the Level 2 Assessment of Competence before they are permitted to independently report the types of specimen described in Level 2. If they do not achieve this level of competence, they should undertake a further period of supervised reporting and be reassessed.

This principle of assessment of competence before proceeding to the next level of unsupervised reporting will apply throughout higher specialist training in cytology.

Level 3

When trainees have reported under supervision a further 250 cervical cytology specimens and 150 non-gynaecological specimens they should undertake the Level 3 Assessment of Competence. This will consist of 10 gynaecological and 10 non-gynaecological cytology specimens, to be reported under normal laboratory conditions in three hours. For each specimen trainees will be asked if they would be happy to independently report the specimen and if so what form the report would take, or alternatively if it were a specimen on which they would prefer to have a consultant opinion before reporting. The case selection will reflect the suggested specimen categories that can be independently reported at Level 3 and should be drawn from the routine laboratory workload supplemented if necessary by departmental teaching collections and training sets.

Trainees should correctly assess 100% of the cases in the Level 3 Assessment of Competence before they are permitted to independently report the types of specimen described in Level 3. If they do not achieve this level of competence, they should undertake a further period of supervised reporting and be reassessed.

Level 4

When trainees have reported under supervision a further 250 cervical cytology specimens and 150 non-gynaecological specimens they should undertake the Level 4 Assessment of Competence. This will consist of 10 gynaecological and 10 non-gynaecological cytology specimens, to be reported under normal laboratory conditions in three hours. For each specimen trainees will be asked if they would be happy to independently report the specimen and if so what form the report would take, or alternatively if it were a specimen on which they would prefer to have a consultant opinion before reporting. The case selection will reflect the suggested specimen categories that can be independently reported at Level 4 and should be drawn from the routine laboratory workload supplemented if necessary by departmental teaching collections and training sets.

Trainees should correctly assess 100% of the cases in the Level 3 Assessment of Competence before they are permitted to independently report the types of specimen described in level 3. If they do not achieve this level of competence, they should undertake a further period of supervised reporting and be reassessed.