This curriculum of training in Histopathology was developed in 2010 and undergoes an annual review by Dr Mary Toner, National Specialty Director, Dr Ann O’Shaughnessy, Head of Education, Innovation & Research and by the Histopathology Training Committee. The curriculum is approved by the Faculty of Pathology.

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Introduction
Overview of Curriculum

This curriculum outlines The Royal College of Physicians of Ireland’s approach to accreditation and certification of Basic Specialist Training (BST) in Histopathology. The BST programme follows the educational principles of a ‘spiral curriculum’. Learning builds on previous experiences and is linked to future skills obtained in Higher Specialist Training (HST).

The curriculum is laid out in four sections:

The first section covers the rules and policies governing the BST Programme. Trainees should note these policies carefully, especially ones regarding leave and how to apply for a certificate of completion.

The second section, Teaching, Learning and Assessment Methods, describes the different methods of assessing trainees’ progress through the BST programme. It is important that trainees understand the role of the BST ePortfolio and are familiar with the methods of assessment they will encounter on the BST programme.

The third section lists the generic skills (e.g. communication skills) that are applicable to trainees on BST programmes in every specialty.

The fourth section is specialty-specific and lists the knowledge and skills that should be acquired while in each specialty/subspecialty, as well as their relevant assessment and learning methods.

Trainees will be assessed in the workplace at intervals throughout the BST programme. These assessments must be recorded in the ePortfolio. Trainees are also required to attend an annual review in RCPI, at which their ePortfolio is reviewed and they are given the opportunity to provide feedback on their rotation.

The BST ePortfolio should be kept up to date throughout the year. It is designed to record progress through the programme, in particular whether trainees have satisfactorily completed all requirements for training.

While this document sets out the curriculum for BST and lists the core knowledge, skills and attitudes required at the end of the BST Programme, this list is not exclusive and there will be many opportunities within the programme for trainees to acquire additional knowledge and skills over and above the core content defined here.

At the end of the second year, trainees should be competent to start a programme of further specialist training.

Dr Mary Toner, National Specialty Director (Histopathology), Basic Specialist Training
Basic Specialist Training: Requirements and Policies

Overview of Basic Specialist Training in Histopathology

BST consists of two years of training in approved Senior House Officer posts. Senior House Officer (SHO) grade is the initial training grade after Internship, and for most doctors the minimum period spent in this grade will be two years.

BST in Histopathology is regulated and certified by the Faculty of Pathology and RCPI and completion of this period of training has been a mandatory requirement for entry into most, but not all, RCPI-accredited Higher Specialist Training Programmes (Specialist Registrar training) since 1999.

BST must be done in posts that have been approved for training by RCPI.

Besides the acquisition of specific clinical skills and competencies, it is emphasised that personal development - including leadership and team working, communication and presentation skills, basic management and audit are important core components of BST and all other phases of training.

Important rules and procedures relating to the BST programme are listed below.

Requirements for Basic Specialist Training in Histopathology

To be eligible for a BST Certificate of Completion in Histopathology trainees are required to:

Register on the BST programme. Entry to the programme is in July on an annual basis, unless otherwise agreed with the relevant programme director and the National Speciality Director of BST.

Complete 24 months of training in SHO posts that have been approved for BST.

Complete the following mandatory courses:
- Ethics for Histopathology
- BST Leadership in Clinical Practice
- Infection Control (Can be part of hospital induction day – proof of attendance required)
- Introduction to laboratory management (in house)

Maintain an up-to-date and correctly completed BST ePortfolio as evidence of satisfactory completion of training.

Attend and demonstrate completion of programme requirements at annual reviews / aptitude assessments in the College.
Entry Requirements

To be eligible for entry to Basic Specialist Training,
You must have completed your internship by July of the entry year.
You must be eligible for inclusion on the Trainee Specialist Division of the Medical Council’s register at the time you apply.
You must have proof of competency in the English language in line with HSE Specifications.

Basic Specialist Training Agreement

Trainees are required to sign a Basic Specialist Training Agreement prior to entering the BST programme, in which they must formally agree to:

- Fully cooperate in all aspects of the BST programme
- Uphold their commitment to all allocated posts in the structured rotation programme
- Fulfil their clinical service requirements and work cooperatively with all members of the service team
- Follow the curriculum and logbook requirements, complete the mandatory courses and attend assessments as required
- Undertake additional training or assessment if required to do so by RCPI
- Fully commit to and utilise available work time for the BST programme
- Attend to requests/correspondence from RCPI in a timely manner
- Act professional at all times in their dealings with RCPI.

Training Environment

Training posts require the approval of RCPI. Regular inspection of all posts by RCPI via hospital inspections is the basis for monitoring the training content of these posts. Additional monitoring data may derive from questionnaires sent to post-holders. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

Aims

Professionalism: According to the Medical Council (Guide to Professional Conduct and Ethics for Registered Medical Practitioners) medical professionalism is a core element of being a good doctor. Good medical practice is based on a relationship of trust between profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour. It involves partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability. In addition to maintaining clinical competence, a doctor should also:

- Show integrity, compassion and concern for others in day-to-day practice
- Develop and maintain a sensitive and understanding attitude with patients
- Exercise good judgement and communicate sound clinical advice to patients
- Search for the best evidence to guide professional practice
- Be committed to continuous improvement and excellence in the provision of health care whether working alone or as part of a team
Point of Entry to the Programme and Completion Dates

Point of entry: Entrance onto the BST Programme is once a year, in July.

Completion Date: In the majority of cases, a trainee’s point of entry to the BST programme will determine their expected completion date. The expected BST completion date is two years following entry to the programme.

Completion dates may change under the following circumstances:

If a trainee took special leave in excess of 4 weeks in a post, and is required to complete a further period of training

If a trainee has not reached the required standard and is required to undertake additional training

If a trainee has not fulfilled the curriculum requirements for BST certification and is required to undertake additional training or attend outstanding mandatory courses.

Leave

Study leave and annual leave do not affect BST completion dates.

Special Leave (Other than study and annual leave):

Examples of special leave: Sick leave, maternity leave, compassionate leave, Force Majeure Leave

As the BST programme consists of two years of intensive, supervised clinical training, any significant period of leave (i.e. greater than 4 weeks) taken over the course of the programme has the potential to affect the trainee’s opportunities to acquire the core skills and knowledge required for satisfactory completion of the programme.

In cases where additional leave (including maternity leave) is agreed by the trainee’s employer, the following conditions apply to all trainees:

≤ 4 weeks over two years: If a trainee takes special leave totalling 4 weeks or less over two years, his/her BST completion date is not affected.

4 weeks over two years: Any leave of greater than 4 weeks must be made up in blocks of six months’ extra training.

≤ 7 months: 6 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 4 weeks and less than or equal to 7 months over two years.

7 months: 12 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 7 months and less than or equal to 13 months over two years.

13 months: 18 months of training in approved posts must be completed in order to meet the requirements for BST certification.

If an extra 6, 12 or 18 months is required: In cases where, due to leave in excess of 4 weeks, a trainee is required to complete a further period of training, the College will help to place the trainee in (a) suitable, approved training post(s).

The post(s) will be approved for BST in the trainee’s specialty and will be counted towards the clinical training required for certification. However, please note the following:
RCPI cannot guarantee a post(s) in the trainee’s current hospital or region. The trainee may need to wait until a suitable post becomes available.
Completion of BST: Four-Year Rule

Trainees must complete BST within a four-year period. If a trainee’s expected completion date is changed to a date greater than four years after their start date, they will be required to undertake the full two-year programme again from the beginning.

Withdrawal from Programme

Informing the College: If a trainee wishes to leave the programme before their expected BST completion date, they must notify the BST office in writing at least 4 weeks before they wish to leave their current post. Emailed notifications will be accepted. The trainee is not required to outline his/her reasons for leaving the programme, however providing an explanation will assist future planning and development.

Informing the employer: Notice of resignation by the trainee as an employee of his/her hospital must be given in accordance with the provisions of their contract of employment.

Leave of absence: If a trainee wishes to take leave of absence, retain credit and return to the BST programme, this must be agreed with the relevant hospital(s) and the BST office. The trainee should seek prospective approval of their leave of absence at least 4 weeks in advance. Approval will be agreed on a case by case basis and credit may not be retained in all cases.

Supervising Consultants

Every BST post has at least one named Lead Trainer, whose duties include:

Meeting with the trainee in their first week in the post and agreeing the trainee’s Personal Goals Plan
Appraising the trainee’s progress at regular intervals during the post
Completing the Supervising Consultant Appraisal in the ePortfolio at the end of the post
Supporting the trainee, both personally and in respect of obtaining career advice, although others may be involved in this

BST ePortfolio

Trainees are required to keep a BST ePortfolio as a record of their progress through BST and to ensure that their training is valid and appropriate.

The BST ePortfolio should be kept up to date throughout the year. It is designed to record progress through the programme, in particular whether trainees have satisfactorily completed all requirements for training.

The BST ePortfolio is evidence of satisfactory completion of training and is therefore required for the issue of a BST Certificate of Completion.

The ePortfolio contains all relevant forms for recording information about each aspect of BST.

The FRCPath Examination

The Faculty of Pathology recommends that candidates attempt the Part 1 FRCPath examination following completion of the BST programme.
Assessment of Aptitude for the Specialty

On completion of Basic Specialist Training in Histopathology, the trainee should be fully confident in their choice of a career in this specialty, or one of the subspecialties, and the Supervising Consultant should be confident that the trainee can become capable of independent practice at SpR level (and ultimately become eligible for appointment at Consultant level).

Towards the end of the first year there will be an annual assessment for all trainees. This assessment is used to review progress to date in relation to meeting curriculum learning objectives. This will involve a meeting in the College with National and Regional Specialty Advisors and will include a review of the logbook and of assessments by trainers.

During the second year the annual assessment will be an aptitude assessment. This is an opportunity to advise and counsel trainees who may not have an aptitude for this specialty before they have committed too much time to histopathology training. The aptitude assessment will usually take place before the interviews for entry to the SpR programme (usually held in late November/December).

General
The annual assessment is used to review the progress to date of all trainees in relation to meeting their curriculum learning objectives.

The assessment of aptitude is an opportunity to advise and counsel trainees who may not have an aptitude for this specialty before they have committed too much time to Histopathology training.

Format of Aptitude Assessment
After discussion with all consultants who have worked with the trainee, the trainee’s Educational Supervisor will fill out an Aptitude Assessment Form indicating for each attribute whether performance was satisfactory or gave cause for concern. The Educational Supervisor will then ask the programme director to set up a meeting with an external assessor. Where possible, all the SHOs on a rotation programme will be assessed on the same date.

External Assessor
The external assessor may be another programme director, a Specialty adviser or an Educational Supervisor from another rotation programme. Before the meeting, the external assessor will be provided with the completed Aptitude Assessment Forms for each of the trainees.

Outcome
After the assessment meeting, the external assessor will discuss the findings with the programme director and make a joint decision on the outcome. This will be communicated in writing to the trainee and their Educational Supervisor, and will include an outline of any areas requiring improvement to trainees whose overall result is satisfactory, or the reasons for the decision in the case of trainees found not to have adequate aptitude for the specialty. The trainee can discuss any mitigating circumstances for poor performance at the first assessment with their Educational Supervisor and request a second assessment if appropriate.
Certificate of Completion

Trainees must submit an application for a certificate of completion when all requirements have been met. To apply for this certificate, trainees are required to:

Ensure all minimum requirements of ePortfolio have been met.
Form 092 - End of Post Assessment Form should be signed by each relevant trainer.
Copies of all completed mandatory course certificates should be uploaded to the Personal Library section of ePortfolio.

Applicants will be issued with a formal certificate of completion once all application requirements are complete.

Provisional approval

Trainees who are in their second year of BST and who wish to apply to Higher Specialist Training are required to submit a letter of provisional approval of BST, which confirms that the trainee will complete BST before the start date for SpR posts. Trainees in this position are advised to apply for provisional approval well in advance of the closing date for Higher Specialist Training applications, due to the large volume of applications received every year.

Applicants should note that provisional approval alone does not count as an application for a Certificate of Completion; only applications with a full set of supporting documents will be considered for formal approval. A letter of provisional approval will only stand for a period of six months after a trainees' completion date.
Generic Components
This chapter covers the generic components which are relevant to BST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty. As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all BST trainees with differing application levels in practice.
**Good Professional Practice**

**Objective:** Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

**Medical Council Domains of Good Professional Practice:** Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

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**KNOWLEDGE**

**Effective Communication**
- How to listen to patients and colleagues
- The principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

**Ethics**
- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information in accordance with data protection legislation and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

**Honesty, openness and transparency (mistakes and near misses)**
- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

**Raising concerns about patient safety**
- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- Knowledge and understanding of Reason’s Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work
SKILLS

- Effective communication with patients, families and 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 for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- 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

ASSESSMENT & LEARNING METHODS

- Feedback in the workplace and at evaluation of progress
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor’s reports on observed performance (in the workplace): prioritisation of patient safety in practice
- RCPI BST Leadership in Clinical Practice
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- MRCPI Examination
Infection Control

Objective: To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Management (including Self-Management).

KNOWLEDGE

Within a consultation
- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available, including the 5 Moments for Hand Hygiene guidelines
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent Clostridium difficile
- Knowledge and understanding of the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, Clostridium difficile
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure and adhering to guidelines for minimising infection in such cases

In surgery or during an invasive procedure
- Comply with the guidelines for needle stick injury prevention and management

During an outbreak
- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary

SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and 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
  - Enlisting / requiring patients’ involvement in solving their health problems, providing information and education
  - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community
- A non-judgemental approach to patients with infectious diseases
- Effectively uses health education for disease prevention and infection control
ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Completion of infection control induction in the workplace
- Personal Protective Equipment Training Course (In hospital)
- MRCPI Examination
Self-Care and Maintaining Well-Being

Objectives:
- To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
- To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

**KNOWLEDGE**

- Self-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Self-awareness of attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-malfeasance and justice
- Recognise own feelings in straightforward and complex patient-doctor interactions
- Recognising the symptoms of stress and burn out

**SKILLS**

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- 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 patient’s problem
- 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

**ASSESSMENT & LEARNING METHODS**

- On-going supervision
- RCPI BST Leadership in Clinical Practice course
Communication in Clinical and Professional Setting

Objective: To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: Relating to Patients; Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management
- Communicate the importance of essential information

Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team
- How to provide a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

Maintaining continuity of care

- Understanding the relevance of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure
- When and how to communicate urgently with a GP by telephone
- How to write a competent discharge summary, a competent letter for outpatients after referral from a general practitioner

Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure and retain attention avoiding distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
• Knowledge of the risks of information overload
• Tailoring the communication of information to the level of understanding of the recipient
• Strategies to achieve the level of understanding necessary to gain co-operation and partnership; compliance, informed choice, acceptance of opinion, advice, recommendation

Responding to complaints

• Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, and assistance available
• The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
• Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

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 including formal presentations and bedside summary
• 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
• Accepting responsibility, involving others, and consulting appropriately
• Obtaining informed consent
• Discussing informed consent
• Giving and receiving feedback

ASSESSMENT & LEARNING METHODS

• RCPI Leadership in Clinical Practice
• Consultant feedback
• Workplace based assessment e.g. Mini-CEX, DOPS, CBD
• Presentations
• MRCPI Examinations
Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOLEDGE

Personal qualities of leaders
- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others
- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working in a complex service
- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
  - Role of governance
  - Clinical directors
- Understand the need for managing resources

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Understanding the social and governmental aspects of health care provision
- Understanding the cost-effectiveness of individual forms of care

Demonstrating personal qualities
- 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

ASSESSMENT & LEARNING METHODS

- RCPI BST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Involvement in hospital committees
Quality Improvement

**Objective:** To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

**KNOWLEDGE**

**Personal qualities of leaders**
- The importance of prioritising the patient and patient safety in all clinical activities and interactions

**Managing services**
- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

**Improving services**
- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

**Setting direction**
- Knowledge of the wider healthcare system direction and how that may impact local organisations

**SKILLS**
- Improvement approach to all problems or issues
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Supporting a culture of improvement and innovation

**Demonstrating personal qualities**
- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

**ASSESSMENT & LEARNING METHODS**
- RCPI BST Leadership in Clinical Practice
Management

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: Management.

**KNOWLEDGE**

Health service structure, management and organisation
- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Knowledge of resources providing updates, literature reviews and digests
- Embrace principles of clinical governance

Maintaining medical knowledge with a view to delivering effective clinical care
- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care
- Knowledge of sources providing updates, literature reviews and digests

Personal effectiveness
- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team
- Have a flexible approach
- Be aware of the needs of others

**SKILLS**

- Managing risks
- Managing time
- Managing interpersonal relationships

**ASSESSMENT & LEARNING METHODS**

- RCPI BST Leadership in Clinical Practice
- Consultant feedback on management and leadership skills
Scholarship

Objective: To develop skills in personal/professional development, teaching, educational supervision and research

Medical Council Domains of Good Professional Practice: Scholarship

**KNOWLEDGE**

Application of clinical governance
- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols
- Risk management
- Systems, procedures for identifying (clinical) risk; correct procedures and action when things go wrong; how to handle complaints, when to seek help
- Employer’s procedures and policy for accidents
- Potential complications or side effects of treatments, procedures and investigations; importance of accurate, recent information and available records
- Openly discuss mistakes
- Able to learn from previous experience, from complaints received, errors.
- Be honest in recognising misjudgements

Lifelong learning
- Understand the role of appraisal, assessment methods available, and their application
- Identify source, resources, opportunities for self-directed and group learning including IT
- Recognise and makes effective use of learning opportunities, maximise the potential for personal study, plans personal development
- Self motivated, inquisitive, eager to learn

**SKILLS**

- Practice evidence based medicine
- Appropriately use technology and other sources of information
- Logical use guidelines, texts, reference literature and related sources
- Critically evaluate research papers
- Seek education opportunities and monitor own performance in order to continuously update and refresh knowledge and skills
- Basic research and audit skills
- Bed-side undergraduate and intern teaching

**ASSESSMENT & LEARNING METHODS**

- Health Research (online) – Optional
- BST Leadership in Clinical Practice
- Record of attendance at in-house training, grand rounds and academic meetings
Standards of Care

**Objective:** To be able to consistently and effectively assess and treat patients’ problems

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.

**KNOWLEDGE**

**Diagnosing Patients**
- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

**Investigation, indications, risks, cost-effectiveness**
- The pathophysiological basis of the investigation
- Understand the clinical significance of references ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

**Treatment and management of disease**
- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient’s needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

**Disease prevention and health education**
- Screening for disease: methods, advantages and limitations
- Health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- Disease notification; methods of collection and sources of data

**Notes, records, correspondence**
- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

**Prioritising, resourcing and decision taking**
- How to prioritise demands, respond to patients’ needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude
Handover

- Know what are the essential requirements to run an effective handover meeting
  - Sufficient and accurate patients information
  - Adequate time
  - Clear roles and leadership
  - Adequate IT
- Know how to prioritise patient safety
  - Identify most clinically unstable patients
  - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
  - Proper identification of tasks and follow-ups required
  - Contingency plans in place
- Know how to focus the team on actions
  - Tasks are prioritised
  - Plans for further care are put in place
  - Unstable patients are reviewed

Relevance of professional bodies

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, 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
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- 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
- Ability to advise on and promote lifestyle change
- Involve patients’ in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- 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
### ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Medical Council Guide to Professional Conduct and Ethics
- Ethics, safe prescribing and blood transfusion course
- MRCPI Examination
Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

Objectives: To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

**KNOWLEDGE**

Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

Managing the deteriorating patient

- How to categorise a patients’ severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care
### SKILLS

- BLS/ACLS
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient’s permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients’/relatives’ needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients’ severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

### ASSESSMENT & LEARNING METHODS

- ACLS course
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback
- MRCPI Examination
Therapeutics and Safe Prescribing

Objective: To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

**KNOWLEDGE**

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient’s fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Know the difference between an early and late drug allergy, and drug side-effects
- The management of constipation in adult patients receiving palliative care

**SKILLS**

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients’ long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Take and record an accurate drug allergy history and history of previous side effects
ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)
- Ethics, safe prescribing and blood transfusion course
General Overview
This section covers material with which all SHOs in Histopathology should be familiar. It is set out in subject areas, in which individual topics are covered, followed by practical skills.

The college recognises that not all trainees will have exposure to all topics during BST and the following are guidelines only. BST will include supervised experience in all three main aspects of this specialty: diagnostic histopathology, cytopathology and autopsies. The exact rotational arrangements will depend on the size of the training department and number of trainees.
General Laboratory Topics

Objectives: To demonstrate the knowledge and skills required for working in a laboratory setting under supervision.

**KNOWLEDGE**

- Health and safety aspects of working in a histopathology laboratory and post mortem environment
  - Transmission and protection e.g. HIV, Hepatitis, TB
  - Vaccination
- Formalin fixation, tissue processing, sectioning and staining
- Workflow within the histopathology laboratory
- Principles of histochemical and immunohistochemical staining
- The laboratory information system
- Departmental protocols for the handling of specimens including identification, documentation, entering patient data onto computer and measures to prevent specimen mix-ups
- Principles of light microscopy
- Principles of Quality Assurance / Quality Improvement in histopathology, causes and types of error, clinical audit
- Role of the multidisciplinary team (MDT) meeting

**SKILLS**

- Familiarisation with basic health and safety aspects of working in a laboratory and post mortem room environment
- Familiarisation with workflow within a laboratory including laboratory information systems
- Use of departmental protocols for the handling of specimens including patient identification, documentation, entering patient data on to computer and measures to prevent specimen mix-ups
- Handling of high risk specimens (e.g. Hepatitis, HIV, TB, etc.)
- Attendance at MDT meetings

**ASSESSMENT & LEARNING METHODS**

- Course: Introduction to laboratory management (in-house)
- Log book reporting of number and range of specimens handled
- Regular assessment with Lead Trainer
Surgical Pathology

Objectives: To understand the knowledge and skills of laboratory procedures associated with surgical pathology and to perform them under supervision.

KNOWLEDGE

- The principles of specimen dissection, macroscopic description and block selection in neoplastic and non-neoplastic disease (the cut-up)
- The use of standardised protocols and templates for specimen dissection
- Supervised reporting of surgical and biopsy specimens, starting with small numbers of simple cases and working up to more complex ones across the range of types of specimen submitted to the department.
- The principles of the use of histochemical and immunohistochemical stains
- Practice in writing surgical pathology reports, including advice on their content and composition
- Advantage and disadvantage of cytological investigation compared to a histopathological investigation
- Principles of formalin fixation, tissue processing, sectioning and staining.
- Writing and interpreting histopathology reports
- The role of the histopathologist in multidisciplinary team meetings
- Macroscopic examination of specimens:
  - Taking appropriate sections for microscopic examination
  - Writing macroscopic reports including a description of dimensions, its appearance (colour, consistency etc.)
- Microscopic examination
  - Performance of microscopic sampling of surgical and biopsy specimens - supervised performance of cut-ups
  - Sampling of dermatopathology, gastrointestinal and liver, gynaecological and urological, renal, breast, cardiorespiratory, lymph nodes, endocrine, ENT, oral, orthopaedic and soft tissue tumours
- Tumour staging and related prognostic factors
- Principles and utility of minimum datasets
- Frozen section examination
- Immunohistochemistry
- Electron microscopy
- Knowledge of molecular techniques and role of such techniques
SKILLS

- Describe and measure a gross specimen accurately and accurately ink or otherwise mark resection margins
- Supervised performance of cut-ups
- Handle different types of specimen appropriately according to the degree of clinical urgency
- Use of macroscopic and microscopic templates
- Recognise the difference between histologically normal and abnormal tissues
- Accurately describe microscopic appearances and discriminate the important from the unimportant
- Recognise indications for requests for special processing, e.g. decalcification, frozen sections, immunohistochemistry, rapid processing, electron microscopy, etc, for appropriate types of specimen
- Recognise common pathological conditions, e.g. common tumors and inflammatory processes
- Use a suitable diagnostic approach to more difficult cases
- Write a clinically useful report on straightforward cases
- Fully check and correct the final typed reports

ASSESSMENT & LEARNING METHODS

- Supervised performance of cut-ups
- DOPS:
  - Process selected type of specific specimens such as skin ellipse, bowel resection etc.
- Annual Assessment
- RISE examination (Non mandatory)
Cytopathology

Objectives: To demonstrate under supervision the skills in the reporting of cervical cytopathology and to understand the importance of cervical screening.

KNOWLEDGE

- Principles of cytology, including the methods of collection and preparation of adequate specimens for both cervical screening and diagnostic cytopathology
- the rationale and administration of the cervical screening programme, including patient recall mechanisms
- the numerical system of cervical screening reporting and the implications of a report of each grade

SKILLS

- Satisfactorily recognise routine diagnostic material including
  - The difference between normal cells in common diagnostic cytology specimens (breast fine needle aspirations [FNAs], sputum, bronchial brushings, serous effusions, urine) and typical examples of malignancy and where possible recognise features of gynaecological cytopathology.

ASSESSMENT & LEARNING METHODS

- Record of number of specimens handled
Autopsy

Objectives: To demonstrate under supervision the ability to carry out and report autopsies including the interpretation of relevant histopathology and other special investigations.

**KNOWLEDGE**

- Principles of performance and reporting of an autopsy
- The Coronial system, including situations when a death should be reported to the Coroner
- Medical and legal aspects of death and death certification
- How to write an accurate death certificate and the process of death certification

**SKILLS**

- Perform an adult autopsy under supervision, including basic examination of the central nervous system (CNS)
- Histological sampling
- Reporting and formulating the cause of death
- Reporting of a post mortem examination
- Dissect the internal organs
- Ensure that special dissections are made in appropriate circumstances
- Describe the appearances accurately and succinctly
- Interpret the findings in the light of the clinical information available
- Present the findings to clinicians either immediately or later at a clinico-pathologic conference
- Write a final gross and microscopic report with suitable summaries and a Cause of Death Statement

**ASSESSMENT & LEARNING METHODS**

- DOPS - Dissect a block or appropriate organ e.g. heart
- Prepare a report including a Cause of Death Statement
Neuropathology

Objective: To diagnose and report pathological neurological disorders under supervision

**KNOWLEDGE**

- Anatomy and histology of the normal brain and peripheral nerve
- The formalin fixed brain – anatomy, dissection, description and selection of appropriate blocks in common diseases
- Knowledge of the pathology of the major primary and secondary brain tumours
- Principals of handling and processing of brain biopsies, nerve and muscle biopsies
- Histology and histochemistry of the common myopathies
- Histopathology of major peripheral neuropathies
- Knowledge of the major disorders identified at autopsy e.g. Alzheimer's disease, cerebral infarct etc

**SKILLS**

- Examination of a whole brain and selection of appropriate blocks
- Recognition of the histopathology features of common brain tumours
- Interpret immunohistochemical stains in the diagnosis of brain tumours

**ASSESSMENT & LEARNING METHODS**

Record of number and range of specimens handled
Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.

<table>
<thead>
<tr>
<th>Curriculum Requirement</th>
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<th>Minimum Requirement</th>
<th>Reporting Period</th>
<th>Form Name</th>
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<tr>
<td><strong>Section 1 - Training Plan</strong></td>
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<tr>
<td>Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee &amp; Trainer)</td>
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<td>Personal Goals Review Form</td>
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<td>Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)</td>
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<td><strong>Section 2 - Training Activities</strong></td>
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<td>Surgical Pathology (number of cases handled)</td>
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<td>• Breast</td>
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<td>10</td>
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<td>• Skin (biopsies include small skin ellipses)</td>
<td>Required</td>
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<td>60</td>
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<tr>
<td>• Gynaecology</td>
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<td>• Liver</td>
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<tr>
<td>• Kidney</td>
<td>Required</td>
<td>4</td>
<td>4</td>
<td>Training Programme F113</td>
</tr>
<tr>
<td>• Lung</td>
<td>Required</td>
<td>4</td>
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<tr>
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<td>GI Specimens</td>
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<td>▪ Colon</td>
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<td>▪ Rectum</td>
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**Autopsies**

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<td>• Brain cuts (attendance)</td>
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<td>Special Techniques</td>
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<td>10</td>
<td>Training Programme</td>
<td>F117</td>
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<tr>
<td>• Immunocytochemistry</td>
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<tr>
<td>• Immunofluorescence</td>
<td>Desirable</td>
<td>1</td>
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<td>F117</td>
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<tr>
<td>• Molecular Pathology</td>
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<td>1</td>
<td>Training Programme</td>
<td>F117</td>
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<tr>
<td>Complicated cases handled</td>
<td>Desirable</td>
<td>2</td>
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<td>F003</td>
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<tr>
<td>(Cases requiring extensive investigations or external consultation)</td>
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<tr>
<td>Additional Special Experience</td>
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<tr>
<td>• Health &amp; Safety</td>
<td>Required</td>
<td>1</td>
<td>Year of Training</td>
<td>F005</td>
</tr>
<tr>
<td>• Mortality conferences attended</td>
<td>Required</td>
<td>1</td>
<td>Year of Training</td>
<td>F005</td>
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<tr>
<td>Section 3 - Educational Activities</td>
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<tr>
<td>Mandatory Courses</td>
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<td>• BST Leadership in Clinical Practice</td>
<td>Required</td>
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<td>Training Programme</td>
<td>F006</td>
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<td>• Ethics for Histopathology (to be attended once either at the end of BST or during early years of HST)</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>F006</td>
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<tr>
<td>• Infection control (can be part of hospital induction day)</td>
<td>Required</td>
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<td>Training Programme</td>
<td>F006</td>
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<tr>
<td>• Introduction to laboratory management (in house)</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>F006</td>
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<tr>
<td>Non-mandatory Courses</td>
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<td>Curriculum Requirement</td>
<td>Required/Desirable</td>
<td>Minimum Requirement</td>
<td>Reporting Period</td>
<td>Form Name</td>
</tr>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>Gynaecology cytology course</td>
<td>Desirable</td>
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<td>Training Programme</td>
<td>F008</td>
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<td>Study Days</td>
<td>Required</td>
<td>4</td>
<td>Year of Training</td>
<td>F008</td>
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<td>Attendance in In-house activities</td>
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<tr>
<td>• Grand Rounds</td>
<td>Required</td>
<td>10</td>
<td>Training Programme</td>
<td>F011</td>
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<td>• Journal Club</td>
<td>Required</td>
<td>10</td>
<td>Training Programme</td>
<td>F011</td>
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<tr>
<td>• MDT Meetings</td>
<td>Required</td>
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<td>F011</td>
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<td>Examinations</td>
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<td>FRCPath Part I examination</td>
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<td>Delivery of Formal Teaching Activity</td>
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<td>Lecture</td>
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<td>Tutorial</td>
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<td>Year of Training</td>
<td>F013</td>
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<td>Research</td>
<td>Desirable</td>
<td>1</td>
<td>Year of Training</td>
<td>F014</td>
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<td>Non – Mandatory Courses</td>
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<td>F007</td>
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<td>Audit activities and Report Form (QI project can be uploaded against audit)</td>
<td>Required</td>
<td>1</td>
<td>Year of Training</td>
<td>F135/F152</td>
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<td>Presentations</td>
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<td>Publications</td>
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<td>F016</td>
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<td>National/International meetings</td>
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<td>Additional Qualifications</td>
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<td>DOPS</td>
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<tr>
<td>• Macroscopy - examine one gross specimen and select blocks for microscopy</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>F022</td>
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<tr>
<td>Curriculum Requirement</td>
<td>Required/Desirable</td>
<td>Minimum Requirement</td>
<td>Reporting Period</td>
<td>Form Name</td>
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<tr>
<td>• Microscopy—(surgical specimen)</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>F022</td>
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<tr>
<td>• Immunohistochemistry – reporting stains on a carcinoma or lymphoma case</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>F022</td>
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<tr>
<td>Case Based Discussion</td>
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<td>4</td>
<td>Year of Training</td>
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<td>End of 1st year assessment</td>
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<td>Assessment at the end of 18 months</td>
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<td>End-of-post assessments</td>
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