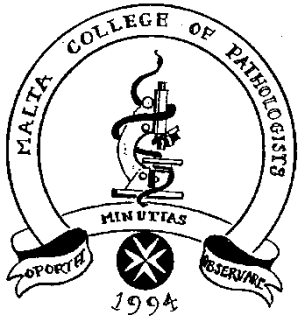

Curriculum for Specialty Training in Head and Neck Pathology

CONTENTS

INTRODUCTION

Head and Neck Pathology in Malta is a dental speciality encompassing surgical pathology and cytopathology. This Curriculum uses the term Head and Neck Pathology to describe the speciality. This reflects the areas of competence expected of dentists who successfully complete their training, which include, but are not limited to, oral and maxillofacial pathology, dermatopathology, soft tissue pathology, haematolymphoid pathology as well as the pathology of structures in the neck including thyroid and parathyroid pathology. In other European countries the speciality is variably called Oral Pathology, Oral and Maxillofacial Pathology and Head and Neck Pathology. The level of expertise successful trainees are expected to attain is equivalent to that of specialists in other European countries, irrespective of the terminology that is used to describe the speciality.

The award of the Certificate of Completion of Specialty Training (CCST) will require evidence of satisfactory completion of training as outlined in this curriculum and attainment of the FRCPath examination or equivalent[1].

The Curriculum for Specialty Training in Head and Neck Pathology, which will henceforth be referred to as the Curriculum, is based on the Curriculum for Speciality Training in Oral and Maxillofacial Pathology of the British Society for Oral and Maxillofacial Pathology and of the Oral and Maxillofacial Subcommittee of the Specialty Advisory Committee for the Additional Dental Specialties of the United Kingdom and is also heavily influenced by the Histopathology curricula of the Malta College of Pathologists (MCPath) and of the Royal College of Pathologists (RCPath).

ENTRY REQUIREMENTS

In order to be eligible for entry into the Head and Neck training programme dentists need to be included in the Principal List of the Dental Register maintained by the Malta Medical Council and have an appropriate postgraduate qualification recognized by the MCPath such as FDS, MFDS, MJDF or equivalent. Dentists without such a qualification but with a minimum of two years' working experience and with a related higher degree may also be considered for entry into the programme.

[1] Trainees in Malta normally attain the FRCPath qualification. Candidates who opt to attain a different qualification will need to need to obtain a statement from the Council of the Malta College of Pathologists indicating that their qualification is of equivalent standard.

DURATION OF TRAINING

A minimum of 5 years is required to satisfactorily complete the Curriculum to the required depth and breadth, and to achieve the Certificate of Completion of Training (CCST).
The CCST in Head and Neck Pathology will be awarded by the Dental Specialist Accreditation Committee on the recommendation of The Malta College of Pathologists following:

1. a pass in the first year aptitude test
2. satisfactory performance in the required number of work based assessments (Direct Observation of Practical Skills (DOPS) and Case Based Discussion (CBD))
3. evidence of satisfactory completion of the entire Curriculum and of the minimum training period
4. satisfactory outcomes in the requisite number of Multisource Feedback exercises
5. a pass in the full FRCPath or equivalent examination in Oral Pathology
6. successful Annual Review of Training Assessments

STAGES OF TRAINING AND LEARNING

The curriculum is divided into five stages, BST1, BST2, HST1, HST2 and HST3. Trainees may not progress to the next stage of training until they have satisfactorily completed the preceding stage. Trainees should gain appropriate experience within their programme to achieve all necessary curricular objectives. Although trainees will increasingly focus on head and neck pathology as they progress in training, they are also expected to attain competence in the pathology of all organ systems and will need to spend a minimum of one year training in general histopathology. This may be undertaken as one year full time, but will usually run concurrently with training in head and neck pathology. Head and Neck Pathology trainees are expected to integrate fully in the Cellular Pathology Department, Mater Dei Hospital, and to adopt working practices and responsibilities that are comparable to those of medically qualified histopathology trainees at the equivalent stage of training.

It is strongly recommended that at HST level trainees should take increasing levels of responsibility for their work as they progress towards independent practice.

Throughout training, trainees should maintain a training portfolio.

Attachments:

1. Head and Neck Pathology trainees will spend a dedicated attachment of one month's duration in the following areas at every stage of training from BST 2 to HST 2, except when they are training abroad:
    i. Cytopathology (two attachments of two weeks' duration per year)
    ii. Autopsy
2. Trainees shall also spend an attachment of two weeks' duration in a molecular laboratory, either locally or abroad, in order to gain some experience in molecular techniques. This attachment can take place at any time from BST 2 to HST 3.

3. Head and Neck Pathology trainees in Malta are expected to spend a minimum of one year training in a histopathology centre/s abroad once they progress to HST level. As local trainees usually sit for the FRCPath examination, it is strongly recommended that this training period abroad is spent in the UK. Local experience and exposure to salivary gland tumours, odontogenic tumours and cysts and head and neck major resection specimens is limited because of the low numbers of such cases received in the department, and therefore trainees are expected to ensure that they gain experience in these fields during the training period they spend abroad.

BST 1

BST1 constitutes 12 months full-time or equivalent.
The aims of this stage are to provide:

- A structured introduction to histopathology (including cytopathology)
- An introduction to laboratory processes

Trainees are required to sit for an aptitude test 10 months into training.

Competences required to progress to BST 2:

- independent cut-up of most simple specimens, including non head and neck specimens (e.g. appendicectomy, cholecystectomy, skin biopsies, etc.)
- independent cut-up of common larger specimens, including non head and neck specimens (e.g. colectomy for cancer, simple nephrectomy, breast lumpectomy, etc.)
- ability to write an appropriate report for a wide range of histopathology and cytopathology specimens, not restricted to head and neck specimens (common biopsies, common cancer resections, e.g. colorectal carcinoma, fine needle aspiration specimens)
- ability to demonstrate time management and task prioritisation (e.g. prioritisation of specimens for cut-up and reporting, timely turn-around of reporting histopathology or cytopathology specimens)
- independent evisceration and dissection of a straightforward autopsy
- ability to write an autopsy report including appropriate clinicopathological correlation for a straightforward case.

Minimum practical experience:

• histopathology	500 cases reported under supervision by the trainee or discussed with the supervising consultant/more senior trainee
• cytopathology	100 salivary gland, lymph node and thyroid FNA cases, which may either be new diagnostic cases, or be seen in the context of teaching sets with appropriate structured feedback from an appropriate trainer
• autopsy	10 autopsies
• audit	completion of 1 audit

Assessments:

• multi-source feedback	1 completed and satisfactory
• work based assessments	18 in all (8 DOPS and 10 CBDs)
• educational supervisor's report	Satisfactory
• First year aptitude test	Pass

BST 2

BST 2 is a minimum of 12 months and a maximum 48 months whole time or equivalent.

The aims of this stage are to:

- broaden experience and understanding of histopathology
- broaden and deepen understanding of head and neck histopathology
- develop a basic knowledge base in head and neck cytopathology
- develop a basic knowledge base in autopsy pathology

Competencies required to exit BST 2:

- independent cut-up of all simple specimens (see above for examples)
- independent cut-up of all common large specimens
- ability to write an appropriate report for a wide range of histopathology and cytopathology specimens (including more complex specimens than those described for BST 1 above)
- ability to demonstrate effective time management and task prioritisation

Minimum practical experience (based on 12 months spent in stage; increased pro rata for extended stage):

• surgical histopathology	750 cases reported under supervision
• cytopathology	200 salivary gland, lymph node and thyroid FNA cases, which may be either new diagnostic cases, or be seen in the context of teaching sets with appropriate feedback from an experienced trainer
• autopsy	10 autopsy cases
• audit	completion of 1 audit

Assessments:

• Work based assessments	18 in all (8 DOPS and 10 CBDs)
• FRCPath Part 1 (or equivalent)	pass (can be taken any time after 6 months in BST 2)

- educational supervisor's report satisfactory

HST 1 and 2

These stages constitute a minimum of 24 months and a maximum of 30 months whole time or equivalent, unless extended training is required. The aims of this stage are to develop increasing levels of confidence and the ability to work in appropriate contexts without direct supervision in histopathology, with increasing emphasis on head and neck pathology and cytopathology.

Competencies required to exit stage HST 2:

- independent cut-up of all specimens
- ability to report most histopathology specimens including complex and less common head and neck specimens
- ability to appropriately refer for specialist/second opinion
- ability to demonstrate appropriate time management and task prioritisation for the stage of training

Minimum practical experience (per 12 month period in stage: increased pro rata for extended stage):

- surgical histopathology 1000 cases reported under supervision
- cytopathology 300 salivary bland, lymph node and thyroid FNA cases, the majority of which should be new diagnostic cases
- autopsy 10 autopsy cases*[2]
- audit Completion of 1 audit

Assessments

- work based assessments 18 in all (8 DOPS and 10 CBDs)
- multi-source feedback 1 completed (at the end of HST 1) and satisfactory
- educational supervisor's report Satisfactory

Trainees may sit for the FRCPath Part 2 examination or equivalent during HST 2.

[2] Autopsy requirement is waived for the year that the trainee spends training abroad if access to autopsies is not readily available in the training centre abroad.

Trainees are expected to undergo the required number of work based assessments in their training department abroad during the year that they spend there.

HST 3

HST 3 is a minimum of 12 months whole time equivalent.

In order to complete HST 3 trainees must have:

- satisfactorily completed a total of a minimum of 60 months of training (whole-time equivalent)
- satisfactorily completed all areas of the Curriculum
- passed the FRCPatth examination, or equivalent examination

The aims of this stage require trainees to:

- demonstrate a level of knowledge and skill consistent with practice as a consultant in the specialty
- demonstrate the ability to report independently
- explore more in-depth reporting
- develop experience of teaching histopathology/head and neck pathology trainees
- develop experience of involvement in MDTs
- demonstrate evidence of the above achievements in a training portfolio

Competencies required to exit stage HST 3

- to demonstrate a level of knowledge and skill consistent with practice as a consultant in histopathology
- to demonstrate the ability to report independently
- to demonstrate in-depth general reporting
- to develop experience of teaching histopathology/head and neck pathology trainees
- to develop experience of involvement in MDTs
- to demonstrate evidence of the above achievements in a training portfolio

Practical experience per 12-month period in stage (increased pro rata for extended stage):

• surgical histopathology	1500 cases reported under supervision
• cytopathology	300 salivary gland, lymph node and thyroid FNA cases, which may be either new diagnostic cases, or be seen in the context of teaching sets with appropriate feedback from an experienced trainer
• audit	completion of 1 audit

Assessments

• multi-source feedback	1 completed and satisfactory
• work based assessments	12 in all (2 DOPS and 10 CBDs)
• educational supervisor's report	Satisfactory
• FRCPath examination	Pass (if not obtained during HST 2

RESPONSIBILITIES

The Postgraduate Training Coordinator and the Educational Supervisor are responsible for the overall progress of the trainee and will ensure that the trainee satisfactorily covers the entire curriculum by the end of the programme.

Each trainee should have an identified educational supervisor at every stage of their training. The educational supervisor is the consultant under whose direct supervision the trainee is working. A trainer is any person involved in training the trainee [e.g. consultant, clinical scientist, senior medical laboratory scientist (MLS). A trainee may be trained by a number of trainers during their training.

If there is a breakdown of relationship between a trainee and their educational supervisor, the trainee should, in the first instance seek advice from the postgraduate training coordinator. If the matter is not resolved to the trainee's satisfaction, then he/she should seek further advice from the Council of the Malta College of Pathologists.

TRAINING REGULATIONS

This section of the curriculum outlines the training regulations for Head and Neck Pathology. In line with SAC requirements, this reflects the regulation that only training that has been prospectively approved by SAC can lead towards the award of the CCT.

Only training that has been prospectively approved by the SAC can lead towards the award of the CCT.

Less than full-time training

Less than full-time training is the term used to describe dentists undertaking training on a basis that is less than full-time, normally between five and eight sessions per week. The aim of less than full-time training is to provide training and career opportunities for dentists who are unable to work full time. Dentists can apply for less than full-time training if they can provide evidence that training on a full-time basis would not be practicable for well-founded individual reasons.

Less than full-time trainees must accept two important principles:

- part-time training shall meet the same requirements (in depth and breadth) as full-time training
- the total duration and quality of part-time training of specialists must be not less than those of a full-time trainee. In other words, a part time trainee will have to complete the minimum training time for their specialty pro rata.

Prior to beginning their less than full-time training, trainees must inform the Malta College of Pathologists which has the responsibility to ensure that their less than full-time training programme will comply with the requirements of the CCT. The documentation towards a less than full-time training application will be collected and checked to ensure compliance and a revised provisional CCT date issued.

Research

Some trainees may wish to spend a period of time in research after entering head and neck pathology training as out-of-programme research (OOPR).

Research undertaken prior to entry to a histopathology training programme
Trainees who have undertaken a period of research that includes clinical work directly relevant to the Curriculum prior to entering a histopathology training programme can have this period, up to one year, recognised towards attainment of the CCST. It is the responsibility of the Council of the Malta College of Pathologists to assess whether such research can be approved for partial fulfilment of the requirements for inclusion in the specialist register.

Research undertaken following entry to a histopathology training programme
Trainees who undertake a period of out-of-programme research (OOPR) after entering the head and neck pathology training programme can have up to 1 year accepted by the Malta College of Pathologists towards their CCST requirements. In order to be eligible to have this period of research recognised towards the award of the CCST, trainees must have their OOPR approved prospectively before beginning their research. Trainees need to advise the College Council of their plans and apply at least six months prior to taking up their OOPR experience.

Overseas training

Some trainees may have undertaken a period of head and neck pathology or general histopathology training overseas prior to entering the head and neck training programme in Malta. Such trainees must enter the training programme at BST1. Trainees can have the period of training abroad recognised towards entry on the Specialist Register but their training abroad needs to be fully documented and needs to be approved by the Council of the Malta College of Pathologists and by the SAC.

Overseas training undertaken during the Head and Neck Pathology Training Programme

Trainees are expected to spend a minimum of a year training abroad, ideally in the UK. Such training abroad needs to be approved by the Malta College of Pathologists and by the SAC prior to its being undertaken and must be fully documented.

Related clinical training

During their training, some trainees may wish to spend a period of training in a related clinical specialty such as oral medicine, oral surgery, dermatology or head and neck oncology. This is acceptable and may be undertaken as out-of-programme clinical experience (OOPE). However, such a period of training, although useful to the individual trainee in broadening their understanding of the relationship between pathology and the clinical specialties, will not be approved towards the requirements of the CCT and the clinical specialties.

RATIONALE

Purpose of the curriculum

The purpose of the Curriculum for specialty training in head and neck pathology is to set the standards required by The Malta College of Pathologists and SAC for attainment of the award of the CCST in Head and Neck Pathology, and to ensure that trainees are fully prepared to provide a high quality service at consultant level. In addition, the curriculum also sets the standards against which applicants who apply to be included in the specialist register will be judged.

The educational programme provides:

- experience of the diagnostic techniques required to become technically competent in practical work, and to master the underlying analytical and clinical principles
- the opportunity to gain knowledge in order to be able to make appropriate referrals for specialist advice
- training in the communication and teaching skills necessary for effective practice
- the opportunity to develop to the required standard the ability to provide specialist opinion in head and neck pathology
- opportunities to acquire the management skills to lead a department providing an effective service
- experience of research and development projects and critical assessment of published work, so as to contribute in a team and individually to the development of the service
- the framework for continued professional development (CPD) including life-long habits of reading, literature searches, consultation with colleagues, attendance at scientific meetings and the presentation of scientific work
- practical experience of clinical governance and audit (specialist and multidisciplinary) through evaluation of practice against the standards of evidence-based medicine.

The award of a CCST will indicate suitability for independent professional practice. During training, trainees will be able to use the curriculum and feedback from assessments to monitor their progress towards this goal. All assessments and examinations will be based on curricular objectives and competencies

CONTENT OF LEARNING

The curriculum details the level of knowledge and its application, skill and professional behaviour that a trainee should acquire and demonstrate in practice to provide a high quality service at consultant level. The professional practice aspect of the curriculum aims to ensure that dentists trained to the Malta College of Pathologists' curriculum in Head and Neck Pathology are competent practitioners, partners and leaders. It also aims to ensure an understanding of issues of inequality around health and healthcare. Trainees, specialists and consultants must take the opportunity to positively influence health determinants and to combat inequalities.

The general professional and specialty-specific content of the curriculum is outlined below in the following sections.

- Basic knowledge and skills
- Oral and Maxillofacial Pathology, including cytopathology
- Relevant aspects of general Histopathology and Cytopathology
- Generic skills required

The curriculum outlines the knowledge, skills, behaviours and expertise that a trainee is expected to obtain in order to achieve the award of the CCT.

Upon satisfactory completion of the head and neck pathology training programme, the trainee must have acquired and be able to demonstrate: appropriate professional behaviour to be able to work as a consultant

- good working relationships with colleagues and the appropriate communication skills required for the practice of head and neck pathology
- the knowledge, skills and attitudes to act in a professional manner at all times
- the knowledge, skills and behaviours to provide appropriate teaching and to participate in effective research to underpin histopathology practice
- an understanding of the context, meaning and implementation of clinical governance
- a knowledge of the structure and organisation of the public health service
- management skills required for the running of a histopathology laboratory
- familiarity with health and safety regulations, as applied to the work of a histopathology department.

PURPOSE OF ASSESSMENT

The Malta College of Pathologists' mission is to promote excellence in the practice of pathology and to be responsible for maintaining standards through training, assessments, examinations and professional development.
The purpose of the assessment system during training is to:

- indicate suitability of choice at an early stage of the chosen career path
- indicate the capability and potential of a trainee through tests of applied knowledge and skill relevant to the specialty
- demonstrate readiness to progress to the next stage(s) of training having met the required standard of the previous stage
- provide feedback to the trainee about progress and learning needs
- support trainees to progress at their own pace by measuring a trainee's capacity to achieve competencies for their chosen career path
- help to identify trainees who should change direction or leave the specialty
- promote and encourage learning
- enable the trainee to collect all necessary evidence for the award of the CCST
- gain Fellowship of The Royal College of Pathologists or an equivalent qualification recognised by the MCPath
- assure the public that the trainee is ready for and capable of unsupervised professional practice.

Methods of assessment

Trainees will be assessed in a number of different ways during their training. Satisfactory completion of all assessments and examinations will be monitored by the Malta College of Pathologists and by the Pathology Postgraduate Training Committee and will be one of the criteria upon which eligibility to progress will be judged. A pass in the FRCPath examination or equivalent is required as part of the eligibility criteria for the award of the CCST. The assessment methods are blueprinted to the curriculum in the tables that outline the Curriculum (pg 25f). It is not intended that each component of the curriculum is assessed by each method. The assessment methods are indicative of the methods that may be used for each subject area, and should be applied as appropriate to the stage of training and circumstances of the training environment. Trainees should note that the FRCPath examinations are wide ranging and most subject areas covered in the curriculum may be formally examined.

Aptitude test

Trainees will be required to sit for and pass an aptitude test after they have spent ten months in training. This test will assess competence and aptitude for further training and will incorporate all aspects of the specialty, including but not limited to, specimen description and trimming, microscopy, cytopathology and governance issues. This test will be set by the Malta College of Pathologists and supervised by the Postgraduate Training Committee. A pass in this test is required in order for trainees to progress to BST2.

Workplace based assessment
Trainees will undertake informal workplace-based assessment throughout their training however formal workplace based assessments will also be carried out at each stage of training (typically 18 per year). In general, workplace-based assessments are designed to be formative in nature; as such they are best suited to determine educational progress in different contexts. Locally work based assessments include DOPS and CBDs. During the year that the trainee spends abroad work based assessments are still required however these may vary slightly in format in accordance with the training and assessment practices of the training centre abroad.

Multi-source feedback (MSF)
A minimum of 3 MSF will take place during training as outlined under Stages of Training and Learning (pg5-11).

FRCPath examination (or equivalent)
The major summative assessments will occur during BST 2 (FRCPath Part 1 examination or equivalent) and towards the end of training (FRCPath Part 2 examination or equivalent)

EVIDENCE OF COMPETENCE

Annual Review of Training
The Postgraduate Training Committee provides trainees with an annual opportunity to present evidence gathered by the trainee, relating to the trainee's progress in the training programme and to document the competencies that are being gained. Evidence of competence will be judged based on a portfolio of documentation, culminating in an Educational Supervisor's Report.

MODELS OF LEARNING

There are three broad categories of learning which trainees employ throughout run-through training – instructionalist model, constructionist model and the social learning model. The models of learning can be applied to any stage of training in varying degrees. The majority of the curriculum will be delivered through work-based experiential learning, but the environment within the department will encourage independent self-directed learning. It is the trainee's responsibility to seek opportunity for experiential learning.
Most of the curriculum will be delivered through work-based experiential learning, but the environment within the department should encourage independent self-directed learning and make opportunities for relevant off-the-job education by making provision for attendance at local, national and, where appropriate, international meetings and courses. Independent self-directed learning should be encouraged by, for example, making use of e-learning tools or providing reference textbooks, etc. It is the trainee's responsibility to seek opportunity for experiential learning. The rotas should also be arranged in such a way that trainees have time available for participation in research projects as part of their training.
Learning for knowledge, competence, performance and independent action will be achieved by assessment and graded responsibility for reporting, allowing trainees at various stages of training to acquire responsibility for independent reporting. Assessment will be set by The Malta College of Pathologists in the form of an aptitude test during BST 1, workplace-based assessment, including multi-source feedback, and the FRCPath examination or equivalent.

LEARNING EXPERIENCES

The following teaching/learning methods will be used to identify how individual objectives will be achieved.

- Routine work: the most important learning experience will be day-to-day work. Histopathology and head and neck pathology trainees are amongst the most closely supervised groups in postgraduate medical training. This close supervision allows frequent short episodes of teaching, which may hardly be recognised as such by trainees.
- Textbooks: These allow trainees to 'read around' routine cases that they are reporting. Head and neck pathology is a subject requiring a great deal of background learning and reading, as well as the practical experience gained within day-to-day working, and trainees should take every advantage to 'read around' their subject.
- Private study: more systematic reading of textbooks and journals will be required in preparation for examinations.
- 'Black box' and other departmental teaching sessions: these should occur on a regular basis.

- Training courses abroad: these are particularly helpful during preparation for the FRCPath Part 2 examination. In addition to providing specific teaching, they also allow trainees to identify their position in relation to the curriculum and their peers.
- Scientific meetings: research and the understanding of research are essential to the practice of head and neck pathology. Trainees should be encouraged to attend and present their work at relevant meetings.
- Discussion with MLS: Technical staff can provide excellent training, particularly in relation to laboratory methods, health and safety, service delivery, procurement and human resources.
- Multidisciplinary team meetings (MDTs): attendance at and contribution to MDTs and clinicopathological conferences offers the opportunity for trainees to develop an understanding of clinical management and appreciate the impact of histopathological diagnosis on patient care. The MDT is also an important arena for the development of inter-professional communication skills.
- Attachment to specialist departments: such attachments will be required during the period trainees spend training abroad.
- E-learning.
- Learning with peers.
- Work-based experiential learning.
- Medical clinics including specialty clinics.
- Practical laboratory experience.
- Formal postgraduate teaching.
- Independent self-directed learning.

SUPERVISION AND FEEDBACK

Specialist training must be appropriately supervised by the senior medical and scientific staff on a day-to-day basis under the direction of a designated educational supervisor.
Supervision has more than one meaning in head and neck pathology. Trainees will work under consultant supervision, gradually widening their knowledge and experience in each area so that by the time they have passed the FRCPath Part 2 examination or equivalent they are able to work largely independently. The day-to-day supervised training will be supplemented by more formal teaching such as ‘black box’ sessions and by attending organised training courses abroad.
If a histopathology report generated by the trainee states that they have been supervised by a consultant, this is usually taken to mean that the consultant has examined that report with the trainee. It also implies that the consultant accepts not only the microscopic but also any macroscopic description as accurate, even if the supervisor has not personally reviewed the specimen. However, there is also a more general

level of supervision in day-to-day work. A trainee may ask for assistance at any time if a specimen with which they are dealing is unfamiliar or unusual. Supervision also extends to working relationships and communication within and beyond the histopathology department.

Educational supervision is a fundamental conduit for delivering teaching and training. It takes advantage of the experience, knowledge and skills of educational supervisors/trainers and their familiarity with clinical situations. It ensures interaction between an experienced clinician and the trainee. This is the desired link between the past and the future of pathology practice, to guide and steer the learning process of the trainee. Clinical supervision is also vital to ensure patient safety and the high quality service of pathologists in training.
The College expects all dentists reaching the end of their training to demonstrate competence in clinical supervision before the award of the CCT. The College also acknowledges that the process of gaining competence in supervision starts at an early stage in training with recently graduated dentists and doctors supervising students and senior trainees supervising more junior trainees.

The role of the educational supervisor is to:

- have overall educational and supervisory responsibility for the trainee
- ensure that the trainee is familiar with the curriculum
- ensure that the trainee has appropriate day-to-day supervision appropriate to their stage of training
- ensure that the trainee is making the necessary clinical and educational progress during the post
- ensure that the trainee is aware of the assessment system and undertakes it according to requirements
- act as a mentor to the trainee and help with both professional and personal development
- agree on a training plan (formal educational contract) with the trainee and ensure that an induction (where appropriate) has been carried out soon after the trainee's appointment
- discuss the trainee's progress with each trainer with whom a trainee spends a period of training
- undertake regular formative/supportive appraisals with the trainee (minimum two per year, approximately every 6 months) and ensure that both parties agree to the outcome of these sessions and keep a written record
- regularly inspect the trainee's training record, inform trainees of their progress and encourage trainees to discuss any deficiencies in the training programme, ensuring that records of such discussions are kept
- keeps the Postgraduate Training Coordinator informed of any significant problems that may affect the individual's training.

In order to become an educational supervisor, a consultant must have demonstrated an interest in teaching and training, appropriate access to teaching resources and be involved in annual reviews and liaise closely with the Pathology Postgraduate Training Committee. Educational

supervisors are expected to keep up-to-date with developments in postgraduate training, have access to the support and advice of their senior colleagues regarding any issues related to teaching and training and to keep up-to-date with their own professional development.

CURRICULUM REVIEW AND UPDATING

The Curriculum will be evaluated and monitored by The Malta College of Pathologists which will seek continuous feedback from the Paostgraduate Training Committee, trainers and trainees.
The curriculum will be formally reviewed in the first instance by the within 2 years of publication. Any significant changes to the curriculum will need the approval of Council of the Malta College of Pathologists and of the SAC.

EQUALITY AND DIVERSITY

The Malta College of Pathologists is committed to the principle of diversity and equality in employment, membership, academic activities, examinations and training. As part of this commitment we are concerned to inspire and support all those who work with us directly and indirectly integral to our approach is the emphasis we place on our belief that everyone should be treated in a fair, open and honest manner. Our approach is a comprehensive one and reflects all areas of diversity, recognising the value of each individual. We aim to ensure that no one is treated less favourably than another on the grounds of ethnic origin, nationality, age, disability, gender, sexual orientation, race or religion. Our intention is to reflect not only the letter but also the spirit of equality legislation.

THE CURRICULUM

This curriculum outlines the general knowledge and skills that a trainee needs to acquire in order to gain recognition as a specialist and attains the CCST. It is divided in four sections:

A. Basic knowledge and skills
B. Oral and Maxillofacial Pathology, including Cytopathology
C. Relevant aspects of general Histopathology and Cytopathology
D. Generic skills and attitudes required

Objective: To demonstrate adequate knowledge, skills and appropriate attitude in routine clinical work.

New specialists should:

- Have the breadth of knowledge and skills to take responsibility for safe clinical decisions
- Have the self-awareness to acknowledge where the limits of their competence lie and when it is appropriate to refer to other senior colleagues for advice
- Have the ability to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of service provision

A. BASIC KNOWLEDGE AND SKILLS:

Surgical pathology

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviour	Teaching and learning methods	Assessment methods
Basic knowledge	Possess sufficient clinical knowledge, including major changes in trends of diagnosis and treatment Possess sufficient knowledge of normal anatomy, physiology and pathophysiology as well as of molecular techniques as applied to clinical medicine and more specifically to surgical pathology Possess the knowledge contained in and be able to operate within internationally established tissue pathways and datasets and diagnostic criteria[3]	Develop the ability to solve complex clinical problems by drawing upon a sound knowledge base of basic principles without needing to rely on 'pattern matching'. Develop the skills to interpret data from molecular tests and integrate this with the clinical scenario and histomorphological features	Understand the importance of arriving at an accurate diagnosis by integrating clinical findings with pathological features. Appreciate the increasing importance and role of molecular data in surgical pathology. Be able to communicate appropriately with medical and scientific colleagues in molecular laboratories	Individual reading, journal reviews, presentations at journal clubs, attendance at seminars and courses	Internal tests, FRCPath examination or equivalent

[3] Local trainees currently sit for the FRCPath examination and therefore should have deep knowledge of RCPath tissue pathways and tumour datasets

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviour	Teaching and learning methods	Assessment methods
Basic laboratory processes	Acquire a sound knowledge of basic processes such as tissue processing and microtomy, in histopathology and cytopathology laboratories	Experience basic laboratory techniques such as section cutting	Respect the work of scientific staff. Be able to troubleshoot when microscopy sections are not of the desired standard or show unexpected features	Observation of laboratory processes. Teaching and discussion with senior technical staff. Experiential learning	Work based assessments FRCPath examination or equivalent
Surgical cut up	Demonstrate and apply the principles of specimen dissection, macroscopic description and block selection in neoplastic and non-neoplastic disease. Demonstrate knowledge and application of the principles of dissection of major cancer resection specimens and tissue sampling to enable completion of established Standards and Datasets for Reporting Cancers.	Acquire sufficient manual dexterity in order to cut up specimens accurately and safely without damage to tissues or to self	Recognise the importance of accuracy and attention to detail during specimen description and block selection. Ensure that the request form and specimen identification is accurate. Recognise the absolute importance of identifying and resolving any errors or discrepancies.	Observation, supervised work and individual study	Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviour	Teaching and learning methods	Assessment methods
Microscopy - general	Set up a microscope correctly Have an in-depth knowledge of normal histology Have knowledge of microscopic changes in disease. Be thoroughly familiar with reporting datasets. Select/identify appropriate histochemical stains for glycogen, fat, mucins and amyloid	Be able to correctly set up a microscope Recognise normal histology and normal variations of common tissue types Recognise abnormalities in tissues according to the stage of training. Apply datasets where appropriate.	Appreciate the importance of ergonomics in microscopy Demonstrate attention to detail. Recognise the importance of clinical and radiological correlation as appropriate. Know when to initiate discussion with the clinical team. Appropriately use datasets in reporting. Understand the utility of special stains and immunohistochemistry and be aware of cost-benefit issues	Observation, individual teaching by a senior trainee/pathologist, supervised reporting and individual study	Training logbook Work based assessments FRCPath examination or equivalent
Special techniques	Understand the principles of 'special' histochemical and immunohistochemical methods. Be familiar with basic immunohistochemical markers for major tissue and tumour types and interpretation of a basic panel	Know when to resort to special techniques Be able to recognise histological features of histochemical and immunohistochemical	Understand the utility of special stains and immunohistochemistry and be aware of cost-benefit issues	Observation, individual teaching by a senior trainee/pathologist, supervised reporting and individual study	Training logbook Work based assessments FRCPath examination or equivalent

	of immunohistochemical markers on an undifferentiated tumour Understand the principles of electron microscopy	stains in normal and diseased tissues Be able to recognise situations and contexts in which special stains and immunohistochemical markers are required			
Molecular pathology	Understanding the origins and consequences of germline variation and somatic mutations, including DNA methylation, gene expression changes, chromosomal instability, gene rearrangements and genetic changes in developmental diseases and neoplasms Have knowledge of basic molecular databases. Have knowledge of the principles of molecular methods and possess basic knowledge of how DNA and RNA is extracted and used during molecular tests. Understand the basis of molecular tests currently performed, including FISH, PCR and sequencing, on histological samples, including limitations of those tests, and types of tests that are anticipated in the near future.	Describe the use of molecular tests Obtain data from publicly available databases. Be able to refer cases for molecular tests appropriately. Be able to link histopathology cases with molecular tests that might be performed on them. Demonstrate understanding of diagnostic and prognostic implications of molecular tests and be able to interpret molecular reports.	Appreciate the role of molecular pathology in surgical pathology, as a diagnostic tool and also its role in prognostication. Demonstrate the ability to keep abreast of advances in the field Refer cases appropriately Integrate molecular reports with histopathological findings. Be able to discuss the implications of molecular reports with clinicians and demonstrate understanding of the implications on patient care.	Individual study Courses and conferences Observation of molecular tests that are carried out locally	Work based assessments FRCPath examination or equivalent

	Have knowledge of the limitations of molecular tests.				

Cytopathology:

Subject	Knowledge base	Skills and knowledge application	Attitudes and behaviour	Teaching and learning methods	Assessment methods
Technical aspects	Sampling devices used and specimen fixation Basic knowledge of the range of methods used for converting a raw sample into a slide Difference in morphology between air dried and fixed preparations Knowledge of preparation and staining techniques for common specimen types Knowledge of use of special techniques e.g. immunocytochemistry	Ability to recognise faults and artefacts of preparation e.g. air-drying Ability to prepare air dried and fixed preparations from a fine needle aspirate Panels of antibodies for particular diagnostic applications	Ability to work with technical staff	Observation of laboratory processes. Teaching and discussion with senior technical staff. Supervised experiential learning	Work based assessments FRCPath examination or equivalent
Microscopy	Set up a microscope correctly Morphological features of non-neoplastic and neoplastic disease	Screen cytopathology slides Recognise features of inflammatory, infectious and neoplastic disease	Care and attention to detail	Observation of laboratory processes. Teaching and discussion with senior technical staff. Experiential learning	Work based assessments FRCPath examination or equivalent

Subject	Knowledge base	Skills and knowledge application	Attitudes and behaviour	Teaching and learning methods	Assessment methods
Diagnosis	Features of malignancy in sites commonly investigated with cytopathology Features of non-malignant diagnosis e.g. infection	Ability to recognise malignancy with confidence in specimens from breast, gastrointestinal tract, respiratory tract, urinary tract, head an neck, lymphoreticular system, serous fluids and thyroid Ability to integrate clinical information and histology and other investigations into the diagnosis Ability to recognise when a definite diagnosis is not possible or is beyond capability	Care and attention to detail Awareness and acknowledgement of personal limitations Awareness of work within a multidisciplinary team Able to investigate discrepancies between histology and cytology findings	Observation, individual teaching by a senior trainee/pathologist, supervised reporting and individual study	Training logbook, Work based assessments FRCPath examination or equivalent
Reporting	Knowledge of requirements for a report Knowledge of relevant datasets and of nationally recognised coding systems	Ability to write an accurate report that gives clinicians the information they need Knowledge of the likely outcome in terms of further investigation or management of the patient	Understand multidisciplinary approach to diagnosis and management Able to present cytopathological findings at multidisciplinary meetings	Observation, individual teaching by a senior trainee/pathologist, supervised reporting and individual study	Training logbook Work based assessments FRCPath examination or equivalent

Subject	Knowledge base	Skills and knowledge application	Attitudes and behaviour	Teaching and learning methods	Assessment methods
Cytopathology-histopathology correlation	Knowledge of reasons why biopsies may not correlate with cytopathological features and why cytology may fail to detect significant disease Understand management options in non-correlating cases	Ability to review histology and cytopathology of non-correlating cases and present results to clinicians, especially at MDTs Ability to contribute to discussions on clinical management of patients	Understand the limitations of histology and cytopathology Able to work in and contribute to a multidisciplinary team	Observation, individual teaching by a senior trainee/pathologist, supervised reporting and individual study	Training logbook Work based assessments FRCPath examination or equivalent
Advances and special techniques in cytopathology	Basic knowledge of automated screening techniques Liquid based cytology and its use, especially in cervical screening Molecular techniques as applied to cytology specimens	Able to screen both conventional and liquid based cytology specimens Know when to order molecular tests on cytology specimens	Understand not only the limitations but also the possibilities of cytopathological diagnosis, especially in selected cases Able to discuss diagnostic options in multidisciplinary team meetings	Observation, individual teaching by a senior trainee/pathologist, supervised reporting and individual study	Training logbook Work based assessments FRCPath examination or equivalent

Autopsy

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviour	Teaching and learning methods	Assessment methods
Autopsy	Methods for identification of the patient External examination Able to identify major organs Evisceration techniques Organ weights Awareness of the techniques used for the preparation and examination of a body during an autopsy procedure Assist or observe sufficient autopsy procedures to gain experience of the common causes of death.	Able to identify gross pathological changes in major organs e.g. coronary artery disease, metastatic disease, cirrhosis, thrombosis and embolism Awareness of the role of histology in determining cause of death.	Describe the regulatory framework regarding consent and post mortem examination and regarding retention of organs and tissue	Observation of processes. Independent study Individual tuition by appropriate pathology and laboratory staff. Supervised experiential learning	Training logbook Work based assessments FRCPath examination or equivalent
Consent	Be conversant with current policy in relation to consent for autopsies and for tissue and organ retention Be conversant with current policy in relation to tissue and organ donation Understand the legal basis of consent to autopsy examination and the circumstances in which consent is not required	Be able to obtain consent for autopsies and for further investigations of tissues and whole organs	Be able to give explanation to families of the reasons for and, if requested, details of the investigations required by an autopsy examination Be able to explain to families when tissue organs may	Observation of processes. Independent study Individual tuition by appropriate pathology and laboratory staff. Supervised experiential learning	Work based assessments FRCPath examination or equivalent

			need to be sent away for expert review and options for funeral, disposal etc Understand issues of autopsy consent and tissue/organ retention Be aware of cultural and religious sensitivities relating to autopsy		
Health and safety	Be conversant with relevant protocols and documentation of departmental working practices, and be familiar with the practicalities of mortuary practice Have a working knowledge of local regulatory aspects of health and safety issues. Trainees need to be familiar with Britsh health and safety issues including familiarity with the Health Services Advisory Commission document *Safe working ad prevention of infection in the mortuary and autopsy suite*	Be able to work in the mortuary in a safe way	Care for the safety of all staff and visitors in the mortuary	Observation of processes. Independent study Individual tuition by appropriate pathology and laboratory staff. Supervised experiential learning	Work based assessments FRCPath examination or equivalent

Medico-legal issues	Be familiar with the duty to report deaths, the preliminary enquiries that may take place through the Magistrates' court and entitlement to attend autopsy examination of interested parties	A working knowledge of the law relating to death, the investigation of death and disposal of the dead			

B. Oral and Maxillofacial Pathology, including Cytopathology

Surgical pathology

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Teeth	Knowledge of common tooth classification systems Tooth morphology Developmental disorders of teeth Dental caries and its sequelae	Able to describe, identify and orient individual teeth Recognise gross abnormalities	Diagnose dental caries and pulpitis. Recognise structural abnormalities of the dental hard tissues of developmental origin in both ground and decalcified sections and offer at least a working diagnosis of developmental disorders of enamel and dentine. And offer at least a differential diagnosis of rarer disorders including those of cementum.	Individual study, supervised reporting and tuition by appropriate staff	Training logbook, Work based assessments FRCPath examination or equivalent
Periodontal ligament and gingiva	Sequelae of dental caries Inflammatory and reactive conditions	Soft tissue and gingival biopsies curettage	Able to recognise and diagnose the sequelae of dental caries Diagnose periodontal disease Diagnose common inflammatory and reactive conditions	Individual study, observation of laboratory processes, supervised reporting and tuition by appropriate staff	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Cysts of the jaws	All odontogenic and non-odontogenic cysts of the jaws, oral and perioral soft tissues, including pathogenesis, epidemiological, clinical, radiological and pathological features	Biopsy specimens, enucleation of cysts, excision specimens and resection specimens	Able to diagnose all odontogenic and non-odontogenic cysts of the jaws, oral and perioral soft tissues	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Odontogenic tumours	All benign and malignant odontogenic tumours, including pathogenesis, epidemiological, clinical, radiological and pathological features	Biopsy specimens, enucleation, excision specimens and resection specimens	Able to diagnose all benign and malignant odontogenic tumours or to at least offer a differential diagnosis on biopsy specimens and for the rarer tumours	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Oral mucosa	Developmental disorders, syndromes with manifestations in the oral mucosa, including related genetic disturbances Inflammatory and reactive conditions, granulomatous conditions, lichen planus and lichenoid reactions, vesiculobullous conditions, ulcerative conditions, infectious processes Potentially neoplastic and neoplastic conditions, including squamous cell carcinoma, neuroendocrine carcinoma, melanoma, soft tissue tumours and lymphoma	Incisional and excisional biopsies, resection specimens	Be able to diagnose the more common developmental mucosal disorders and offer a differential diagnosis for the less common ones Be able to diagnose the more common inflammatory conditions of the oral mucosa and offer a working or differential diagnosis for the rare conditions. Appropriate use of special stains. Appropriate interpretation of direct immunofluorescence Recognise and grade dysplasia Diagnose malignant lesions accurately on biopsy specimens Report cancer resection specimens accurately in accordance with current established guidelines and using the relevant datasets	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Salivary glands	Developmental disorders including polycystic disease, congenital duct cysts, heterotopia, congenital vascular lesions Inflammatory disorders including Sjogren's syndrome and lymphoepithelial sialadenitis, sialolithiasis, mucocoeles, infectious processes Neoplastic conditions including benign and malignant epithelial tumours, soft tissue tumours and lymphoma of salivary gland and of associated lymph nodes	Biopsies and excision specimens from major salivary glands, minor salivary glands and from sero-mucous glands in the upper aero digestive tract Resections specimens	Able to offer at least a differential diagnosis for developmental conditions Able to diagnose common inflammatory conditions and offer a differential diagnosis for less common conditions Diagnose cystic conditions Able to diagnose common benign and malignant epithelial salivary gland tumour and offer a differential diagnosis for the rarer tumours. Report malignant excision/resection specimens accurately in accordance with current established guidelines and using the relevant datasets Diagnose common lymphomas and offer at least a differential diagnosis of less common ones Diagnose common soft tissue tum ours which occur in major salivary glands and offer a differential diagnosis for the less common soft tissue tumours	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Lachrymal gland	Developmental, inflammatory and neoplastic conditions	Biopsies and excision specimens	Recognise common neoplastic and non-neoplastic conditions and offer at least a working diagnosis of the less common conditions	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Bones of the jaws and of the head	Developmental conditions Genetic diseases affecting bone Inflammatory and reactive bone conditions Fibro-osseous lesions Giant cell lesions Metabolic conditions Neoplastic disease Metastatic disease, including techniques to identify the primary tumour Relevant radiological features	Biopsies Resection specimens	Able to recognise and diagnose the more common inflammatory and infectious conditions including osteomyelitis and osteonecrosis Able to diagnose fibro-osseous lesions, giant cell lesions, Paget's disease of bone Offer a working diagnosis or a differential diagnosis for the less common conditions and for generalised bone conditions that affect the jaw bones and bones of the head Able to diagnose the more common benign and malignant bone tumours and offer a differential diagnosis for the less common tumours Haematoproliferative disorders affecting bone, recognise abnormalities in the bone marrow Diagnose metastatic tumours to bone	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Temporomandibular joint	Condylar hyperplasia Degenerative changes Osteoarthrosis Benign and malignant neoplasms Radiological correlation	Biopsies TMJ specimen in isolation or as part of a larger resection	Able to diagnose or at least offer a working diagnosis of common neoplastic and non-neoplastic conditions	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Sino-nasal complex	Normal anatomy and histology of the sinonasal tract. Clinical presentation of common diseases arising in the sinonasal tract, pathological features of common diseases arising in the sinonasal tract. Central nervous system tumours that can present in this site.	Biopsies Nasal polypectomy Nasal skin Nasal cartilages Maxillectomy Ethmoid and sphenoid bone block resection	Able to diagnose common inflammatory conditions, benign and malignant tumours including Schnederian papilloma, carcinoma, including neuroendocrine carcinoma, tumours derived from sero-mucous glands, lymphoma, melanoma and soft tissue tumours. Offer at least a differential diagnosis for the rarer tumours. Knowledge of and appropriate use of cancer datasets for carcinoma..	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Nasopharynx and oropharynx	Normal anatomy and histology. Clinical presentation of common diseases, pathological features of benign and malignant conditions that may arise in the site. Central nervous system tumours that can present in this site.	Post nasal space biopsies Tonsil, base of tongue biopsies Tonsillectomy Adenoidectomy Resection specimens	Reactive hyperplasia, inflammatory conditions, lymphoma, carcinoma, soft tissue tumours. Knowledge of and appropriate use of cancer datasets for carcinoma.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Hypopharynx and trachea	Normal anatomy and histology Clinical and pathological features of common conditions arising in or affecting these sites	Biopsies Excision/resection specimens, as single specimens or in combination with other structures such as the larynx	Diagnose or at least offer a differential diagnosis of conditions arising in or affecting this site including inflammatory and degenerative conditions and benign and malignant neoplasms	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Larynx	Normal anatomy and histology. Clinical and pathological features of common conditions arising in or affecting the larynx	Biopsies, mucosal laser excision specimens, laryngectomy	Able to diagnose common inflammatory conditions of the larynx, Able to diagnose and grade epithelial dysplasia and squamous cell carcinoma. Offer at least a differential diagnosis for the less common tumours including tumours of sero-mucous glands, neuroendocrine carcinoma, lymphoma, melanoma, soft tissue tumours and tumours of cartilage.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Skin of the head and neck	Common reactive and inflammatory conditions. Basic patterns of inflammatory dermatosis. Clinical and pathological features of common skin conditions and of benign and malignant tumours. Basic knowledge of benign and malignant skin adnexal tumours. Clinical and pathological features of cutaneous lymphoma	Punch biopsies, shave biopsies, incisional biopsies, excision specimens, resection specimens, including pinnectomy specimens and skin resections that include deep structures.	Able to recognise skin inflammatory patterns and offer a differential diagnosis in inflammatory dermatosis with clinic-pathological correlation. Able to diagnosis common lesions including cysts and reactive lesions. Able to diagnose squamous cell carcinoma, basal cell carcinoma and Merkel cell carcinoma. Able to diagnose, or, in the more difficult cases offer a working diagnosis for benign and malignant melanocytic lesions. Able to offer at least a working diagnosis of cutaneous lymphoma. Use of appropriate cancer datasets.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Lymph nodes and neck	Normal anatomy of the neck. Clinical, imaging characteristics and pathological features of common developmental, inflammatory and reactive conditions. Reactive lymph node hyperplasia. Other non-neoplastic lymph node disease. Lymphoma. Metastatic disease. Benign and malignant soft tissue tumours that may arise in the neck.	Lymph node excision specimens, sentinel lymph nodes, core biopsies Neck dissection specimens Branchial cysts and thyroglossal duct cysts Biopsies and excision specimens for soft tissue tumours	Able to diagnose developmental conditions including branchial cleft anomalies and thyroglossal duct cysts, and salivary and thyroid heterotopia. Able to diagnose reactive lymph node hyperplasia. Able to give a differential diagnosis for granulomatous inflammation in lymph nodes. Able to diagnose metastatic carcinoma and use ancillary techniques to suggest possible site of the primary tumour Able to offer at least a differential diagnosis for lymphoma and know when to refer for specialist diagnosis Able to diagnose the more common benign and malignant soft tissue tumours that may be encountered in the neck and offer at least a differential diagnosis for the less common tumours Able to write a complete and accurate report for neck	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

			dissections specimens, using the appropriate datasets		

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Thyroid gland	Normal anatomy and histology of the thyroid gland. Clinical, imaging characteristics and pathological features of common diseases of the thyroid gland	Thyroid lobectomy and total thyroidectomy	Able to diagnose common thyroid inflammatory diseases and neoplastic conditions. Awareness that endocrine pathology is a specialist area and certain cases require expert pathologist opinion.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Parathyroid glands	Normal anatomy and histology of the parathyroid glands. Clinical, imaging characteristics and pathological features of parathyroid hyperplasia, parathyroid adenoma and parathyroid carcinoma.	Parathyroid glands, including frozen sections	Able to diagnose or offer a differential diagnosis for parathyroid hyperplasia, parathyroid adenoma and parathyroid hyperplasia. Recognise intrathyroid parathyroid parenchyma. Able to recognise parathyroid tissue in frozen section. Awareness that endocrine pathology is a specialist area and certain cases require expert pathologist opinion.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Paraganglionic system	Normal anatomy and distribution of the paraganglionic system in the head and neck. Clinical and pathological features of paragangliomas.	Biopsies and excision specimens	Able to diagnose paraganglioma	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Frozen sections	Awareness of the applications and limitations of frozen sections	Able to sample specimens received for frozen section	Able to diagnose squamous cell carcinoma in frozen section. Able to recognise tumour in frozen sections received for assessment of surgical margins. Recognise parathyroid tissue in frozen sections. Able to recognise metastatic tumours in lymph nodes received for assessment by frozen section	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Cytopathology

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Lymph nodes of the neck and branchial cleft cysts	Uses and limitations of FNA in this context Squamous cell carcinoma, papillary carcinoma and of other types metastatic carcinoma Cytological features of reactive lympohadenopathy, Hodgkin lymphoma and non-Hodgkin lymphoma Appropriate use of cell blocks in this context, including immunohistochemistry Use of flow cytometry on lymph node FNA specimens Interpretation of flow cytometry results	Prepare an air-dried or fixed specimen from a lymph node FNA	Able to diagnose metastatic squamous cell carcinoma Able to diagnose metastatic papillary thyroid carcinoma Give at least a differential diagnosis for metastatic salivary gland carcinoma Give a differential diagnosis for other metastatic carcinomas of unknown primary Recognise the cytologic features of reactive lymphadenopathy, including granulomatous lymphadenopathy Diagnose high grade non-Hodgkin lymphoma Diagnose or raise the suspicion for Hodgkin lymphoma Raise the possibility of low grade non-Hodgkin lymphoma Suggest a diagnosis of a branchial cleft cyst	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Salivary glands	Pathology of salivary glands. Uses and limitations of FNA in this context Clinical, imaging characteristics and cytological features of common diseases of salivary glands Appropriate use of cell blocks in this context	Prepare an air-dried or fixed specimen from a lymph node FNA	Recognise inflammatory changes Give at lease a differential diagnosis for salivary gland tumours	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Thyroid gland	Pathology of the thyroid gland Uses and limitations of FNA in this context Clinical, imaging characteristics and cytological features of common diseases of the thyroid gland Appropriate use of cell blocks in this context	Prepare an air-dried or fixed specimen from a thyroid FNA	Able to diagnose papillary thyroid carcinoma in thyroid FNAs Able to recognise other malignancy in thyroid FNAs , including medullary carcinoma, poorly differentiated carcinoma and anaplastic carcinoma and to offer at least a differential diagnosis for these. Raise the suspicious of lymphoma when indicated	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

C. General histopathology of particular relevance to head and neck pathologists

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
General	Have a deep knowledge of the pathology of general pathology and pathology of all organ systems	Able to identify different types of specimens and be able to orientate, cut up and mark as appropriate common biopsy and resection specimens Able to identify, orientate and prepare specimens for frozen section examination.	Be familiar with the full range of microscopy techniques including light microscopy, immunofluorescence microscopy, telepathology and image cytometry. Have a basic knowledge of electron microscopy and of ultrastructure.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Skin	Common reactive and inflammatory conditions. Basic patterns of inflammatory dermatosis. Clinical and pathological features of common skin conditions and of benign and malignant tumours. Basic knowledge of benign and malignant skin adnexal tumours. Clinical and pathological features	Punch biopsies, shave biopsies, incisional biopsies, excision specimens and skin resections that include deeper structures	Able to diagnose common cystic and inflammatory conditions of the skin and common benign and malignant epidermal and adnexal tumours Offer a working of differential diagnosis of more rare lesions Diagnose cutaneous lymphoma and offer a differential diagnosis for the rarer types	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

	of cutaneous lymphoma				

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Haematolymphoid pathology	Patterns of reactive lymph node hyperplasia Other non-neoplastic lymph node diseases Clinical, pathological and cytogenetic features of lymphoma Clinical and pathological features of reticulohistiocytosis Understand the concept of flow cytometry and understand flow cytometry plots Knowledge of relevant molecular techniques including their role in the diagnosis of haematolymphoid malignancy	Core biopsies Lymph node specimens Able to take samples for flow cytometry Able to do touch preparations	Diagnose reactive lymphadenopathy and other non-neoplastic disease of lymph nodes such as Castleman disease Diagnose Hodgkin lymphoma and common non-Hodgkin lymphoma Offer a differential diagnosis for less common non-Hodgkin lymphomas and for common lymphomas with atypical features. Recognise that this is a specialist branch of histopathology and know when cases are best worked up and diagnosed in a specialist centre	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Soft tissue pathology	Clinical, pathological and, where appropriate, genetic features of soft tissue tumours Awareness of the range and uses of immunohistochemical, molecular and cytogenetic techniques used in the diagnosis of soft tissue lesions. Role of molecular techniques in the diagnosis of soft tissue tumours	Core biopsies Incisional biopsies Excision specimens Resections specimens and amputations	Able to diagnose common reactive or neoplastic soft tissue lesions Offer a differential diagnosis for the rarer soft tissue lesions. Able to order an appropriate range of immunohistochemical and/or molecular tests for the diagnostic work up of soft tissue tumours. Recognise that this is a specialist branch of histopathology and know when cases are best worked up and diagnosed by a specialist.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Osteo-articular pathology	Clinical, radiological, pathological and, where appropriate, cytogenetic features of bone tumours Clinical and pathologic features of bone lymphomas Decalcification techniques	Biopsies, including core biopsies Resection specimens and amputation	Diagnose or offer a working diagnosis for inflammatory, infectious and metabolic bone diseases including, but not limited to osteomyelitis and Paget's disease of bone Diagnose or offer a working diagnosis for the commoner benign and malignant bone tumours and offer a working diagnosis for the rarer bone tumours, including primary lymphoma of bone. Recognise that this is a specialist branch of histopathology and know when cases	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

			are best worked up and diagnosed by a specialist.		

Subject	Knowledge	Macroscopy	Microscopy	Learning methods	Assessment
Gastrointestinal pathology	Clinical and pathological features of inflammatory bowel disease and of coeliac disease Clinical and pathological features of neoplastic disease of the gastrointestinal tract	Biopsies, Resection specimens	Able to diagnose common benign and malignant tumours of the gastrointestinal tract mucosa and of the oesophagus. Able to diagnose and appropriately stage colorectal cancer specimens. Offer a working or differential diagnosis for other and rare lesions. Use appropriate cancer datasets as appropriate	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent
Other areas of surgical pathology	Clinical and pathological features of common neoplastic and non-neoplastic disease of the various organ systems	Able to recognise, orientate and mark as appropriate, biopsies and common resection specimens.	Able to recognise common malignancies which may metastasise to the head and neck including common neoplasms of the lungs, breast, kidneyand prostate. Able to order an appropriate range of immunocytochemical or molecular tests which may help identify the source of a metastasis to the head and neck region.	Individual study, observation of laboratory processes, supervised reporting, tuition by appropriate staff, attendance of courses and conferences	Training logbook, Work based assessments FRCPath examination or equivalent

D. Generic skills and attitudes

1. Health determinants and inequalities

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Nationality and culture	Recognise that good health includes both mental and physical health Recognise the relationship between health inequalities and wealth inequalities Be aware of social and cultural issues and practices such as: • The impact of cultural beliefs and practices on health outcomes • Health determinants that affect patients and communities • The effects of social and cultural issues on access to healthcare, including an understanding of health issues of migrants and refugees Be aware of the national and international situation regarding distribution of disease, of the	Communicate effectively with patients from diverse backgrounds and with those who have special communication needs, such as the need of interpreters etc Communicate effectively and respectfully with parents, carers etc	Recognise issues of health that are related to social class	Work based experiential learning Discussion with colleagues National educational meetings and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

	factors that determine health and disease and of major population health responses Be aware of the impact of globalisation on health, of major causes of global morbidity and mortality and effective and affordable interventions to reduce these Be aware of the impact on health of armed conflict, natural disasters and other social upheavals				

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Inequality and discrimmination/ stigmatising	Understand the implications of disability discrimination legislation for healthcare Recognise how health systems can discriminate against patients form diverse backgrounds e.g. in respect of age, gender, race, culture, disability, spirituality, religion and sexuality, and how to work to minimise this discrimination. Recognise the stigmatising effects of some illnesses and work to help in overcoming stigma Recognise that people can be denied employment opportunities unnecessarily because of myths, stigma, dogma and insufficient advocacy and support; be aware of the role of doctors and services in combating this inequality	Respect diversity and recognise the benefits it may bring, as well as associated stigma Be aware of the possible influence of and sensitively include questions about socio-economic status, household poverty, employment status and social capital in taking a medical history Assess a patient's ability to access various services in the health and social system and offer appropriate assistance Help to empower patients to negotiate complex systems to improve health and welfare including, where appropriate, the right to work Where the values and perceptions of health and health promotion conflict, facilitate balanced and	Respect diversity of status and values in patients and colleagues Adopt assessments and interventions that are inclusive, respectful of diversity and patient-centred	Work based experiential learning Discussion with colleagues National educational meetings and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

	Recognise the effects of exclusion and discrimination on physical and mental health	mutually respectful decision making Identify and communicate effectively with influential decision-makers/facilitators of change			

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Personal beliefs and biases	Recognise that personal beliefs and biases exist and understand their impact, both positive and negative, on the delivery of health services Be aware of the impact of globalisation on health, major causes of global morbidity and mortality, and effective and affordable interventions to reduce these Be aware of similarities and distinctions between the beliefs of the doctor, the patient and the policy makers	Recognise the doctors role as advocate and manager in routine practice Advocates and facilitates appropriate self care Recognise and be able to address the social, biological and environmental determinants of health (the bio-psycho-social model or the bio-socio-psycho-existentialist model) and collaborate with other professionals	Be confident and positive in one's own professional values Be aware of one's own behaviour and how it might impact on patient's health issues	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Values, ethics and law	Ensure that all decisions and actions are in the best interest of patients and the public good Be familiar with and uphold the rights of children and of vulnerable adults and be familiar with and uphold the rights of disabled persons to participate in healthy and rewarding employment	Seek out and utilise opportunities for health promotion and disease prevention Based on an understanding of risk, be able to apply epidemiological principles and public health approaches so as to reduce and prevent	Respond to people in an ethical, honest and non-judgmental manner Use appropriate methods of ethical reasoning to come to a balanced decision where complex and		

	Practice in accordance with an appropriate knowledge of contemporary legislation Act with appropriate professional and ethical conduct in challenging situations	disease and improve the health of populations Recognise important issues in preventive healthcare e.g. in sexual health, substance abuse etc, and take opportunities to raise these issues in health promotion.	conflicting issues are involved		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Policy, research and change	Be aware of current national screening programmes Be aware of issues that might affect health inequalities that are currently under debate regarding changes in the public health services, including public policy process Be aware of and maintain up to date knowledge of research evidence regarding the most important determinants of health Know how to access and use local health data Know how to access resources for community action and advocacy	Be able to access and make use of appropriate population, demographic, socio-economic and health data Be able to conduct an assessment of community health needs, and take necessary action where appropriate	A lifelong habit of reading and staying current with topical issues A questioning attitude to national health policies	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

2. Maintaining good medical practice

Objective: to keep knowledge, skills and appropriate attitudes up to date

New specialists should:

- Take responsibility for and keep up to date in their own relevant professional and personal development, and to facilitate that of others
- Acknowledge that the balance of their skills and expertise will change as their careers progress and they specialise in certain areas of clinical practice
- Trainees should hold at least one position of responsibility during training and attend at least one management course

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Overall clinical judgement	Demonstrate sufficient clinical and pathology knowledge to enable integration of clinical data and pathological features	Correctly interpret test results in the context of available clinical information	Critically appraise the available clinical and laboratory data when making diagnostic/treatment decisions	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Recognise own limitations	Be aware of the extent of one's own limitations and know when to ask for advice		Consult and admit mistakes		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Written records	Demonstrate knowledge of the appropriate content of clinical records Recognise the problems faced by people for whom Maltese/English is not a first language Recognise the problems faced by people with educational and/or physical disabilities Explain the relevance of data protection pertaining to patient confidentiality	Produce accurate and timely reports with clear conclusions and other written correspondence	Demonstrate awareness of the importance of timely dictation, the cost-effective use of medical secretaries and of electronic communication Be aware of the need of prompt and accurate communication with clinicians Show courtesy towards medical secretaries and clerical staff	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Decision making	Demonstrate in practice the clinical priorities for investigation and management	Analyse and manage clinical problems effectively Be able to prioritise	Be flexible and willing to change in the light of changing conditions Ask for help when necessary		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Lifelong learning	Demonstrate in practice the importance of continuing professional education	Recognise and use learning opportunities Use the potential of study leave to keep up to date Be able to maintain a professional portfolio Monitor own performance through audit and feedback	Be self-motivated and eager to learn Show willingness to learn from colleagues and to accept constructive feedback	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Good use of information technology	Use email, internet, fax and telephone appropriately Know how to retrieve and use data recorded in clinical systems Know how to do literature searches and use medical databases Demonstrate an understanding of the range of possible uses for clinical data and information and appreciate the dangers and benefits of aggregating clinical data Define the main features, responsibilities and liabilities in Malta and Europe pertaining to confidentiality Correctly apply the principles of healthcare-related coding systems Apply the principles of videoconferencing, including recognition of the strengths and pitfalls of these system	Demonstrate competent use of databases, word processing ad statistics programmes Find, access and evaluate websites and health-related databases, including literature searches Apply the principles of confidentiality in the context of IT. Use digital imaging devices effectively and mange image resolution and colour-space Use videoconferencing and telepathology equipment when necessary Use data encryption and passwords appropriately Use coding systems effectively	Be prepared to use IT tools within a diagnostic and, where relevant, research setting Demonstrate and understanding of the importance of accurate diagnostic coding Keep up to date with new developments within IT that are pertinent to histopathology Be prepared to invest time and effort in learning new IT skills as appropriate to one's role Be aware of ethical issues that might	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Work based assessments FRCPath examination or equivalent

			arise during the use of IT tools such as patient databases		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
The organisational framework for clinical governance and its application in practice	Demonstrate an understanding of these important aspects of clinical governance: • Medical and clinical audit • Research and development • Integrated care pathways • Evidence-based practice • Clinical effectiveness • Clinical risk systems • The procedures and the effective action when things go wrong in one's own practice and in that of others • Complaints procedures • Risk assessments Explain the benefits a patient might reasonably	Be an active participant in clinical governance Undertake medical and clinical audit Be actively involved in audit cycles Be active in research and development Critically appraise medical data research Practice evidence-based medicine Aim for clinical effectiveness and best practice at all times Educate self, colleagues and other healthcare professionals Deal with complaints in a focused and constructive	Make the care of patients the primary concern Respect patients' privacy, dignity and confidentiality Be prepared to learn from mistakes, errors and complaints Recognise the importance of teamwork Share best practice with others	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Work based assessments FRCPath examination or equivalent

	expect from clinical governance	manner and learn from complaints			

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Risk management	Demonstrate appropriate knowledge of such matters as health and safety policy, note keeping, communication and manpower issues Demonstrate appropriate knowledge of risk management issues pertinent to laboratory processes Demonstrate appropriate knowledge of risk assessment, perception and relative risk Be familiar with the complication and side effects of treatments and investigations	Confidently and authoritatively discuss relevant risks with patients and obtain informed consent Balance risks and benefits with patients	Respect and accept patients' views and choices Be truthful and admit error to patients, relatives and colleagues	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports DOPS Work based assessments FRCPath examination or equivalent
Evidence	Demonstrate an understanding of The principles of evidence based medicine Types of clinical trial Types of evidence	Critically appraise evidence Be competent in the use of databases, libraries and the internet	Display a keenness to use evidence in the support of patient care and own		

		Discuss the relevance of evidence with individual patients and/or their families	decisions therein		
Subject	**Knowledge**	**Skills and knowledge application**	**Attitudes and behaviours**	**Learning methods**	**Assessment**
Clinical audit	Competently utilise the audit cycle, data sources and data confidentiality Understand the principles of internal and external quality assurance	Be involved in ongoing audit Initiate and complete at least one clinical audit project per year	Consider the relevance of audit and the benefit to patient care and individual performance i.e. to clinical governance	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Guidelines	Assess the advantages and disadvantages of guidelines	Demonstrate the ability to utilise guidelines Be able to contribute to the evolution of guidelines	Show regard for individual patient needs when using guidelines Show willingness to use guidelines as appropriate	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports DOPS Work based assessments FRCPath examination or equivalent
Structure of the public health services and the principles of management including change management	Describe the structure of the public health service Describe the hospital management structure including chief executives, medical superintendent, medical directors, clinical directors and laboratory management Explain finance issues in general especially budgetary management Explain the importance of a health service to the population	Demonstrate developing skills in managing change and managing people Demonstrate developing interviewing techniques including those required for performance reviews Ability to build a business plan Ability to utilise one's position in the public service to best effect	Show an awareness of equity in healthcare access and delivery Demonstrate an understanding of the importance of a health service for the population Show respect for others, ensuring equal opportunities		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Relevance of outside bodies	Demonstrate a knowledge of the role and relevance to professional life of the • Malta College of Pathologists • The Malta Medical Council • Medical protection • Medical Association of Malta • Specialist societies, including local medical colleges and associations • Specialists Accreditation Committee Demonstrate knowledge of government health regulatory bodies and external quality assurance schemes	Recognise situations when it would be appropriate to involve these bodies	Be open to constructive criticism Accept professional regulation	Work based experiential learning Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Work based assessments FRCPath examination or equivalent
Media awareness	Explain the importance of media awareness and public communication training and where to obtain it	Recognise situations when it may be appropriate to implement such training and/or seek further advice	Act professionally Be willing to ask for help		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Planning	Demonstrate knowledge of: The structure, financing and operation of the public health service and its constituent bodies Ethical and equality aspects relating to management and leadership e.g. approaches to use of resources/rationing, approaches to involving the public and patients in decision making Business management principles: priority setting and basic understanding of how to produce a business plan The requirements of running a department, unit or practice relevant to the specialty Explain the concept of and principles of good information governance Maintain information security. Including use of passwords and data encryption Demonstrate a working knowledge of the range of pathology-related material available on the internet Be able to find and evaluate specific resources, including molecular, image and text data Be aware of web-based IT tools	Develop and implement protocols and guidelines Analyse feedback and comments and integrate them into plans for the service	Demonstrate an awareness of equity in healthcare access and delivery	Work based experiential learning especially participation in the departmental management team Discussion with colleagues National and international educational meetings and conferences	Educational supervisor's reports Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Managing resources	Demonstrate and effective knowledge of: Efficient use of clinical resources to provide care Contracting arrangements relevant to the specialty How financial pressures experienced by the specialty department and organisation are managed	Demonstrate the ability to: Use clinical audit with the purpose of highlighting resources required Manage time and resources effectively in terms of delivering service to patients	Show a commitment to the proper use of public money and take action when resources are not used efficiently ad effectively Demonstrate awareness that in addition to patient specific clinical records, clinical staff also have responsibility for other records	Work based experiential learning especially participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Managing people	Demonstrate knowledge of: Relevant legislation e.g. equality, health and safety and employment law and of local human resources policy The duties, rights and responsibilities of an employer and	Demonstrate the ability to: Prepare rotas, delegate, organise and lead teams Contribute to the recruitment and selection of staff Contribute to staff development and training, including	Demonstrate: A willingness to supervise the work of less experienced colleagues Commitment to good		

	of a co-worker e.g. looking after occupational safety of fellow staff Individual performance review purpose, techniques and processes, including difference between appraisal, assessment and revalidation	mentoring, supervision and appraisal	communication whilst also inspiring confidence and trust		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Managing performance	Demonstrate knowledge of: Organisational performance management techniques and processes How complaints arise and how they are managed	Demonstrate the ability to: Use and adhere to clinical guidelines and protocols, morbidity and mortality reporting systems, and complaints management systems Improve services following evaluation/performance management	Respond constructively to the outcome of reviews, assessments or appraisals of performance Demonstrate an understanding of the needs and priorities of non-clinical staff	Work based experiential learning especially participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Identifying the context for change	Summarise: The responsibilities of hospital executives, clinical directors and leaders The function and responsibilities of national bodies, representative bodies, regulatory bodies, educational and training organisations	Discuss national health priorities and how they impact on the delivery of healthcare relevant to the specialty Identify trends, future options and strategy relevant to the specialty and to delivering patient services	Comply with national guidelines that influence healthcare provision. Willingly articulate strategic ideas and use effective influencing skills		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Applying knowledge and evidence	Demonstrate knowledge of: Patient outcome reporting systems within the specialty and the organisation and how these relate to national programmes Research methods and how to evaluate scientific publications, including the use and limitations of different methodologies for collecting data	Demonstrate the ability to: Compare and benchmark healthcare services Use a broad range of scientific and policy publications relating to delivering healthcare services	Evaluate issues and potential solutions before acting	Work based experiential learning especially participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback DOPS End of stage assessment FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Making decisions	Demonstrate knowledge of: How decisions are made by individuals, teams and the organisation Effective communication strategies within organisations	Demonstrate the ability to: Prepare properly for meetings – reading agendas, understanding minutes, action points and doing background research on agenda items Work collegiately with a wide range of people outside the immediate clinical setting	Demonstrate: An appreciation of the importance of involving the public and communities in developing health services Willingness to participate in decision-making processes beyond the immediate clinical care setting	Work based experiential learning especially participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Evaluating impact	Demonstrate an understanding of: Impact mapping of service change Barriers to change Qualitative methods to gather the experience of patients and carers	Demonstrate the ability to: Evaluate outcomes and re-assess the solutions through research, audit and quality assurance activities Understand the wider impact of implementing change in healthcare provision and the potential for opportunity costs	Demonstrate a commitment to implementing proven improvements in clinical practice and services and to obtain the evidence base before declaring effectiveness of changes. Adopt and behaviours that		

			assist dissemination of good practice.		

3. Teaching and training, appraising and assessing

Objective: To demonstrate the knowledge, skills and attitudes to provide appropriate teaching and to participate in effective research
New specialists will:
Be able to demonstrate the potential to teach and train effectively at all levels of undergraduate and postgraduate education where required
Be capable of judging competence and professional attributes in others

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
To have the skills attitudes and practices of a competent teacher	To have the skills attitudes and practices of a competent teacher	Knowledge and application of adult learning principles Identify learner needs Structure of a teaching activity Varied teaching strategies Identify learning styles Principles of evaluation	Facilitate learning process Identify learning outcomes Construct educational objectives Design and deliver an effective teaching event Communicate effectively with the learners Use effective questioning techniques Teach large and small groups effectively Select and use appropriate teaching resources Give effective constructive feedback Evaluate programmes and events Use different media for teaching that are appropriate to the teaching setting	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
To be able to plan and analyse a research project	Know the principles of performing a research study Know how to use appropriate statistical methods Know the principles of research ethics and the structure and function of the research ethics committee Know how to write a scientific paper Understand the principles of research funding and how to obtain it	Undertake systematic critical review of scientific literature Ability to frame questions that are to be answered by a research project Develop protocols and methods for research Be able to use databases Be able to accurately analyse data Be able to write a scientific paper Have good written and verbal communication skills Participate as part of a team involved in a research project or write two case reports by the end of training, and be able to demonstrate their role in publication or presentation	Demonstrate curiosity and a critical spirit of enquiry Ensure patient confidentiality Demonstrate knowledge of the importance of ethical approval and patient consent for clinical research Humility	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Appraisal and assessment	Understand the concepts of appraisal and assessment Understand how to conduct an appraisal interview or assessment	Able to maintain an appraisal portfolio Develop the ability to undertake an effective appraisal or assessment	Demonstrate a positive attitude to appraisal Be aware of equality and diversity issues as they relate to appraisal	Work based experiential learning especially participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Work based assessments FRCPath examination or equivalent

4. Relationship with patients

Objective: To ensure that the trainee has the knowledge, skills and attitudes to act in a professional manner at all times
New specialists will:
Be skilled in building relationships of trust with patients and their families through effective interpersonal skills, a courteous and compassionate approach and respect for their privacy, dignity and cultural and religious beliefs
Follow the principles and legal aspects of consent and confidentiality
Be able to manage difficult and complex situations with patients and their families, to advise them appropriately and to manage complaints effectively

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Patient safety	Understand the issues around patient safety	Demonstrate awareness of patient safety in a practical situation	Show regard for patient safety	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Continuity of care	Understand the importance and relevance of continuity of care	Ensure satisfactory completion of reasonable tasks at the end of the shift/day with appropriate handover Ensure appropriate documentation of/for handover Make adequate arrangements to cover leave	Recognise the importance of punctuality and attention to detail Recognise the importance of communication with patients/carers		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Informed consent	Know the process for gaining informed consent Understand the principles of consent issues as these relate to cellular pathology, clinical practice and research Know how to gain consent for a research project	Give appropriate information in a manner patients understand and be able to gain consent from patients Demonstrate appropriate use of written material	Respect for patients' and relatives' points of view and wishes Consider the patient's needs as an individual	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Confidentiality	Be aware of relevant strategies to ensure confidentiality Be aware of situations in which confidentiality might be broken Have a thorough understanding of the Data Protection Act and of GDPR	Use and share all information appropriately Avoid discussing one patient in from on another Be prepared to seek patient's wishes before disclosing information	Respect the right to confidentiality		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Within a consultation	Know how to structure the interview to identify the patient's: concerns/problem list/priorities expectations understanding acceptance	Listen Use 'open' questions followed by appropriate 'closed' questions Avoid jargon and familiar language Be able to communicate both verbally and in writing with patients whose first language might not be Maltese or English, in a manner that they understand Use interpreters appropriately Give clear information and feedback to patients and share information with relatives when appropriate Reassure 'worried well' patients	Demonstrate an understanding of the need for: involving patients in discussions offering choices respecting patients' views dress and appearance that is appropriate to the clinical situation and to patients	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Complaints	Have awareness of local complaints procedures Have an awareness of systems of independent review	Manage dissatisfied patients/relatives Anticipate potential problems	Act promptly and with honesty and sensitivity Be prepared to accept responsibility	Work based experiential learning and participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Doctor-patient relationship	Understand all aspects of a professional relationship Establish limiting boundaries surrounding the consultation Deal with challenging behaviour in patients who transgress those boundaries e.g. aggression, violence, racism and sexual harassment	Help the patient appreciate the importance of cooperation between patient and doctor Develop a relationship that facilitates solutions to patient's problems Deal appropriately with behaviour falling outside the boundary of the agreed doctor-patient relationship in patients e.g. aggression, violence, racism and sexual harassment	Adopt a non-discriminatory attitude to all patients and recognise their needs as individuals Seek to identify the healthcare belief of the patient Acknowledge the patient's right to accept or reject advice		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Educating patients about: disease investigations therapy	Know investigation procedures including possible alternatives and choices Be aware of strategies to improve adherence to therapies	Give information to patients clearly, in a manner that they can understand. This could include written information. Encourage questions	Consider involving patients in developing mutually acceptable investigation plans Encourage patients to access: further information patient support groups	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Environmental and lifestyle risk factors	Understand the risk factors for disease including: diet exercise social deprivation occupation substance abuse behaviour	Advise on lifestyle changes Involve other healthcare workers as appropriate	Suppress any display of personal judgement		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Legal issues	Understand the legal issues relating to surgical pathology and cytopathology reporting Know the legal responsibilities of completing death certificates Understand the legal framework of Magisterial enquiries, including the types of death that should be referred to the police	Liaison with police/magistrate	Act with compassion at all times	Work based experiential learning Discussion with colleagues	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Ensuring patient safety	Demonstrate knowledge of: risk management issues pertinent to the specialty, potential sources of risk and risk management tool, techniques and protocols how healthcare governance influences patient care, research and educational activities at all levels	Demonstrate the ability to: report clinical incidents assess and analyse situations, services and facilities in order to minimise risk to patients and the public monitor the quality of equipment and safety of environment relevant to the specialty	Actively seek advice whenever concerned about patient safety Willingness to take responsibility for clinical governance activities, risk management and audit in order to improve quality of service	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Epidemiology and screening	Describe the methods of data collection and their limitations Apply principles of primary and secondary prevention and screening	Assess an individual patient's risk factors Encourage participation in appropriate disease prevention or screening programmes	Consider the: positive and negative aspects of prevention importance of patient confidentiality Respect patients' choices	Work based experiential learning Discussion with colleagues National and international educational trmeetings, training courses and conferences meetings and training courses	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Critical evaluation	Demonstrate a good working knowledge of: quality improvement methodologies including a range of methods of obtaining feedback from patients, the public and staff the principles and processes of evaluation, audit, research and development, clinical guidelines and standard setting in improving quality	Demonstrate ability to: undertake an audit project contribute to meetings which cover audit, critical incident, report patient outcomes	Listen to and reflect on the views of patients and carers Deal with complaints in a sensitive and cooperative manner Act as an advocate for the service	Work based experiential learning and participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Encouraging innovation	Apply a variety of methodologies for developing creative strategies for improving services	Demonstrate the ability to: question existing practice in order to improve service apply creative thinking approaches, methodologies and techniques in order to propose solutions to service issues	Be open minded to new ideas Have a proactive approach to new technologies and treatments Support colleagues who voice new ideas		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Facilitate transformation	Demonstrate knowledge of: the implications of change on systems and people project management methodology	Demonstrate the ability to: provide medical expertise in situations beyond those involving direct care make effective written and verbal presentations	Be positive about improvement and change Strive for continuous improvement in delivering patient care services	Work based experiential learning and participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

5. Working with colleagues

Objective: to demonstrate good working relationships with colleagues and appropriate communication skills

New specialists will:

strive for continuous improvement in all aspects of their work and that of colleagues whilst being mindful of priorities and high standards

have effective interpersonal skills which enable them to bring out the best in colleagues, to resolve conflicts when they arise and to develop working relationships within the team

support teams that bring together different professions and disciplines and other agencies in order to provide high quality healthcare

develop an understanding of leadership by drawing on values, strengths and abilities to deliver high standards of care

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Working with clinical teams	Describe how a team works effectively Explain the roles and responsibilities of team members, especially within the department and within multidisciplinary teams Summarise the role of other clinical specialties and their limitations Demonstrate knowledge of a wide range of leadership styles and approaches and their applicability to different situations and people	Communicate effectively. Seek advice if unsure. Recognise when input from another specialty is required for individual patients Work effectively with other healthcare professionals including demonstration of material at MDT meetings Respect skills and contribution of colleagues Recognise and work within own limitations Recognise when to delegate Show leadership and supervise safely Enable individuals, groups and agencies to implement plans and decisions	Show respect for the opinion of others Be conscientious and work cooperatively Respect colleagues , including non-medical professionals, and recognise good advice Recognise and work within own limitations Show recognition of a team approach and willingness to consult and work as part of a team	Work based experiential learning and participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

		Identify and prioritise tasks and responsibilities including safe supervision and delegation of tasks			

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Communication with colleagues	Communicate with other members of the pathology department, other departments and other members of the MDT Communicate appropriately in writing, through letters, emails and reports Justify when to phone a general practitioner or other clinician	Use appropriate language Select an appropriate communication method	Be prompt and respond courteously and fairly	Work based experiential learning and participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Complaints	Have awareness of the local complaints procedures Have awareness of systems of independent review	Anticipate potential problems Manage dissatisfied colleagues	Act promptly with honesty and sensitivity Be prepared to accept responsibility		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Interactions between: hospital and general practitioners hospital and other agencies e.g. social services medical and surgical specialties	Describe how a team works effectively Explain the roles and responsibilities of team members, especially within the department and within MDTs Summarise the roles of other clinical specialties and their limitations	Delegate, show leadership and supervise safely Communicate effectively Handover safely Seek advice if unsure Recognise when input for another specialty is required for individual patients Work effectively with general practitioners, surgical specialists and other healthcare professionals	Show respect for the opinions of others Be conscientious and work cooperatively Respect colleagues, including non-medical professionals, and recognise good advice Recognise and work within own limitations	Work based experiential learning and participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Creating an environment in which mistakes and mismanagement of patients can be discussed and lessons learned	Knowledge of established procedures and guidelines	Recognise the advantages and disadvantages of guidelines Report and investigate critical incidents Take appropriate action if you suspect that you or a colleague is not fit to practice	Uphold patient safety at all times A respectful but assertive attitude Seek appropriate advice	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Self awareness	Demonstrate knowledge of: ways in which individual behaviours impact on others; personality types, group dynamics, learning styles, leadership styles methods of obtaining feedback from others	Maintain and routinely practice self-awareness, including the ability to discuss strengths and weaknesses with supervisor, recognise external influences and changing behaviour accordingly Show awareness of and sensitivity to the way in which cultural and religious beliefs affect approaches and decisions, and to respond respectfully	Adopt a patient-focused approach to decisions that acknowledge the rights, values and strengths of patients and the public Recognise and show respect for diversity and difference on others		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Self-management	Appropriately apply tools and techniques for managing stress Recognise the role and responsibility of occupational health and other support networks Recognise the limitations of self professional competence	Recognise the manifestations of stress on self and others and know where and when to look for support Balance personal and professional roles and responsibilities Prioritise tasks, and have realistic expectations of what can be achieved by self and by others	Be conscientious, able to manage time and to delegate appropriately Recognise personal health as an important issue	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Self-development	Describe local processes for dealing with and learning from clinical errors Acknowledge the importance of best practice, transparency and consistency	Use a reflective approach to practice with an ability to learn from previous experience Use assessment, appraisal, complaints and other feedback to discuss and develop an	Be prepared to accept responsibility Show commitment to continuing professional development which involves seeking training and self-development opportunities, learning		

		understanding of own development needs	from colleagues and accepting constructive criticism		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Acting with integrity	Describe the professional, legal and ethical codes of the Malta Medical Council Summarise the key issues of prejudice and preferences within self, others, society and cultures	Recognise, analyse and know how to deal with unprofessional behaviours in clinical practice, taking into account local and national regulations Create open and non-discriminatory professional working relationships with colleagues Awareness of the need to prevent bullying and harassment	Acceptance of professional regulation Promotion of professional attitudes and values Act with probity and willingness to be truthful and to admit errors	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Developing networks	Describe the role of team dynamics in the way a group, team or department functions Describe team structures and the structure, roles and responsibilities of the multidisciplinary teams within a broader health context relevant to the	Take on differing and complementary roles within the different communities of practice Support bringing together different professionals, disciplines and other agencies in order to provide high quality healthcare	Interact effectively with professionals in other disciplines and agencies Respect the skills and		

	specialty, including other agencies		contributions of colleagues		

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Building and maintaining relationships	Use specific techniques and methods that facilitate effective and empathic communication	Develop effective working relationships with colleagues and other staff through good communication skills, building rapport and articulating own views Communicate effectively in the resolution of conflicts, providing feedback and identifying and rectifying team dysfunction	Recognise good advice and continuously promote non-prejudicial practice Use authority appropriately and assertively, but be able to follow when necessary	Work based experiential learning and participation in the departmental management team Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Encouraging contribution	Appropriately apply facilitation and conflict resolution methods	Enable individuals, groups and agencies to implement plans and decisions Identify and prioritise tasks and responsibilities including safe delegation and supervision	Show recognition of a team approach and willingness to consult and work as part of a team Respect colleagues, including non-medical professionals		
Identify contexts for change	Show recognition of a team approach and willingness to consult and work as part of a team	Discuss the national health priorities and how they impact on the delivery of healthcare relevant to the specialty Identify trends, future options and strategy relevant to the	Comply with national guidelines that influence healthcare provision Be willing to articulate strategic		

	Respect colleagues, including non-medical professionals	specialty and to delivering patient services	ideas and use effective influencing skills		
Subject	**Knowledge**	**Skills and knowledge application**	**Attitudes and behaviours**	**Learning methods**	**Assessment**
Applying knowledge and evidence	Based on an understanding of research methods, evaluate scientific publications, including the use and limitations of different methodologies for collecting data	Compare and benchmark healthcare services Use a broad range of scientific and policy publications relating to delivering healthcare services	Evaluate issues and potential solutions before acting	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent

6. Health

Objective: to understand the importance of personal health

New specialists will act quickly and effectively if they have reason to believe that their own or a colleague's conduct, performance or health may put patients at risk

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Personal health	Know of occupational health services Know of one's responsibilities to the public Know how to treat oneself or one's family	Recognise when personal health takes priority over work pressures and to be able to take the necessary time off	Recognise personal health as an important issue	Work based experiential learning Discussion with colleagues Training courses and conferences	Educational supervisor's reports Multisource feedback FRCPath examination or equivalent
Stress	Know the effects of stress Hove knowledge of support services for doctors and other health care professionals	Develop appropriate coping mechanisms for stress and ability to seek help when and if necessary	Recognise the manifestations of stress in self and in others		

7. Probity

Objective: to be able to demonstrate probity in all aspects of professional practice

New specialists will:

always act in their personal and professional lives in such a way as to maintain public trust in the profession

undertake duties such as writing reports, giving evidence and completing and signing documents in a timely, honest and conscientious manner

through their leadership encourage the development and practice of these qualities in their colleagues

Subject	Knowledge	Skills and knowledge application	Attitudes and behaviours	Learning methods	Assessment
Service information	Legal framework		Recognise the absolute importance of accuracy and impartiality	Work based experiential learning Discussion with colleagues National and international educational meetings, training courses and conferences	Educational supervisor's reports Multisource feedback Work based assessments FRCPath examination or equivalent
Writing reports and giving evidence	Knowledge of guidelines		Honesty and integrity Timeliness		
Research	Knowledge of guidelines	Obtain ethical approval	Put the safety and care of patients first Conduct research with honesty and integrity		
Financial dealings			Not induce or entice patients to seek private medical care Does not seek to profit inappropriately from his/her position Manage funds for the purpose for which they are intended Declare conflicts of interest		

APPENDIX 1 DIRECTED WORKPLACE-BASED ASSESSMENTS BY STAGES OF TRAINING

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.

BST 1

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

Set up and use microscope

Autopsy:
1. perform a straightforward evisceration
2. dissection of single organ / system

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

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

Cytology:
screen a cytology slide and correctly identify various cells

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

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

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

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

Histology/non-cervical cytology:
1. 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
2. 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)

Poster presentation:
show a poster at a conference or meeting

BST 2

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

Autopsy:

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

Cut-up:
1. completion of a whole cut-up session
2. 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:
1. screen a gynae cytology slide and correctly grade the degree of dyskaryosis
2. 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

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

Poster presentation:
show a poster at a conference or other meeting

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

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

Autopsy:

1. write an appropriate post-mortem report with clinicopathological correlation and cause of death
2. presentation to trainer or clinicians of findings (e.g. carcinomatosis, gastrointestinal haemorrhage, cirrhosis)

Histology/non-cervical cytology:

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

Cytology:

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

HST1 and HST 2

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

Cut-up:

1. supervision and training of more junior trainees undertaking cut-up, observed by trainer
2. 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

Poster presentation:
show a poster at a conference or other meeting

Teaching event for medical students or other trainees:
to be observed by trainer

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

Referral letter:
write a draft letter on a case for referral

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

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

Histology/non-cervical cytology:
1. 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
2. write an appropriate report for a major cancer resection (with appropriate TNM staging and prognostic information)

3. present and discuss a non-cervical cytology case (with appropriate follow-up, clinical management and histo-cytological correlation)

Management
1. clinical incident reporting (draft formulation and discussion of report)
2. involvement in business planning of a clinical development

HST 3

DOPS:
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) (at least six from the following):

Histology/non-cervical cytology:
1. present a complex case to a consultant trainer, indicating the relevance of any ancillary investigations

2. write an appropriate report for a complex special interest case of the trainee's choice
3. present and discuss a non-cervical cytology case (with appropriate follow-up, clinical management and histo-cytological correlation)
4. Discuss a case assessed in a rapid diagnosis clinic where an immediate report was not appropriate.
5. Discuss a case where ancillary studies were essential to the diagnosis.

Management

1. clinical incident reporting (draft formulation and discussion of report)
2. involvement in business planning of a clinical development
3. participation in an appropriate departmental or other management meeting, with a demonstration of an understanding of the issues discussed therein
4. demonstration of an understanding of the management and financial issues affecting the health services (e.g. in the context of an observed presentation to more junior trainees on one or more of these subjects/issues).

APPENDIX 2: WORKPLACE-BASED ASSESSMENT FORMS

1. CASE-BASED DISCUSSION

Guidance for assessors and trainees in histopathology

What is case-based discussion?
Case-based discussion (CbD) is a way for trainees to present and discuss their cases with more experienced colleagues throughout their training and obtain systematic and structures feedback from the assessor. It is designed to assess decision-making and the application or use of medical knowledge in relation to the care of patients where the trainee has been involved either clinically or through their laboratory involvement. It also enables the discussion of the ethical and legal framework of practice and in all instances, it allows trainees to discuss why they acted as they did. The trainee selects two cases which they have recently been involved with. One of these will be chosen by the assessor for the case-based discussion which will be centred on the trainee's documented involvement whether in the medical notes or laboratory records and reports. The trainee chooses the timing, the cases and the assessor. The discussion should take no longer than 15-20 minutes. The assessor will then spend 5-10 minutes providing immediate feedback. The assessor will complete the assessment form with the trainee present; it must be as soon as possible after the discussion takes place.

The assessment is performed against the standard expected at the end of the trainee's current stage of training (BST 1 to HST 3). Please see the section below for more information on the standards for assessment.

Who can be an assessor?
Assessors can be consultants, staff grade and resident specialists, senior medical laboratory scientist , clinical scientists, a more senior trainee or other healthcare professional competent in the area being assessed. Assessors do not need prior approval from the College of prior knowledge of the trainee but should be briefed about the standard required of the stage of training (see curriculum) for optimum reliability. Assessments should be undertaken by as many different assessors as possible. Trainees are encouraged to include assessments from a broad range of consultants and senior staff.

How does the assessment work?

The process is led by the trainee who chooses the case for discussion and the assessor. However, over time, the assessments should cover a broad range of cases and a range of assessors.

The process is a structured discussion between trainee and assessor, with the trainee talking through what occurred, considerations and reasons for actions. It should take no longer than 15-20 minutes, followed immediately by assessor feedback lasting about 5-10 minutes.

At the end of the discussion, a CbD form should be completed by the assessor with the trainee present. Workplace-based assessments should be recorded in the trainee's logbook.

Standards for assessment
Trainees must be assessed against the standard expected of a trainee at the end of the stage of training that they are in. Stages of training are normally defined as:

BST 1 (full outline of competency is available in curriculum). The trainee will be developing a comprehensive understanding of the principles and practices of the specialty under direct supervision.

BST 2 leading to the Part 1 examination. The trainee will have acquired a good general knowledge and understanding of most principles and practices under indirect supervision.

HST 1 and 2 leading to the Part 2 examination. The trainee will be undertaking further specialised general training.

HST 3 Meets the requirements of the CCT programme. The trainee will have an in-depth knowledge and understanding of the principles of the specialty.

The following grading scale must be applied to the assessment criteria for each workplace- based assessment tool. If a criterion is not applicable, the assessors should tick 'unable to comment'.

Grading scale
The form offers a grading scale from 1-6:
1-2 Below expectations
3 Borderline

4 Meets expectations
5-6 Above expectations

Definition of borderline
In the context of workplace-based assessment, borderline trainees have not demonstrated that they have convincingly met expectations during the assessment but there are no major causes for concern.

Outcome of assessment
The outcome of the assessment is a global professional judgment of the assessor that the trainee has completed the task to the standard expected of a trainee at that stage.

Satisfactory – The trainee meets the standard overall
Unsatisfactory – The trainee needs to repeat the assessment

Feedback
To maximise the educational impact of CbD, aspects of performance that are particularly good as well as those where there is scope for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the CbD form.

Record keeping
An assessment should not be approached as if it was an examination. After completing the assessment, the assessor should provide immediate feedback to the trainee. The assessment form should be duly signed and dated by the trainee and the assessor.

Thank you for discussing the case and providing feedback.

Case-based Discussion (CBD)

Doctor's Name and Surname: _____

Medical council number: _____

Category:

Cut up □ Autopsy □ Histology □ Cytology □ Other □

Please give a brief description of the exercise:

_____

_____

_____

Complexity of exercise: Low □ Medium □ High □

Assessor's grade:

Consultant □ Resident specialist □ More senior trainee □ MLS □

Other □ please specify:_____

Number of previous CBDs observed by assessor with any trainee: 0 1-2 3-4 5-9 >9

Please grade the following areas using the following scale:

1-*2: below expectations* *3: borderline* *4: meets expectations*

5-6: Above expectations *U: unable to assess*

1. Has background knowledge and understanding:	1 2 3 4 5 6 U
2. Pathological assessment, strategy for further investigation:	1 2 3 4 5 6 U
3. Clinical judgement, items of importance, potential pitfalls:	1 2 3 4 5 6 U
4. Oral and written communication skills, record keeping:	1 2 3 4 5 6 U
5. Timeliness and organisation:	1 2 3 4 5 6 U
6. Insight on own management of case:	1 2 3 4 5 6 U
7. Overall competence:	1 2 3 4 5 6 U
8. Overall professionalism:	1 2 3 4 5 6 U

Areas of strength:

_____

_____

Suggestions for development and/or improvement:_____
_____

Agreed action:_____
_____

Assessor's Name:_____ Time spent in observation: _____

Time spent in feedback:_____ Date: _____

Assessor's Signature: _____ Trainee's signature: _____

DIRECT OBSERVATION OF PRACTICAL SKILLS (DOPS)

Guidance for assessors and trainees in histopathology

What is a DOPS assessment?
Direct observation of practical skills (DOPS) is used for assessing competence in the practical procedures that trainees undertake. The assessment should be made by different assessors and cover a wide range of procedures (please refer to the curriculum for topics). The observation takes place whilst the trainee undertakes the activity. The procedure being observed should last no more than 10-15 minutes before the assessment takes place. The assessor will then spend 5-10 minutes providing immediate feedback and completing the assessment form with the trainee present.

The assessment is performed against the standard expected at the end of the trainee's current stage of training (BST 1 to HST 3). Please see the section below for more information on the standards for assessment.

How does the assessment work?
The process is led by the trainee who chooses the procedure for assessment and the assessor. However, over time the assessments should cover a broad range of procedures and a range of assessors.

The observed process should take no longer than 10-15 minutes, followed immediately by feedback lasting about 5-10 minutes. It may be necessary to select part of a longer procedure for assessment, unless the assessor can afford time to watch the whole process. The trainee should be assessed on performance of the practical procedure only.

Following observation, a DOPS form should be completed by the assessor with the trainee present. Workplace-based assessments should be recorded in the trainee's logbook.

Standards of assessment
Trainees must be assessed against the standard expected of a trainee at the end of the stage of training that they are in. Stages of training are normally defined as:

BST 1 (full outline of competency is available in curriculum). The trainee will be developing a comprehensive understanding of the principles and practices of the specialty under direct supervision.

BST 2 leading to the Part 1 examination. The trainee will have acquired a good general knowledge and understanding of most principles and practices under indirect supervision.

HST 1 and 2 leading to the Part 2 examination. The trainee will be undertaking further specialised general training.

HST 3 Meets the requirements of the CCT programme. The trainee will have an in-depth knowledge and understanding of the principles of the specialty.

The following grading scale must be applied to the assessment criteria for each workplace-based assessment tool. If a criterion is not applicable, the assessors should tick 'unable to comment'

Grading scale
The form offers a grading scale from 1-6:
1-2 Below expectations
3 Borderline
4 Meets expectations
5-6 Above expectations

Definition of borderline
In the context of workplace-based assessment, borderline trainees have not demonstrated that they have convincingly met expectations during the assessment but there are no major causes for concern.

Outcome of assessment
The outcome of the assessment is a global professional judgment of the assessor that the trainee has completed the task to the standard expected of a trainee at that stage.

Satisfactory – The trainee meets the standard overall
Unsatisfactory – The trainee needs to repeat the assessment

Feedback

To maximise the educational impact of DOPS, aspects of performance that are particularly good as well as those where there is a scope for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the DOPS form.

Record keeping
An assessment should not be approached as if it was an examination. After completing the assessment, the assessor should provide immediate feedback to the trainee. The assessment form should be duly signed and dated by the trainee and the assessor.

Thank you for performing the assessment and providing feedback

Direct Observation of Practical Skills (DOPS)

Doctor's Name and Surname: _____

Medical council number: _____

Category:

Cut up □ Autopsy □ Histology □ Cytology □ Other □

Please give a brief description of exercise:

_____

_____

_____

Complexity of exercise: Low □ Medium □ High □

Assessor's grade:

Consultant □ Resident specialist □ More senior trainee □ MLS □

Other □ please specify:_____

Number of previous DOPS observed by assessor with any trainee: 0 1-2 3-4 5-9 >9

Please grade the following areas using the following scale:

1-*2: below expectations* *3: borderline* *4: meets expectations*

5-6: Above expectations *U: unable to assess*

1. Has background knowledge and understanding:	1 2 3 4 5 6 U
2. Follows SOPs, guidelines and established procedures:	1 2 3 4 5 6 U
3. Technical ability, including dexterity:	1 2 3 4 5 6 U
4. Oral and written communication skills, record keeping:	1 2 3 4 5 6 U
5. Seek help where appropriate:	1 2 3 4 5 6 U
6. Timeliness (includes appropriate block taking):	1 2 3 4 5 6 U
7. Overall competence:	1 2 3 4 5 6 U
8. Overall professionalism:	1 2 3 4 5 6 U

Areas of strength:

_____

_____

Suggestions for development and/or improvement:_____
_____

Agreed action:_____
_____

Assessor's Name:_____ Time spent in observation: _____

Time spent in feedback:_____ Date: _____

Assessor's Signature: _____ Trainee's signature: _____

APPENDIX 3. MULTISOURCE FEEDBCK FORM AND NOTES

Multisource Feedback (MSF)

Guidance for assessors and trainees in histopathology

What is multisource feedback?
Multisource feedback (MSF) is a tool used to assess a trainee's performance and attitudes in the workplace. Trainees are rated on their performance and attitudes by people who work with them and who are familiar with their work. It provides an opportunity for trainees to reflect on their own performance and will be used, in conjunction with other evidence, to assess the trainee's suitability for a career in histopathology during the trainee's annual review of training.

Who can provide feedback?
Assessors can be consultants, staff grade and resident specialists, senior medical laboratory scientist, clinical scientists, other trainees and clerical and administrative staff. Assessors do not need prior approval from the College but are nominated by the trainee and approved by the educational supervisor.

How does the assessment work?
Trainees are asked to nominate up to 12 assessors (minimum 10) by the educational supervisor. Trainees should ask the potential assessors for their consent before they nominate them. Trainees should also ensure that assessors would be available to compete and submit the form within the required timescale.

The list of assessors must include:
A minimum of 6 consultants
3 scientific/laboratory staff which must include 1 anatomical pathology technologist
At least 1 trainee

Once the list of nominated persons is approved by the educational supervisor, he/she will send the feedback form together with instructions and these explanatory notes to the nominated individuals. Assessors fill in the form anonymously and should return the completed form to the educational supervisor within two weeks of receipt.

Self assessment
The trainee should also carry out self-assessment by completing an identical form to that sent to the assessors. Thus will enable the trainee to compare his/her self assessment with that of the other assessors.

Feedback
The educational supervisor should verbally discuss the feedback received with the trainee in a suitable environment. Following this the educational supervisor will write a report on the feedback received and give it to the trainee for inclusion in the training portfolio together with his/her summary of the feedback received.

The entire process must be completed before the trainees annual review of training is carried out and the feedback received will be discussed during the annual review of training interview.

Multisource feedback (MSF)

The doctor named on the attached form has nominated you as an assessor for their multisource feedback (360^0) assessment. Thank you for helping him/her by completing this form.

About the form:

- This questionnaire is confidential and your individual ratings and comments are anonymised to the trainee.
- Please fill in the form as accurately as possible. Use the whole range of the scale.
- Please keep in mind that MSF is an educational tool and it will make a difference for the trainee being assessed.
- Think about the questions. 'Good doctors' are not always good at everything and 'nice doctors' may not necessarily be good doctors.
- Please return the completed form in the provided addressed envelope within **two weeks** of receipt.
- Please do write comments to illustrate your ratings, as trainees find these helpful and help them to build on their strengths and to address areas that need development or improvement. Keep in mind that your comments will be passed on to the trainee anonymised. Think carefully about how you word your comments so that the trainee will be able to learn as much as possible from them. Try to be constructive rather than destructive, especially when giving feedback on problem areas.

Thank you very much for helping the trainee by filling in this form and returning it in the envelope provided within two weeks of receipt.

Doctor's Name and Surname: _____

Date of Assessment: _____

Please tick the category that fits you best:

Consultant □ Resident Specialist □ Trainee □

Medical Lab Scientist □ Laboratory Aide □ Clerk/Administrative staff □

Self Assessment □

For each component of the assessment, please circle the most appropriate grade on a scale of 1 (extremely poor) to 9 (excellent). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 better than expected for a trainee at this stage in training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box. Failure to do so will invalidate your feedback and the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses. Your comments will be anonymised and passed on to the trainee.

MSF is not an assessment of knowledge or of practical skills

1. Attitude to staff.			
Respects and values the contribution of other team members.			
Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations
_____			
2. Attitude towards patients. Puts patients' needs above her/her own.			

Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations

3. Reliability and punctuality

Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations

4. Communication skills. Communicates effectively with other staff members, patients and relatives

Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations

5. Honesty and integrity.

Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations

6. Team player skills. Supportive and accepts appropriate responsibility. Approachable.

Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations

7. Leadership skills. Takes responsibility for his/her actions and for the actions of the team

Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations
8. Overall professional attitudes			
Cannot assess/don't know	1 2 3	4 5 6	7 8 9
	Unsatisfactory	Satisfactory	Above expectations

Comments about the trainee:

Use a separate sheet of paper if you require more space.

_____

_____

_____

_____

_____

_____

_____

_____

Your signature: _____