MALTA COLLEGE OF PATHOLOGISTS

MEDICAL MICROBIOLOGY

TRAINING PROGRAMME

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MALTA COLLEGE OF PATHOLOGISTS

CORE TRAINING PROGRAMME AND TRAINING RECORD FOR MEDICAL MICROBIOLOGY

(*INCLUDES BACTERIOLOGY, VIROLOGY, MYCOLOGY, PARASITOLOGY AND INFECTION CONTROL*)

INTRODUCTION

GENERAL AIM

To produce trained medical microbiologists who can provide specialist opinion in their clinical discipline and who should have developed the appropriate management skills to lead a department, if required.

The trained Medical Microbiologist should be competent to:

- *give advice on the diagnosis, treatment and prevention of microbial diseases;*
- *provide a scientific basis for laboratory diagnosis;*
- *set protocols and to maintain standards within the laboratory;*
- *undertake the management responsibilities required from the director of a medical microbiology laboratory;*
- *take charge of Infection Control in hospitals;*
- *propose hospital policies on the control of antibiotic usage and on the prevention of hospital acquired infection;*
- *collaborate with national surveillance organisations and public health authorities and to provide services for these organisations;*
- *participate in the training programmes for medical microbiologists, Infection Control doctors and other experts in the field of microbial diseases; and*
- *undertake research and development in the specialty of microbiological biopathology.*

OBJECTIVES

Over a minimum 5 year period the trainee should acquire or develop:

a) Specialised factual knowledge of the natural history of those diseases upon which the chosen discipline is based;

b) Interpretative skills so that a clinically useful opinion can be derived from laboratory data; *emphasis should be made on the importance of clinical training and multidisciplinary care together with expertise acquired at clinical and pathological conferences;*

c) Technical knowledge, gained from close acquaintance with laboratory technology, so that methodology appropriate to a clinical problem can be chosen, and so that quality control and quality assurance procedures can be implemented;

d) Research and development experience - original thought and critical assessment of published work are important to allow the trainee to contribute in a team, and individually, to the development of the service;

e) The life-long habits of reading, literature-searches, consultation with colleagues, attendance at scientific meetings, and the presentation of scientific work as part of continuing medical education (CME);

f) Data management skills to evaluate information derived from the population served and from the technical procedures applied in the laboratory; these skills should include familiarity with IT and the use of spreadsheets, databases and statistical packages etc.;

g) Management and communication skills - the trainee must gain experience, under supervision, in planning departmental policies and develop the leadership skills necessary to implement them; and

f) Familiarity with all aspects of health and safety requirements for laboratories.

SUPERVISION AND REVIEW OF PROGRESS IN TRAINING

Trainees are required to keep a training record detailing their training experience. Each trainee will have an Educational Supervisor that is identified at the beginning of the training post. The Educational Supervisor should have a formal meeting with the trainee at least 3 times a year, and at each meeting an Educational Supervisor (ES) Report should be completed and signed. Trainees will be regularly informed of their progress, and in addition, trainees must be encouraged and given every opportunity to discuss any deficiencies in the Training Programme. The Educational Supervisor should discuss the trainee's progress with each consultant (who will be the Clinical Supervisors) with whom a trainee spends a period of one month or more.

The trainee should participate in yearly workplace based assessments (WBA) (See Appendix). These will be included in the ES reports and will form part of the evidence for the yearly appraisal. The forms to be used for the ES report and WBA are available on the Malta College of Pathologists website.

The trainee will have a yearly appraisal, which is carried out by the Postgraduate Training Committee. The composition of this committee is one of the Postgraduate Training Coordinators, the Chair of Pathology and a College representative

Trainees can only progress to the next year of the Training Programme following a successful appraisal.

MANAGERIAL TOPICS WHICH ARE PART OF CORE TRAINING

1. Management

Aspects of management such as strategic planning, preparation of a business plan, contracting processes, service level agreements, departmental and directorate budgeting are part of training. The trainees will be expected to attend appropriate management courses in which the programme will be sustained by professional managers. Trainees may be permitted to sit in on departmental, directorate and other local committee meetings as observers. The aims and objectives of this should be to provide them with experience of committee procedures, aspects of confidentiality, decision making at a local level and the importance of maintaining good inter- personal relationships.

2. Health and Safety

Irrespective of discipline, each trainee should, from the start, become fully familiar with all aspects of Health and Safety in the laboratory and should be made aware of the legal obligations and the role of the Health and Safety Executive, or equivalent national body, requirements, which have to be met to obtain and retain full laboratory accreditation.

3. IT and Communication Skills

The trainee should, from the start, become familiar with fundamental aspects of computing within the laboratory, such as databases, spread sheets, internet and others - and how these are used on a day to day basis.

4. Audit and Quality Assessment

All trainees must, from the start, become familiar with audit procedures and should participate in at least 1 clinical audit or Quality Improvement Initiative per year. Trainees should gain understanding of Quality Control and Quality Assurance. At the end of formal training they should have a full understanding in these two areas; they should have an understanding of External Quality Assessment and the processing of data by these schemes.

CORE TRAINING PROGRAMME:

This document sets out a Curriculum for medical microbiologists, which covers the scientific base of Medical Microbiology, as well as applied aspects, including related fields such as infectious diseases and communicable diseases control. Some elements of Medical Microbiology training is common to the training of consultants in communicable diseases control and of infectious diseases physicians.

AIMS OF TRAINING

The core Training Programme aims to provide the trainee with both the theoretical foundation and the practical, technical, clinical and managerial skills necessary for the independent specialist practice of Medical Microbiology in a clinical environment and for the advancement of the subject. Although some information relating to the appropriate clinical experience is listed in section 11 of this Curriculum, it must be appreciated that laboratory work and clinical experience must be closely integrated, therefore laboratory associated clinical duties are an essential component of the Training Programme.

SUPERVISION

Programmes based on this Curriculum should be appropriate to the needs and previous experience of the trainee and should set out educational objectives against which the trainees' progress can be assessed. The trainee should have a Clinical Supervisor and an Educational Supervisor at each site of any rotation.

LOCATION OF TRAINING

The Training Programme consists of a minimum of five (5) years of training, two (2) years of which are at BST Microbiology level and at least another three (3) years at HST Microbiology. During the said training, a minimal training period of *6 months to 1 year should be undertaken* in a recognised overseas post-graduate training facility. This overseas attachment will cover any specific areas of training not covered by the local training departments. The maximum period allowed for training is of 10 years, of which not more than 4 years should be at BST level.

The training undertaken in Malta would involve the following attachments:

Year 1

In the first year the focus should be on acquisition of laboratory technical knowledge and skills, factual knowledge and Infection Control knowledge with minimum attachments as follows:

- 7 months bacteriology and parasitology
- 1 month virology (including molecular diagnostics)
- 1 month mycology
- 2 months Infection Control – gain knowledge on disinfection and sterilisation, strategies to prevent and control Hospital Acquired Infections (HAI), including Infection Control precautions and practices, familiarisation with local policies, outbreak management, and antimicrobial stewardship

Towards the end of the first year, once the trainee has successfully completed bench rotations, the trainee will be assessed by means of the year 1 assessment in microbiology. This assessment is organised by the local microbiology department and is recognised by the Malta College of Pathologists. The trainee must achieve a satisfactory outcome in this assessment in order to progress to BST2. A maximum of 3 attempts to pass this assessment will be allowed, and a successful outcome must be obtained by not later than 2 years from commencement of training.

After a minimum period of 12 months of training, the trainee should attempt the Part 1 FRCPath examination in Medical Microbiology (Royal College of Pathologists, UK) or equivalent examination as approved by the Malta College of Pathologists. Successful attainment of this qualification is required to progress from BST to HST. The trainees will be allowed a maximum of 4 attempts to pass this examination.

Year 2

Clinical microbiology, Infection Control and management experience **under supervision,** including:

- Participation in microbiology rounds in the Intensive Care Unit
- Participation in weekly multi-disciplinary team meetings (MDTs) including vascular surgery and haematology and monthly orthopaedic meetings
- Phoning out critical microbiology results, including blood cultures and cultures with alert organisms isolated, and provision of clinical advice accordingly
- Taking calls for advice from clinicians including advice on appropriate antibiotic choices
- Developing an understanding of results reporting on the Laboratory Information System (LIS) or any other IT system
- Developing knowledge on laboratory Quality Control and Quality Management
- Building on previous Infection Control experience
- Understanding and participating in HAI epidemiology and surveillance programmes
- Developing knowledge and expertise in antimicrobial stewardship initiatives
- Undertaking audits and interventions related to appropriate antibiotic use
- Participating in Root Cause Analysis meetings and other quality initiatives
- Attending outbreak control and other relevant Infection Control related meetings

The trainee should also undertake a **two week attachment at the Public Health Laboratory**

Year 3

Attachments must include:
6 months within the Infectious Diseases Department
3 months with Paediatric Infectious Diseases
1 month with the GU clinic
2 months Microbiology – gaining clinical, laboratory, management and infection control experience as above.

Year 4 and 5

Continue to develop clinical, Infection Control and management experience as above, but with less supervision required.

The trainee will spend a minimum training period of 6 months, and up to one (1) year in a recognised overseas post-graduate training facility. During this placement, any specific training areas not covered locally should be covered, such as transplant microbiology. The trainee should seek to gain exposure to novel technologies not yet available locally, a different laboratory setup, and familiarisation with the Quality Management System of an accredited laboratory.

After a minimum period of three (3) years of Medical Microbiology training, the trainee should prepare and sit for the Part 2 FRCPath examination in Medical Microbiology (Royal College of Pathologists) or equivalent examination, as approved by the Malta College of Pathologists. Successful attainment of this

qualification is required for completion of training and attainment of the Certificate of Completion of Specialist Training, CCST, in Medical Microbiology. A maximum of 4 attempts will be allowed.

CORE TRAINING PROGRAMME: MEDICAL MICROBIOLOGY

1. Scientific basis of medical microbiology

Trainees should have an understanding of the principles of the following, together with how they may be applied to clinical and research problems:

a) microbial structure, physiology and genetics;

b) microbial taxonomy, classification and typing methods;

c) host defence mechanisms, the immune system and immunity to infection;

d) microbial pathogenicity;

e) epidemiology of infectious diseases - their surveillance and control;

f) antimicrobial agents, their mode of action and mechanisms of microbial resistance.

2. Laboratory safety

Prior to any "hands on" experience of laboratory work, the trainee should be instructed in basic safety requirements including correct laboratory dress and laboratory hygiene. Instruction should also be given on the immediate handling and disposal of specimens and contaminated articles (e.g. inoculating loops, pipettes) at the laboratory bench, the dangers of aerosols and the procedure for dealing with spillages.

At the end of formal training, the microbiologist should be familiar with:

a) local procedures for the safe transport of specimens or cultures and also with national and international postal and packaging regulations for such material;

b) current requirements and recommendations of the National Advisory Committee on safety in microbiological laboratories; and

c) the principles and operation of microbiological safety cabinets containment level III facilities and the procedures for their safe use, decontamination and monitoring of air flow.

3. Sterilisation and Disinfection

At the end of formal training, the microbiologist should understand the principles and uses of sterilization and disinfection procedures for the preparation of media and instruments and for microbiological waste disposal. Trainees should be familiar with methods of monitoring and be capable of formulating a policy on the use of sterilization and disinfection in the laboratory, hospital or community.

4. Handling of specimens

At the end of formal training, the microbiologist should:

a) be aware, for each specimen type, of the optimal methods for collection, transport (including transport media), storage, reception, identification and documentation, including the requirements for high-risk specimens.

The trainee should develop a sense of the continuity of identification of specimens from collection, through culture and further testing to the issuing of a final report. He or she needs to be aware of critical points in processing, where this continuity may fail, and be able to minimise the risk of this.

b) be able to assess degrees of urgency for the processing of specimens, including the provision for an out of hours service and the communication of preliminary results as applicable;

c) be able to decide upon requirement for further testing or processing of a specimen as appropriate;

d) be aware of existing reference facilities and their appropriate use.

5. Microscopy

At the end of formal training, the microbiologist should:

a) understand the principles of light, dark ground, phase contrast, fluorescent and electron microscopy, and be able to set up a light microscope with dark ground and phase contrast facilities;

b) be able to perform routine staining techniques including fluorescent dyes;

c) be familiar with the appearance of stained preparations and be able to recognise artefacts and their possible origin.

6. Culture methods

At the end of formal training, the microbiologist should:

a) have a basic understanding of the diversity of microbial metabolism;

b) be aware of the wide range of selective, enrichment and inhibitory media available for general and specialised use and be able to choose relevant media in common use or in medical and environmental laboratories;

c) be familiar with physical growth requirements of micro-organisms including atmosphere and optimal temperature and have an appreciation of the growth kinetics of both solid phase and broth cultures. It is important in this context to know those micro-organisms and clinical situations in which detectable growth may require prolonged incubations;

d) be familiar with the preparation of media in common use and have an understanding of Internal Quality Control of such preparations;

e) be able to process all common specimens, recognise potential pathogens from a mixture of colonies on culture plates, and separate such colonies in order to achieve the pure growth necessary for further work.

7. Further processing of cultures

At the end of formal training, the microbiologist should:

a) be able to perform tests leading to the identification of all common pathogens including the use of commercially produced kits (e.g. kits for enzyme assays) and rapid diagnostic kits, such as ELISA, latex agglutination;

b) understand the principles of identification media and be able to use them appropriately;

c) understand the principles behind multipoint identification technology.

8. Antimicrobial investigations

At the end of formal training, the microbiologist should:

a) be aware of available reference facilities for further identification including serotyping and all other typing schemes both phenotypic and genotypic;

b) be able to test the antibiotic sensitivities of an isolate using the common techniques of disc testing and break points and to be aware of the principles behind multipoint sensitivity technology;

c) be able to perform and interpret MIC and MBC tests as appropriate;

d) be able to perform antimicrobial assays using biological and automated techniques;

e) have an understanding of antimicrobial assays and their relationship to the therapeutic and toxic effects on a patient and be able to advise on dosage regimens accordingly.

9. Emerging technologies

At the end of formal training, the microbiologist should:

a) be aware of all major new technologies available in Medical Microbiology based on DNA techniques (e.g. PCR) and monoclonal antibodies;

b) be aware of automated, rapid techniques available to Medical Microbiology;

a. be able to evaluate critically the need for emerging techniques within the laboratory including cost effectiveness and effects on staffing levels and working practices.

10. Data handling

At the end of formal training, the microbiologist should:

a) have a basic understanding of information technology and in particular, computerised data handling. He or she should have an appreciation of the advantages and disadvantages of such systems and a basic understanding of the need for data protection;

b) be aware of available technologies for data broadcasting.

11. Clinical experience

At the end of formal training, the microbiologist should:

a) have gained experience of liaison with clinical colleagues through regular ward visits *and participation in collaborative clinical activities*. In particular, a close relationship with high dependency units (e.g. ICU, NICU) and specialist units (e.g. haematology, paediatrics, transplantation *etc.*) where available;

b) have participated in on-call rotas (including weekends) with consultant cover;

c) have participated in postgraduate educational meetings such as Grand Rounds and lunchtime case presentations;

d) be able to provide informed advice on vaccination and immunisation with all products normally available in the EU.

12. Infection Control in hospital and community

At the end of formal training, the microbiologist should:

a) have had first hand experience of local Infection Control problems, including, outbreaks of infection and their management;

b) be familiar with the workings of Infection Control meetings, including hospital Infection Control committees;

c) be aware of those areas of hospital and community health that require Infection Control policies;

d) have worked closely with the Infection Control nurses both in day to day duties and in the education of those involved with Infection Control issues;

e) have participated in visits to clinical and non-clinical areas to advise on Infection Control. Relationships should be developed with key personnel in the central sterilization unit, pharmacy and laundry;

f) have an understanding of the principles of patient isolation and their application;

g) be familiar with all guidelines and policies relevant to Infection Control (e.g. MRSA, *Shigella*, *Clostridium difficile*);

h) become familiar with the physical and chemical agents used in hospital Infection Control.

13. Antimicrobial usage

At the end of formal training, a microbiologist should have knowledge of:

a) empiric, directed and prophylactic antimicrobial use;

b) the means of prevention of emergence of resistance;

c) surveillance of antibiotic resistance.

14. Virology

At the end of formal training, a microbiologist should have knowledge of:

a) basic diagnostic and screening virology methodology;

b) interpretation of results, both for clinical and Infection Control purposes;

c) virology policies in relation to health care workers, pregnancy, transplantation and immunisation;

d) when to refer to, or request, specialist virological expertise.

15. Mycology

At the end of formal training, a microbiologist should have knowledge of:

a) basic diagnostic mycology methodology;

b) interpretation of results, both for clinical and Infection Control purposes;

c) special problems associated with the immunocompromised host.

16. Parasitology

At the end of formal training, a microbiologist should have knowledge of:

a) basic diagnostic parasitology methodology;

b) interpretation of results, both for clinical and Infection Control purposes;

c) special problems associated with the immunocompromised host.

17. Public Health

At the end of formal training, the microbiologist should:

a) be aware of those areas of community health that require infection prevention & control;

b) have participated in visits to non-clinical areas to advise on prevention of infection. These should include kitchen inspections especially those conducted by Environmental Health Officers.

c) gained some experience of public health microbiology and procedures adopted in a Public Health Laboratory;

d) have had some experience of communicable disease control in the community working with Environmental Health Officers.

18. Environmental Microbiology

At the end of formal training, a microbiologist should have knowledge of:

a) existence of statutory requirements for certain food, water or milk types;

b) basic methodology to examine common types of food, water and milk for total counts, specific organism detection and special tests;

c) the principles behind interpretation of results on different food types, to enable the giving of advice to Environmental Health Officers and others, accordingly;

d) methods for detection of important environmental pathogens e.g. *Legionella, Cryptosporidium sp.;*

e) methodology and interpretation of air sampling within operating theatres.

19. Quality Control

At the end of formal training, the microbiologist should:

a) have an understanding of Quality Control and Quality Assurance;

b) have had experience of the regular processing of specimens, distributed by an organisation for External Quality Control e.g. PHLS (UK), WHO;

c) have an understanding of the existing External Quality Control schemes and the processing of data by these schemes as well as internal Quality Control using simulated specimens in Bacteriology.

19. Audit

At the end of formal training, the microbiologist should:

a) have an understanding of the principles of audit;

b) have participated in microbiological audit both in house and in the microbiological audit of clinical specialties. The trainee should have also participated in clinical audit led by other specialties.

20. Accreditation

At the end of formal training, the microbiologist should:

a) have knowledge of the requirements of any existing laboratory accreditation schemes and the process whereby accreditation is conferred.

21. Management

At the end of formal training, the microbiologist should have:

a) achieved a basic knowledge of important aspects of laboratory management, including budget control, personnel management and administration. Attendance at local or national management courses should be strongly encouraged.

CRITERIA for COMPLETION OF PROGRAMME and AWARD of SPECIALIST CERTIFICATE

Once the trainee has satisfactorily completed the Training Programme outlined above, he/she will be entitled to obtain the Certificate of Completion of Specialist Training (CCST) in Medical Microbiology, subject to obtaining a relevant Postgraduate Qualification, by Examination.

The College will identify the Examination and Examination Boards that it recognises for the award of a Postgraduate Qualification. Candidates are strongly encouraged to seek the advice of the College before enrolling in any examination to ensure that any qualification obtained would be suitable for CCST purposes.

The CCST will be awarded by the Specialist Accreditation Committee, on the recommendation of the College, provided the College Council is satisfied of the trainee's proficiency in the discipline concerned.

ROLE OF EDUCATIONAL SUPERVISORS

Each trainee will have an Educational Supervisor, whose main responsibility is to perform continuous assessment of the progress of the trainee, throughout the duration of the training period. The Educational Supervisor is appointed following demonstration of an interest in training and will be responsible to the Pathology Training Committee and the Post-graduate Training Co-ordinator/s.

In particular, the Educational Supervisor will have the following duties:

- to supervise all aspects of training;
- to meet regularly with the trainee to discuss the programme, progress and deficiencies;
- to liaise with individual clinical supervisors in the specialty, to assess the trainee's progress;
- to acquire feedback, regarding the training programme;
- to be involved in appropriate regional training committees.

CONTINUED PROFESSIONAL DEVELOPMENT

The trainee is expected to:

- read major microbiology & Infection Control journals to keep abreast of current literature;
- attend local activities accredited by the Malta College of Pathologists for CPD purposes;
- attend conferences abroad.

A list of activities recognised by the Malta College of Pathologists for CPD points will be available.

TEACHING

The trainee will be encouraged to take part in the Undergraduate Teaching of the University Pathology Department or related topics as follows:

- lectures and tutorials to Medical Students
- lectures and tutorials to BSc MLS students
- supervision of dissertations for BSc MLS students
- training to Laboratory Technical Staff.

RESEARCH

Time may be allocated for research activity, which will be encouraged and supervised. Trainees who wish to read for a postgraduate degree, such as Masters or higher, in any related Pathology discipline (e.g. microbiology, virology, parasitology, Infection Control) can apply *prospectively* to have one (1) year exemption from the proposed Training Programme.

Trainees are also encouraged to submit scientific articles for publication in peer – reviewed journals throughout their training. A minimum of one (1) publication every 2 years is expected.

APPENDIX

Workplace-based assessments (Microbiology)

The aims of these assessments are to evaluate and document the trainees' capability, potential and behaviour, and encourage professional and self-development. Regular workplace-based assessments (WBA) will provide trainees with ongoing feedback on their progress within the specialty and their learning needs by highlighting strengths and identifying weaknesses. These assessments are designed to be part of the learning process and will form part of the evidence for the Annual Review of Competence Progression (ARCP).

Microbiology trainees should participate in the following workplace based assessments:

Direct Observation of Practical Skills (DOPS)
DOPS is a method that has been designed specifically for trainees to be assessed for competence in the day-to-day practical procedures that they undertake as part of their training. Strengths and areas for development are expected to be identified after each DOPS encounter.
DOPS is trainee-led. The procedure should involve a laboratory technique. The trainee chooses the procedure and the observer to conduct the assessment. The assessor may be a member of scientific or medical staff and is expected to give their open and honest opinion of the trainee's performance. The assessor should provide immediate feedback by high-lighting strengths and identifying areas for development. Documentation uses a standard proforma. The expected standard of performance is what would be expected of the trainee at the end of the current stage of their training.

Case Based Discussion (CBD)
Case-based discussion is a way for trainees to present and discuss their cases with more experienced colleagues throughout their training, and obtain systematic and structured 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 with which they have recently been involved. One of these will be chosen by the assessor (a more senior member of medical staff) for the case based discussion which will be centred on the trainee's documented involvement either in the medical notes or laboratory records and reports. The trainee chooses the timing, the cases and the assessor. The discussion is designed to assess clinical decision-making and the application or use of medical knowledge in the care of patients.

Evaluation of Clinical Events (ECE)
ECE provides a method of assessing the trainee in the performance of their duties in complex tasks, often involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings.

Multi Source Feedback (MSF)
MSF is a method of obtaining feedback in a structured form from staff associated with the trainee who has the opportunity to observe their practice. Such staff may be their supervisors but also staff they work alongside with and may include those that the trainee themselves supervise. The respondents are asked to rate the trainee by filling in a standard form listing a number of qualities or behavioural characteristics with a rating scale. The trainee also provides their own assessment of how they think they are doing. It provides reasonable feedback on the trainee's behaviour and competence in clinical situations which may not be directly observed by the supervisor.
Trainees are required to provide a list of assessors to carry out the MSF assessment. The proposed list of assessors must be approved by the educational supervisor. Trainees are required to nominate up to twelve assessors (minimum ten) who can comment on their practice. The assessors must include:

- At least 2 pathology consultants (of which at least one should be a microbiologist)
- 4 scientific/laboratory staff

- A maximum of 2 Resident specialists in your specialty
- 2 consultant physicians/surgeons (for MSF in ST3 and ST5)
- Other assessors can include pharmacists, nursing staff, clerical staff, and other allied health professionals

The list of assessors must be approved by the educational supervisor (ES) prior to carrying out the assessment. Trainees are also required to undertake a self-assessment. The questions are identical to those to be answered by the nominated assessors. It will enable trainees to compare their self-assessment with that from the other assessors. Trainees must compare themselves with peers at the same stage of training.
The feedback forms should be completed by the assessors and submitted by the assessors to the ES. The ES will give a written summary of feedback to the trainee – feedback should be anonymised. A copy of the report should also be submitted by the ES to the postgraduate training coordinator/s.

The trainees should have the following number of satisfactory outcomes per year for each type of WBA:

	DOPS	**CBD**	**ECE**	**MSF**
BST1	6	6	4	1
BST2	6	6	4	0
HST1	4	6	6	1
HST2	4	6	6	0
HST3	4	6	6	1

The forms to be used for the WBA are available on the Malta College of Pathologists website.