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Rough Guide for Trainees and Trainers 2015

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Section One The Training Programme

1.1 Introduction

This guidance document links together all the facets of histopathology training within the Northern part of the Yorkshire and Humber LETB. It includes guidance on a variety of issues and a summary of the educational process and structure of the programme.

It is meant to be an aide memoire for the systems and processes in place across the programme. It is not a comprehensive document and should not negate the requirements to be fully familiar with the Reference Guide for Postgraduate Specialty Training in the UK (Gold Guide) and the RCPATH Histopathology Curricula & Assessment Systems.

1.2 Summary of Programme

The Yorkshire Histopathology Training Scheme (North) aims to deliver excellence in histopathology specialty training, drawing on national guidance and established educational principles. We offer a diverse and practical training experience, drawing upon the expertise from a range of hospitals within the localities. The goal is to attract enthusiastic and committed individuals, and train them to the highest standard, in preparation to become senior doctors, both within the Yorkshire region and the wider health community.


Overall, the training scheme is responsible for delivering training that meets the requirements of the GMC approved RCPATH curriculum, including a broad range of experience in histopathology, and specified experience in cytopathology, autopsy, paediatric pathology, and neuropathology. The aim is to achieve this in a way that makes the best use of training resources, and supports trainees through the RCPATH examination structure and into consultant posts that are a good match to their individual career aspirations.

The Health Education Yorkshire & the Humber has two training programmes in histopathology, operating under the jurisdiction of The School of Pathology: North and South. The North rotation covers both the North & East Yorkshire Locality and the West Yorkshire Locality and incorporates seven training sites. Overall there are some 37 training post distributed as follows:

Hospital Site	Clinical posts	Academic Posts
Bradford Royal Infirmary	3	0
Calderdale Royal Infirmary	1	0
Dewsbury & District Hospital	2	0
Harrogate & District Hospital	1	0
Hull Royal Infirmary	4	0
St James's University Hospital	16	7
York District Hospital	3	0

Year One School

Year one of training is spent in Leeds as it follows a closely prescribed curriculum, with common elements driven through the NHS Histopathology Training School, punctuated by the RCPATH OSPE Examination.

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After ST1, trainees rotate each 6 months, with approximately 50% of their training in Leeds and 50% amongst the other hospitals.

Year Two and Onwards

In Leeds, Bradford and Hull, trainees cover the curriculum by working in a series of attachments to specialty teams. In Calderdale, Mid Yorks, Harrogate and York, the work is not sub specialised, and trainees have a share in the routine departmental rotas. The hospitals all work within an organised environment under the direction of the Postgraduate Dean, Yorkshire & Humber LETB.

1.3 The Training Sites

St James's University Hospital

The Leeds Teaching Hospitals NHS Trust comprises the major hospitals of Leeds General Infirmary (LGI) and St James's University Hospital (SJUH), with the pathology department being based at the latter. The department is sited in new purpose built facilities in the new £200m Bexley Wing at SJUH opened in 2007. A small residual facility and the City Mortuary remains on the LGI site. There are 35 consultants organised into teams that deliver site specialised histopathology. 51,000 surgical requests and >100,000 cytology requests are received per annum making Leeds, one of the largest histopathology service in the UK. Over 1300 autopsies are performed per year. This department will serve as the base for most histopathology trainees throughout the period of training, with a number of six-month rotations taking place here. The trainee can expect one short attachment to each specialty during Year one (ST1), and longer (3-6 weeks) attachments to each specialty team during subsequent years of training (ST2-6).

Dewsbury & District Hospital


The histopathology department is based in Dewsbury, with autopsy working being carried out the neighbouring Pinderfields Hospital in Wakefield. The department is currently staffed by 11 consultants. This is a general histopathology department with opportunities for experience in most histopathology specialities and multi-disciplinary Meetings (MDTs), autopsy work, both cervical and diagnostic cytology, and management. There is a daily multi-header meeting where challenging and interesting cases are discussed. One or two trainees are in post at any one time, based in a large trainees' office with new microscopes and computers. Independent reporting appropriate to level of training is actively encouraged.

Hull Royal Infirmary

Hull and East Yorkshire Hospitals NHS Trust is one of the largest acute Trusts in England. The histopathology department is based at Hull Royal Infirmary, and is staffed by 13 consultants. As a regional referral centre the department sees a wide range of specialities, meaning that the trainee will have the opportunity to gain experience in uncommon specialties such as neuropathology and renal pathology, as well as the more common specialties and routine work. Both cervical and diagnostic cytology are carried out at Hull, and there is ample opportunity for autopsy work.

Bradford Royal Infirmary

The histopathology department is based at Bradford Royal Infirmary, and provides a sub-specialised service composed of 10 consultants. Each consultant has particular experience and expertise in one or more areas of histopathology and cytopathology. Trainees will have to opportunity to become involved in both specialist and non-specialist reporting, autopsy work, diagnostic cytology and clinical audit.

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Calderdale Royal Hospital

The histopathology department for the trust is based at the Calderdale Royal Hospital, staffed by 5 consultants. The trainee will have to opportunity for experience in breast, gastrointestinal, gynaecological and urological pathology, as well as both cervical and diagnostic cytology. Opportunities for autopsy work are also available.

Harrogate District Hospital

Harrogate District Hospital is part of a Foundation Trust providing a range of acute and planned services to the local community. The histopathology department is staffed by 5 consultant histopathologists, who all maintain a general portfolio of experience. Regular MDTs are held with the major specialties and cancer centre services are provided in breast and colorectal surgery. Training is also provided in autopsies, to include a range of coroner's cases. Diagnostic cytology experience is also provided.

York District Hospital

The pathology department is based at York Hospital, which provides a range of services to a population of 320,000. The department is staffed by 8 consultants, with opportunities for work in most of the common specialties, as well as diagnostic cytology and autopsy.

1.4 Specialist Training Committee


The Specialist Training Committee oversees the running of the scheme on behalf of the Postgraduate Dean and Head of School. This is led by the Chair and Training Programme Director (TPD), Dr Richard Bishop. Its purpose is to ensure appropriate delivery of the curriculum, monitor progress of trainees and quality assure the training process. It overviews, discusses and agrees developments of the scheme It meets three times per year and minutes are circulated electronically to members, educational supervisors, and any other consultants who request them.

1.5 Feedback

Feedback is absolutely crucial to all aspects of the training scheme, and has come up as a strong and recurrent theme in the experiences of our ex-trainees. Trainees are entitled to expect regular and constructive feedback in order to guide their process. This needs to be delivered by the clinical supervisors on the ground, and backed up by sound developmental and appraisal processes. In brief summary the following mantra is a useful aide memoire.

- S** Specific
- M** Measurable
- A** Achievable
- R** Relevant
- T** Timely

Feedback is also essential for trainers to assess their performance, and we require ongoing data from the trainees in order that the programme can be quality assured and continually improved. To this effect any verbal or written feedback is valued, and the TPD will endeavour to meet the trainee cohort during each term within the FRCPATH Teaching Programme. Formally other routes of feedback are the National GMC Survey for Trainees and the LETB in-house questionnaires. Additionally the programme has developed its own system of concise feedback, conducted at the end of each 6-month rotation.


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1.6 Email communication

Email communication is the major source of communication between the trainers and the trainees with regard to programme level activity. The trainees should all ensure that they are subscribed to the Yahoo! group email histopathologytrainees@yahoogroups.com by contacting the chair of the trainees committee with their email address (one they will have access to throughout training in the different hospitals). The LETB Locality Office should hold an up to date email address and the programme administrator will also collate individual emails on behalf of the TPD. Please ensure that you check your mailbox on a regular basis and respond accordingly and promptly if necessary.

1.7 Who's Who within the Training Structure?

Yorkshire & Humber LETB Histopathology rotation, North, East and West	
Mr David Wilkinson	Postgraduate Dean
Mr Jon Hossain	Deputy PG Dean (W)
Dr David Eadington	Deputy PG Dean (E&N)
Dr Peter Taylor	Deputy PG Dean (S)
Dr Daniel Scott	Head of School
Core STC Membership	
Dr Richard Bishop	Training Programme Director & Chair
Prof Phil Quirke	Academic TPD
Prof Andy Hanby	Academic rep.
Dr Darshana Pathak	Lead Trainer & Bradford rep.
Dr Vidya Kumaraswamy	Lead Trainer & Calderdale rep.
Dr Esther Millward	Lead Trainer & Harrogate rep.
Dr Anu Roy	Lead Trainer & Hull rep.
Dr Preetha Chengot	Lead Trainer, and Leeds rep.
Dr Georgina Reall	Lead Trainer & Mid Yorkshire rep.
Dr Isabelle Hanson	Lead Trainer & York rep.
Dr Lisa Barker	Autopsy rep. (co-opted)
Dr Sam Chilka	Leeds rep, Doctors in Difficulty
Dr Charlotte Suleman	Trainee representative
Dr Eldo Verghese	Trainee representative
Educational Supervisors	
Dr Selina Bhattarai	St. James's University Hospital
Dr Andy Boon	St. James's University Hospital
Dr Pauline Carder	Bradford Royal Infirmary
Dr Sam Chilka	St. James's University Hospital
Dr Sara Edward	St. James's University Hospital
Dr Mark Heatley	St. James's University Hospital
Dr Sally Lane	St. James's University Hospital
Dr Will Merchant	St. James's University Hospital
Dr Radhika Ramnath	St. James's University Hospital
Dr Padmini Prasad	St. James's University Hospital
Dr Jens Stahlschmidt	St. James's University Hospital
Dr Darren Treanor	St. James's University Hospital
Dr Angela Cymerman	Bradford Royal Infirmary
Dr Laszlo Karsai	Hull Royal Infirmary
Administrators	
Mrs Sue Cossins	ST1 Administrator
Ms Chloe Avery	LETB Administrator (Sheffield)

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Yorkshire & Humber LETB Structure

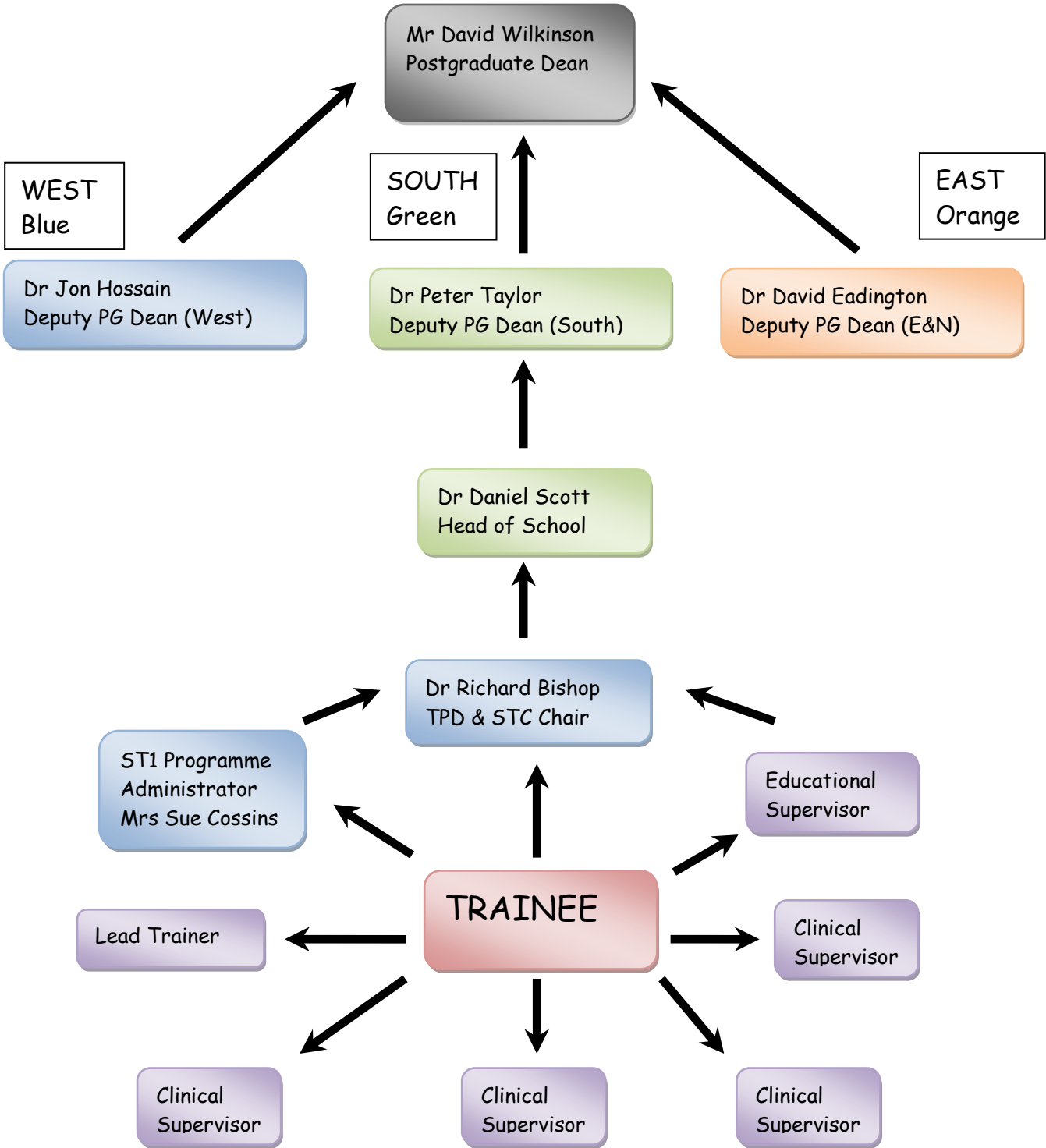



Fig 1. Summary of Structure of Training within LETB

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Section Two Rotational Arrangements

The rotation occurs on the first Wednesday in August and the first Wednesday in February to allow compliance with local trust induction processes.

Placements are drawn up once per year in October time. Each placement on the rotation lasts for a period of six months to one year and the expectation for most trainees will be to spend half the training time in Leeds and half in other hospitals. Broadly speaking the trainees can expect to be part of one of the following rota patterns, and will be allocated to one of the two schemes from an early date:


Year	Stage	Rotation 1	Rotation 2
1	A	Leeds	Leeds
2	B	North & East Yorkshire	West Yorkshire
3	B/C	Leeds	Leeds
4	C	West Yorkshire	North & East Yorkshire
5	D	Flexible	Flexible

Those completing the additional modules in autopsy practice, cervical cytology and research practice will need additional postings as appropriate.

The years spent in the localities constitute a combination of attachments between the three units on each locality base, and the precise balance is open to negotiation. It will be borne in mind that in Leeds, Bradford and Hull, trainees cover the curriculum by working in a series of attachments to specialty teams. In Calderdale, Mid Yorkshire, Harrogate and York, the work is not subspecialised, and trainees have a share in the routine departmental rotas.

The flexibility of Stage D may depend on pragmatic factors, and the balance of needs of all the trainees will be taken into account. As an STC we will strive to provide the choices determined by the trainee in conjunction with their educational supervisor.

It should be borne in mind that all trainees (other than academic) have signed up to a rotational scheme and cannot expect to remain in one place for reasons of convenience. In exceptional circumstances it may be possible to make individual arrangements e.g. medical problems, whereby a letter of certification will be required. Flexibility will sometimes be required to swap trainees in and out of posts for operational reasons such as sickness, training difficulties or social circumstances. Trainees may on occasion be asked to swap at relatively short notice. Though this will be avoided if at all possible we do ask that there is a mutual understanding amongst the trainee group, fostering a process of peer group support.

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Section Three Curriculum Delivery

The trainee should be fully familiar with their own curriculum document. The training programme is responsible for delivering the curriculum as prescribed by the Royal College of Pathologists (2010). All trainees should now be on the most recent curriculum (currently 2010).

3.1 Key Features of 2010 Curriculum


The 2010 curriculum is long and detailed; key features include:

- 60 months minimum training time
- Optional packages
 - Autopsy (3 months)
 - Non-cervical cytology(3 months)
 - Research methodology (3 months)
- Up to 69 months training time for those taking three optional packages
- Single exam for histology and diagnostic cytology
- Modular exams for autopsies and cervical cytology
- Minimum of twelve months in Stage D
- Independent training and examination systems for:
 - Paediatric pathology
 - Neuropathology
 - Forensic pathology

A central component is the introduction of medical leadership competencies. These are expected to be delivered and assessed throughout the programme. They are outlined on the Academy of Royal Colleges website. They have been integrated into the curriculum for practical purposes, but require an extra layer of delivery of training, and assessment thereof. A blueprint for assessment of these has been provided by the RCPATH.

3.2 Learning Opportunities

- Routine diagnostic work - the cornerstone
- Textbooks – supplementing the day to day exposure
- Private study – to include CPD bulletins, journals, and general texts
- Black box and departmental teaching sessions
- General and specialty slide collections
- Regional training course
- National training courses
- Scientific meetings
- Discussion & experience with BMS staff
- Multi-disciplinary meetings
- Cross-programme specialist attachments
- E-learning
- Learning from peers

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3.3 Trainee Portfolio

Each trainee is expected to maintain a comprehensive logbook, recording the myriad of activities and assessments which constitutes their record of training. This process should lead naturally into life-long learning, and continuing professional activity as a senior doctor. It will subsequently form the basis of a consultant portfolio feeding into appraisal and ultimately revalidation. It should be regarded as a living document which may require regular update and trimming as necessary. The following items are mandated as the minimum, and indeed should be reviewed each year by the educational supervisor as part of preparation for ARCP.

- Updated CV
- Documentation of appraisal (minimum three per year)
- Assessment Forms
 - Workplace based assessments (formative)
 - Clinical Supervisor Report (summative)
- Trainee attachment and experience grid
- Examples of reports
- Current independent reporting practice (signed off forms)
- Yorkshire General EQA completion (Stages C & D)
- Teaching activities
- FRCPath teaching (attendance record)
- Audit
- Research
- Management & leadership activities

The portfolio should be maintained through the RCPATH online tool, the Learning Environment for Pathology Trainees (LEPT): <http://www.rcpath.org/index.asp?PageID=1061>


All trainees are mandated to sign up with the RCPATH and utilise the system. Currently the minimum requirement is to upload all the workplace based assessments, complete multi-source feedbacks and compile the annual Educational Supervisor's Structured Report in preparation for ARCP. Those who want to adopt the fully electronic portfolio will be encouraged, and the system allows for upload of any scanned document in the trainee activity section

3.4 Workplace Based Assessment Guidance

Workplace based assessment in Histopathology training comprises:

- DOPS, Directly Observed Procedural Skills
 - assessment of practical skills.
- ECE, Evaluation of Clinical Events
 - observation of laboratory and clinical tasks, including team based activities
- CbD, Case-based Discussion
 - reflective discussion about a case, focusing on specific aspects providing clinical and educational challenges
- MSF, Multi Source Feedback
 - provides feedback from a range of co-workers across the domains of Good Medical Practice, mapped to the core objectives of the curriculum

Extensive guidance is produced by the RCPATH: <http://www.rcpath.org/index.asp?PageID=1462>

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These outline the educational principles behind these assessments and practical guidance on how they should operate. In addition to this the RCPATH has prepared an indicative list of WBAs, mapped to the stage of training. The majority of these should be directed by the trainer, and local school guidelines are outlined below:

	MSF	DOPS	CBD	ECE
Histology	3 during training	6 Stage A All directed	6 Stage A All directed	6 Stage A All directed
		6 Stage B 4 directed	6 Stage B 4 directed	6 Stage B 4 directed
		6 Stage C 4 directed	6 Stage C 4 directed	6 Stage C 4 directed
			6 Stage D all directed	6 Stage D all directed
Cx Cytology	0	0	2	2
Autopsy	0	2	2	2
Research	0	2	2	2

These assessments are by definition used summatively at the end of the year, though their principal value is one of formative assessment. If they are to act as an effective training tool, they should be used to guide and generate training opportunities. In order for this to succeed there is a requirement to leave one's comfort zone and sometimes attempt techniques or cases with which full confidence has not yet been established. The corollary of this is that there should be no fear of borderline or inadequate feedback; indeed this should become the norm.

Failure to proactively manage WBA flow throughout the year may lead to difficulties in achieving the targets and potential for adverse ARCP outcome


3.5 Summative Assessment Guidance

In addition to the formative assessments provided by the WBAs, we conduct regular 6-monthly clinical assessments using the Clinical Supervisor's Report (YHD-HPN-CSR). These assessments are a critical part of our progress monitoring system, and quality assurance of the scheme. Though some trusts may choose to compile regular written feedback after specialty slots, these must be compiled into the final document. It is desirable that this form is completed after each 6-month period, regardless of length of stay in any one Trust. It requires evidence of triangulated opinion from the range of clinical supervisors who have delivered training during the placement. Different Trusts will develop their own systems of collating this document, but it should be completed in a timely manner, and appropriately fed back to the trainee.

3.6 Stages of Run-through Training

Stage A = ST1

The ST1 programme follows a well-established course, primarily centred at the SJUH site. Following a period of induction the trainee can expect to embark on a series of three week attachments covering all the major specialties. Teaching at this stage is concentrated on basic principles of disease and covers normal tissue morphology. Formal teaching merges with the general postgraduate programme during the course of the year. There is a series of block teaching sessions, which takes on a formal system based

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approach. Basic core knowledge should include a sound working knowledge of basic pathology and the pathology of common systemic diseases. Skills include specimen dissection, microscopy, recognising common diseases, report writing. There is a formal OSPE (Objective Structured Pathological Examination) after 8 months, following which exposure to the key disciplines can be more thoroughly grounded.

Stage B = pre-FRCPath Part 1

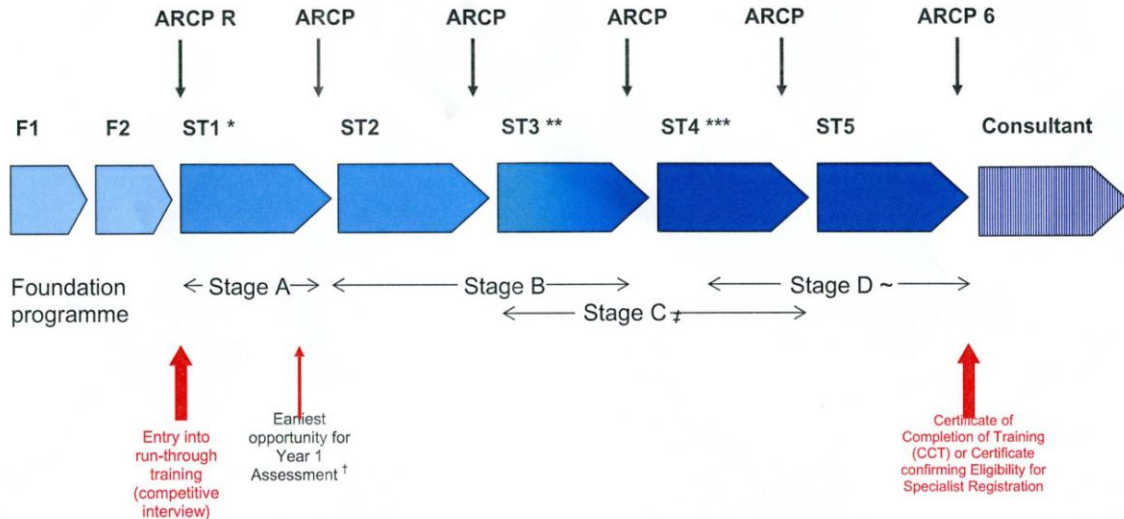
Stage B allows the trainee to further develop and mature the skills acquired in ST1. This is to broaden the experience and understanding of histopathology practice, to include all the subspecialties. This will usually be at a different training site, typically with fewer trainees and often with great diversity of workload on a day to day basis. The opportunity here is to develop specimen dissection skills so that the majority of cases can be trimmed independently, to include all simple cases and common larger specimens. The practice of cytopathology and autopsies should be developed to a good sound knowledge base, with interpretation of more complex case, and clear concise report writing. The working knowledge of basic and systemic pathology, particularly centred on clinical practice will be developed further, preparing the trainee for the Part 1 FRCPath examination.

Stage C = pre FRCPath Part 2.

Following successful completion of FRCPath Part 1 there is no step change in training. The trainee is expected to continue the apprentice style, problem-based learning developed in the early years. They can expect a combination of specialty and general attachments during this period. The requirement is to develop increasing levels of confidence and the ability to work in appropriate contexts without direct supervision in histopathology and cytopathology. This will be through increasing independence of specimen macro and trimming, and also limited independent reporting through the competency based framework, as described elsewhere (Form HPN—YHD-IRP). The optional three-month training packages need to be considered. These are not taken as stand-alone items, and will be blended into the every day roster of work.

Stage D = post FRCPath Part 2

Once the trainee has passed their FRCPath Part 2 they enter the final stage of training. The exam is no longer considered to be an exit examination, and should not be taken as sufficient evidence for recommendation to CCT. The trainee can benefit from an individually tailored training period, according to their future aspiration. This is in order to prepare for consultant post, and may incorporate acting up, subspecialty experience, and/or mixed experience in a teaching hospital or a general district hospital. The requirement for CCT is that the trainee should be trained to the standard of consultant histopathologist within the NHS. And hence full independent reporting is a mandatory component of this stage. To this end it is advised that the majority of trainees spend at least six months performing a range of specialties. Those wishing to gain sub-specialist experience may choose to have further exposure to selected specialties. Some trainees wish to train in a single sub-specialty and take a full twelve month sub-specialty attachment if suitably committed to a specialist career.




- * Trainees must have passed the Year 1 RCPath Assessment by the end of Stage A/ST1. Failure to pass the Year 1 Assessment will prevent the trainee from progressing to Stage B.
- ** Trainees must have passed the Part 1 FRCPPath examination by the end of Stage B/ST3. Failure to pass the Part 1 examination by the end of ST3 will prevent the trainee from progressing to Stage C.
- *** Trainees must have passed the Part 2 FRCPPath examination by the end of Stage C/ST4. Failure to pass the Part 2 examination by the end of ST4 will prevent the trainee from progressing to Stage D.
- ‡ Specialty training – either general histopathology, or subspecialty training in forensic pathology, neuropathology and paediatric pathology.
- ~ Specialty training or subspecialty training including cytopathology.

Fig 2. Summary of Stages of Specialist Training in Histopathology

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
ST1	Month 1 Begin Stage A, NTN awarded	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8 RCPath Year 1 Assessment	Month 9	Month 10 RCPath Year 1 Assessment	Month 11	Month 12 Earliest opportunity to end Stage A
ST2	Month 13 Earliest opportunity to begin Stage B	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21 Part 1 FRCPPath opportunity	Month 22 Part 1 FRCPPath results	Month 23	Month 24 Earliest opportunity to exit Stage B
ST3	Month 25 Earliest opportunity to begin Stage C	Month 26	Month 27 Part 1 FRCPPath opportunity	Month 28 Part 1 FRCPPath results	Month 29	Month 30 Second opportunity to exit Stage B	Month 31 Second opportunity to begin Stage C	Month 32	Month 33 Part 1 FRCPPath opportunity	Month 34 Part 1 FRCPPath results	Month 35	Month 36
ST4	Month 37	Month 38	Month 39 Part 1 FRCPPath opportunity	Month 40 Part 1 FRCPPath results	Month 41	Month 42	Month 43	Month 44	Month 45 Part 2 FRCPPath opportunity	Month 46 Part 2 FRCPPath results	Month 47	Month 48
ST5	Month 49	Month 50	Month 51 Part 2 FRCPPath opportunity	Month 52 Part 2 FRCPPath results	Month 53	Month 54 First opportunity to exit Stage C	Month 55 First opportunity to begin stage D	Month 56	Month 57 Part 2 FRCPPath opportunity	Month 58 Part 2 FRCPPath results	Month 59	Month 60
ST6	Month 61	Month 62	Month 63 Part 2 FRCPPath opportunity	Month 64 Part 2 FRCPPath results	Month 65	Month 66 First opportunity to exit stage D	Month 67	Month 68	Month 69	Month 70	Month 71	Month 72

Fig 3 Indicative Timescales of Histopathology Training, 2010 Curriculum

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3.7 Minimum Case Numbers

The curriculum recommends a minimum annual caseload exposure. This does not specify case mix, though sensibly should incorporate a range of specialties and a range of simple and complex specimens. Please note that these numbers are a minimum, and teaching cases in histology are not accepted by the RCPATH as an alternative to clinical cases. Archived teaching material is approved for cytology, as indicated. Cases should be recorded in the experience grid and kept as evidence of training in the portfolio (YHD-HPN-TAE). The total number of cases should be delineated on the portfolio review form (YHD-HPN-PRV), to include the percentage new cases where appropriate. Autopsies should be recorded in the Post Mortem Log-Book (YHD-HPN-PML), which should be used to define objectives and ensure that a sufficient range of experience is demonstrable for those sitting the Certificate of Higher Autopsy Training (CHAT).

	Stage A	Stage B	Stage C	Stage D
Per Year				
Surgicals	500	750	1000	1500
Diagnostic cytology	150 (archived or new)	200 (archived or new)	300 (at least 70% new)	300 (at least 80% new)
Cervical cytology	150 (archived or new)	200 (archived or new)	500 (optional)	optional
Per Stage				
Autopsies	20	20 (+2 paed)	60 (optional)	optional
Audits	1	1	1	1


3.8 Study Leave Guidance

3.8.1 Introduction

This guidance is additional to the Health Education Yorkshire & the Humber Study Leave policy available on the HEYH Website. Some of the high/low lights of the guidance are as follows:-

- Crammer courses for examinations not supported
- No exam fees paid
- Travelling and accommodation expenses for first attempt at RCPATH examinations
- Courses should be closely mapped to the curriculum
- Applications are subject to discretion of employing trusts and the LETB
- Retrospective applications for study leave will not be supported
- Partial funding of course fees will not be supported
- Advance payment of fees is not possible
- Applications for overseas leave require the authorisation of the Postgraduate Dean

Access to education and training away from the workplace is an integral part of the Personal Development Programme for all trainees, supporting achievement of the learning outcomes specified in specialty and generic curricula. Educational events and opportunities (including web based learning, clinical skills and simulator training) are available both locally and regionally. All educational and training requests should meet the requirements detailed within Specialty College Curriculum. The LETB also recognises that, in some specialties, trainees will need to access specialised training events and opportunities that are arranged outside the LETB.

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Each trainee is entitled to 30 days study leave per year. Less than full time trainees have their allowance reduced pro-rata. Study leave may be classified into four principle components:-

- Inclusive teaching for ST1 School
- Yorkshire Deanery Postgraduate Histopathology Teaching Programme
- Other courses, meetings or conferences
- Private study leave

The leave year runs from 1st August to 31st July, with pro rata allowances allocated accordingly. Study leave needs do vary from year to year, and therefore we have incorporated a carry-over of up to five days per year. This must however be balanced against service commitments, with requests to the employer being reasonable, timely and proportionate. It should be borne in mind that all study leave requests are at the discretion of the employer, in addition to that of the LETB.

There is no longer a single allowance for the study leave as such. The School holds a notional budget, but leave is now funded according to training need and not against any specific allowance. As such course are normally expected to be taken for the approved list (or equivalent).

3.8.2 Inclusive Teaching for ST1 School


Stage	Course	Days	Course fee	Other expenses	Value
A	New Trainee Welcome Day (RCPath)	1	Funded by School	Funded by School	Essential
	National Block Teaching	5	Funded by School	Funded by School	Essential
	Northern Block Teaching	10	Funded by School	Funded by School	Essential
	RCPath Academic Day	1	Funded by School	Funded by School	Desirable
	Mock OSPE	1	Funded by School	Funded by School	Essential

The study leave in the ST1 year is provided as an integral part of the programme, and expenses are currently paid by the Histopathology ST1 School. Any leave over and above the ST1 programme will only be approved in exceptional circumstances. Trainees do not need to formally apply for this leave, though will need to follow the prescribed ST1 School procedures.

3.8.3 Yorkshire Deanery Postgraduate Teaching Programme in Histopathology

Postgraduate Histopathology teaching is provided as a single programme across the LETB

- The programme consists of 5 full teaching days over each term
- The sessions are held on Mondays
- There are 3 terms - Autumn, Spring and Summer
- Each term includes component of histopathology, cytology and autopsy
- Academic and leadership/management topics have been incorporated into the programme
- The sessions are usually held either at St James's (Leeds) or the Royal Hallamshire (Sheffield)
- A live video link is now operational to avoid having to travel for certain sessions
- There is a 3-year rolling programme to cover all the sub-specialties
- The dates for the year are planned in advance to enable trainees to organise annual leave
- Session will include trainee presentations on a flexible basis

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These training sessions are a compulsory part of the programme. Unless sound educational reasons are given then attendance is normally expected for all trainees, including those in Stage D. There is enormous benefit in cross-fertilisation of knowledge and skills across the full range of experience. "Acting-up" trainees will not normally be expected to attend. The only other valid reasons for non-attendance are sickness, annual leave, other study leave or special leave. An attendance record will be kept by the Programme Administrator and fed back into the ARCP process. Each trainee should be able to justify their personal attendance record in discussion with their educational supervisor. If any trainee is experiencing any difficulties in getting away from work, they should contact their educational supervisor in the first instance.

Academic trainees are also expected to attend unless they are formally out of programme.

3.8.4 Other courses, meetings or conferences - Study Leave Template

The LETB has redefined study leave as Curriculum Delivery, and as such any course, meetings or conferences should normally map to this template. Equivalent courses will be funded where reasonable, though any applications over and above this may need to be considered by The School. Please note that there is no notional budget, and each application must be merited on educational grounds. It is inevitable that there is some slack in Stage B, as the requirements in build, up to FRCPATH are significant.

Stage	Course	Days	Course fee	Other expenses	Value
B	East Pennine Cytology course	1-3	50	0	Essential
	FRCPATH Part 1 course	4	185	30	Optional
	LETB research skills course	4	LETB funded	0	Desirable
C	Surgical Histopathology Course (various venues)	10	1200	720	Essential
	Cytology course (various venues)	5	400-700	335	Essential
	Autopsy course	5	800	335	Optional
D	ACP Management course	5	620	335	Desirable
	CV writing and interview skills	1	LETB funded	0	Desirable
	Making the transition to consultant	1	LETB funded	0	Desirable
	Training the Trainer	1	LETB Funded	0	Desirable
Any Year	LETB Management Courses(various available)	7	LETB Funded	0	Desirable
	Society meetings (Path Soc, IAP, ACP)		Variable	Variable	Discretionary
	Specialist courses (ad-hoc)		Variable	Variable	Discretionary

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expenses, the claim differs significantly from the estimated expenses, the LETB may not approve additional, unexpected expenses.

Any exceptions to this will be viewed as unauthorised leave.

3.8.8 Budget

The budget holder is the Head of School to whom the TPD is accountable. There is no single budget attached to histopathology, and no individual limit per se. All courses must be relevant and appropriate to the stage of training. There is a responsibility on all trainees to plan their requirements judiciously, and to acknowledge that the overall budget is finite; there is a requirement to maintain equity amongst the whole cohort of trainees.

On occasion trainees will find external funding or bursaries to support leave. In this circumstance they should still apply for the leave, indicating the funding stream on the application form.

3.8.9 Study leave expenses

Expenses are claimed on Claim Form SL-C. As stated earlier there should be a close correlation with the actual expense claim and the estimated provided on the application form. This necessitates thorough research in the first instance. These forms should be submitted within three months of the leave period. For first attempt at RCPATH examinations expenses will be paid for travel, accommodation and subsistence.

Travel

- Train - Standard Class fare
 - Make use of fixed price tickets where possible
 - Don't book too early as cheapest fares often only available within 3 months of travel
 - The East Coast website details advance ticket timescales, <http://www.eastcoast.co.uk>
- Car Public Transport rate (24p per mile)
 - Should normally be less than the standard class rail fare


Subsistence:

- Lunch Allowance (5 to 10 hours, absent between noon and 2pm): £5.00
- Evening Meal Allowance (over 10 hours, returning after 7pm): £15.00
- Lunch and Evening Meal Allowances (over 10 hours, time away spans noon and 7pm): £5.00 + £15.00
- Night Subsistence: maximum £55.00 per night (Doctor in the House will support this rate in London - <http://doctorhouse.co.uk/>)
- Non-commercial accommodation (subsistence at the flat rate of £25 per night if staying overnight with friends - not charging for accommodation, meals)

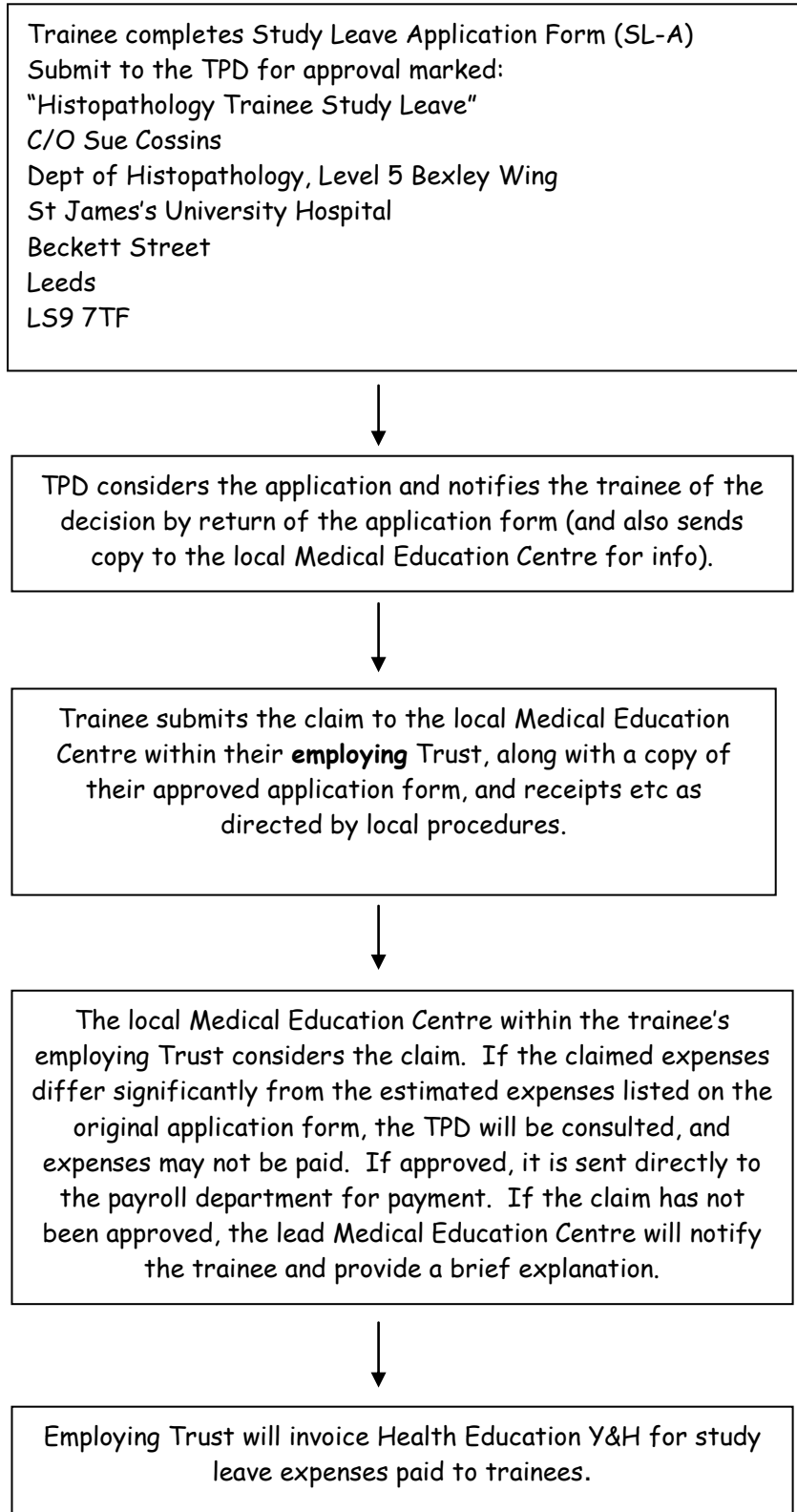
Non refundable


- Examination fees
- Course dinners
- Telephone calls
- Bar bills
- Newspapers

With the exception of non-commercial accommodation, receipts are required.

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3.8.10 Process Flowchart for Study Leave Process in Histopathology



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3.9 Teaching Responsibilities

The Histopathology Department provides teaching for the Undergraduate Course in Medicine as well as the intercalated BSc and dental course. The Unit has been actively and intimately involved with the development of the new Leeds Undergraduate Curriculum. The trainee will be required to take an effective role in the delivery of undergraduate and postgraduate medical education. They will be responsible for delivery of teaching in the undergraduate medical curriculum. An STC approved teaching course “Teaching the Teachers” will be trialed in 2014 to assist with this.

Academic trainees are expected to take on a more formal role with regard to delivery of undergraduate training.

3.10 Independent reporting by trainees

3.10.1 Introduction

The demonstration of progressive increase in responsibility taken by trainees is a requirement of GMC approval of training programmes. Increasing responsibility has also been highlighted by both consultants and trainees in Leeds as a means of improving training, and has been warmly received in analysis of the ex-trainees questionnaire. The 2010 Curriculum strongly recommends graded responsibility for Post FRCPath Part 1, and independent practice is a mandatory component of post FRCPath part II training in Stage D.

All trainees have an RCPATH ‘Training and Learning Record for Specialist Training in Histopathology’ leading to the award of the CCT. This learning record includes a list of diagnoses in a competency-based framework for graded responsibility in independent reporting (Appendix Two) Trainees should demonstrate that they can recognise cases within their level of competence, and take responsibility for producing the report. Independent reporting will only be permitted after assessment of the trainee’s competence and performance by the local clinical supervisors, and clear boundaries should be agreed.

3.10.2 Pre Part 1 FRCPath (Stages A and B)

Independent reporting will not normally be approved during this period.


3.10.3 Post Part 1 FRCPath (Stage C)

Passing part 1 FRCPath demonstrates a level of knowledge of principles and pitfalls in histopathology. Trainees commencing Stage C should be working towards a degree of independent reporting as defined by the RCPATH Framework (Appendix 2). Trainees should select an appropriate specialty and commence at Levels 1/2, progressing if appropriate to level 3. Typically the early adopters are GI (Level 1/2), Skin (Level 1/2) and urine cytology (Level 2). It is anticipated that level 4 competencies will not normally be signed off during Stage C.

All cytology competency forms should be signed off by a consultant cytopathologist or a consultant with a major interest in cytopathology.

Process for Trainees:

- Self select examples of specimens from your routine workload that fall into the appropriate category ensuring these cover a wide range of diagnoses from the list

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- Complete the details on the “Evaluation of Competence for Independent Reporting” from a (YHD-HPN-IRP) and inform your Consultant that this is one of your assessment cases.
- After checking the diagnosis and report, the Consultant will add his/her signature and date to your list, to confirm competency.
- Once 20 requests have been signed for, the trainee is ready to report independently at that level in that domain.
- File the original completed list in your log-book. If the Consultant makes changes to your report, he/she will note the details on your list.
- If there are **any** cases with major alterations (i.e. would significantly affect clinical management), or ≥ 3 with minor alterations, more supervised training will be required before repeating this exercise. The trainee, in conjunction with their educational supervisor, will discuss when the exercise should be repeated.

It is anticipated that once any competency level has been signed off in any individual specialty area then this will be acceptable to all departments in the rotation (subject to an initial period of general induction and assessment). Some departments may choose to sign a trainee off on a particular competency level for all specialties, as per RCPATH Guidelines. This will approve the trainee for independent reporting on that particular placement, but may not necessarily be transferrable to the next rotation.


3.10.4 Post Part 2 FRCPath (Stage D)

Independent reporting will only be permitted after assessment of the trainee’s competence and performance by the Consultant Histopathologists. Trainees who have passed FRCPath Part II can sign out cases that they are confident to report independently. This will incorporate Level 1-4 competencies as per the RCPATH protocol in the first instance, with subsequent progress to full independent reporting.

There is however a list of diagnoses, **over which extreme caution must be taken**. These generally include areas of known critical clinical importance, diagnostic difficulty or medico-legal risk. This list has been agreed by the STC and is the same throughout the Yorkshire rotation. Certainly at the beginning of Stage D all such cases should be checked with the supervising consultant. As confidence and experience develops there should be a gradual transition to full autonomy whereby the trainee should be making the judgement on which cases to seek corroboration or second opinion. This is a crucial final stage of training and should not be overlooked or bypassed because of unfounded patient safety concerns. If trainees are not able to demonstrate this autonomy then they will not be assessed as sufficiently competent to be recommended for ARCP Outcome 6 and CCT. It is thus incumbent on the trainers to provide this opportunity, within an appropriate governance framework. Any problems or issues with this final phase of progress requires timely escalation to the Educational Supervisor and Training Programme Director

“High risk” biopsies:

- Breast core biopsies
- Prostate core biopsies
- Pancreatic biopsies
- Radiological guided needle core biopsies and other core biopsies for suspected malignancy
- Liver biopsies for “medical” conditions
- Breast biopsies where there is no pre-operative diagnosis
- Gastric or oesophageal biopsies from ulcerated or endoscopically suspicious lesions

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- Bronchial and trans-bronchial biopsies
- All first diagnoses of malignancy
- Upper GI endoscopic biopsies where there is histological suspicion of dysplasia or where the biopsies have been performed following a previous diagnosis of dysplasia.
- New diagnoses of inflammatory bowel disease
- Atypical or clinically suspicious melanocytic lesions
- All cases where the clinical diagnosis is malignant but the histological appearances are non-confirmatory
- Rare or unusual lesions
- Recurrent “benign” lesions
- Cases where the clinician requests review of previous pathology
- If a case reported independently by a trainee is requested for review by a pathologist or MDT external to the Trust, it must be reviewed by one of the Consultants prior to dispatch.

3.10.5 Acting-Up Consultants


Acting up consultants roles are still supervised training attachments with trainees working at a locum level to cover a genuine service need within a histopathology department. They are limited to a period of twelve weeks. During an acting-up appointment the trainee would be expected to develop a mature approach to independent practice. It would be up to any department to define local exceptions, but the trainee would normally be expected to gain full autonomy. They would be expected to develop a cautious and judicious approach to practice, invoking a collegiate approach to diagnostic work through intra-departmental and external consultation. The trainee may wish to conduct an audit with the lead trainer to corroborate and re-assure over their performance level.

3.11 Management & Leadership

The trainee committee comprises all current trainees and usually meets on the last session of each term. The Chair and Secretary change yearly. A summary of the meeting is presented by the Trainee Representatives at the Specialist Training Committee (STC) meeting. Trainees take the initiative in organising slide meetings, virtual pathology web-based learning, the programme of FRCPath Teaching, trainee representatives in STC meetings, representatives in RCPATH, ACP, Pathological Society etc etc. The TPD has a regular open house session with the trainees where there is freedom to speak with impunity under “Chatham House” rules.

Trainees should be aware of their responsibilities as medical professionals and senior doctors of the future. It is not sufficient simply to gain competencies within the domain of diagnostics In this regard they should focus their attention on developing and learning from everyday events, as depicted within the curriculum, and use these as practical tools. They should also take any opportunities to sit in and observe any management meetings within their own trust, to include interviewing, clinical case conferences and business meetings.

More formal management topics are delivered by the FRCPath teaching, the LETB course and outside bodies such as the popular ACP Management Course. A leadership development day was successfully delivered across the school of pathology and it is hoped that this may become a biannual event.


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3.12 Specialist Training

Specialist training posts are provided within the specialties of neuropathology and paediatric pathology. Under the terms of the new curriculum these two specialties have now taken separate specialist routes, with opportunity for transition in Stage C. Only two weeks of the general curriculum is allocated to each of these specialties, though cross-over may be utilised in this regard e.g. placental pathology and autopsy based neuropathology.

When these posts become available they will go to national advert for filling at ST3-4 level or equivalent.

Forensic pathology training is not currently offered from within the East-West Rotation. The major local centre for Forensic Pathology is the Medico-Legal Centre in Sheffield. Training opportunities may arise from time to time within the South Yorkshire Training Programme.

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Section Four Appraisal and Assessment

4.1 Educational Supervision

The principle roles of the educational supervisor are summarised as follows:


- Oversee the education of the trainee and act as their mentor
- Ensure that the trainee is making the necessary clinical and educational progress
- Ensure that the trainee receives appropriate career guidance and planning
- Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified
- Report any significant problems if they arise
- Conduct 5 appraisals per year with the trainee (minimum 3)
- Broker learning agreement with educational objectives
- Ensure familiarity with college curriculum
- Ensure portfolio is up to date
- Ensure assessments are going to plan
- Hold regular appraisals. Before each session obtain information from those involved in clinical supervision including lead trainer
- Complete the structured report for ARCP

Each trainee has an allocated educational supervisor for the duration of their training programme. They should meet up preferably five (though a minimum of three) times per year for appraisal discussions. These should be documented in the training portfolio (YHD-HPN-APR). The ARCP documentation is compiled by the educational supervisor each and every year, in order to maintain the focus of overall educational progress with one single trainer. Even whilst on rotation the educational supervisor needs to compile this information in conjunction with the local lead trainer.

ST1s have the opportunity to change their Educational Supervisor following year one if for any reason the relationship has broken down, but only with good reason. The Training Programme Director (TPD) needs to be informed of any such request, and will negotiate any transition. Other ad hoc changes may need to be made from time to time for operational reasons.

The role of the educational supervisor is thus crucial in that they take the principal responsibility in signing off a trainee as competent (or not) at the end of each year, and will also be responsible for subsequent planning of training requirements. Normally the TPD would guide this forward planning process by meeting annually with each individual trainee together with their educational supervisor. At the end of training they must certify that the trainee is competent to be issued with a CCT.

Appropriate training is provided by the HEYH in the form of e-learning modules, supplemented by a “face to face” session. There should be support from the clinical director to provide appropriate time through the job planning process (ideally this should be 0.25 SPAs per trainee). In return for this clinical directors will expect educational supervisors to deliver on this role and be able to provide evidence of their training development. Evidence of updated equality and diversity training is also required. Further courses and updates in training such as the various “Training the Trainer” modules are desirable.

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Summary of Knowledge Skills and Training for Educational Supervisors:

- Be approachable, keen to develop the trainee and understand the importance of the role
- Be familiar with the curriculum, and the programme design
- Be trained to offer educational supervision and competence assessment and to undertake appraisal and feedback
- Be trained in equality and diversity
- Be responsible for their own educational role as an educational supervisor to Training Programme Director and locally to the employer's lead for Postgraduate Medical Education.

A suggested model for meetings with Educational Supervisor:

Month	Meeting
July	Meet to review ARCP. Review & renew educational plan
August	Appraisal to review attachment and plan educational needs for next rotation
November	Mid-term appraisal
January	Appraisal to review attachment and plan educational needs for next rotation
May	Mid-term appraisal. Prepare for ARCP


4.2 Personal Development Plan

A format for targeted training plans is incorporated into the appraisal document (YHD-HPN-APR). This document should ideally be updated electronically so that it can be transferred across and updated for each new appraisal meeting. The targets should be clearly set with timescales, and signed off as complete as appropriate. Some of these targets may be short term and self contained aims, whereas others may be more aspirational and take longer to achieve. The targets should all be set using the SMART mantra:

- S** Specific
- M** Measurable
- A** Achievable
- R** Relevant
- T** Timely

4.3 Lead Trainers and Clinical Supervisors

Clinical supervisors play a critical role in delivering the vast bulk of on the job teaching and training, working closely with the trainees on a one to one basis. Histopathology naturally lends itself to an apprenticeship style of learning following the lines of delivery by a consultant led service. Clinical supervisors work in conjunction with the educational supervisors in delivering the educational plan, and each trust has a nominated lead trainer or named clinical supervisor who co-ordinates on-site supervision. The lead trainer on attachment will ensure that local induction processes are completed and documented (YHD-HPN-IND) and that the objectives for attachment are drawn up at an early stage in conjunction with the educational plan. They too ensure completion of the Clinical Supervisor's Report at the end of each 6-month attachment, triangulating all the views of the clinical supervisors (YHD-HPN-CSR). The lead trainers also sit on the Specialist Training Committee. The Lead Trainers should ideally also complete the same training packages as educational supervisors, and be expected to have the same job planning support of

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the educational supervisors. There is no distinct job planning recognition for other clinical supervisors through supporting professional activities (SPAs) often incorporate an element for education and training. Most clinical supervision is incorporated into the Direct Clinical Care responsibilities, though it is acknowledged that there can be an increase workload, e.g. with respect to delivering workplace based assessment. If the apprenticeship model is used effectively then the trainee can provide valuable input, and the process may be viewed as time neutral.

4.4 Summary of Differences between Educational and Clinical Supervision

Educational Supervisor	Clinical Supervisor
Oversee named trainee progress throughout their programme	Clinical oversight of named trainee in workplace
Clinical & Educational progress	On the job teaching, assessment and feedback
Appraisal, portfolios, PDPs, career counselling	Rapid response to current issues
Managing the trainee in difficulty	Tailors supervision level according to ability
	Changes with each rotation

4.5 Annual review of Competence Progression (ARCP)

The annual assessment underpins the progression of training, determining whether the trainee has achieved the required competencies for their stage of training. If these competencies have been achieved then they can be recommended to progress to the next stage of training. If for any reason these have not been achieved or indeed there are any other special circumstances, then recommendation will be made accordingly. Specialty Registrars undergo the Annual Review of Competence Progression (ARCP). The ARCP process is coordinated by the LETB, and receives documentation of progress including assessment of generic competencies and review of training portfolio by the educational supervisor.


As trainees do not routinely attend the assessment in person, the annual planning for both Specialist Registrars and Specialty Registrars will take place between the Trainee, Educational Supervisor and TPD outside the formal LETB forum. All trainees will be assessed in June/July regardless of whether an interim assessment has taken place during the year, so that they can be re-aligned into the annual round.

4.5.1 Introduction

The ARCP process is the cornerstone of specialist training as currently defined for specialist trainees under the auspices of the Gold Guide. The purpose of this document is to define neither the whole of the process nor the ethos behind it. Comprehensive information is provided within the Gold Guide itself, and also specialty specific information on the Royal College of Pathologists Website. (www.rcpath.org). Trainees are expected to be familiar with the contents of these documents. It is important to view progress toward the ARCP as a continuing journey. Though by definition it is a process of summative assessment, it naturally documents the formative assessment and appraisal processes as conducted throughout the year.

The ARCP draws together three strings: assessment, appraisal and annual planning:-

- Assessment: curriculum-based

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- Workplace-based assessment
- Multi-source feedback
- Examinations
- Competencies
- Appraisal
 - Named educational supervisor (trained)
 - Educational appraisal
 - Workplace-based (NHS service) appraisal
- Annual Planning follows ARCP Outcome (in consultation with trainee)

4.5.2 Panel Membership

The panel minimum quorum requires one LETB representative, an external representative and a lay representative. In the Health Education Yorkshire & the Humber this will normally constitute Head of School, the two TPDs, an external TPD and an independent lay panel member. If there is any potential for an Outcome 3 or 4, the Postgraduate Dean shall delegate a senior LETB officer to attend the panel. Academic reviews require an external panel member to validate progress. Finally a LETB administrator will formally record the minutes.


Key Points:-

- Trainee not expected to attend unless in difficulty or for QA purposes
- Decisions are made by panel and subsequently fed back to trainee
- Assessment of evidence through the documentation process
- Planning follows outcome and does not routinely take place on the day

4.5.3 Preparation for ARCP

Time	Process
ARCP minus 6 weeks	Formal notification to trainee of ARCP process
ARCP minus 4 weeks	Documentation to be submitted to Educational Supervisor
ARCP minus 2 weeks	Submission of ESSR and associated evidence
ARCP minus 1 week	Letters sent to any trainees required to attend panel
ARCP Day	ARCP Panel meets
ARCP plus 2 weeks	Deadline for receipt of review/appeal requests

The timeline needs to be followed robustly. If the documentation is not submitted by the appropriate deadline then an Outcome 5 will follow. There will be no last minute submissions accepted, even in exceptional circumstances. An outcome 5 may be upgraded to an Outcome 1 once satisfactory evidence is received, though there be a requirement to attend on the day, and it may require extension to the CCT date. The aim is to issue zero Outcome 5 ARCPs.

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4.5.4 Preparation in Conjunction with Educational Supervisor

The trainee should formally meet with their educational supervisor prior to the ARCP to discuss progress, and review the documentation. The whole of the portfolio should be reviewed as part of preparation for the ARCP. This includes a review of assessments over the previous year, and reflection on educational achievements and appraisal. The educational supervisors will need to review the completed Clinical Supervisor Reports (YHD-HPN-CSR). They should also triangulate provisional assessment of progress in the current post. This may be in the form of a short written report or email. If there are any important issues to address it may be appropriate to produce a provisional Clinical Supervisor Report.


It is important to recognise that the submitted data is the only documentation which will routinely be reviewed by the panel itself. The only member of the panel with any personal knowledge of the trainee is likely to be the TPD. The educational supervisor's report (ESSR) brings together: assessments (WBAs and examinations), trainer's reports, educational appraisal and workplace-based appraisal. It is expected that all trainees will produce the ESSR within the RCPATH LEPT system (Learning Environment for Pathology Trainees). The domains within the ESSR are largely self-explanatory, but common sense needs to be applied in ensuring that titles of projects and WBAs etc. are included in the report. The comments section should be used to provide clarity and depth to the evidence. It is incumbent upon the educational supervisor to use the following subheadings in constructing the final summary comments (Q27):

Technical ability (as appropriate to stage of training)
Leadership skills to include personal effectiveness, organisation & team working
Contribution to delivering and developing a patient-centred service
Ability to improve skills/knowledge of self and others
If you have cause for concern concerning the trainee, please record the supportive measures being undertaken or planned?

The ESSR is unfortunately not comprehensive for purposes of the ARCP and needs to be supplemented by the Clinical Supervisor's Reports (YHD-HPN-CSR) and also the portfolio review form (YHD-HPN-PRV) The supplementary documents may be emailed to the TPD or uploaded onto the LEPT system.

4.5.5 Evidence required for submission to Training Programme Director

- Educational Supervisors Structured Report (LEPT system)
- Portfolio Review Form (YHD-HPN-PRV)
- Two Clinical Supervisor Report Forms (YHD-HPN-CSR)
 - For placements Feb 2014 to July 2014 and Aug 2014 to Jan 2015
- Evidence of completion GMC Training Survey

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- **If the trainee is for final year assessment (PYA) then a formal summary reference should be supplied by the educational supervisor (YHD-HPN-REF) together with completed C.V. This is an essential pre-requisite for issue of ARCP Outcome 6**

Academic trainees will also need to complete a Report on Academic Progress (RAP) on the LEPT system, this should be linked to the ARCP and signed off by the Academic Supervisor.

Please see section 4.10 on document formatting to include guidance on scanning and file types.

Incomplete, unsigned or undated documents will not be deemed acceptable.

Trainees who are invited to the ARCP in person should bring their portfolios with them.

4.5.6 ARCP Outcomes

1. Progress as expected
2. Focused training, no extension needed
3. Extended training necessary
4. Released from training programme
5. Incomplete evidence provided
6. Training completed
7. FTSTA outcome
8. OOPE
9. Top up training

ARCP Outcome 1

The trainee will not be required to attend the panel and will be informed by letter of the outcome. A meeting will be scheduled in conjunction with the educational supervisor in order to complete the annual planning stage of the process.


ARCP Outcome 2

This is defined as a deficiency in identified specific competencies, which may be a result of non-progression of the trainee or indeed a deficiency in delivery of training needs by the programme itself. It usually required a plan for focussed training. There is no extension to overall training time and CCT remain unchanged. The trainee must attend the panel. Formal recommendations are made and a timescale agreed with trainee. The trainee is entitled to appeal the decision.

ARCP Outcome 3

This is issued when the trainee has failed to progress as expected. Extended training required and the CCT date is extended. The trainee must attend the panel and formal recommendations are made. The maximum extension is 12 months (in first instance), though 3 or 6 months is also possible. The trainee is entitled to appeal the decision.

Additional training over and above twelve months may be utilised in certain circumstances, but this is at the discretion of the Postgraduate Dean. The absolute maximum length of time for additional training is stipulated at two years.

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Possible reasons behind decision:

- Examination failure (OSPE, FRCPath)
- Insufficient WBAs
- Adverse ESSR
- Adverse MSF

ARCP Outcome 4

The trainee must attend panel and is released from the programme. This can only be the result of insufficient or sustained lack of progress. It must be in spite of additional training. The competencies which have been acquired must be defined together with those which have not been demonstrable. The NTN is relinquished by the trainee. The trainee is entitled to appeal the decision.

ARCP Outcome 5

Incomplete evidence has been provided, and therefore, no definitive statement about progress is possible. Written statement may be required. Time is allotted to complete the evidence and the clock stops, requiring extension to training. The trainee may be required to attend the panel.

Possible reasons behind decision:

- Incomplete training portfolio / LEPT/ ESSR / WBAs
- No audit activity
- It is important that the trainee is aware that this information must be collated at the time of submission to the TPD and cannot be submitted the night before the panel sits

ARCP Outcome 6


If the trainee is being considered for completion of training then a formal statement should be completed by the educational supervisor to confirm competencies which define completion of training. This should be compiled using the standardised form (ref YHD-HPN-REF), which corresponds to a standard reference as would be supplied for the NHS Jobs Website and supplemented by a completed C.V.

4.5.7 Quality Assurance

As part of the ARCP process the panel is mandated to perform a full audit of at least 10% of the submissions. Any trainee may therefore be randomly selected for this enhanced review of the evidence. They will be asked under this circumstance to submit their whole portfolio to the TPD or programme administrator prior to the panel meeting. The trainee will not normally be asked to attend, provided this is agreeable with the lay representative of the day.

4.6 Academic Trainees

Trainees on an academic programme have to submit further documentation as evidence of their academic progress. A Report on Academic Progress (RAP) requires submission on the LEPT system. The trainee should also ensure that there is detailed evidence of their academic progress, to include teaching and research output is held within their portfolio. The panel should have an external academic representative to review this additional information.

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4.7 Professional Examinations

Royal College of Pathologists Examinations are summarised as follows

- Year One Assessment, (OSPE)
- FRCPath Part I (MCQ Paper)
- FRCPath Part II Surgicals and diagnostic cytology
- Certificate of Higher Autopsy Training (CHAT)
- Certificate of Higher Cervical Cytology Training (CHCCT)

- FRCPath Part II Neuropathology
- FRCPath Part II Paediatric Pathology
- FRCPath Part II Forensic Pathology
- Diploma in Dermatopathology
- Diploma in Cytopathology

Progress through the scheme and consequent entrance into the examination system is competency based. The exam system punctuates the stages of training beginning with the Year One Assessment (OSPE), and followed up by the FRCPath Part I and Part II. Broadly speaking, provided training is going well, the trainees are expected to enter into the various exams at the indicative times provided within Figs 3 - Progression of Training. This schema should inform the long term planning of training, and define the key milestones. Any exam application should be discussed as part of the educational plan and agreed with the educational supervisor, and in cases of doubt consultation should be held with the TPD.


Exam forms should not be signed off by anyone other than the educational supervisor or TPD.

The TPD and Educational Supervisor must be informed of exam outcomes, both positive and negative. This need not be on the day of issue of results, but a scanned copy of the letter should be submitted within a week of notification of results. This should include any scores or feedback provided.

The content of the FRCPath part II exam does not fully reflect the working environment. Though the final FRCPath exam is a key indicator of progress it is no longer to be regarded as an exit process, and the trainee still needs to achieve a number of milestones prior to award of CCT. Further information about examinations, to include dates, eligibility criteria, application forms, fees and results can be found on the Royal College of Pathologist Website.

4.8 Doctors in Difficulty

There is active management for trainees with difficulties, led by Dr Chilka. Doctors may fall into difficulty for a multitude of reasons. These include health, social circumstances, failure to progress adequately, difficulty with RCPATH examinations, or issues adjusting to the workplace. The Training Programme and the LETB are committed to supporting doctors through such periods, acknowledging that in most cases the issues can be resolved, enabling the trainee to continue progression to the end of training. The LETB has produced a formal policy for supporting doctors in difficulty (available on the LETB Website). The trainee can be confident of full support, and appropriate discretion during what can be a stressful period of their professional life. Various a monitoring tool may be to guide targeted diagnostic training, and normally doctors on targeted training will be subject to monthly review by their educational supervisor, with oversight by the TPD.

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4.9 Revalidation

From December 2012 every doctor who is fully registered with a license to practise will need to revalidate, and full information is provide on the GMC Website - <http://www.gmc-uk.org/doctors/revalidation.asp>. All doctors in training can expect to revalidate at least once, and sometimes twice during their period of training. The Responsible Officer is the Postgraduate Dean

The ARCP is concerned with the trainee's progress in a training programme and provides important evidence for revalidation purposes. To support the revalidation process, Trusts are also required to provide information to the LETB about whether a trainee has been involved in any of the following

- Conduct or capability issues – any proven issue that leaves a written record in the personnel file
- Involvement in significant events (also known as a critical incident) if this event has resulted in a comprehensive investigation
- Involvement in a Serious Untoward Incident (SUI)
- If a trainee has been named in a complaint

To this effect it is also essential that all trainees submit an annual form R which is a self-declaration to HEYH as part of the ARCP process. Failure to do this will preclude ARCP progress.


4.10 Notes on electronic documents and scanning

All trainees are encouraged to update their programme documents in an electronic format, rather than completing them by hand. Electronic documents are essential for uploading of data to the RCPATH LEPT system and submission of documents to the TPD for the ARCP. For this purpose documents should be submitted either as Word files or PDF files. Please be aware that some email servers will limit the file size of attachments – please make them a sensible size i.e. no more than 2MB?

Word files will need to have electronic signatures incorporated in them to enable email trafficking and upload onto the RCPATH LEPT system. Word files can also be saved as PDF files using Microsoft Office, though a simple patch may be required. For those who wish to have an electronic signature created on their behalf please sign up with the Programme Administrator.

The alternative is to scan hard copy documents to PDF files. In order to maintain quality and legibility please ensure that the scanner is set to a minimum of 150dpi. The “greyscale” setting may reduce file size (though avoid the “black & white” two tone setting). Please ensure that each document (or group of documents) is scanned to a single file with the papers lined up, and ordered correctly. Please use an identifiable file name such as “[Beckham_ESSR_2015.pdf](#)”.

Incomplete, unsigned or undated documents will not be deemed acceptable.

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Section 5 Academic Training

5.1 Introduction

We aim to have a training programme that encourages diversity of careers among trainees - that recognises and develops their strengths, and equips them for a consultant/academic post that is most appropriate for them. It is recognised that there is a shortfall of academic pathologists at a national level, and the training programme is resolved to support a range of initiatives which are taking place in order to address this. Routes into an academic career in histopathology can be varied and diverse. The postgraduate opportunities within the Health Education Yorkshire & Humber are principally based at the Universities of Leeds and Hull, and tie in with the West, East & Northern part of the rotation.

Within the postgraduate training programme access to audit or research project work is encouraged and indeed mandatory. In the confines of fixed term training, the opportunities for any extended period of research are limited. Those who wish to pursue a more active academic career have a range of options.

5.2 Academic Foundation Attachments (FY2)

At the Leeds Teaching Hospitals NHS Trust (LTH) a placement is offered within the Foundation Programme as a four month attachment. The Postgraduate Certificate in Health Research may be undertaken during this period. The trainee spends a balanced time within the academic unit conducting a programme of supervised research, and also time spent within the clinical department of histopathology, gaining experienced and understanding of diagnostic histopathology.

This is supervised locally under the remit of the Foundation Programme Director.


5.3 Research Methodology Module

In summary the key points to note are as follows:

- Part of the 2010 RCPATH Histopathology Curriculum
- A three month stand-alone module
- Combination of a research project and targeted teaching
- Offered once per year
- Maximum of three slots per year
- May be taken in any stage B or C of training (exceptionally D)
- Preferred option would be early Stage B
- Extends CCT date by three months

This is an optional module, with the aims of providing basic knowledge and skills in research methodology, with practical outcomes to include a submitted research project. This will enhance the portfolio of a clinical pathology trainee seeking to work in full time NHS practice.

This will be provided as a three month continuous block within the academic unit at Leeds University. This is available to local trainees, and also Histopathology trainees across the entire Yorkshire and the LETB. Exceptionally it may be offered to trainees outside the LETB. Your employment would be expected to remain with your current host trust at the time, and this should not affect your terms and conditions of employment.

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We offer a maximum of three slots per year all to run concurrently from late October through to the following January. Trainees should demonstrate adequate progress in their training, and genuine interest in the application of academic pathology.

The module will be a combination of set teaching and a practical research project. Potential project areas include the following:

- Gastrointestinal and Molecular Pathology
- Breast Pathology
- Head and Neck
- Lymphoreticular Pathology
- Digital Pathology

As much as possible these projects will fit in to existing research programs, in order to provide greater context, and to enable utilisation of technical resource from existing program grants.

Though this is a fixed three month slot, there should be ongoing flexibility to continue and complete project work as required. All trainees have expectation of time to deliver audit and/or research.

There is an FRCPATH log book, which will need to be completed, then submitting to the Royal College in order that the module can be formally recognised. There is no examination.


The quality outcomes of the program will be measured by the success rate in delivery of the module. This will be assessed by the FRCPATH through the log book, and by trainee feedback questionnaires. It is anticipated that a proportion of trainees may proceed to the full academic program. This too can be monitored as an outcome measure.

Anyone interested in the module should contact either Prof Andy Hanby or Dr Richard Bishop in the first instance. Any trainees wishing to formally take up the module will be invited to informally discuss their training plans with Prof Hanby and Dr Scott. A short report should also be submitted from your educational supervisor supporting the educational plan, and confirming that you are making adequate progress in your training. If there is an excess of applicants for the capacity of three then a selection process will be undertaken.

This module represents an excellent opportunity to develop your skill base further, acquire a taster of life in academic medicine, and who knows take your career on to a new level.

5.4 Academic Clinical Fellowships (ACFs)

National Institute for Health Research (NIHR) Academic Clinical Fellowships (ACFs) are specialty training posts that incorporate academic training. ACFs spend 75% of their time undertaking specialist clinical training and 25% undertaking research or educationalist training. The primary purpose of an ACF is to provide a clinical and academic training environment for a doctor in the early stages of specialty training to prepare an application for a Training Fellowship leading to a PhD (or equivalent) or if applicable a postdoctoral fellowship. ACF posts are for trainees who recognise in themselves an interest in and potential aptitude for an academic career. They enable the trainee to explore and develop their interest in research, and for some will be a springboard for a higher degree and a career as Senior Lecturer/Professor. It is anticipated that ACF trainees will ultimately work in a teaching hospital/specialised department.

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ACF posts were created in 2006 in response to the Walport report in order to introduce trainees to the academic career path. They are supported by the UK Clinical Research Collaboration (UKCRC) and administered by the NIHR. Funding is through the Department of Health; universities may apply for local funding provided the defined criteria for an ACF programme are achieved. They are led by the Academic Training Programme Director, currently Prof Phil Quirke. The ACF post holders have a contract of employment with the LETB/NHS Trust and an honorary contract with the University. Though the basic salary is funded, overtime banding payments are supplemented by the host trust.

The principle tenet of the posts is as follows:-

- Appointment through national competition
- 3 year appointments with 25% academic time
- Access to formal training in research methods and research governance
- Joint clinical and academic ARCP
- Robust supervision/mentorship arrangements
- Access to a locally funded £1k per annum travel bursary to attend conferences


Recruitment:-

- Applicants must meet the requirements of the national person specifications for entry into specialty training at the advertised level or levels
- Entry to ACFs may be at up to 3 different levels equating to ST1, 2, 3
- For specialties without a core training period the ACF will enter directly into the specialty programme
- Open to all doctors who can meet the entry requirements for entry into specialty training at a particular level
- Open to individuals in StR and SpR posts (those currently holding a national training number)
- FTSTAs are also eligible to apply
- ACF applicants would not normally be expected to hold a PhD or other higher degree, but are not necessarily excluded
- It has been agreed locally that ACFs must have a training number awarded through national recruitment, else only a conditional offer will be made

Trainees in Histopathology need to pass the year 1 OSPE and WBA to comply with the GMC approved curriculum, prior to embarking on research. Posts are nationally advertised on an annual basis.

Academic Targets

When appointed, ACF trainees will be made aware of the range of projects in the department appropriate for the level of training, i.e. work along lines of investigation of a primary question already planned, opportunities to input into investigation of secondary questions. The trainee should agree their project/supervisor with the academic head before commencing the post. This should not be in excess of the 25% academic time specified in the ACF terms of reference. For those who spend the entire ST1 year in clinical pathology training, they would expect to be allocated to research for a total of nine months in the final two years of their tenure.

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The ACF programme must have intrinsic value, whether or not the trainee progresses to a higher degree. It includes experience in research, publication(s) and development of presentation skills, to enhance the CV. As a minimum the ACF should have one submitted publication by the end of year 3, and presentation/Pathological Society abstract each year. Further targets are set by the academic supervisor. The trainee will also submit an academic supervisor's structured report to the ARCP.

They may undertake an MSc within the University of Leeds. One third of the MSc is research and this will be performed with their academic supervisor and will be written up as a dissertation. The other two components are the Postgraduate Certificate in Health Research and a generic module for academic training, including grant applications, etc. The Certificate and Diploma in Health research are taught courses, each about 16 days. The fees are provided by NIHR. This ensures the trainee will have a qualification by the end of the ACF post.

All time in research counts towards CCT, with all 3 years in an ACF post taken into account.


Completion and sequelae

Trainees completing ACF programmes or indeed for those with an existing academic base may apply to take time formally out of programme, typically to complete a MD or PhD (or equivalent). They will need formal academic approval and evidence of external funding agreement. The trainees will need to obtain approval from the Postgraduate LETB in order to take the time out of their clinical programme (OOPR). This will not normally be refused. Agreement to taking time out of programme will require confirmation from the relevant LETB that the trainee has achieved relevant clinical competences and is ready to leave the clinical programme, and ideally that the research project has been peer reviewed and approved.

On completion of an out of programme training fellowship, they will return to the clinical programme and at an appropriate point may apply for a Clinical Lectureship (CL) provided that appropriate academic and clinical competences have been obtained. It is anticipated that there will be sufficient numbers of CLs to enable this.

There are several points at which an ACF may leave the academic training pathway. If on annual review there is failure to progress to the targets in either academic or diagnostic work, the trainee will revert to the next available vacancy on the non-academic specialty training programme. They would retain their NTN and relinquish the (A) suffix. If appropriate, an interim ARCP interview may be arranged if there are concerns from either the trainee or supervisor. In all instances, it is important to remember that the clinical Training Programme Director (acting on behalf of the Postgraduate Dean) would have to identify a suitable placement in the clinical programme, and in that in some cases this could take up to a year. It is therefore important to give warning to the Postgraduate Dean as soon as the possibility of early exit from the programme is known. The funding should continue until exit from the programme to allow "seamless" return to the clinical programme.

At the end of the ACF programme the fellow may be unsuccessful for whatever reason in obtaining a training fellowship award for PhD or MD studies, or they may decide not to pursue academic training. Academic funding cannot be guaranteed to continue beyond 3 years, so as much warning as possible is needed if the Fellow wishes to continue in a clinical programme.

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After completing a training fellowship and obtaining a PhD/MD (or equivalent), the trainee may decide or be advised not to pursue academic training any further. Hopefully, this decision will have been arrived at over a period of time, so that maximum warning can be given to the LETB in order to avoid or minimise any wait to re-enter the clinical programme with their NTN.

5.5 Clinical Lecturers (CLs)

Trainees at a later stage of training may wish to progress their academic career, and the route for this would normally be through an CL, or academic SpR. NIHR CLs are specialty training posts that incorporate academic training. CLs spend 50% of their time undertaking specialist clinical training and 50% undertaking research or educationalist training. CLs are aimed at those who are advanced in their specialty training, have completed a research doctorate or equivalent and show outstanding potential for continuing a career in academic medicine. The duration of an CL is for a maximum of 4 years and it is expected that CLs will complete their specialty training during this period. Alongside clinical training, CLs will be able to further develop their academic skills and will be encouraged to apply for funding to support further postdoctoral or educationalist training. Clinical Lectureships are delivered through CL Programmes that have been awarded to University/NHS Trust/LETB partnerships.

Eligibility

Open to Specialist Registrars (SpR) or Specialty Registrars (StR) who have completed a PhD/MD (or equivalent) or a MB PhD programme.

Doctors with specialist experience (as an SHO, LAT or equivalent) who meet the entry criteria for entry into specialty training and those who have completed a PhD/MD (or equivalent) are also eligible.

The principle tenet of the posts is as follows:


- Appointment through national competition; 4 year tenure with 50% academic training
- Access to formal training in research methods and research governance
- Joint clinical and academic ARCP
- Similar supervision/mentorship arrangements for ACF and CL appointees
- Access to a locally funded £1k per annum travel bursary to attend conferences

The maximum 4 year duration may mean that a period of dedicated clinical training is appropriate prior to application in order to allow completion of clinical training within the 4 year period. This should be discussed with the training programme directly before an application is made. Further details about eligibility can be found on the NIHR website.

Completion of an NIHR Clinical Lectureship

The duration of an NIHR CL will be for a maximum of 4 years or until CCT is reached, whichever is the sooner. During this time the trainee combines clinical specialty training with academic training to complete a substantial piece of postdoctoral research. It is expected that substantial number of the trainees will, where appropriate, apply for a further peer reviewed, externally-funded post-doctoral training award (such as A Clinician Scientist Award) or an award to support further training as an educationalist.

The NIHR CL phase will normally end at the Completion of Clinical Training (CCT). A 6 month period of grace will operate. Exceptionally this may be further extended by local agreement (including funding

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arrangement) between the Head of Medical School and local Post-graduate Dean where this is in the interest of the Clinical Lecturer. Permission must also be sought from the NIHR

5.6 Principles of Progress in Academic Histopathology Posts

Progress Monitoring

Academic posts have parallel training arms in academic and diagnostic histopathology. Both are achieved through apprentice-style learning, with experience planned and acquired under guidance of a senior trainer. The training is conducted under LETB supervision under the auspices of the Gold Guide, and subject to full Annual Review of Competency Progression (ARCP). All academic trainees should have a mentor who is a senior academic from another research group, for ad hoc support outwith their immediate supervisors. All academic trainees have an academic and diagnostic educational supervisor – different people. Meetings should be held with both, at least three times per year, and review progress against the planned training targets. The actual arrangements for managing time between research and diagnostic work will depend on the trainee and the project, and developing skills in time management are an important part of the trainee's experience. Clear targets for both aspects of training will help with this.

Appraisal

There should be joint academic and clinical appraisal according to Follett principles with assessment, according to College and LETB recommendations. A general overview for reviewing the progression of trainees undertaking joint clinical and academic training programmes is provided in the Gold Guide, though to aid trainees, supervisors and assessors in reviewing academic training and progress, the Academy of Medical Sciences has formulated supplementary guidelines available at:

<http://www.acmedsci.ac.uk/download.php?file=/images/publication/Guidelin.pdf>

Academic targets


The academic trainee will agree their academic targets with their academic supervisor, in conjunction with their academic mentor and other interested parties. These goals and objectives should be set within the framework of the trainee's overall training plan, and be appropriate to their level of expertise and experience.

Clinical targets

The clinical training objectives must remain as a high priority, and be planned in conjunction with the Clinical Educational Supervisor. Progress sustained in diagnostic work is important. Experience has shown that long absences from diagnostic work early in training cause difficulties for some trainees. At least until Part 1 FRCPath is passed, this should be in a range of specialties. Later they could be 'oligo-specialist' – with the emphasis on generic skills and attitudes. A period of continuous diagnostic experience, possibly in a district general hospital, will be made available in preparation for final FRCPath.

Teaching targets

We recognise that contact with an enthusiastic and inspiring teacher during medical school is the most frequent reason that students choose a career in pathology. Academic trainees need to demonstrate appropriate skills and attainments in teaching by undertaking tutorials and lectures to undergraduates. To this end, documented feedback on one tutorial and one lecture (if applicable) per year needs to be included in the trainees portfolio.

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Autopsies

Academic trainees are also expected to undertake GIFT autopsies for retrieval of tissues and to understand the requirements of the Human Tissue Act. Opportunities for non-academic trainees to assist with the GIFT programme and learn special techniques will also exist.

5.7 Brief Summary of research activities within the programme

Research programmes are underway in gastrointestinal pathology, breast pathology, haematopoietic and head and neck pathology, gynaecological pathology, health information and digital pathology. Further details can be found at http://www.limm.leeds.ac.uk/research_sections/pathology_and_tumour_biology/

Gastrointestinal pathology group

Professor Phil Quirke and colleagues have a major interest in gastrointestinal tumours, their causation and treatment and work in many prospective clinical trials. Collaborative links exist with CRUK (Professor Matt Seymour - response to therapy; Professor T. Bishop - family studies), Molecular Medicine, Surgery (Prof David Jayne/Prof Paul Finan and Gastroenterology/Hepatology. International collaborations exist with Singapore, Germany, Japan, Sweden, Denmark and Amsterdam. Funding is provided by YCR, CRUK, MRC, Department of Health, NIHR, Wellcome, BBSRC and Industry.

Breast cancer group

Professor Andy Hanby and Professor Val Speirs have a major interest in breast cancer, specifically in the molecular classification of breast cancer, oestrogen receptors, tumour stroma, male breast cancer and tissue banking. Funding is provided by breast cancer charities and industry.

Haematopoietic and Head and neck tumours


Professor Ken McLennan has a major interest in lymphomas and tumours of the head and neck. Funding is provided by CRUK.

Gynaecological oncology

Dr Phil Burns has an interest in ovarian carcinoma and has developed techniques for the rapid detection of circulating ovarian carcinoma DNA and culturing ovarian ascites.

Digital pathology

Dr Daren Treanor leads this group. A major new thrust of research investigating digital imaging in pathology and its integration with bioinformatics and other imaging modalities. See www.virtualpathology.leeds.ac.uk

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Section 6 Contractual and Employment Matters

6.1 Contractual Arrangements

Specialty Trainees are re-employed by their host trust each time they rotate, on a six month fixed term contract. Though they are employed on short term contracts they will normally expect the terms and conditions of continuous employment within the NHS. The security of employment is driven by their training contract, predicated on award of a national training number (NTN). Maintenance of the NTN is subject to satisfactory progress through the ARCP system. It is important that all trainees respect the local regulations and practices of their local employer with regards to induction, mandatory training, leave and any other such matters as required

All trainees should be paid monthly at the rates set out in the national terms and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), "the TCS", as amended from time to time. The pay scales are reviewed annually. Part-time posts will be paid pro-rata.

Current rates of pay for junior doctors may be viewed on the NHS Employers website:

<http://www.nhsemployers.org/PayAndContracts/Pages/Pay-and-contracts.aspx>

Academic trainees may be employed by the University of Leeds on a fixed term contract whilst out of programme and as Clinical Lecturers/Clinician scientists. The salary scale and annual leave entitlements/application process may therefore be slightly different to non-academic trainees. All trainees directly employed by the University of Leeds will be expected to hold an honorary contract with the NHS trust in which they undertake their clinical work.

There is no formal on call commitment. Banding arrangements are subject to review. Currently some of the trainees in Leeds are paid a Band 1C rate, subject to a Saturday morning reporting rota. This is following successful completion of FRCPATH part 1 and subject to successful progress through ARCP. Some other trusts in the rotation currently pay Band 1B, but this may also be subject to change.


6.2 Annual Leave

Grade	Annual leave entitlement
ST3 and above	6 weeks
ST1 and 2	5 weeks
FY1 and FY2	5 weeks

The above represents national guidance under the terms and conditions agreed by the British Medical Association (BMA). Trusts and the University will have individual guidance and their own protocols, which must be followed accordingly. Many Trusts offer an additional two days of leave (aka statutory days) which may be taken flexibly. It is the responsibility of the trainee to check local guidance during induction.

6.3 Maternity Leave

Trainees are entitled to full statutory maternity rights, as available to all permanent NHS staff members. There are potential added complications in that the employer changes every six months. The BMA advises that the employer at 11 weeks prior to the EDD (expected date of delivery) is normally responsible for

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maternity leave. For this reason once the trainee reaches the 11 week point they will stay with that employer for the duration of maternity. It is subject to negotiation whether the trainee rotates immediately on their return to work. The training clock will stop for the duration of maternity leave, and the CCT recalculated on the point to returning to work.

As part of the preparation for maternity leave, it is expected that discussions will take place regarding the trainee's wishes in respect of start/end dates, annual leave, and possible LTFT training. As part of this preparation, TPDs should ensure that an ARCP is undertaken shortly before maternity leave commences, to review training progress to that point. The ARCP before maternity leave should consider pro-rata progression (i.e. the competences expected to have been met up to that point in the training year). In practice it is desirable that the ARCP documents are submitted to the TPD prior to commencement of maternity, and will be reviewed by the next available panel. If no such documentation is submitted before maternity leave, an ARCP "non-assessment" form should be completed by the panel to ensure the trainee has a continuous sequence of ARCP reviews without gaps. Following on from a "non-assessment" an ARCP will be needed soon after return to work (not more than three months). The ARCP after the trainee's return should review all evidence since the previous ARCP panel (potentially crossing more than one calendar year). Trainee attendance at the panel may be required.

Please endeavour to submit an ESSR, together with most recent Clinical Supervisor Reports (YHD-HPN-CSR) and Portfolio Review Form (YHD-HPN-PRV) prior to commencement of maternity leave.

For revalidation purposes, trainees on maternity leave must complete an Enhanced Form R.

6.4 Other Leave


There are a number of other leave options to include sickness leave, special leave, compassionate leave, paternity leave, carer leave and parental leave. These are all provided within the framework of the host trust and supported by the LETB. Discussion with the local lead trainer is required in such cases, and the educational supervisor should be informed.

GMC guidance states that within each 12 month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), a review to determine if the trainee's CCT date should be extended is triggered. The absence includes all forms of absence such as sickness, maternity, compassionate paid or unpaid leave. Trainees are asked to declare such absences so that necessary records can be tabulated through the ARCP process (YHD-HPN-PRV).

6.5 Acting Up

Acting up opportunities may arise in Stage D of training prior to CCT, as a means of filling genuine short term service needs. All hospitals should support trainees acting up as a valuable educational opportunity. The period is for a maximum period of three months and can count towards the CCT, provided there is appropriate educational support. The salary is recommended at the first point of the consultant salary scale, though this is subject to negotiation with the employer.

These posts do not need to be advertised, though will be assigned at the discretion of the Training Programme Director, and subject to approval by the Postgraduate Dean. Informal inquiries should taken place between the trainee and the host trust. If more than one trainee is interested and/or there are a number of vacancies then the final decision lies with the Training Programme Director. In all cases the aim

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will be to create equity, matching up the educational needs of the trainees to the posts as best as possible. The vacated training post does not require back filling, if for less than six weeks.

6.6 Consultant Appointments

Trainees can apply for consultant jobs within six months of CCT. They should be anticipating an ARCP Outcome 6. If there are any concerns with regard to this then the matter should be discussed with the educational supervisor and/or the Training Programme Director.

Trainees are not able to take up a formal locum consultant position prior to reaching CCT. If any trainee is post CCT and wishes to take up such a position then they must resign their training number. As far as the LETB is concerned this is formal employment as a senior doctor, the trainee having completed their training. These jobs are usually advertised and subject to formal interview.

6.7 Certificate of Completion of Training, CCT

The CCT date will depend upon which of the modules are selected, and is subject to completion of twelve months within Stage D. Award is made by recommendation of the RCPATH to the GMC. Trainees must submit an application form and follow the guidance provided by the RCPATH. After CCT there is a six month period of grace to provide the trainee time to find a substantive post. HEYH may extend the contract for a further six months beyond this point in very rare circumstances, or where specific training requirements need to be met. All CCT applications should be submitted within 12 months of the completion of training, otherwise they may be refused by the GMC.

Trainees must inform both HEYH and their employer when they plan to leave the programme, even if they take up the entire period of 6-months grace. This is to confirm the end of employment and relinquishing of the NTN. This should be notified formally with a signed resignation letter either by email or post. The normal notice period for trainees is three months, though this may be subject to abatement at the discretion of the Training Programme Director and the employer.


6.8 Harassment and Undermining

6.8.1 Introduction

Bullying and harassment will not be tolerated on The Yorkshire & Humber LETB Histopathology Rotation. Employees have the right to be protected against such behaviour. It is incumbent on employers to implement policies and procedures for preventing such behaviour and for handling alleged occurrences in an appropriate manner. This is an expected part of the educational contract drawn up by the LETB.

There are a number of routes by which allegations of bullying may present. Manifestation of such behaviour includes the following:

- persistent and deliberate belittling or humiliating
- shouting, threatening or insulting behaviour
- persistently and unfairly singling out an individual for unreasonable duties, or for duties with no educational value
- persistently and unfairly preventing access to the normal educational events or opportunities associated with the post or programme
- Marginalising trainees without good reason, so that they are unable to carry out their jobs and make progress in their training

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Isolated incidents of such behaviour should not normally be taken as bullying or harassment unless extreme or subsequently repeated. Constructive criticism, adverse performance appraisal or unsatisfactory assessment be considered in this light, provided these are based on evidence and carried out in a way that respects the dignity of the trainee. Tailoring of educational opportunities and clinical responsibilities to the progress of the individual is normal and appropriate, and should only be considered bullying or harassment if without justification.

This policy was drawn up following discussion by the trainees within the Trainee Committee, The Specialist Training Committee and other specific consultation with medical managers. This policy was led by an initiative drawn up by the Trainee Committee. It supplements and draws upon the *'Guidelines for Handling Complaints about Bullying and Harassment of Trainees.'*

6.8.2 Prevention

All trainers should be trained in equality and diversity, and educational supervisors regularly updated in specific training to include assessment, appraisal and dealing with the trainee in difficulty. All trainers should be aware of the common manifestations within their training environment, and remain alert to such behaviours both from within and also by their colleagues.

6.8.3 Reports of Undermining Behaviour


There are a number of means by which disclosures may be made of undermining behaviour.

- Trainee questionnaires
- Indirect disclosure
 - To another trainee
 - To any other member of staff
- Direct disclosure.
 - To the trainee sub-committee
 - To clinical supervisor
 - To educational supervisor
 - To the LETB or TPD
 - To the alleged party

6.8.4 Disclosures made through the Trainee Sub-Committee

The GMC/PMETB National Trainee provides feedback to training programmes and training centres regarding a number of specified domains. Results that are statistical outliers are marked by triangles: green = good, red = bad. One of these domains is the 'consultant undermining score': Have you been subjected to persistent behaviour in this post that has undermined your professional confidence and self-esteem? Which one of the following is the main source of this behaviour? Further to this the Yorkshire & Humber now operates a compulsory end of attachment questionnaire which also explores undermining behaviour.

The underlying principle of both of these questionnaires is premised on their confidentiality. This raises the questions of how we as a training programme should respond to such reports. The Trainee Committee has formed a sub-committee of three to consider how such reports should be dealt with. The names of these three members will be made known to all trainees and can be established confidentially through the Programme Administrator. It should represent a spectrum of seniority, allowing for continual renewal

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when members stand down. This committee needs only to meet in response to concerning reports either through the questionnaires or indeed if approached in person by a trainer, trainee or group of trainees

Trainees who feel they have been 'subjected to persistent behaviour that has undermined their professional confidence and self-esteem' (GMC definition) can raise their concerns in confidence with one of the three trainees on the 'undermining subcommittee'. The subcommittee will then meet with the trainee to explore and document the issues in more detail. An anonymised summary of the concern is prepared by the subcommittee, and submitted to the TPD.

The subcommittee feels that some of the issues raised will fail to meet the LETB definition of bullying and harassment as they are not persistent or repeated incidents against a single person and do not involve a recurring victim. It is still recognised however, that these incidents may contribute towards the undermining of professional confidence and self-esteem. The majority of incidents are issues of interpersonal communication involving a handful of consultants and a spectrum of trainees.

6.8.5 Other Disclosures

Disclosures which are made directly through trainers, TPD or other LETB official will be passed over to the LETB for action, according to their own policy. Rarely a trainee may deal with the situation by themselves and feel that further discussion is not warranted.

6.8.6 Non Disclosures

It is also recognised that a number of complaints may be raised, but not wished to be discussed further. This may be due to a variety of complex factors such as fear of consequence, waiting for the problem to go away (e.g. moving on to another specialty or moving rotation). If a trainee is reluctant to make a complaint then it is difficult for the LETB to investigate appropriately, and subsequent actions will inevitably be limited. This is clearly a sensitive area, and no trainee should feel obligated either way.

It is also recognised that a proportion of bullying and harassment will take place without any form of disclosure. It is for this reason that we all have responsibility to be vigilant in recognising this behaviour in others, and intervening if necessary.


6.8.7 Actions Following Disclosure

First Occasion

This recognises that in the first instance, a consultant may be unaware of the effect of their behaviour on the trainee's learning, and will want to consider whether personal action is required in response to the issue raised. The TPD will discuss the matter with the local Directory of Postgraduate Medical Education, and either the TPD or the DPGME will approach the consultant involved. If further clarification is required, the subcommittee will put the DPGME in contact with the trainee. In the majority of cases one would expect this to be sufficient to resolve the issue. However, there is scope for an educational (rather than a punitive) approach to help consultants develop effective ways of encouraging better performance without becoming a source of distress to trainees.

Second Occasion

If following this action, instances of 'consultant undermining' continue to be raised by trainees, the matter will be referred through the TPD to the LETB, and pursued in accordance to the '*Guidelines for Handling*

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Complaints about Bullying and Harassment of Trainees. The Programme Director should be aware of any continuing complaints, as this may have an impact on the organisation of rotational training.

6.8.8 Summary

In conclusion there is a local system in place whereby early recognition of undermining behaviour may be handled with sensitivity. It is recognised that sometimes trainees interpret performance management, honest feedback or constructive criticism as bullying. However, the trainer may wish to modify their delivery and communication style to avoid being a source of distress to the trainees.

It is expected that the majority of cases can be resolved locally through mutual agreement and understanding. At any time a trainee may escalate their complaint to the LETB and instigate formal investigation.

The Trainee Committee have previously reported that the prevalence of bullying and harassment of trainees in the specialty within the region to be extremely low. This is to the credit of the many trainers and trainees in the scheme. Nevertheless we should not become complacent; any reported behaviour is of concern and we aspire to a zero tolerance approach.

As a Training programme we are committed to a zero tolerance policy of harassment and undermining. It is important that each case is handled with sensitivity to understand the nature of any difficulty. Reports of such behaviour may arise through direct communication, indirect channels or indeed through formal surveys such as the end of attachment questionnaire or the national GMC questionnaire. The trainees have a panel of three which can discuss such issues under closed house (Chatham House) rules. If it was felt necessary then a formal report can then be made to the training programme director.

6.9 Visa restrictions

For trainees who are non-EU nationals, it is their responsibility to maintain a valid and appropriate Visa at all times. If at any stage there is a need to update or renew the status, then they must inform Human Resources of the new status. The Home Office website provides full information, though professional advice should be sought in cases of doubt. Trusts may take a zero tolerance approach to incorrect or inappropriate immigration status, leading in certain circumstances to instant dismissal.

6.10 Mileage expenses


Mileage expenses may be claimed from a defined Base Hospital. The current definition of the Base hospital is under review by the Dean, and hence the exact entitlement to mileage payments is, at present, unclear. Claim forms should be routed through your host Trust.

6.11 Coroners Post Mortems

The vast majority of post mortems performed on this rotation are for the various Coroners in the region. Distribution of fees is at the discretion of the local Trust.

6.12 Removal expenses

These may be claimed from the current employer, subject to local rules and regulations.

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Section Seven Quality Assurance and Other Matters

7.1 Quality Assurance

Deanery Survey

Quality assurance of the training scheme includes a local trainee survey, completed on an annual basis. It is crucial that the LETB collects such quality data and is the only means of ensuring compliance across all training programmes.

GMC Training Survey

This annual national training survey has been in place for a number of years now. Every trainee is mandated to complete this questionnaire when so invited and should retain evidence of completion for submission to the ARCP panel. Again this is a crucial part of quality assurance, and the GMC takes an increasing interest in the performance of regional training programmes.

Other Measures

Exam results will be collated prospectively, providing a key parameter for bench-marking against other training programmes. The ex-trainees questionnaire provides valuable information as individuals may reflect on their entire training experience in context of their senior role. This is conducted approximately every three years. Other aspects of training will be subject to survey, on an ad-hoc basis as decided by the STC.

7.2 Trainer Feedback

A process of trainer feedback, conducted via the Survey Monkey Website was recently piloted within the scheme. The purpose of this feedback is to enable trainers to evaluate and develop the effectiveness of the training they deliver as clinical supervisors. It aims to assure quality of supervision and validate training activity. For trainees this is an opportunity to provide your feedback directly to trainers – contributing to the improvement of training both for yourselves and future cohorts. We are grateful for your valuable input. At the current time the process is under review.


7.3 Websites and Information Technology

Deanery Website

The Histopathology section has been redeveloped. Trainees will certainly need to log in to complete the end of attachment questionnaire when it becomes available. It is anticipated that rotational information and the standard rotation documents will be available for download in the near future.

7.4 Defence and Trade Union Cover

Whilst it is not mandatory for any doctor to be a member of either a trade union or a defence union, it is strongly recommended that all trainees consider joining one of each. There is a belief that because of the supervised nature of histopathology work, this is not necessary. All trainees do some work independently of their trainers and are accountable for their actions to the clinical directorate, employing trust and the medical regulators. One would not drive a car without insurance or leave the home un-insured. Please consider insuring your professional livelihood. Hopefully one will never need to call on these services, but it is not possible to join “after the event”. Favourable rates are available for doctors in training.

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APPENDIX ONE

The Paper Trail

Controlled Documents

It is incumbent on trainees and trainers alike to follow proper processes and procedures and to compile the evidence accordingly. Documentation in itself does not create quality training, but simply records the outcomes. The histopathology scheme has created a number of controlled documents which comprises a set of forms which should be used in conjunction with this guide. The objective is to provide lucidity and flow to the process of training and its documentation. It is critical that the process of documentation does not undermine the quality of education, by inhibiting the enthusiasm or input of committed individuals.

Standard Forms


Form	Name	File Name	Purpose
1	Appraisal Record Form	YHD-HPN-APR	A general form for recording any appraisal meeting and PDP
2	Clinical Supervisor Report	YHD-HPN-CSR	Summative assessment form normally completed at end of 6 month attachment
3	Induction Check List	YHD-HPF-IND	Record local induction processes
4	Evaluation of Competence for Independent Reporting	YHD-HPN-IRP	For signing off 20 specialty cases against RCPATH Framework
5	Post Mortem Logbook	YHD-HPN-PML	Post mortem logbook
6	Portfolio Review Form	YHD-HPN-PRV	To record range experience prior to ARCP
7	Pre CCT Reference	YHD-HPN-REF	To inform final assessment prior to CCT sign-off
8	Trainee attachment and experience grid	YHD-HPN-TAE	To summarise case numbers and spread of experience

1 Appraisal Record Form

This form may be used as a record of appraisal discussions with the trainee. This can include any of the scheduled meetings with the trainee including initial and final attachment reviews. Also it may be used for recording career counselling or any specific targeted training issues. It should be held by the trainee within the portfolio. The document should be seen as a working guide, with personal development goals being transferred across until completed and signed off. It may be uploaded onto the LEPT System as a subsidiary document.

2 Clinical Supervisor Report

This is a summative assessment form which should be compiled within the host Trust at the end of each six month placement. It should be fed-back to the trainee within the host Trust and additionally discussed with the educational supervisor as part of educational planning. Only completed forms need be submitted for ARCP. It should preferably be completed electronically, ideally with electronic signatures. A copy should be kept in the portfolio, or uploaded onto the RCPATH LEPT system.

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3 Induction Check List

This form may be used as a record of departmental induction processes. It should record attendance at any prescribed trust induction courses and also record elements of local induction. It should be held by the trainee within the portfolio. A copy should be kept in the portfolio, or uploaded onto the RCPATH LEPT system.

4 Evaluation of Competence for Independent Reporting

This form is to be used in conjunction with the Independent Reporting Policy. It is a specialty specific form to be used to sign off 20 cases at a specific competency level. One copy should be kept in your portfolio and one submitted to Sue Cossins, Programme Administrator. Once completed this should be portable across the training programme, in discussion with the current lead trainer. A copy should be kept in the portfolio, or uploaded onto the RCPATH LEPT system.

5 Post Mortem Logbook

This log book should be completed to record progress against the RCPATH Curriculum (2010) and the Rough Guide for trainees and Trainers (YHD-HPN-RGD). Its purpose is to record experience, both breadth and depth to aid in review of your autopsy training experience. The scenarios are not all mandatory, and neither are the lists exhaustive. The document should be compiled electronically, so that the tables can be expanded as necessary. A copy should be kept in the portfolio, or uploaded onto the RCPATH LEPT system.

6 Portfolio Review Form

This form should be submitted as part of preparation for ARCP. It confirms evidence of training activity, not necessarily covered fully by the RCPATH LEPT system and the Educational Supervisor's Structured Report. A copy should be kept in the portfolio, or uploaded onto the RCPATH LEPT system.


7 Pre CCT Reference

This form should be completed by the educational supervisor prior to issue of ARCP Outcome. It provides well founded evidence that the trainee has reached the defined competencies of training and should be recommend for CCT. It follows the format of the NHS Job website reference, reflecting the requirements of an employer taking on a newly qualified consultant.

It should reflect the triangulated assessments of the training programme, and may be used as the basis for providing an employer reference if requested of the educational supervisor and/or TPD. It should be submitted together with other formal documentation to the ARCP panel.


8 Trainee Attachment and Experience Grid

This form has been based on the RCPATH document, and acts as a summary of the attachments and case experience. Please complete the table below, for each attachment indicating which of the specialist areas were available, the number of specimens dealt with/reported in each category and the number of autopsies performed. You may choose to compile this information on an annual basis, or alternatively record each six month attachment separately. A copy should be kept in the portfolio, or uploaded onto the RCPATH LEPT system.

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A Typical Year (ST3 Trainee) – An illustration

Week	Event	Form	Responsible Trainer
1 (Aug Rotation)	Appraisal	YHD-HPN-APR	Educational Supervisor
1	Induction	YHD-HPF-IND	Lead Trainer
2	DOPS	DOP	Clinical supervisor
3	DOPS	DOP	Clinical supervisor
6	ECE	ECE	Clinical supervisor
7	CBD	CBD	Clinical supervisor
7	CBD	CBD	Clinical supervisor
8	DOPS	DOP	Clinical supervisor
9	ECE	ECE	Clinical supervisor
10	CBD	CBD	Clinical supervisor
11	Sign off for independent skins	YHD-HPN-IRP	Clinical supervisor
13	Mid term appraisal	YHD-HPN-APR	Educational Supervisor
14	DOPS	DOP	Clinical supervisor
14	ECE	ECE	Clinical supervisor
14	ECE	ECE	Clinical supervisor
15	CBD	CBD	Clinical supervisor
17	DOPS	DOP	Clinical supervisor
21	DOPS	DOP	Clinical supervisor
23	CBD	CBD	Clinical supervisor
25	Summative assessment	YHD-HPN-CSR	Lead Trainer
26	End of term appraisal	YHD-HPN-APR	Educational Supervisor
27 (Feb Rotation)	Induction	YHD-HPN-IND	Lead trainer
29	DOPS	DOP	Clinical supervisor
29	CBD	CBD	Clinical supervisor
32	ECE	DOP	Clinical supervisor
35	ECE	ECE	Clinical supervisor
36	CBD	CBD	Clinical supervisor
36	360 ⁰ Appraisal	MSF	RCPATH
38	DOPS	DOP	Clinical supervisor
42	ECE	ECE	Clinical supervisor
42	ESSR form finalised	ESSR	Educational Supervisor
42	Portfolio review form	YHD-HPN-PRV	Educational Supervisor
42	Reporting statistics sign off	YHD-HPN-TAE	Educational Supervisor
44 (ARCP panel sits)	ARCP	ARCP	LETB
44	ECE	ECE	Clinical supervisor
46	CBD	CBD	Clinical supervisor
46	Post ARCP meeting	(TPD Summary)	Ed supervisor & TPD
51	Summative assessment	YHD-HPN-CSR	Lead Trainer
52	End of term appraisal	YHD-HPN-APR	Educational supervisor

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APPENDIX TWO

Summary of RCPATH Competency Levels – Arranged by Specialty

Gastrointestinal Pathology			
Level	Specimen Type	Condition	Qualifier
1	Appendix	Normal Acute appendicitis Enterobius infestation	Excluding granulomatous appendicitis, serosal inflammation without mucosal inflammation, tumours
	Gallbladder	Normal Chronic/acute cholecystitis Cholelithiasis	
2	Endoscopic biopsies	Normal mucosal biopsies	
	Anus	Haemorrhoids	
3	Oesophageal biopsies	Acute/chronic inflammation	Excluding cases of immunocompromise and Barrett's oesophagus
	Gastric biopsies	Bacterial/non-bacterial gastritis Intestinal metaplasia Fundic glandular cysts	Excluding eosinophilic or granulomatous gastritis
	Duodenal biopsies	Ganulomatous duodenitis Partial and subtotal villous atrophy	Excluding cases of immunocompromise
	Colonic biopsies	Hyperplastic polyps Adenomas	
	Anus	Anal skin tags (non-viral/AIN)	
	Colonic/ileal resections	Diverticular disease Acute ischaemia /infarction Sigmoid volvulus Colostomy/ileostomy closure Meckel's diverticulum	
	Liver biopsies	"Surgical" liver biopsies metastatic tumour	Where the biopsy shows normal/minimal inflammation/fatty change only with no tumour
4	Oesophageal biopsies	Barrett's oesophagus	Excluding dysplasia
	Colonic biopsies	Confirmation of IBD in patients with known history	Excluding dysplasia
	Oesophagectomy	Cancer resection	According to protocol
	Gastrectomy	Cancer resection	According to protocol
	Colectomy	Cancer resection Known inflammatory bowel disease	According to protocol
Specific Exceptions All primary diagnoses of malignancy are to be reported only under supervision			

Gynaecological Pathology

Level	Specimen Type	Condition	Qualifier
1	Fallopian tube	Normal	
2	Cervix	Benign polyps	
	Endometrium	Benign polyps	
	Hysterectomy	Normal Fibroids Prolapse	With or without adnexae With or without adnexae With or without adnexae
	Endometrium	Retained products of conception Termination of pregnancy Normal post menopausal	Greater than 4-5 years
3	Endometrium	Normal proliferative secretory or menstrual	
	Vulva	Lichen planus Lichen sclerosus Vulval skin tags	
4	Vagina	VagIN Resections for vaginal carcinoma	Previously diagnosed
	Vulva	Vulva naevi VIN Resections for vulval carcinoma	Previously diagnosed
	Cervix	CIN Resections for cervical carcinoma	Previously diagnosed
	Ovary	Functional ovarian cysts	
	Endometrium	Endometrial hyperplasia	All types

Specific Exceptions

The following diagnoses have important implications for treatment and must be diagnosed in conjunction with consultant opinion:-

Ovarian epithelial neoplasia

Ovarian sex cord tumours

Ovarian germ cell tumours

First diagnosis of vulval, squamous or endometrial invasive neoplasia

Fallopian tube neoplasia

Trophoblastic neoplasia

Skin and Soft Tissue Pathology

Level	Specimen Type	Condition	Qualifier
1	Skin	Sebaceous cyst Fibro-epithelial polyp	
2	Skin	Intradermal naevus Pilonidal sinus Molluscum contagiosum Dermatofibroma	

		Leiomyoma Haemangioma/AV malformation Squamous papilloma Seborrhoeic keratosis	
	Soft Tissue	Lipoma/angiolioma	
3	Soft Tissue	Schwannoma Neurofibroma Glomus tumour Nodular synovitis	
4	Skin	Keratoacanthoma Solar keratosis Bowen's Junctional/compound/blue naevus	
	Soft Tissue	Chondroma Osteoma	

Specific Exceptions

For MDT purposes, the following should all be seen under consultant supervision :-

Melanomas and atypical melanocytic lesions

Squamous and basal cell carcinomas

Mycosis fungoides and suspected mycosis

All other malignant diagnoses

Head and Neck Pathology

Level	Specimen Type	Condition	Qualifier
1	Oral cavity	Normal – minimal inflammation Fibro-epithelial polyp	
	Nasal cavity	Simple allergic polyp	
2	Oral cavity	Mucocoele	
	Larynx	Simple polyp Inflammation	
	Salivary gland	Chronic sialadenitis	
	Temporal artery	Normal/no evidence of arteritis	
3	Oral cavity	Non-specific ulceration Keratosis, no dysplasia Apical cyst (jaw) Gingivitis/hyperplasia Pemphigoid Candidosis Dentigerous cyst (jaw) Lichen planus	
	Tonsil	Normal/inflammation	
	Nasal cavity	Inverted nasal papilloma Pyogenic granuloma	

	Larynx	Squamous papilloma	
	Nasopharynx	Normal/inflammation	
	Salivary gland	Warthin's tumour Pleomorphic adenoma	
	Thyroid gland	Colloid goitre/cyst	
	Temporal artery	Typical arteritis	
4	Oral cavity	Granular cell tumour Giant cell granuloma Major Resections	According to protocol. Including neck dissection
	Nasal cavity	Non-specific inflammation/nasal septal perforation	
	Larynx	Major Resections	According to protocol. Including neck dissection

Specific Exceptions

All primary diagnoses of malignancy are to be reported only under supervision

Breast


Level	Specimen Type	Condition	Qualifier
1	None		
2	None		
3	Breast reduction Gynaecomastia		

Respiratory

Level	Specimen Type	Condition	Qualifier
1	None		
2	None		
3	Volume reduction Bullectomy and pleurectomy for pneumthorax		
4	Pleura	Empyema decortication	No suspicion of malignancy

Male Genital and Urinary Tract

Level	Specimen Type	Condition	Qualifier
1	Vas deferens	Normal	
2	Prepuce	Routine circumcision, inflammation/BXO	
	Scrotum	inflammation, hydrocoele	
3	Nephrectomy	Calculus/obstruction PCK	
	Bladder Bx	inflammation	
	Prostate, TURP	BPH	

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	Testis	Inflammation/infarction maldescent	
4	None		
Specific Exceptions All first diagnoses of malignancy to be made only under consultant supervision			

Diagnostic Cytology			
Level	Specimen Type	Condition	Qualifier
1	None		
2	Urine	Benign	Pre-screened
	Sputum	Benign	Pre-screened
	Bronchial washings	Benign	Pre-screened
3	Serous and joint fluids	Benign	
	ovarian cyst fluid	Benign	
	Breast FNAC	Category C1 and C2	
	Benign FNA from other sites provided that this opinion does not differ from the clinical or radiological opinion as stated on the request form		
	FNA all sites – acellular or inadequate		
4	Breast FNAC	Category C5	
	FNAs from other sites	Malignant	
	Serous fluids	Malignant	
	Joint fluid	Positive	

Cervical Cytology			
Level	Specimen Type	Condition	Qualifier
1	None		
2	Cervical smear	Negative smear	where there is agreement with the primary screener and checker opinion
	Cervical smear	Infection only	where there is agreement with the primary screener and checker opinion
	Cervical smear	Severe dyskaryosis	where there is agreement with the checker opinion
3	Cervical smear	Inadequate smear	where there is agreement with the primary screener and checker opinion
	Cervical smear	Borderline smear	where there is agreement with the primary screener and checker opinion
	Cervical smear	Mild dyskaryosis	where there is agreement with the primary screener and checker opinion
	Cervical smear	Moderate dyskaryosis	where there is agreement with the primary screener and checker opinion
4	Cervical smear	Mild dyskaryosis	where the trainees grade differs from the checker or screener but will not alter clinical management
	Cervical smear	Moderate dyskaryosis	where the trainees grade differs from the checker or screener but will not alter clinical management
	Cervical smear	Severe dyskaryosis	where the trainees grade differs from the checker or screener but will not alter clinical management
	Cervical smear	? Invasive squamous carcinoma	
	Cervical smear	? Glandular neoplasia	