

# Curriculum for Specialist Training in Oral and Maxillofacial Pathology

Oral and Maxillofacial Pathology Subcommittee of the Specialty Advisory Committee for the Additional Dental Specialties

British Society for Oral and Maxillofacial Pathology

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# 1 Introduction

Oral and Maxillofacial Pathology<sup>1</sup> in the UK is a Dental specialty overseen by the General Dental Council and Oral and Maxillofacial Pathologists must be registered on the specialist list in Oral and Maxillofacial Pathology of the GDC. The award of the Certificate of Completion of Specialist Training (CCST) will require evidence of satisfactory completion of training in all aspects of Oral and Maxillofacial Pathology which are outlined in this curriculum.

The curriculum takes as its guidance a number of documents including:

- *Dental Gold Guide 2013 - A Guide to Postgraduate Specialty Training in the UK (www.copdend.org)*
- The Royal College of Pathologists, *Curriculum for Specialist Training in Histopathology and Related Subspecialties*.

All examinations and assessments undertaken during training will be clearly linked to the content of the curriculum.

## 1.1 Entry requirements

Entry to an Oral and Maxillofacial Pathology training programme as Speciality Trainee (ST) in the UK may follow the satisfactory completion of:

- One year Dental Foundation Training and at least one year Dental Core Training or equivalent in secondary care in an appropriate cognate specialty.
- the possession of the FDS, MFDS or MJDF of the UK Surgical Royal Colleges by examination or an equivalent qualification
- candidates without FDS, MFDS or MJDF may be admitted to a programme but will normally be expected to possess an appropriate higher degree and/or appropriate experience in oral and maxillofacial pathology or a related discipline.

## 1.2 Duration of training

The Royal College of Pathologists anticipates that five years would normally be required to satisfactorily complete the histopathology curriculum to the required depth and breadth. However, in order to ensure flexibility, the College advises that the minimum duration of training as identified in Schedule 3 of the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003 is four years but that all provisional CCST dates should be set at five years (60 months) in the first instance. The local Postgraduate Dental Deanery normally sets the duration of training in discussion with the Training Programme Director (TPD). The TPD/Deanery should seek advice from the SAC with regard to the length of training.

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<sup>1</sup> The General Dental Council officially recognised the term Oral and Maxillofacial Pathology in August 2008

The CCST in Oral and Maxillofacial Pathology will be awarded on the recommendation of the local Postgraduate Dental Dean following:

- evidence of satisfactory completion of the Oral and Maxillofacial Pathology curriculum and the minimum training period
- satisfactory outcomes in the requisite number of workplace-based assessments (including multi-source feedback)
- Fellowship of The Royal College of Pathologists (FRCPath in Oral and Maxillofacial Pathology) by examination.
- acquisition of ARCP outcome 6 (*A Guide to Postgraduate Specialty Training in the UK (the Dental “Gold Guide”)*).

Previous experience in Oral and Maxillofacial Pathology can only be counted towards training where it can be demonstrated that the post holder has undertaken directly equivalent diagnostic experience and training, supported by a logbook and assessments as described in this curriculum and supported by references from both the previous and current trainers. A maximum of 6 months may be counted as specialist training by the Deanery after consultation with the TPD. The Deanery should seek advice from the SAC with regard to the length of training.

### **1.3 Less than full-time training**

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

Such trainees must accept two important principles outlined in European law (Directive 93/16/EEC):

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

For STs, the regulations governing less than full-time training are outlined in Section 6.38- 6.46 (pp29-31) Dental “Gold Guide”.

**Trainees must have their less than full-time training approved by the local Associate Postgraduate Dean for Less than full time Training before beginning their training. The local Postgraduate Dental Deanery should seek advice from the SAC with regard to the amended length of training.**

## **1.4 Research**

Some trainees may wish to spend a period of time in research, either before entering Oral and Maxillofacial Pathology training or as ‘Out-of-Programme Experience’ (OoPE) after entering a training programme.

### **1.4.1 Research undertaken prior to entry to the training programme**

Trainees who have undertaken a period of research that includes *clinical work directly relevant to the Oral and Maxillofacial Pathology curriculum*, prior to entering the training programme, can have a maximum of normally up to 6 months’ training equivalence approved by the Deanery towards their CCST. The local Postgraduate Dental Deanery should seek advice from the SAC with regard to the research relevance and amended length of training. Such trainees should normally apply for approval of this period of research at the commencement of training. In accrediting any prior research towards the award of a CCST the outcomes achieved previously will be mapped across onto those stated in the curriculum. Following completion of at least six months (whole-time equivalent) of training the trainee’s educational supervisor should assess their progress to determine the suitability of their previous period of research to be counted towards the CCST. Any period of research to be counted towards the CCST should be agreed by the Programme Director, who will make a recommendation to the SAC.

### **1.4.2 Research undertaken after entry to a histopathology training programme**

Trainees who have undertaken a period of research that includes *clinical work directly relevant to the Oral and Maxillofacial Pathology curriculum*, after entering the training programme, can normally have up to six months approved by the SAC towards their CCST. The local Postgraduate Dental Deanery should seek advice from the SAC with regard to the amended length of training. It is recommended that trainees wishing to undertake research as OoPE do so after completing a minimum of 2 years of training and after passing the FRCPATH Part I examination.

**Trainees must have their OoPE research approved by their Postgraduate Dental Dean before beginning their research. The postgraduate dean should seek advice from the SAC with regard to the OoPE request.**

**Trainees in IAT posts will have their research component integrated with their training. This may lengthen the time taken to achieve a CCST.**

## **1.5 Out of Programme Experience elsewhere in the UK or overseas**

Some trainees who have been awarded an NTN may wish to spend a period of training in another UK or overseas Institution as OoPE after entering Oral and Maxillofacial Pathology training programme. It is recommended that trainees wishing to undertake overseas training as OoPE do so after completing a

minimum of 2 years of training and after passing the FRCPath Part I examination. Normally, the experience to be gained in their OoPe program will not be available in their own unit but is essential for the completion of training.

**Trainees must have their OoPE overseas training approved by their Postgraduate Dental Dean before beginning their overseas training. The postgraduate dean should seek advice from the SAC with regard to the OoPE request.**

## ***1.6 Related clinical training***

During their Oral and Maxillofacial Pathology training, some trainees may wish to spend a period of training in a related clinical specialty. This may be desirable but may need to be undertaken as OoPE, dependent on duration. However, such a period of training – although useful to the individual trainee in broadening their understanding of the relationship between histopathology and the clinical specialties, – may not be approved by the SAC towards the requirements of the CCST. This training experience may lengthen the time taken to achieve a CCST.

## 2 Rationale

### 2.1 *The purpose of the curriculum*

The purpose of the curriculum for specialist training in *Oral and Maxillofacial Pathology* is to set the standards required by the GDC for attainment of the award of the Certificate of Completion of Specialist Training (CCST) in Oral and Maxillofacial Pathology, and to ensure that trainees are fully competent to provide a high quality clinical service.

The educational programme provides:

- experience of the diagnostic techniques required to become technically competent in practical work, and to master the underlying analytical and clinical principles
- the opportunity to become familiar with relevant specialist areas such as cytopathology, dermatopathology, soft tissue and bone pathology, lymphoreticular pathology and relevant endocrine pathology.
- training in the communication and teaching skills necessary for effective practice
- the acquisition of the ability to provide specialist opinion in histopathology
- the acquisition of management skills to lead a department providing an effective service
- experience of research and development projects and critical assessment of published work so as to contribute in a team and individually to the development of the service
- the acquisition of life-long habits of reading, literature searches, consultation with colleagues, attendance at scientific meetings, and the presentation of scientific work that are essential for continuing professional development (CPD)
- experience of the practice of clinical governance and audit (specialist and multidisciplinary) through evaluation of practice against the standards of evidence-based medicine, which underpin histopathology practice.

Clinical governance is defined by the Department of Health as ‘a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.’ In histopathology, trainees must acquire knowledge of the lines of accountability, quality improvement programmes, clinical audit, evidence-based practice, clinical standards and guidelines, managing risk and quality assurance programmes. Training in these areas must continue throughout all stages of the curriculum. Trainees must be aware of the professional guidance issued by the General Dental Council in their document *Standards for the Dental Team (2013)*, and by the Senate of Dental Specialities in *Good Practice in the Dental Specialities (2004)*.



The award of a CCST will indicate suitability for independent professional practice. During training, trainees will be able to use the curriculum to monitor their progress towards this goal. Formal assessments and examinations will be based on curricular objectives. The curriculum will facilitate regular assessment of trainees' progress by trainees and their trainers.

## ***2.2 Curriculum development***

This curriculum was developed by the Oral and Maxillofacial Pathology Subcommittee of the Specialty Advisory Committee in the Additional Dental Specialties, with input from the Council and membership of the British Society for Oral and Maxillofacial Pathology and which includes trainee representation. All teachers of Oral and Maxillofacial Pathology in Dental Schools in the UK and all trainers and trainees were consulted and invited to comment on the content of the first edition of the curriculum and this revision.

## ***2.3 Stages of training and learning***

The programme of training in Oral and Maxillofacial Pathology normally takes five years (60 months) before a CCST can be awarded. The training programme is divided into three stages:

### **A period, normally of at least two to three years, leading to the Part 1 FRCPath examination.**

This period comprises 2 years' training in oral and maxillofacial pathology and 1 year in broader cellular pathology. Because departments have different local arrangements and configurations it is not possible or desirable to be prescriptive about how this period should be organised. The required minimum of one year in cellular pathology may be undertaken one year full time, or in blocks of time. In general, it is considered desirable for trainees to have a period of oral and maxillofacial pathology experience and generic skills training before entering a this phase. During the period(s) of cellular pathology training it is expected that trainees will participate fully in the activities of the department and adopt working practices and rotas comparable to their medically-qualified histopathology trainee colleagues.

Trainees can sit the FRCPath Part 1 examination after a minimum of 30 months of training

### **A period, normally of two to three years, leading to the Part 2 FRCPath examination.**

This period of training commences after successful completion of the Part 1 FRCPath examination and comprises 2-3 years of more advanced specialty training in order to gain competence in the full range of oral and maxillofacial and relevant head and neck pathology.

Trainees can sit the FRCPath Part 2 examination after a minimum of 48 months from commencement of training.

### **A period of post-FRCPath training leading to the CCST**

This period of training commences after successful completion of the Part 2 FRCPath examination and comprises a period of preparation for a consultant post and to gain experience in other specialist diagnostic fields. For many trainees, this period will be short, since it is expected that the FRCPath Part 2 examination will normally be taken close to the 60 month limit of training. For all trainees however, regardless of when the examination was passed the total time in training is normally 60 months.

### **In order to complete training and be recommended for the award of a CCST, trainees must have:**

- satisfactorily completed training (normally 60 months whole-time equivalent, but may be reduced as described in section 1).
- satisfactorily completed all areas of the curriculum
- passed Parts 1 and 2 of the FRCPath examination in Oral and Maxillofacial Pathology
- obtained Annual Review of Competence Progression (ARCP) Appendix 5 Outcome 6.

## ***2.4 Deanery Training programmes***

Deanery Training programmes will be externally quality assured by agencies approved by the GDC and training posts should be recognised for education and training by the relevant Postgraduate Dean. Training programmes should include suitable rotational arrangements such that all the necessary areas of the curriculum are covered.

### 3 Content of Learning

The curriculum details the level of knowledge and skill that a trainee should acquire to provide a high quality service at consultant level in the National Health Service (NHS). The general professional and specialty-specific content of the curriculum is outlined below.

1. Transferable knowledge and skills
2. Oral and Maxillofacial Pathology
3. Specialist Head and Neck Pathology
4. Relevant aspects of general Histopathology

The curriculum outlines the knowledge, skills, attitudes and expertise that a trainee is expected to obtain in order to achieve the award of the CCST. On completion of the training programme, the trainee must have acquired and be able to demonstrate:

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

## 4 Methods of assessment

The purpose of training as laid down by the GDC is primarily the protection of patients and the by the Royal College of Pathologists is to promote excellence in the practice of pathology and to be responsible for maintaining standards through training, assessments, examinations and professional development.

The structure of the assessment system is aligned to the guidelines of Royal College of Pathologists and the principles laid down in the Dental Gold Guide, which also include PMETB educational principles so that training is equivalent to that in histopathology for medical graduates as most trainees will spend the majority of their training in a medical histopathology department. The purposes of the assessments include:

- maintenance of the principles outlined in standards for the Dental Team (2013), for the protection of patients
- indicate suitability of choice at an early stage of the chosen career path
- indicate the capability and potential of a trainee through tests of applied knowledge and skill relevant to the specialty
- demonstrate readiness to progress to the next stage(s) of training having met the required standard of the previous stage
- provide feedback to the trainee about progress and learning needs
- support trainees to progress at their own pace by measuring a trainee's capacity to achieve competencies for their chosen career path
- help to identify trainees who should change direction or leave the specialty
- drive learning demonstrated through the acquisition of knowledge and skill
- enable the trainee to collect all necessary evidence for the Annual Review of Competence Progression (ARCP)
- gain Fellowship of the Royal College of Pathologists
- provide evidence for the award of the CCST
- assure the public that the trainee is ready for unsupervised professional practice
- be capable of contributing to an excellent diagnostic pathology service.

Trainees will be assessed in a number of different ways during their training. Satisfactory completion of all assessments and examinations will be monitored as part of the ARCP process and will be one of the criteria upon which eligibility to progress will be judged. A pass in the Part I and Part 2 FRCPath examinations are required as part of the eligibility criteria for the award of the CCST.

Assessment of Trainees will take two forms:

## **4.1 Annual Review of Competence Progression (ARCP)**

### **4.1.1 Workplace-based assessments**

The principal form of continuous assessment of progress and competence will be workplace-based assessments throughout the entire duration of training. The scheme for workplace-based assessments will follow the scheme developed by the Royal College of Pathologists for histopathology trainees (the documentation is available at [www.rcpath.org](http://www.rcpath.org): *Overview of workplace-based assessment in histopathology for assessors and trainees*). It is recommended that assessors and trainees in Oral and Maxillofacial pathology follow these guidelines and also use the assessment forms available from the Royal College of Pathologists. This will ensure continuity of assessment methods and parity with trainee colleagues in general histopathology, which is especially important when Oral and Maxillofacial Pathology trainees are working in a mixed general pathology department.

The principle of workplace-based assessment is that trainees are assessed on work that they are doing on a day-to-day basis and that the assessment is integrated into their daily work. This is particularly relevant to histopathology which is a closely supervised and consultant-led training environment.

The trainee and trainer should jointly choose the assessment tool, the procedure and the assessor. Assessments should be undertaken by a range of assessors and should cover a broad range of activities and procedures appropriate to the stage of training.

The assessment methods appropriate for use in histopathology are:

- Directly observed practical skills (DOPS) (6 satisfactory outcomes will normally be required per year)
- Case-based discussion (CbD) (6 satisfactory outcomes will normally be required per year)
- Evaluation of clinical events (ECE) (6 satisfactory outcomes will normally be required per year)
- Multi-source feedback (MSF) (minimum of 2 during training). This may involve formal 360<sup>0</sup> feedbacks or, more usually, feedback from trainers for an annual assessment by the Educational Supervisor or Programme Director
- Critical Incident Review (to be used as and when appropriate and recorded in the trainee's log book)

It is also expected that trainees will participate in individual or group tutorials which may also involve a degree of assessment. These may inform trainers when feeding back to Programme Directors as part of the MSF process.

The assessment methods are blueprinted to the curriculum in the tables that follow. It is not intended that each component of the curriculum is assessed by

each method. The assessment methods are indicative of the methods that may be used for each subject area, and should be applied as appropriate to the stage of training and circumstances of the training environment. Trainees should note that the FRCPath examinations are wide ranging and most subject areas covered in the curriculum may be formally examined.

### **4.1.2 Logbook**

Every ST must maintain a personal development portfolio, including a logbook of work undertaken. The contents may vary dependent on Deanery requirements and local practice. It is expected that this will include:

- An up-to-date CV, with details of post-graduate qualifications, publications, presentations, audit, teaching and research, meetings attended
- All WBAs undertaken, including unsatisfactory assessments to show progression of competence
- A personal development plan, which includes proposed and completed CPD
- A Log of cases “seen” (e.g. in study sets), reported and reported independently, organised in a manner which allows assessment of experience in diagnosis and in different diagnostic categories.
- Reflective notes.

### **4.1.3 Evidence of competence**

The College of Pathologists does not have any supportive evidence as to the ideal minimum workload figures that will result in a satisfactory level of competence. It is recognised that this will differ according to the ability and aptitude of individual trainees and their learning environment. We believe that a diverse range of material seen under the appropriate supervision and guidance of an educational supervisor is a superior method of working. It is suggested however that each full-time trainee should report more than 1000 cases per year rising to more than 1,500 cases during the final two years. Detailed procedures observed by the educational supervisor and judged to be satisfactory will be recorded in the trainee’s training and learning record. A correctly maintained and up to date logbook and evidence of satisfactory workplace-based assessments will provide the framework for graded responsibility and will be used as evidence of satisfactory progress.

Evidence of competence and progression is reviewed annually in the ARCP process.

## **4.2 Examination**

The Part 1 and Part 2 FRCPath examinations in Oral and Maxillofacial Pathology.

## 5 Model of Learning

The models of learning can be applied to any stage of training in varying degrees. The majority of the curriculum will be delivered through work-based experiential learning, but the environment within the department should encourage independent self-directed learning and make opportunities for relevant off-the-job education by making provision for attendance at local, national and appropriate international meetings and courses. Independent self-directed learning should be encouraged by providing reference text books. It is the trainee's responsibility to seek opportunity for experiential learning. The rotas should also be arranged in such a way that STs have time available for participation in research projects as part of their training. The more academically inclined trainees may be encouraged to take time out from the training time to include a more sustained period of grant-funded research, working towards a higher academic degree such as a PhD.

Learning for knowledge, competence, performance and independent action will be achieved by assessment and graded responsibility for reporting, allowing trainees at various stages of training to acquire responsibility for independent reporting.

Progress of trainees, workplace-based assessments, the ARCP process and award of the CCST are the responsibility of the Postgraduate Dean and are monitored by the SAC in the Additional Dental Specialties following the guidelines of the Specialist Dental Education Board (SDEB) of the GDC. The FRCPath examinations are set and quality assured by The Royal College of Pathologists.

### 5.1 Teaching and Learning Methods

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

- a) **Supervised experiential learning** (Routine work): The most important learning experience will be the day-to-day work of diagnostic histopathology, providing continuous work-place experiential learning. Oral and Maxillofacial Pathology is a consultant-led specialty and trainees are amongst the most closely supervised groups in postgraduate medical training. This close supervision allows frequent short episodes of teaching, which may hardly be recognised as such by trainees.
- b) **Textbooks:** Departments should have a wide range of reference texts available. These allow trainees to 'read around' routine cases that they are reporting.
- c) **Private study:** More systematic reading of textbooks and journals will be required in preparation for examinations.
- d) **'Black box'<sup>2</sup> and other departmental teaching sessions:** These occur on a regular basis in most departments.
- e) **Online and virtual microscopy where available,** including RCPATH resources.
- f) **Regional training courses:** These are valuable learning opportunities. Trainees should be released from service duties to attend.

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<sup>2</sup> A Black Box is a collection of histological slides, usually challenging or interesting cases

- g) **National training courses:** These are particularly helpful during preparation for the FRCPath Part 2 examination. In addition to providing specific teaching, they also allow trainees to identify their position in relation to the curriculum and their peers.
- h) Attendance at external quality assurance assessments.
- i) **Scientific meetings:** Research and the understanding of research are essential to the practice of histopathology. Trainees should be encouraged to attend and present their work at relevant meetings.
- j) **Discussion with biomedical scientists (BMS):** BMS staff can provide excellent training, particularly in relation to laboratory methods, health and safety, service delivery, procurement and human resources.
- k) **Multidisciplinary team meetings (MDTs):** Attendance at and contribution to MDTs and clinicopathological conferences offers the opportunity for trainees to develop an understanding of clinical management and appreciate the impact of histopathological diagnosis on patient care. The MDT is also an important arena for the development of interprofessional communication skills.
- l) **Attachment to specialist departments:** Attachments of this kind will be required if a training programme cannot offer the full range of specialist experience needed to complete the curriculum. They will also be beneficial for those trainees in their final year of training who wish to develop a special interest before taking up a consultant post.

The main teaching and learning methods appropriate to each domain are given in the following tables. This is not intended to be prescriptive or exhaustive. It is expected that all areas may be supplemented with independent study and that trainees will participate in a range of local, regional and national courses as well as attendance at relevant conferences.

## 6 Supervision and Feedback

Supervision has more than one meaning in histopathology. During the five years of specialist training, trainees will be supervised by departmental consultants on a day-to-day basis under the direction of a designated educational supervisor, the training programme director and the Specialist Training Committee which links to the appropriate Postgraduate Deanery.

Trainees will work under consultant supervision in the histopathology service, gradually widening their knowledge and experience in each area so that by the time they have passed the FRCPath Part 2 examination they are able to work largely independently. The day-to-day supervised training will be supplemented by more formal teaching such as 'black box' sessions and on regionally and nationally organised training courses (see above).

If a histopathology report generated by the trainee states that they have been supervised by a consultant, this is usually taken to mean that the consultant has examined that report with the trainee. It also implies that the consultant accepts not only the microscopic but also any macroscopic description as accurate, even if the supervisor has not personally reviewed the specimen.



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

The close relationship between consultants and trainees in histopathology facilitates frequent feedback. This is supplemented by regular appraisal by the educational supervisor, regular assessments by educational and clinical supervisors and the Annual Review of Competence Progression (ARCP), under the auspices of the Postgraduate Dean.

## **7 Managing Curriculum Implementation**

The curriculum outlines the minimum training requirements for delivery in a regional training programme. It guides trainers in the teaching methods required to deliver the curriculum and guides trainees in the learning and assessment methods required for satisfactory completion of training.

It is the responsibility of the Programme Director and deanery, with the assistance of the Specialty Training Committee (STC), to ensure that the programme delivers the depth and breadth of histopathology and subspecialty training outlined in the curriculum. The Programme Director must ensure that each post or attachment within the programme is approved by the relevant deanery and SAC.

It is the responsibility of the GDC as the regulator to ensure that training programmes are quality assured and the responsibility of the SAC with guidance from The Royal College of Pathologists to provide specialist advice to both bodies, and ensure training programmes across the UK are equivalent and able to deliver a balanced programme of training.

It is the responsibility of the educational supervisor of a particular post or attachment within a programme to ensure that the training delivered in their post meets the requirements of the relevant section(s) of the curriculum. They must undertake regular appraisal with their trainee to ensure structured and goal-oriented delivery of training.

Trainees must register with the SAC on appointment to an Oral and Maxillofacial Pathology training programme. They must familiarise themselves with the curriculum and with the minimum training requirements to satisfactorily complete each stage of training and the award of the CCST. They must also be familiar with the requirements of the College's FRCPath examinations and must make appropriate use of the histopathology logbook and portfolio.

## **8 Curriculum Review and Updating**

The curriculum will be evaluated and monitored by the SAC as part of continuous feedback from STCs, Programme Directors, trainers and trainees.

## **9 Equality and Diversity**

The Royal College of Pathologists is committed to the principle of diversity and equality in employment, membership, academic activities, examinations and training. As part of this commitment we are concerned to inspire and support all those who work with us directly and indirectly.

Integral to our approach is the emphasis we place on our belief that everyone should be treated in a fair, open and honest manner. Our approach is a comprehensive one and reflects all areas, of diversity, recognising the value of each individual. We aim to ensure that no one is treated less favourably than another on the grounds of ethnic origin, nationality, age, disability, gender, sexual orientation, race or religion. Our intention is to reflect not only the letter but also the spirit of equality legislation.

Our policy is to meet the requirements of current equality legislation and good practice, as enshrined in the Equality Act (2010). This will comply with national guidance as applied to dentistry by the GDC, to Cellular Pathology by RCPATH and to training by the Deaneries.

The Training and Educational Standards Department collects information about the gender and ethnicity of trainees as part of their registration with the College. This information is recorded by the College and statistics published on an annual basis in the annual report. Further information about the monitoring activities of the College trainees, candidates and members are available in the College policy.

## **10 Acknowledgements**

The first draft of this curriculum was prepared by a working group of the Oral and Maxillofacial Pathology Subcommittee of the Specialist Advisory Committee for the Additional Dental Specialties, comprising Prof Paul Speight, Dr Max Robinson and Dr Keith Hunter. Drafts were reviewed by Prof Chris Franklin, Postgraduate Dental Dean and Lead Dean for the Additional Dental Specialties, and by Dr Geoff Craig, National Specialty Adviser for the Royal College of Surgeons. Drafts were also reviewed and approved by the Council of the British Society for Oral and Maxillofacial Pathology.

The 2014 revision was conducted by Prof E Odell, Dr KD Hunter (SAC ADS), Dr CM Robinson, Dr TJ Bates and Dr G Pitiyage, with input from Prof PM Speight, with the approval of the Council of BSOMP.

## 11 The Curriculum

The curriculum details the level of knowledge and skill that a trainee should acquire to provide a high quality service and to be recognised by the GDC as a Specialist. The general professional and specialty-specific content of the curriculum is outlined below.

1. Transferable knowledge and skills
2. Oral and Maxillofacial Pathology including relevant Head and Neck Pathology
3. Relevant aspects of General Histopathology

### ***11.1 Transferable knowledge and skills***

#### **11.1.1 Good Clinical Care**

**Objective: to demonstrate adequate knowledge and skills and appropriate attitudes in routine clinical work.**

New specialists will:

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

### 11.1.2 Core Surgical Pathology

	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
Basic knowledge	<p>Demonstrate sufficient general clinical knowledge including major changes in trends of diagnosis and treatment.</p> <p>Be able to describe and demonstrate normal anatomy, physiology and pathophysiology. Possess sufficient knowledge of molecular techniques as applied within clinical medicine and particularly within surgical pathology.</p>	<p>Demonstrate the ability to solve complex clinical [and research, when applicable] problems by applying sound knowledge of basic principles without the requirement always to rely on 'pattern matching'.</p> <p>Develop the skills to interpret data from molecular analyses in the context of the clinical situation and morphological appearances when undertaking diagnostic surgical pathology.</p>	<p>Demonstrate the importance of integration of clinical and pathological data for accurate diagnosis. Demonstrate the increasing need to combine morphological opinions with data from molecular analyses in diagnostic surgical pathology.</p> <p>Be prepared to communicate closely with colleagues undertaking molecular analyses when appropriate.</p>	<p>Independent study.</p> <p>Journal reviews and presentations at journal clubs.</p> <p>Attendance at seminars and appropriate courses.</p>	<p>ECE CbD FRCPath examinations</p>

	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Surgical cut-up ['General']</b>	Demonstrate and apply the principles of specimen dissection, macroscopic description and block selection in neoplastic and non-neoplastic disease. Demonstrate and apply the principles of dissection of major cancer resection specimens and tissue sampling to enable completion of RCPATH's <i>Standards and Datasets for Reporting Cancers</i> .	Demonstrate and apply sufficient manual dexterity to perform dissection safely and accurately, without damage to tissues.	Describe the importance of accuracy and requirement for attention to detail during specimen description and block selection. Demonstrate importance of ensuring that request form and specimen identification is accurate and the requirement to identify and resolve any errors or discordance.	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by a senior pathologist.  Supervised experiential learning.	DOPS ECE CbD
<b>Laboratory processes</b>	Describe the principles of laboratory processing within surgical pathology and cytopathology.	Some experience of laboratory processing including cutting or paraffin and frozen sections.	Respect the work of the technical staff in preparing slides for viewing.	Observation of processes in the histopathology laboratory.  Individual tuition by a senior pathologist and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD

	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Surgical reporting [‘General’]</b>	Demonstrate the principles of microscopy. Knowledge of the microscopic features of the range of normality within tissues as well as the major common pathological processes and patterns of disease	Be able to set up a microscope with ergonomic safety and operate it effectively. Be able to recognise the microscopic features of tissue structure in normality and disease, as appropriate to one’s level of experience. Able to complete <i>RCPATH Standards and Datasets for Reporting Cancers</i> .	Demonstrate the requirement for attention to detail during surgical reporting and the need for correlation with the clinical situation. Demonstrate an understanding of the importance of surgical pathology to clinicians and patients [e.g. timeliness and accuracy of reporting].	Observation of processes in the histopathology laboratory.  Individual tuition by a senior pathologist.  Supervised experiential learning.  Attendance and presentations at MDTs and clinical meetings	DOPS ECE CbD FRCPATH examinations Case logbook
<b>Special techniques</b>	Describe the principles of ‘special’ histochemical, immunohistochemical and immunofluorescent methods, and of electron microscopy.	Demonstrate the application of special techniques. Be able to demonstrate histological features of histochemical and immunohistochemical stains in normal and diseased tissues.	Be able to describe cost-benefit issues when considering the use of additional techniques. Initiate and order special techniques in preparation of cases.	Observation of processes in the histopathology laboratory.  Individual tuition by a pathologists and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD FRCPATH examinations

	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Molecular Pathology</b>					
Fundamentals of molecular biology	Demonstrate understanding of the origins and consequences of germline variation and somatic mutations, including DNA methylation, gene expression changes, chromosomal instability, fusion genes and genetic changes in developmental diseases and neoplasms	Demonstrate understanding of the origins of and justifications of molecular tests.	Able to explain the underlying principles of molecular genetics and molecular pathology.	Not all opportunities for this area may be available in all training programmes  Independent study.	CBD ECE FRCPATH Examination Portfolio
Fundamentals of databases and bioinformatics	Knowledge of basic molecular databases.	Able to retrieve relevant data from public sources.	Demonstrate appreciation of state of knowledge and how to update that knowledge.	Observe processes in an appropriate laboratory if available locally.  Individual tuition by a pathologists and laboratory staff.	
Sample preparation	Show knowledge of how histological samples are taken and how nucleic acid are extracted from them.	Able to undertake the appropriate sample collection, retrieval and preparation for the common molecular tests, whether performed on extracted nucleic acid or <i>in situ</i> .	Able to relate histological sample types and availability to the molecular analyses which might be performed on them.	Supervised experiential learning.  Attendance at seminars and appropriate courses.	

	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
Molecular techniques	Demonstrate knowledge of the principles of molecular methods.	Explain the basis of sequencing, PCR, microarrays (DNA & RNA), <i>in situ</i> hybridisation, and mutation detection.	Demonstrate appreciation of the available technologies.		
Available tests	Show understanding of the basis of molecular tests currently performed on histological samples, including limitations of those tests, and types of tests that are anticipated in the near future.	Able to assess the need and value of molecular tests and how to request and interpret the significance of results.	Explain how molecular methods can contribute to patient care and could do so in the future.		





### 11.1.3 Maintaining Good Clinical Practice

**Objective: to keep knowledge and skills and appropriate attitudes up to date.**

New specialists will:

- take responsibility for and keep up-to-date in their own relevant professional and self-development, and facilitate that of others.
- acknowledge that the balance of their skills and expertise will change as their careers progress and they specialise in certain areas of clinical practice.

Trainees should hold at least one position of responsibility during training and attend at least one management course.

<b>Subject</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Overall clinical judgement</b>	Demonstrate sufficient clinical and pathology knowledge to enable integration of clinical data and pathological features.	Demonstrate correct interpretation of pathological features in the context of available clinical information.	Describe the quantity and quality of clinical information required for accurate diagnosis in most situations.	Observation of peers and senior staff  Individual tuition by a pathologist.  Supervised experiential learning	DOPs CbD ECE MSF
<b>Professional approach</b>	Demonstrate how to behave and present oneself in a professional manner at all times.	Demonstrate ability to organise tasks effectively, to use initiative and to be punctual and reliable.	Recognise and be able to explain the importance of professionalism, punctuality and reliability.	Observation of peers and senior staff.  Individual tuition by a pathologist.  Supervised experiential learning	DOPs ECE MSF

<b>Subject</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Written records</b>	Demonstrate knowledge of the appropriate content of reports. Demonstrate and apply the principles of diagnostic coding and report archiving. Recognise the problems faced by people for whom English is not a first language. Know the relevance of data protection pertaining to patient confidentiality.	Produce accurate reports with clear conclusions and other written correspondence.	Demonstrate recognition of the importance of timely dictation, cost-effective use of medical secretaries and the growing use of electronic communication. Be aware of the need for prompt and accurate communication with clinicians. Show courtesy towards medical secretaries and clerical staff.	Observation of peers and senior staff.  Observation of processes in the histopathology laboratory and offices  Individual tuition by pathologists, and by laboratory and office staff.  Supervised experiential learning	DOPs CbD ECE
<b>Decision making</b>	Recognise and explain clinical priorities for investigation and management.	Analyse and manage clinical problems effectively.	Be flexible and willing to change in the light of changing conditions. Be willing to ask for help.	Observation of peers and staff.  Individual tuition by pathologists, and clinicians.  Attendance and presentations at MDTs and clinical meetings.  Supervised experiential learning.	DOPS ECE CbD MSF

Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
<b>Life-long learning</b>	Explain the importance of continuing professional development.	Recognise and use learning opportunities. Use the potential of study leave to keep one up to date. Be able to maintain a portfolio. Monitor own performance through audit and feedback. Ensure compliance with the GDC requirements for recertification and revalidation	Be self-motivated and eager to learn. Show willingness to learn from colleagues and to accept feedback.	Observation of peers and staff.  Individual tuition by mentors.  Independent study	DOPS ECE MSF Logbook Portfolio

Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
<p><b>Good use of information technology</b></p>	<p>Describe the use of email, internet, fax and the telephone.            Demonstrate the principles of how to retrieve and utilise data recorded in clinical systems.            Demonstrate the principles of videoconferencing and telepathology.</p>	<p>Demonstrate competent use of database, word processing and statistics programmes.            Know how to undertake searches and access websites and health-related databases.            Apply the principles of confidentiality in the context of information technology.            Be able to using digital imaging devices effectively.            Be able to use videoconferencing and telepathology equipment when necessary</p>	<p>Demonstrate the acquisition of new attitudes in order to make maximum use of information technology.            Adopt proactive and enquiring attitude to new technology.            Be prepared to use video-conferencing and telepathology systems when appropriate.</p>	<p>Individual tuition by appropriate staff.            Local and national courses.            Independent study            Supervised experiential learning.</p>	<p>DOPS            ECE            CbD</p>

Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
<b>The organisational framework for clinical governance and its application in practice</b>	Explain clinical governance.	Be an active participant in clinical governance. Be able to undertake audit. Practise evidence-based medicine. Aim for clinical effectiveness (best practice) at all times. Report critical incidents. Take appropriate action if you suspect you or a colleague may not be fit to practise.	Make the care of your patient your first concern. Respect patients' privacy, dignity and confidentiality. Be prepared to learn from mistakes, errors and complaints. Recognise the importance of teamwork. Share best practice with others.	Individual tuition by appropriate staff.  Local and national courses.  Independent study  Supervised experiential learning.	ECE MSF FRCPPath examinations
<b>Risk Management</b>	Explain health and safety policy, policies on needle stick injuries, note keeping, communications and staffing numbers.  Possess knowledge of risk management issues pertinent to laboratory processing.	Able to apply these procedures in practical situations	Be truthful.	Individual tuition by appropriate staff.  Local and national courses.  Supervised experiential learning.	DOPS ECE CbD MSF

<b>Subject</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Evidence</b>	Explain the principles of evidence-based medicine.	Able to critically appraise evidence. Ability to be competent in the use of databases, libraries and the internet.	Display a keenness to use evidence in the support of patient care and own decisions therein.	Individual tuition by appropriate staff.  Local and national courses.  Preparation and presentation of talks (e.g. journal clubs)	ECE CbD MSF
<b>Audit (general)</b>	Explain the audit cycle, data sources and data confidentiality.  Understand the principles of internal and external quality assurance.	Able to initiate and complete at least two audit projects by the end of training.	Consider the relevance of audit to benefit patient care and individual performance (i.e. to clinical governance).	Individual tuition by appropriate staff.  Local and national courses.  Undertake and report audit projects.	ECE MSF Portfolio Evaluation of audit reports FRCPATH examinations
<b>Guidelines</b>	Explain the advantages and disadvantages of guidelines	Demonstrate the ability to utilise guidelines. Be able to contribute to the evolution of guidelines	Show regard for individual patient needs when using guidelines. Show willingness to use guidelines	Individual tuition by appropriate staff.  Local and national courses.  Supervised experiential learning.	DOPS ECE MSF FRCPATH examinations
<b>Patient safety</b>	Explain the issues around patient safety and the role of the National Patient Safety Agency (NPSA). Be aware of the NPSA National Reporting and Learning System.	Demonstrate awareness of patient safety in a practical situation.	Show regard for patient safety.	Individual tuition by appropriate staff.  Local and national courses.  Supervised experiential learning.	DOPS ECE MSF

Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
<p><b>Structure of the NHS and the principles of management</b></p>	<p>Explain and demonstrate knowledge of the structure of the NHS, and of local Trust's management structures (including management of pathology laboratories).</p> <p>Describe the role of postgraduate deaneries, specialist societies, the Faculties of Dental Surgery of the Medical Royal Colleges and the General Dental Council.</p> <p>Demonstrate knowledge of appropriate central and devolved government health agencies (e.g. NICE, HIHR, NHS Quality Improvement Scotland, NPSA).</p> <p>Describe the importance of a health service for the population.</p>	<p>Be able to utilise one's position in the NHS to best effect.</p> <p>Be able to demonstrate good time management and prioritisation skills.</p> <p>Develop management skills appropriate to the tasks required</p>	<p>Show respect for others, ensuring equal opportunities.</p> <p>Demonstrate a clear understanding of the importance of good time management and the ability to prioritise tasks.</p> <p>Take opportunities to become involved in management activities. Understand the importance of good clinical management.</p>	<p>Individual tuition by appropriate staff.</p> <p>Local and national courses.</p> <p>Supervised experiential learning.</p> <p>Attendance at appropriate meetings,</p>	<p>ECE MSF FRCPATH examinations</p>



Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
<b>Working in a quality assured environment</b>	<p>Explain the roles of Clinical Pathology Accreditation and ISO 15189 in laboratory quality control and assurance</p> <p>Demonstrate understanding the principles of document control</p>	<p>Be able to work according to standard operating procedures</p> <p>Be able to initiate quality improvement and alteration of standard operating procedures</p>	<p>Show appreciation of the value of standardised working procedures for a quality pathology service</p>	<p>Individual tuition by appropriate staff.</p> <p>Local and national courses.</p> <p>Supervised experiential learning.</p> <p>Attendance at appropriate meetings</p> <p>Contribution to audit and quality management</p>	<p>ECE</p> <p>DOPS</p> <p>FRCPATH examination</p>

### 11.1.4 Teaching and Training, Appraising and Assessing

**Objective: to demonstrate the knowledge, skills and attitudes to provide appropriate teaching and to participate in effective research.**

New specialists will:

- be able to demonstrate the potential to teach and train effectively at all levels of undergraduate and postgraduate education where required.
- demonstrate skills and strategies in the process of feedback to colleagues and trainees, ensuring positive and constructive outcomes.
- be capable of judging competence and professional attributes in others.

Subject	Knowledge	Skills	Attitudes	Teaching and Learning methods	Assessment methods
<p><b>To have the skills, attitudes and practices of an early career teacher / trainer</b></p>	<p>Describe and demonstrate adult learning principles and needs. Demonstrate the structure of teaching activity and varied teaching strategies. Participate in teaching evaluations.</p>	<p>Facilitate the learning process (e.g. identify learning outcomes, construct educational objectives, communicate effectively with the learners, use appropriate teaching resources, and give constructive and effective feedback).</p>	<p>Demonstrate a willingness and enthusiasm to teach. Show respect for the learner. Demonstrate a professional attitude towards teaching.</p>	<p>Individual tuition by appropriate staff.  Observation of peers and staff  Local and national courses.  Supervised experiential learning.</p>	<p>DOPS MSF Peer-observation of teaching Portfolio</p>

<b>Subject</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and Learning methods</b>	<b>Assessment methods</b>
<b>To be able to plan and analyse a research project or pathology elements of a clinical trial.</b>	Describe the principles of performing a research study. Demonstrate the use of appropriate statistical methods. Demonstrate knowledge of the principles of research ethics and the structure and function of local research ethics committees. Demonstrate knowledge of the principles of research funding and how to obtain it.	Be able to undertake systematic critical review of scientific literature. Have good written and verbal presentation skills. Be able to initiate, complete and publish/present at least 1 research project or 2 case reports by the end of training.	Demonstrate curiosity and a critical spirit of enquiry. Ensure patient confidentiality. Demonstrate knowledge of the importance of ethical approval and patient consent for clinical research.	Individual tuition by appropriate staff.  Supervised experiential learning.  Preparation and presentation of research projects.	MSF Publications Portfolio (assessment by supervisor if undertaking PhD)
<b>Appraisal and assessment</b>	Describe the concepts of appraisal and assessment. How to conduct an appraisal interview or assessment.	Able to maintain an appraisal portfolio. Develop the ability to undertake an effective appraisal or assessment.	Demonstrate a positive attitude to appraisal. Be aware of equality and diversity issues as they relate to appraisal.	Undertake appraisal and assessment  Individual tuition by appropriate staff.  Observation of peers and staff	DOPS MSF Annual review Portfolio

### 11.1.5 Relationships with Patients

**Objective: to ensure that the trainee has the knowledge, skills and attitudes to act in a professional manner at all times.**

New specialists will:

- be skilled in building relationships of trust with patients and their families, through effective interpersonal skills, a courteous and compassionate approach, and respect for their privacy, dignity and cultural and religious beliefs.
- follow the principles and legal aspects of consent and confidentiality.
- be able to manage difficult and complex situations with patients and their families, to advise them appropriately and to manage complaints effectively.

Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
<b>Continuity of care</b>	Demonstrate the importance and relevance of continuity of care.	Ensure satisfactory completion of reasonable tasks at the end of the day. Make adequate arrangements to cover leave.	Recognise the importance of punctuality and attention to detail.	Individual tuition by appropriate staff.  Independent study  Local and national courses.	ECE CbD MSF
<b>Recognise own limitations</b>	Demonstrate an appreciation of one's own limitations and know when to ask for advice.	Be willing to consult and to admit mistakes.	Honest and truthful and responsive to advice and constructive criticism	Supervised experiential learning	DOPS CbD MSF (N.B. WPBAs with unsatisfactory outcomes may also be used to provide evidence for this domain.)

<b>Subject</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Relevance of outside bodies</b>	Describe the relevance to professional life of: <ul style="list-style-type: none"> <li>• GDC</li> <li>• the medical royal colleges</li> <li>• Postgraduate Dean</li> <li>• professional indemnity organisations</li> <li>• BDA</li> <li>• Specialist societies.</li> </ul>	Recognise situations when appropriate to involve these bodies and individuals.	Be open to constructive criticism. Accept professional regulation.	Individual tuition by appropriate staff.  Independent study  Local and national courses.  Supervised experiential learning	CbD MSF
<b>Consent</b>	Describe and apply the processes for gaining consent. And demonstrate clear understanding of the principles of consent issues as relating to cellular pathology clinical practice and research.	Demonstrate appropriate use of written material.	Respect for patients' and relatives' points of view and wishes.		DOPS CbD MSF FRCPPath examinations
<b>Confidentiality</b>	Demonstrate the relevant strategies to ensure confidentiality. Be aware of situations when confidentiality might be broken.	Use and share all information appropriately.	Respect the right to confidentiality.		DOPS ECE CbD MSF FRCPPath examinations
<b>Legal issues</b>	Explain legal issues relating to surgical pathology and cytopathology reporting.		Act with compassion at all times.		DOPS CbD MSF

## 11.1.6 Working with Colleagues

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

New specialists will:

- strive for continuing improvement in all aspects of their work and that of colleagues while mindful of priorities and high standards.
- have effective interpersonal skills which enable them to bring out the best in colleagues, to resolve conflicts when they arise and to develop working relationships within the team.
- Support teams that bring together different professions and disciplines and other agencies, to provide high quality health care.

Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
Clinical teams	Describe how a team works effectively. Explain the roles and responsibilities of team members, especially within the department and within multidisciplinary teams. Explain the roles of other clinical specialties and the limits of their scope of practice	Be able to communicate effectively. Seek advice if unsure. Recognise when input from another specialty is required for individual patients. Be able to work effectively with other health care professionals, including demonstration of material at MDT meetings. Respect skills and contribution of colleagues. Recognise own limitations. Delegate, show	Show respect for others opinions. Be conscientious and work co-operatively. Respect colleagues, including non-medical professionals and recognise good advice. Recognise own limitations.	Individual tuition by appropriate staff.  Supervised experiential learning.  Attendance at MDT and appropriate meetings	DOPS ECE CbD MSF

		leadership and supervise safely.			
<b>Communication with colleagues</b>	Demonstrate good communication with other members of the pathology department, other departments and clinical teams.	Use appropriate language. Select an appropriate communication method.	Be prompt and respond courteously and fairly.	Supervised experiential learning.	DOPS ECE CbD MSF
<b>Complaints</b>	Have awareness of the local complaints procedures. Have an awareness of systems of independent review.	Anticipate potential problems. Manage dissatisfied colleagues.	Act with honesty and sensitivity and promptly. Be prepared to accept responsibility.	Observation of peers and staff.  Supervised experiential learning.	DOPS ECE CbD MSF

### 11.1.7 Health

**Objective: To understand the importance of the personal health of health care professionals.**

New specialists will:

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

<b>Subject</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Personal health</b>	Explain occupational health services. Explain one's responsibilities to the public.	Recognise when personal health takes priority over work pressures and to be able to take the necessary time off.	Recognise personal health as an important issue.	Supervised experiential learning.	MSF
<b>Stress</b>	Describe the effects of stress. Explain the support facilities for doctors and dentists.	Develop appropriate coping mechanisms for stress and ability to seek help if appropriate.	Recognise the manifestations of stress on self and others.	Supervised experiential learning	MSF



### 11.1.8 Probity

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

New specialists will:

- always act in their personal and professional lives to maintain public trust in the profession.
- undertake duties such as writing reports, giving evidence and completing and signing documents in a timely, honest and conscientious way.
- through their leadership encourage the development and practice of these qualities in their colleagues.

Subject	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment methods
<b>Service information</b>	Legal framework for advertisements		Recognise absolute importance of accuracy and impartiality.	Supervised experiential learning	MSF FRCPPath Examinations
<b>Writing reports and giving evidence</b>	Processes and procedures for generation of reports. Legal responsibilities in writing and presenting reports.	Writing skills and good communication.	Honesty and integrity. Timeliness	Independent study  Preparation of relevant paperwork and applications	MSF FRCPPath Examinations
<b>Research</b>	Research governance framework of the NHS and employing institution	Obtain ethical and institutional approval	Put safety and care of patients first. Conduct research with honesty and integrity		MSF FRCPPath Examinations
<b>Financial dealings</b>	Financial rules of employing institution. Principles of financial planning and preparation of a business case.	Basic understanding of financial reports and use of spreadsheets	Not induce patients to accept private medical care. Manage funds for the purpose for which they are intended. Declare conflicts of interest.		ECE MSF

## **11.2 Competence expected for the award of a CCST in Oral and Maxillofacial Pathology**

The level of competency must be sufficient so that on completion of training, the Oral and Maxillofacial Pathologist must be capable of providing an independent diagnostic service at the level required for the award of a CCST in the specialty, be able to offer a specialist opinion on referred cases and be able to provide specialist advice to clinicians with direct responsibility for the treatment of patients.

Because of differences in the structure of training programmes, case mix between centres and special interests of trainers and/or of trainees, some variation in experience in the different fields of histopathology in the head and neck region is to be expected. For this reason the following phrases have been used to describe the levels of competency expected in different aspects of head and neck pathology for the award of a CCST in Oral and Maxillofacial Pathology:

- **‘Diagnose’**; material for which accurate and complete reports are expected, taking account of all relevant specialist reporting guidelines.
- **‘Offer a working diagnosis’**; material with which trainee will be familiar and will have had experience of reporting but for which further investigations and/or discussion with a specialist are required before issuing a definitive report.
- **‘Offer a differential diagnosis’**; material that the trainee will be aware of but may have had only limited or no experience of directly reporting. This group will include some rare/uncommon lesions diagnosable after further investigations and/or research, and lesions for which a specialist opinion will be required.

The level of knowledge within the areas below will vary. However, for each disease process listed, it is expected that the trainee possesses at least a basic level of knowledge within the following categories:

- Epidemiology
- Aetiology
- Pathogenesis
- Clinical features
- Pathological features (macroscopic and microscopic)
- Natural history
- Management options
- Major complications of therapy

In some areas of special interest, it may be difficult to gain sufficient experience in one centre, thus specialist attachments courses and conferences may aid in gaining diagnostic experience.

### 11.2.1 Oral and Maxillofacial Pathology and Relevant Head and Neck Pathology

This table contains the detailed Oral and Maxillofacial Pathology and Relevant Head and Neck Pathology syllabus for which the knowledge, skills and attitudes have been described in section 11.1

	<b>Gross Pathology: able to describe and appropriately sample</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>General</b>	<p>Correct specimen orientation</p> <p>Open fresh specimen (if appropriate)</p> <p>Lymph node anatomy and dissections in cancer specimens</p> <p>Obtain fresh tissue for touch preparations, frozen reserve, electron microscopy and cytogenetics where appropriate.</p> <p>Identification of resection margins and appropriate use of ink to demonstrate critical margins.</p>	<p>Demonstrate how to set up a microscope correctly</p> <p>Recognise normal histology and normal variations of common tissue types</p> <p>Describe and use appropriate histochemical stains for (amongst others) glycogen, fat, mucins and amyloid</p> <p>Demonstrate familiarity with standard immunohistochemical markers for major tissue and tumour types, selection of appropriate panels and interpretation of markers.</p> <p>Familiarity with</p>	<p>Normal anatomy and histology</p> <p>Molecular biology</p> <p>Pathological basis of disease</p> <p>Common pathological abnormalities and entities</p> <p>Types of special stains with indications for their use.</p> <p>Interpretation of special stains.</p> <p>Immunohistochemical technique. Range of antibodies and their interpretation.</p> <p>Knowledge of the current classifications of diseases affecting the region and the</p>	<p>Observation of processes in the histopathology laboratory.</p> <p>Independent study</p> <p>Individual tuition by appropriate pathology and laboratory staff.</p> <p>Supervised experiential learning.</p> <p>Local and national courses.</p>	<p>DOPS</p> <p>ECE</p> <p>CbD</p> <p>MSF</p> <p>FRCPATH examinations</p> <p>Case Logbook</p>

		<p>molecular techniques useful in the diagnosis/assessment of tissues and tumours, including cytogenetics, electron microscopy and molecular techniques such as PCR, FISH and ISH and flow cytometry. Systematic assessment of biopsy material.</p> <p>Employ the use of 'extra-blocks' and further levels where appropriate.</p> <p>Employ cross-polarisation to demonstrate refractile foreign material.</p>	<p>need for reference to bench books and for consultation with colleagues</p> <p>Concepts, limitations and systems for remote diagnosis and whole slide scanning</p> <p>Photomicroscopy and image handling</p>		
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Dental Pathology	Gross Pathology	Microscopy	Knowledge base	Teaching and learning methods	Assessment methods
Teeth	Able to identify and orientate individual teeth	<p>Recognise structural abnormalities of the dental hard tissues of developmental origin in ground and decalcified sections including:</p> <ul style="list-style-type: none"> <li>• Diagnose dental caries and pulpitis.</li> <li>• Offer a working diagnosis of developmental disorders of enamel.</li> <li>• Diagnose the main developmental disorders affecting dentine</li> <li>• Offer at least a differential diagnosis of rarer disorders including those of cementum.</li> </ul>	Normal dental anatomy, caries, pulp pathology, periradicular pathology, developmental abnormalities of tooth morphology and formation, including enamel, dentine and cementum, radiology-histology correlation	<p>Observation of processes in the histopathology laboratory.</p> <p>Independent study</p> <p>Individual tuition by appropriate pathology and laboratory staff.</p> <p>Supervised experiential learning.</p>	<p>DOPS</p> <p>ECE</p> <p>CbD</p> <p>MSF</p> <p>FRCPATH examinations</p> <p>Case Logbook</p>
Tooth-supporting structures	Periapical biopsies, including specimens from periapical surgery Gingival and periodontal lesions	<ul style="list-style-type: none"> <li>• Able to diagnose the periapical sequelae of caries/pulpitis</li> <li>• Able to</li> </ul>	Periapical pathology Gingival and periodontal inflammation and its sequelae		<p>DOPS</p> <p>ECE</p> <p>CbD</p> <p>MSF</p> <p>FRCPATH examinations</p>

		diagnose inflammatory and reactive lesions of the gingival and periodontal tissues			Case Logbook
Cysts of the jaws	Biopsy of cyst lining Cyst enucleation specimens Resection specimens	Able to diagnose all odontogenic and non-odontogenic cysts of the jaws	Odontogenic/non-odontogenic cysts of the jaws and perioral soft tissues. radiology-histology correlation		DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Odontogenic tumours	Incisional biopsy Resection specimens, including bone	Able to diagnose all odontogenic tumours (or, to be able to offer at least a working diagnosis on an incision biopsy or for rarer types), and other lesions derived from odontogenic structures.	Benign and malignant odontogenic tumours. radiology-histology correlation		DOPS ECE CbD MSF FRCPATH examinations Case Logbook

<b>Oral Mucosa</b>	<b>Gross Pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
Developmental	Incision biopsy Excision biopsy	Be able to diagnose the more common developmental disorders of oral mucosa, and provide a working or differential diagnosis of rarer entities.	Developmental lesions of the oral mucosa, oral lesions in syndromes Developmental melanocytic lesions	Observation of processes in the histopathology laboratory.	DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Inflammatory/reactive	Incision biopsy	Be able to diagnose the more common inflammatory and reactive disorders of oral mucosa, and provide a working or differential diagnosis of rarer entities.	Mucosal fibroepithelial hyperplasia and other benign mucosal swellings, granulomatous conditions and other causes of diffuse mucosal swelling, lichenoid and other forms of stomatitis, vesiculobullous disorders and other causes of ulceration. Non dysplastic red and white lesions, reactive melanocytic lesions	Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Potentially neoplastic	Incision biopsy Excision biopsy	Able to diagnose potentially neoplastic lesions and conditions of oral mucosa. Be able to grade epithelial dysplasia and record the clinical significance of	The spectrum of potentially neoplastic lesions and conditions Dysplasia grading		DOPS ECE CbD MSF FRCPATH examinations Case Logbook

		the diagnosis		
Neoplastic	Incision biopsy Resection specimen, including bone Neck dissection Biopsies from skin grafts to the oral mucosa	Provide accurate and complete reports on resection specimens for oral cancer, in accordance with relevant specialist reporting guidelines. Specifically to record the grade and pathological stage of oral cancer and to complete and record all data in accordance with the available datasets. Give a working/differential diagnosis of rare tumour types.	Squamous cell carcinoma, (including subtypes), neuroendocrine carcinoma, mucosal melanoma, lymphoma and mesenchymal tumours Datasets	DOPS ECE CbD MSF FRCPath examinations Case Logbook



<b>Salivary and other mucosal glands</b>	<b>Gross Pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
Developmental disorders	Major gland Oral, sinonasal, pharyngeal and laryngeal minor glands	Able to offer at least a working diagnosis of developmental disorders.	Polycystic disease of the parotid, heterotopia, haemangiomas, lymphangiomas	Observation of processes in the histopathology laboratory.  Independent study	DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Inflammatory and cystic disorders of the major and minor salivary glands	Major gland incision biopsy Major gland excision Oral, sinonasal, pharyngeal and laryngeal minor glands	Able to diagnose all common inflammatory and cystic disorders. Able to offer a working diagnosis or differential diagnosis where appropriate, of rarely encountered lesions.	Sialadenitis/sialolithiasis, mucocoeles, infectious and systemic disease, Sjogren's syndrome, mucous escape reactions and other idiopathic conditions	Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Lymphoid infiltration and lymphomas involving lymph nodes associated with the major glands.	Major gland Oral, sinonasal, pharyngeal and laryngeal minor glands Lymph nodes for neoplastic and non-neoplastic disease (including taking tissue for supplementary techniques)	Recognise common inflammatory infiltrates. Offer at least a working or differential diagnosis of lymphoid infiltration of the major and/or minor glands and of lymphomas involving salivary glands or associated lymph nodes.	Reactive lymphoid infiltrates, benign lymphoepithelial conditions, lymphoma		DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Neoplastic conditions	Major gland biopsy Major gland excision Oral, sinonasal, pharyngeal and laryngeal	Able to diagnose all common primary epithelial neoplasms. Able to offer a working	Benign salivary gland tumours, malignant salivary gland tumours.		DOPS ECE CbD MSF

	minor glands	diagnosis of rare types in accordance with relevant specialist reporting guidelines. Able to give a working or differential diagnosis of mesenchymal tumours, lymphoma and of metastatic tumours to the major glands.	Datasets		FRCPath examinations Case Logbook
Lacrimal gland	Lacrimal gland biopsy or excision	Awareness and ability to give a working diagnosis in disease processes affecting the lacrimal gland will be expected.	Lacrimal gland anatomy and histology		DOPS ECE CbD MSF FRCPath examinations Case Logbook

<b>Jaws and craniofacial bones</b>	<b>Gross Pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
Inflammatory and reactive lesions involving bone, bone marrow or periosteum	Bone biopsies	Able to diagnose the spectrum of common conditions related to infection and osteonecrosis, and offer at least a working diagnosis for more unusual lesions.	Radiographic (radiology-histology correlation) and biochemical data, osteomyelitis, osteonecrosis, reactive bone marrow, periostitis	Observation of processes in the histopathology laboratory.	DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Benign fibro-osseous lesions of the jaws and craniofacial bones	Incision biopsy Resection specimen	Be able to diagnose the common fibro-osseous lesions of the jaws and to give a working diagnosis of more rare lesions.	Relevant radiology Fibrous dysplasia, osseous dysplasia, ossifying fibroma	Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Other lesions of bone, including generalised disorders of bone that may involve the jaws	Incision biopsy	Able to diagnose common lesions of bone Be aware of and be able to advise on other generalised disorders of bone that may involve the jaws, but diagnosis of these is not expected on biopsies from the jaws or craniofacial bones.	Relevant radiology and biochemistry. Paget's disease of bone, giant-cell lesions of bone, including cherubism. Developmental and acquired osteodystrophies.		DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Neoplastic	Incision biopsy Resection specimen	Able to diagnose hamartomas and benign primary neoplasms of	Main types of primary bone tumour		DOPS ECE CbD

		<p>bone and cartilage.</p> <p>Able to diagnose the main types of malignant neoplasms including Langerhans cell histiocytosis and to be able to offer a differential diagnosis of rarer types.</p> <p>Able to offer a working or differential diagnosis of abnormal lymphoreticular or haemopoietic proliferation in the bone marrow.</p> <p>Able to offer a working or differential diagnosis for metastatic malignant disease.</p>	<p>Myelodysplasia/myeloproliferative disorders and leukaemia</p> <p>Common metastatic lesions to the jaws, and techniques for identification of unknown primaries</p>		<p>MSF FRCPATH examinations Case Logbook</p>
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<b>Temporomandibular joint</b>	<b>Gross Pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
Non-neoplastic disorders	Shave/endoscopic biopsy TMJ specimen (in isolation or part of a larger resection)	Able to diagnose or offer at least a working diagnosis of non-neoplastic disorders	Condylar hyperplasia, osteoarthritis, radiology-histology correlation	Observation of processes in the histopathology laboratory.  Independent study	DOPS ECE CbD MSF FRCPATH examinations Case Logbook
Neoplastic disorders	Resection	Provide a working or differential diagnosis of benign and malignant neoplasms	Benign and malignant neoplasms	Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	

<p><b>Sinonasal tract and pharynx</b></p>	<p>Maxillectomy Ethmoid and sphenoid bone block resection Nasal skin with nasal cartilages Tonsillectomy Adenoidectomy Nasal polypectomy</p>	<p>Able to diagnose common inflammatory diseases of the sinonasal tract and pharynx. Able to diagnose reactive lymphoid hyperplasia. Able to diagnose sinonasal papilloma. Able to diagnose squamous cell carcinoma of the mucous membranes. Offer a working diagnosis for neoplasms derived from the sero-mucinous glands of the sinonasal tract and pharynx. Offer a differential diagnosis for neuroendocrine tumours. Offer a differential diagnosis for lymphomas. Offer a differential diagnosis for melanocytic lesions. Offer a differential diagnosis for soft tissue and bone tumours.</p>	<p>Normal anatomy and histology of the sinonasal tract and pharynx. Clinical presentation of common diseases arising in the, sinonasal tract and pharynx. Pathological features of common diseases arising in the, sinonasal tract and pharynx. Awareness that neuroectodermal and central nervous system tumours can present in the region.</p>	<p>Individual tuition by appropriate staff.  Independent study  Local and national courses.  Supervised experiential learning</p>	<p>DOPS ECE CbD MSF FRCPATH examinations Case Logbook</p>
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<p><b>Hypopharynx, Larynx and trachea</b></p>	<p>Mucosal laser excision biopsy Pharyngo- laryngectomy Laryngectomy</p>	<p>Able to diagnose common inflammatory diseases of the larynx Able to diagnose and grade laryngeal epithelial dysplasia and squamous cell carcinoma of the mucous membranes. Offer a working diagnosis for neoplasms derived from the sero-mucinous glands of the larynx. Offer a differential diagnosis for neuroendocrine tumours. Offer a differential diagnosis for lymphomas. Offer a differential diagnosis for melanocytic lesions. Offer a differential diagnosis for soft tissue and bone tumours.</p>	<p>Normal anatomy and histology of the larynx hypopharynx and trachea. Clinical presentation of the common diseases arising in the larynx hypopharynx and trachea. Pathological features of the common diseases arising in the larynx hypopharynx and trachea.</p>	<p>Individual tuition by appropriate staff. Independent study Local and national courses. Supervised experiential learning</p>	<p>DOPS ECE CbD MSF FRCPATH examinations Case Logbook</p>
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<p><b>Head and neck skin including pinna</b></p>	<p>Skin resection specimen Composite skin resection specimen that includes deep structures</p>	<p>Able to diagnose common cysts and reactive lesions affecting the region, Able to diagnose squamous cell carcinoma and basal cell carcinoma.</p> <p>Offer a working diagnosis of common benign adnexal tumours. Offer a differential diagnosis for malignant adnexal tumours. Offer a working diagnosis for melanocytic lesions of head and neck skin.</p>	<p>Normal histology of the skin. Pathological features of the common skin lesions arising in head and neck region. Awareness of the diversity of inflammatory skin diseases.</p>	<p>Individual tuition by appropriate staff. Independent study Local and national courses. Supervised experiential learning</p>	<p>DOPS ECE CbD MSF FRCPath examinations Case Logbook</p>
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<p><b>Lymph nodes</b></p>	<p>Open biopsies sentinel nodes Core biopsies FNA, including cytospin and cell block preparations) Neck dissections</p>	<p>Able to diagnose lymphoepithelial cyst (Branchial cyst). Able to diagnose a reactive lymph node. Able to diagnose metastatic squamous cell carcinoma in a biopsy or in FNA preparations. Offer a differential diagnosis for granulomatous lymphadenitis. Offer a differential diagnosis for lymphomas arising in the head and neck region. Offer a differential diagnosis for metastatic disease with an unknown primary tumour.</p>	<p>Normal anatomy of neck. Histology of a lymph node. Differential diagnosis of a 'neck lump'. Pathological features of lymphoma and the immunohistochemical investigations used to aid diagnosis. Awareness that lympho-reticular malignancy can have subtle features that requires the expertise of a lympho-reticular pathologist to refine the diagnosis.</p>	<p>Individual tuition by appropriate staff. Independent study Local and national courses. Supervised experiential learning</p>	<p>DOPS ECE CbD MSF FRCPath examinations Case Logbook</p>
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<b>Thyroid and parathyroid glands</b>	Thyroidectomy Parathyroidectomy	Able to diagnose ectopic thyroid tissue and thyroglossal duct cyst. Offer a working diagnosis for common thyroid and parathyroid disease,  Able to diagnose metastatic follicular, papillary and medullary thyroid carcinoma in lymph nodes from the neck.	Normal anatomy and histology of thyroid and parathyroid glands. Pathological features of the common diseases of the thyroid and parathyroid glands. Awareness that endocrine pathology is a specialist area and certain cases require expert pathologist opinion.	Individual tuition by appropriate staff.  Independent study  Local and national courses.  Supervised experiential learning	DOPS ECE Cbd MSF FRCPATH examinations Case Logbook
<b>Paraganglionic system</b>		Able to diagnose carotid body paraganglioma and paragangliomas at other head and neck sites.	Normal anatomy and distribution of the paraganglionic system. Pathological features of paragangliomas.	Individual tuition by appropriate staff.  Independent study  Local and national courses.  Supervised experiential learning	DOPS ECE Cbd MSF FRCPATH examinations Case Logbook
<b>Cytology</b>	Prepare an air dried or fixed specimen from a fine needle aspiration biopsy (FNAB)	Able to diagnose metastatic carcinoma. Offer a differential diagnosis for salivary gland tumours.	Awareness of the applications and limitations of FNAB in relation to head and neck disease.	Individual tuition by appropriate staff.  Independent study  Local and national courses.  Supervised experiential learning	DOPS ECE Cbd MSF FRCPATH examinations Case Logbook

<p><b>Frozen sections</b></p>	<p>Resection margins</p>	<p>Able to diagnose squamous cell carcinoma in a frozen section. Able to diagnose malignancy in frozen sections from resection margins of a previously diagnosed malignancy, or offer a working diagnosis. Confirm the presence or absence of parathyroid tissue.</p>	<p>Awareness of the applications and limitations of frozen sections in relation to head and neck disease.</p>	<p>Individual tuition by appropriate staff. Independent study Local and national courses. Supervised experiential learning</p>	<p>DOPS ECE CbD MSF FRCPath examinations Case Logbook</p>
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## 11.2.2 General Histopathology

The trainee Oral and Maxillofacial Pathologist must spend a minimum of the equivalent of one year in a Cellular Pathology department during the first three years of training and before the Part 1 FRCPath examination. The training period need not be a continuous period of secondment, but can be achieved flexibly. However it is recommended that periods of time should be of sufficient length to allow the trainee to fully assimilate into the department and to participate in the full range of educational and training opportunities (e.g. taught sessions, black boxes, MDTs) undertaken by general pathology trainee colleagues.

The trainee is expected to have a good working knowledge of systemic pathology and especially of those lesions and conditions which may affect the head and neck. It is therefore desirable that the trainee gains a broad experience in a number of areas of general pathology which may include lymphoreticular pathology, soft tissue pathology, dermatopathology, bone pathology, gastrointestinal pathology, endocrine pathology, cytopathology.

Competencies in this area are hard to define and the range of skills and expertise acquired will vary according to local circumstances, but trainees will be expected to acquire a range of competencies and expertise in the following specialist disease topic areas which are equivalent to their general pathology colleagues. It is expected that during the period of training in general pathology they will have an educational supervisor in general pathology and will be exposed to the same assessment processes as other trainees. Autopsy experience will vary. Trainees are expected to assist senior medical trainees or consultants in a number of cases.

It is not expected that OMFP trainees will complete the OSPE undertaken by ST1 trainees, but they may opt to do so if they wish. If they opt to do so, they should ensure that they are able to access all training available to their medical colleagues.

This table contains the detailed General Pathology syllabus for which the knowledge, skills and attitudes have been described in section 11.1

	<b>Gross pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>General</b>	Able to identify different types of specimens and be able to orientate, cut up and mark as appropriate common biopsy and resection specimens Able to identify, orientate and prepare specimens for frozen section examination, especially from the H&N region	Be familiar with a full range of microscopical techniques used in pathology, including telepathology, image cytometry, EM.	Be able to describe and participate in the management systems used in large general pathology laboratories. Thorough knowledge of basic pathology and relevant systemic pathology. Normal anatomy and histology	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook
<b>Dermatopathology</b>	Able to prepare skin biopsies or resection specimens Be aware of the laboratory procedures for Moh's technique	Able to diagnose common cystic and inflammatory conditions of the skin and common benign and malignant adnexal tumours Offer a working of differential diagnosis of more rare lesions	Skin pathology Current classifications of skin pathology	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook

	<b>Gross pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Lymphoreticular pathology</b>	<p>Able to orientate and prepare a lymph node for histology.</p> <p>Able to prepare touch preparations, FNAs and core biopsies</p>	<p>Able to diagnose reactive lymph node hyperplasias</p> <p>Offer a working diagnosis of common B and T-cell neoplasms</p> <p>Offer a differential diagnosis of other and rare lymphoreticular lesions and thymus.</p> <p>Able to order an appropriate range of immunocytochemical or molecular tests for the differentiation of anaplastic or round cell lesions.</p>	<p>Current classifications of lymphoid and related neoplasms</p> <p>Awareness of the range and uses of immunohistochemical, molecular and cytogenetic techniques used in the diagnosis of lymphoid neoplasms</p>	<p>Observation of processes in the histopathology laboratory.</p> <p>Independent study</p> <p>Individual tuition by appropriate pathology and laboratory staff.</p> <p>Supervised experiential learning.</p>	<p>DOPS</p> <p>ECE</p> <p>CbD</p> <p>MSF</p> <p>FRCPATH examinations</p> <p>Case Logbook</p>
<b>Soft tissue pathology</b>	<p>Able to orientate and prepare a soft tissue biopsy</p> <p>Knowledge of the techniques for the preparation of major resections and amputations</p>	<p>Able to diagnose common reactive or neoplastic soft tissue lesions</p> <p>Offer a differential diagnosis of other and rare soft tissue lesions.</p> <p>Able to order an appropriate range of immunocytochemical or molecular tests for the differentiation of spindle cell lesions.</p>	<p>Current classifications of soft tissue tumours.</p> <p>Awareness of the range and uses of immunohistochemical, molecular and cytogenetic techniques used in the diagnosis of soft tissue lesions.</p>	<p>Observation of processes in the histopathology laboratory.</p> <p>Independent study</p> <p>Individual tuition by appropriate pathology and laboratory staff.</p> <p>Supervised experiential learning.</p>	<p>DOPS</p> <p>ECE</p> <p>CbD</p> <p>MSF</p> <p>FRCPATH examinations</p> <p>Case Logbook</p>

	<b>Gross pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Osteo-articular pathology</b>	Able to orientate and prepare bone biopsies and small resection specimens Knowledge of the techniques for the preparation of major resections and amputations	Able to diagnose common reactive or neoplastic bone and cartilage lesions. Able to offer a working diagnosis of rare benign and malignant bone lesions. Able to order an appropriate range of immunocytochemical or molecular tests for the differentiation of bone lesions.	Current classifications of bone tumours. Awareness of the range and uses of immunohistochemical, molecular and cytogenetic techniques used in the diagnosis of lymphoid neoplasms. A good knowledge of the radiographic (including CT and MRI) appearance of important bone lesions.	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook
<b>Endocrine Pathology</b>	Able to orientate and prepare small biopsies and resection specimens	Able to offer a working diagnosis on a broad range of benign and malignant lesions of the thyroid and parathyroid, and a differential diagnosis of rarer lesions. Awareness of other and rare lesions that may affect the head and neck	Current classifications of thyroid disease	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook

	<b>Gross pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Gastrointestinal pathology</b>	Able to orientate and prepare biopsies and common resections from the GI tract	Able to diagnose common benign and malignant tumours of the GI mucosa, including oesophagus. Able to diagnose and appropriately stage colorectal cancer specimens. Offer a working or differential diagnosis of other and rare lesions.	Current classifications of GI disease. Good knowledge of colorectal cancer and the range of appearances that may be seen, especially in metastases.	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook
<b>Cytopathology</b>	Able to prepare a smear, touch prep, or FNA.	Able to diagnose on an FNA metastatic squamous cell carcinoma Offer a differential diagnosis on salivary gland tumours.	Describe the principles and practice of head and neck cytology and of the cervical screening programme, including knowledge of smears and LBC.  Sufficient principles and experience of cytopathology to allow post CCST training to practice in head and neck cytopathology	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook



	<b>Gross pathology</b>	<b>Microscopy</b>	<b>Knowledge base</b>	<b>Teaching and learning methods</b>	<b>Assessment methods</b>
<b>Other areas of pathology</b>	Able to recognise, orientate and mark as appropriate, biopsies and common resection specimens.	Able to recognise common malignancies which may metastasise to the head and neck – e.g. The common neoplasms of the lungs, breast, kidney, prostate. Able to order an appropriate range of immunocytochemical or molecular tests which may help identify the source of a metastasis to the head and neck region.	Able to demonstrate and apply a good working knowledge of general pathology	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook
<b>Autopsy</b>	Able to identify major organs. Awareness of the techniques used for the preparation and examination of a body during an autopsy procedure Assist or observe sufficient autopsy procedures to gain experience of the common causes of death in the UK.	Able to identify gross pathological changes in major organs e.g. coronary artery disease, metastatic disease, cirrhosis, thrombosis and embolism Awareness of the role of histology in determining cause of death.	Describe the regulatory framework around consent and the Human Tissue Act.	Observation of processes in the histopathology laboratory.  Independent study  Individual tuition by appropriate pathology and laboratory staff.  Supervised experiential learning.	DOPS ECE CbD MSF FRCPath examinations Case Logbook