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FRCPath

Veterinary Pathology Necropsy Examination by Workplace Based Assessment

Guidelines

Summary

The necropsy examination by workplace-based assessment (WPBA) will be comprised of two components: Stage A and Stage B. In Stage A, continual workplace-based assessments will be carried out by the trainees' or prospective candidates' supervisors throughout the candidates' training program, at the training centre, residency training facility, or place of employment. Stage A will culminate in the submission of a casebook to the supervisor by the candidate and signing off by the supervisor. Stage B, the summative necropsy assessment, will consist of an observed post-mortem examination at the end of their Stage A, and will be carried out in the presence of an external RCPath examiner.

Stage A

Trainees will be expected to undertake workplace-based assessments throughout their training in veterinary pathology, regardless of chosen species group. In general, Stage A workplace-based assessments are designed to be formative in nature; as such they are best suited to determine educational progress in different contexts. To this end, it is strongly recommended that workplace-based assessment be carried out regularly throughout training to assess and document a trainee's progress. However, Stage A may be subdivided into 2 or more phases to allow better assessment of the trainee's progression over the period. Hence, a minimum number of 'satisfactory' workplace-based assessments should be completed during each phase of training before the trainee can be signed off by their supervisor for progression to Stage B. Please note that the workplace-based assessments do not fall within the remit of the examinations department. Examples of workplace-based assessments can be found in Appendix A.

The general format of WPBA should be included for review in the training programme submitted to the Specialty advisor. Below is the current recommended minimum practical experience for each of the stages by subspecialty and species group. This is based on the recommended 12 months full time equivalent spent within the stage and numbers of cases should be increased pro rata for extended periods of training.

However, please note that these are guidelines and are not intended to be prescriptive. Please note also that a candidate can demonstrate sufficient experience through a mix of cases and studies in the appropriate species. A case may represent the following, depending on the subspecialty:

1. The necropsy of an individual animal by the candidate
2. examination of gross diagnostic cases/gross specimen (e.g., abattoir material)
3. evaluation of diagnostic histopathological cases
4. supervision or attendance of a necropsy session carried out by trained technicians

On the other hand, a study includes analysis of diagnostic cases or the pathology of tissues from multiple animals and the generation of an appropriate report. The latter is particularly relevant to the laboratory animal option, where a range of studies appropriate to the work or

training environment should be included to demonstrate familiarity with different species, lengths and types of study. For other subspecialty in diagnostic pathology, evaluation of various diagnostic cases and demonstration of familiarity with generation of diagnostic reports will be a key requirement.

Small Animal

Stage A phase 1:

Gross necropsy: 50 cases

Histopathology (biopsy or PM): 150 cases (these can include archived samples including at least 15 cytology cases)

Stage A phase 2:

Gross necropsy: 150 cases

Histopathology (biopsy or PM): 300 cases (these can include archived samples)

Cytology: 30 cases (these can include archived samples)

Large Animal

Stage A phase 1:

Gross necropsy: 40 cases

Histopathology (biopsy or PM): 100 cases (these can include archived samples)

Cytology: 15 cases (these can include archived samples)

Stage A phase 2:

Gross necropsy: 120 cases

Histopathology (biopsy or PM): 300 cases (these can include archived samples)

Cytology: 15 cases (these can include archived samples)

Laboratory Animal

Stage A phase 1:

Gross necropsy: 15 cases

Histopathology (cases or studies): 750 cases/30 studies (these can include archived samples)

Stage A phase 2:

Gross necropsy: 20 cases

Histopathology (cases or studies): 1000 cases/50 studies (these can include archived samples)

Poultry

Stage A phase 1:

Gross necropsy: 40 cases

Histopathology (biopsy/PM): 100 cases (These can include archived samples)

Cytology: 15 cases (these can include archived samples)

Stage A phase 2:

Gross necropsy: 100 cases

Histopathology (biopsy/PM): 200 cases (These can include archived samples)

Cytology: 30 cases (these can include archived samples)

Fish

Stage A phase 1:

Gross necropsy: 40 cases

Histopathology (biopsy/PM): 100 cases (These can include archived samples)

Cytology: 15 cases (these can include archived samples)

Stage A phase 2:

Necropsy 100 cases

Histopathology (biopsy/PM): 200 cases (These can include archived samples)

Cytology: 30 cases (these can include archived samples)

Assessments in Stage A:

These should include:

· case-based discussion (CbD)

· directly observed practical skills (DOPS)

· evidence of competence (ECE)

Competencies assessed in the workplace-based assessments by stage:

Phase 1:

- Independent selection and trimming of most common and simple specimens.
- Ability to write an appropriate report for a wide range of histopathology and simple cytology specimens, ability to demonstrate time management and task prioritisation (e.g., prioritisation of specimens for trimming and reporting, timely turn-around of reporting)
- Independent dissection of a straightforward necropsy case
- Ability to write a necropsy report including appropriate clinicopathological correlation for a straightforward case.

Phase 2:

- Independent cut-up of all simple and common specimens appropriate to the species (e.g., skin masses, brain trimming, cardiac dissection and sampling, skin biopsies - excisional, punch and wedge biopsies; liver biopsies - wedge and core, eyes, mammary strips, muscle biopsy, nerve biopsy, intestinal resections, ovaries and uterus)
- Ability to write an appropriate report for a wide range of histopathology and simple cytology specimens
- Ability to demonstrate effective time management and task prioritisation.
- Independent dissection of more complex necropsy cases, including forensic cases where appropriate.
- Ability to write a necropsy report including appropriate clinicopathological correlation for a more complex case (as described above).
  Ability to demonstrate knowledge of specialist species group
- Ability to prepare a case report for internal presentation and/or publication
- Experience of teaching less experienced trainees or other colleagues (including laboratory technicians, veterinary students and/or other residents)
- Awareness of quality control and quality assurance schemes applicable to veterinary pathology

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Stage B: Observed necropsy

The summative necropsy assessment will consist of an observed necropsy examination to be carried out in the presence of an external RCPath examiner. This assessment will take place when the trainee has completed all phases of Stage A, and the supervisor is satisfied of the trainee's competence in all aspects of the chosen speciality. In principle, the examination should take place at the candidate's familiar post-mortem/necropsy room in their place of work, at least two months before the main Part 2 examination, and after their examination entry has been confirmed. After entry confirmation, the trainee's supervisor/sponsor should reach out to the College Examinations office for the assignment of an external examiner, and for the planning and scheduling of the summative assessment. Once an external examiner has been assigned, the trainee's supervisor must provide a report of competence of the trainee with evidence of previous workplace-based assessments to the external College examiner or to the Chair of panel of examiners if an external examiner has not yet been assigned. This might include a case file of the cases and studies, and the annual appraisal undertaken in the training institute, including the relevant competencies that the trainee has demonstrated. For the observed necropsy, candidates will have to:

1. Perform a post-mortem examination of a species within the trainee's specialty
2. Present the findings to the trainee's supervisor and external College examiner
3. Demonstrate an ability to cut up/trim and fix tissues in appropriate fixatives
4. Write an appropriate post-mortem report with clinicopathological correlation and cause of death for the post-mortem examination preformed.

Please note that the external RCPath examiner may observe any part or all of the necropsy dissection, and that the report of competence and case files may be presented to the RCPath examiner on the day of the summative assessment.

In order to proceed to the main Part 2 examination, candidates must satisfy examiners that they are competent at dissection, and the range of other skills associated with routine necropsy of species within their specialty, examine the organs, and provide a cause of death and/or a plan of further investigatory action. **The outcome will be either satisfactory (pass) or unsatisfactory (fail), and candidates will have the option of a second attempt should they fail on the first. If a candidate fails on both attempts, they will not be able to proceed to the Part 2 examination.**

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Appendix A

Examples of workplace-based assessments:

The following are lists of examples of workplace-based assessments, from which should be selected appropriate examples to make up the 'directed' component of assessments during each stage of training. Each item in the lists is in fact a group of possible scenarios to be used, and each group may be used more than once as long as exact circumstances are not duplicated. Additionally, it can be seen that the lists are similar for each stage but increase in complexity and/or depth as a trainee progresses through the stages of training.

Phase 1

Directly Observed Practical Skills (DOPS):

Necropsy:

· performing a straightforward post-mortem examination (of an uncomplicated case)

· dissection of single organ / system

Dissection and sampling/excision :

· completion of a simple tissue excision or sampling session (e.g., simple skins, tumours)

· macroscopic description and block taking of a major tumour resection (e.g., splenic haemangiosarcoma, mammary strip)

Microscopy:

- Set up and use microscope
- demonstrate ability to recognise normal histology
- demonstrate ability to recognise straightforward pathological entities (e.g., mast cell tumour, carcinoma, lymphoma in biopsies)

Cytology:

- screen a cytology or haematology slide and correctly identify various cells

Evidence of competence (ECE):

Histology/cytology:

· present a case with ancillary investigations to a training supervisor

Necropsy:

· presentation to trainer or clinicians of findings in straightforward cases (e.g., pneumonia, endocarditis)

Poster presentation:

· show a poster at a relevant meeting or similar

Teaching event for veterinary students or veterinary surgeons or demonstration of interesting case to other trainees:

· to be observed by trainer

Case-Based Discussions (CBDs):

Necropsy:

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

Histology/cytology:

· present a case with ancillary investigations (e.g., additional levels, blocks or immuno- or histo-chemical stains, review of previous samples) to a consultant trainer, indicating the relevance of the ancillary investigations

· write an appropriate report for a tumour submission (with appropriate TNM staging and prognostic information) peer review a standard regulatory toxicity study and present findings to study pathologist

· write a case report from a study with clinical or induced disease, correlating all findings with macroscopic observations

Phase 2

Directly Observed Practical Skills (DOPS):

Necropsy:

· performing a post-mortem examination (to include increasing complex cases) dissection of single organ/system

Dissection

· completion of a whole dissection from post-mortem examination (to include CNS), with tissue sampling, trimming, fixation and weighing of key tissues for laboratory animal.

· macroscopic description and block taking of a tumour submission (to include hollow organs e.g., intestine or uterus)

Microscopy:

· demonstrate ability to recognise pathological entities (e.g., enteritis/colitis, common neoplasms, or procedure-induced lesions such as gavage mis-dosing) and common artefacts

Photography:

· macro or microscopic specimens for publication or presentation

Evidence of competence (ECE)

Histology/cytology:

· present a case with ancillary investigations to a training supervisor

Necropsy:

· presentation to trainer, clinicians or project scientist of findings (e.g., road traffic accident, gastrointestinal haemorrhage, treatment-related effects) – a minimum of 2 should be monitored by an external examiner

Poster presentation:

· Present a poster at appropriate meeting

Teaching event for veterinary students or veterinary surgeons or study directors or demonstration of interesting case to other trainees:

· to be observed by trainer

Provide advice to clinician/study director

· on appropriate sampling, use of fixative and submission of specific samples to the laboratory. To be overseen by trainer Management

· involvement in laboratory management, decision making and study design

Case-Based Discussions (CBDs)

Necropsy:

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

Histology/cytology:

· present a case with ancillary investigations (e.g., additional levels, blocks or immuno- or histo-chemical stains, review of previous samples) to a consultant trainer, indicating the relevance of the ancillary investigations

· write an appropriate report for a tumour submission (with appropriate TNM staging and prognostic information)

· write a case report from a study with clinical or induced disease, correlating all findings with macroscopic observations

· peer-review a standard regulatory toxicity study and present findings to study pathologist