

## TRAINEE HANDBOOK 2024



## Forensic Pathology

It is essential to read this Handbook in conjunction with the ***Trainee Handbook – Administrative Requirements*** which is relevant to all trainees. This has information about the College’s structure and policies, together with details of requirements for registration, training and examination applications.

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## GLOSSARY

AP	Anatomical pathology
APN/CPN	Acute/chronic
ARDS	Acute (adult) respiratory distress syndrome
CJD	Creutzfeldt-Jakob disease
CPDP	Continuing professional development program
DNA	Deoxyribonucleic acid
DVI	Disaster victim identification
FP	Forensic pathology
HSV	Herpes simplex virus
IV	Intravenous
NATA	National Association of Testing Authorities, Australia.
NPAAC	National Pathology Accreditation Advisory Council
PhD	Doctorate in Philosophy
PME	Post-mortem examination
RCPA	Royal College of Pathologists of Australasia
RCPA QAP	RCPA Quality Assurance Program
WHS	Workplace health and safety

## SECTION 1

### INTRODUCTION

Forensic pathology is the subspecialty of pathology that focuses on medico-legal investigations of sudden or unexpected death. Forensic pathologists have a critical and pivotal role in death investigation, examining the body of the deceased to define the cause of death, factors contributing to death and to assist with the reconstruction of the circumstances in which the death occurred. As with all medical consultations the diagnostic process involves the forensic pathologist integrating evidence from the deceased's medical history, the supposed circumstances surrounding the death, the findings of post-mortem medical examination (autopsy) and the results of laboratory investigations undertaken as part of the autopsy. A post-mortem examination typically involves careful examination and documentation of the appearances of the body of the deceased and dissection of internal organs and structures.

A sound knowledge of normal anatomical findings and variants as well as anatomical pathology (including normal histological appearances and variants) is essential, particularly as microscopic assessment of body tissues is often needed to enable a precise diagnosis. Forensic pathologists work closely with other death investigators including coroners, police and forensic scientists; they may be required to attend scenes of death and are often required to testify in court.

A mandatory period of two years clinical experience after graduation from medical school is required before commencing forensic pathology training (for example, in accident & emergency medicine, obstetrics and gynaecology, psychiatry, paediatrics or adult medicine/surgery/general practice).

### PERSONAL CHARACTERISTICS NEEDED

A forensic pathologist needs:

- excellent standards of written and spoken English
- broad medical experience,
- sound knowledge in anatomical pathology
- good communication and interpersonal skills
- a methodical and analytical approach
- ability to practise as part of a team as well as autonomously
- a high level of self-motivation
- ability to formulate and articulate well-balanced views
- patience (as it is often slow, painstaking work)
- emotional stability
- an understanding of aspects of bereavement
- enjoyment of the scientific basis of medicine
- teaching skills
- an inquiring mind, to initiate ethical research

### GENERAL AIMS OF THE TRAINING PROGRAM

At the time trainees complete the requirements for Fellowship they should:

- have a sophisticated understanding and perspective of forensic pathology and its role in death investigation;
- be able to independently examine and report macroscopic and microscopic findings at post-mortem examination of all types of coroners' cases;
- be able to integrate subjective (i.e., history) and objective (i.e., post-mortem findings and laboratory investigation results) information about cases, to provide a well-balanced opinion to courts, coroners and authorised investigators;
- be able to clearly distinguish observation of fact from interpretation and opinion;
- have sound knowledge of the legislative basis and ethical issues of forensic medical practice, being an effective advocate on behalf of the deceased;

- be able to liaise with other medical and scientific specialists, with a clear understanding of their expertise;
- understand, and regularly reflect upon, the limitations of forensic medical practice;
- understand and promote the value of post-mortem examination of the deceased in the provision of quality health care;
- have a working knowledge of mortuary and laboratory management, particularly recognising and advocating maintenance of quality and workplace health and safety procedures;
- participate in, and be an advocate for, continuing professional development of all staff;
- participate in teaching trainees in forensic and anatomical pathology.

Furthermore, the RCPA policy on patient expectations of pathologists specifies that pathologists will:

- demonstrate and maintain competence
- be respectful of patients
- treat specimens respectfully
- foster constructive collegiality and teamwork within the laboratory
- be part of the medical team looking after patients
- provide accurate and timely results
- be professional in their approach
- be involved in appropriate accreditation and quality activities
- provide value for public and private expenditure.

At the final assessment (Part II) in forensic pathology, candidates should be aware that they are required to convince the Board of Education and Assessment, through the panel of examiners, that they have sufficient knowledge and experience for the safe and unsupervised practise of forensic pathology and that they are ready for appointment to a position as a specialist medical consultant.

These general aims of the training program relate to four general functions of forensic pathologists:

- Discipline specific functions as a medical specialist in the laboratory;
- Functions as a manager in the laboratory;
- Research and scholarship;
- Professional attributes.

These functions are elaborated as specific training outcomes and activities in Section 2.

## TRAINING PATHWAYS AND REQUIREMENTS

To gain Fellowship as a specialist forensic pathologist requires five years of accredited training in the discipline, which includes a full range of autopsy practice, histopathology and exposure to the forensic sciences. No more than four years in the one institution will be allowed.

Please refer to the *Trainee Handbook - Administrative Requirements* for essential information regarding training limitation, retrospective accreditation of training and temporary suspension of training.

Forensic pathology practice requires up-to-date knowledge of medical practice, the forensic sciences, all the pathology disciplines and a sound knowledge of anatomical pathology. As a substantial part of early training is spent in anatomical pathology, trainees and supervisors should ensure, before commencing, that the required training in an accredited anatomical pathology laboratory can be undertaken. Contemporary forensic pathology also demands a life-long commitment to continuing professional education and development. The curriculum outlined in this handbook provides a basis to that commitment.

There are three pathways to forensic pathology practice:

- Anatomical pathology I followed by forensic pathology II (API-FP II), which leads to Fellowship in Forensic Pathology
- Forensic pathology I followed by forensic pathology II (FPI-FPII) which leads to Fellowship in Forensic Pathology
- Fellowship in anatomical pathology or general pathology, followed by post-fellowship training which leads to a Certificate in Forensic Pathology.

Trainees should make this selection carefully, in the full knowledge that the FPI-FP II stream places a significant limitation on later scope of practice, i.e., limitation to forensic pathology, and that lengthy re-training will be required if a career change is considered later. Trainees who are uncertain should seek advice from their supervisor, other Fellows or the state councillor.

### **FPI-FPII pathway**

Training is conducted in accredited departments of anatomical pathology and forensic pathology and includes a total of at least 18 months in anatomical pathology, of which 12 months must have been before the Part I examination.

#### ***FP Part I***

The examination may be taken after at least twenty-four (24) months training, of which at least twelve (12) months must have been in accredited departments of forensic pathology and at least twelve (12) months in accredited departments of anatomical pathology.

Training should include non-coronial autopsies (as available), a wide range of biopsy examinations and reporting and broad laboratory management. Some knowledge is expected of specialised areas, such as cytopathology, needle biopsy diagnosis, molecular pathology, interpretation of immunohistochemistry and electron microscopy, particularly of the indications for the techniques, the methods used and interpretation of findings, especially with respect to tumour diagnosis. However forensic pathology does not expect the depth of knowledge required by a practising anatomical pathologist.

#### ***FP Part II***

Training prior to sitting the Part II examination must have included at least 18 months of training in anatomical pathology, of which at least 12 months must have been completed before the Part I examination. Exposure to neuropathology, neonatal/paediatric pathology and gynaecologic/obstetric pathology is assumed, some of which should have occurred during anatomical pathology training. If previous anatomical pathology experience has not included these areas, then further training may be required.

The FP II examination is taken in the final year of accredited training. Trainees are expected to have recorded a minimum of 250 cases in their eLog prior to attempting the FP Part II examination and to have recorded 400 cases prior to the award of Fellowship.

### **API-FPII pathway**

#### ***AP Part I***

Please refer to the Trainee Handbook for Anatomical Pathology.

The period of Fellowship training in forensic pathology is 60 months. Trainees who have completed the Part I anatomical pathology examinations are eligible for advanced standing of a **maximum of 30 months** anatomical pathology training, regardless of total anatomical pathology training time.

## **FP Part II**

Training consists of a minimum of 30 months FTE in an accredited department of forensic pathology. Exposure to neuropathology, neonatal/paediatric pathology and gynaecologic/obstetric pathology is assumed, some of which should have occurred during anatomical pathology training. If previous anatomical pathology experience has not included these areas, then further training may be required.

The FP II examination is taken in the final year of accredited training. Trainees are expected to have recorded a minimum of 250 cases in their eLog prior to attempting the FP Part II examination and to have recorded 400 cases prior to the award of Fellowship.

## **Post-Fellowship Certificate in Forensic Pathology (Cert For Path)**

Fellows in anatomical pathology or general pathology are eligible to enrol for the Certificate in Forensic Pathology. This requires at least twenty-four (24) months full-time forensic pathology training in an accredited facility. At the discretion of the chief examiner, this period of training may be shortened to 18 months for Fellows with extensive prior **documented** autopsy experience.

Please refer to the Post-Fellowship Certificate of Forensic Pathology Handbook for detailed requirements.

## **SUPERVISION**

All training must be supervised. More than one supervisor can be nominated, e.g., if trainees divide the year between two or more unrelated laboratories. The College recommends that any one supervisor be responsible for no more than two trainees.

### **Who can be a supervisor?**

The supervisor will normally be a Fellow of the RCPA; however non-Fellows may be approved by the Board of Education and Assessment if no Fellow is available. If the trainee spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The supervisor must also ensure that adequate supervision is arranged in their absence.

In some circumstances shared supervision may be necessary, but there must be a nominated primary supervisor with overall responsibility.

While it is not appropriate for supervision to be delegated largely to a non-pathologist, it is appropriate for other pathologists and senior scientific staff with relevant experience to undertake a substantial amount of teaching and to sign off some workplace assessment forms.

### **The role of the supervisor**

Supervisors should devise a prospective training program on initial registration and annually. This should be devised in collaboration with the trainee and submitted to the RCPA. Supervisors should also ensure that the trainee has sufficient time and opportunities to carry out the required training activities.

Usually, supervision of a case involves inspection of anatomical findings in the mortuary and checking the histology and toxicology after it has been reported by the trainee and co-signing the final report. More complex cases and homicides require more direct supervision in addition to the final checks.

Supervisors, and others to whom aspects of training have been delegated, are expected to monitor and provide regular feedback on the development of the trainee's competence. Formal meetings with the trainee are expected to occur every three months. They should observe the trainee's performance, including the submission of written reports, and interactions with scientists, peers,

and other professionals. This may be delegated to other trainers where appropriate, e.g., when the trainee is on secondment to another laboratory for a segment of training.

The supervisor should regularly review the trainee's eLog and workplace-based assessments, ensure that trainees are being adequately supervised and satisfy themselves that the requirements of the curriculum are being met. See **Appendices 8 and 9**.

### **The supervisor report**

Trainees must submit a supervisor report and a spreadsheet that summarises work-based activities for each year of training and for periods of rotation. An additional report is required prior to examinations.

The report form has space for **all** pathologists who have directly supervised the trainee to comment on the trainee's performance. The first signatory on the report must be the pathologist who has taken the lead role in providing direct supervision and training and has personally observed their practice and not simply the most senior Pathologist or Head of Department in the unit.

The formal duties of supervisors, such as requirements to report the trainee's progress to the Board of Education and Assessment, are described in the RCPA Induction Manual for Supervisors and the RCPA policy on the Role of the Supervisor. Please refer to these documents on the RCPA website for detailed information.

Guidelines for completing the supervisor report are in **Appendix 6**.

## **ASSESSMENT**

Assessment is by formal examination, by submission of a record of workplace activities completed during training and through periodic and annual supervisor's reports. The requirements are summarised below. Please refer to the appendices for details.

### **Formal examinations:**

- **Basic pathological sciences examination.** Usually taken before or during the first year of training in both pathways. See **Appendix 2** for detailed requirements.
- **API - FPII pathway**, the anatomical pathology I examination must be undertaken in the third year of AP training. See AP Trainee handbook for detailed requirements. The forensic pathology Part II examinations may not be taken until the final year of training (see **Appendix 5**).
- **FPI - FPII pathway**, the forensic pathology Part I examination, which may not be taken until after twenty-four (24) months of training and the forensic pathology Part II examination, which may not be taken until the final year of training, See **Appendices 4 and 5** for detailed requirements.

All durations refer to full-time training (or part-time equivalent) in accredited laboratories.

### **Autopsy assessments:**

Please note that formal autopsy assessments are required.

### **Workplace activities:**

Evidence must be presented to demonstrate that trainees have successfully completed a range of activities that form part of their daily work in the laboratory.

Workplace activities encompass the **eLog** and **workplace-based assessment (WBA)** consisting of **DOPS** (directly observed practical skills, **CbD** (case-based discussions) and **OPA** (observed



professional activities). These provide evidence of the trainee's progress in developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

It is expected that trainees will complete 8-10 WBAs per year throughout training. The requirements for workplace activities are in **Appendix 8**. DOPS, CbD and OPA forms are provided in **Appendix 9**.

Trainees have the responsibility of initiating these activities and ensuring that they have completed the required number by the required dates. Where indicated, they should identify suitable opportunities to have their competence assessed, negotiate a suitable time for the assessment with a suitably qualified assessor and provide the appropriate form. Assessments should be able to be done regularly without significant disruption to workplace productivity.

## RESOURCES

Texts, journals and weblinks are in the [Forensic Pathology](#) section of the RCPA website. Other peer-reviewed resources should be consulted as necessary for comprehensive coverage, especially contemporary reviews and key papers in the general forensic pathology literature.

## SECTION 2

# LEARNING OUTCOMES AND RECOMMENDED TRAINING ACTIVITIES

In Section 2 of the Handbook, the four broad functions of the forensic pathologist are elaborated as sets of training outcomes and suggested training activities.

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Discipline-specific learning outcomes are denoted as [E] to be achieved early in training or [A] to be achieved at a more advanced level of training, which is ordinarily regarded as following success in the Part 1 examination). Generic learning outcomes (management, research/scholarship and professional qualities) are expressed as milestones on the path to fellowship. Competence in outcomes achieved early in training should be maintained throughout.

While trainees are expected to be proficient in the topics above, they are not expected to do every training activity in the list below. They should use their judgment to select those that are most likely to achieve the outcomes, being mindful of the range of learning opportunities offered by their particular laboratory.

# 1 Discipline-specific functions of the forensic pathologist as medical specialist

*As medical specialists, experienced forensic pathologists use their expertise in autopsy pathology and its sub-disciplines (including forensic aspects of radiology, toxicology, neuropathology, paediatric pathology and anthropology) to offer an expert opinion in death investigation.*

The following lists of learning outcomes and suggested activities are a guide as to what trainees should have achieved by the end of training.

## 1.1 Foundation knowledge and skills in anatomical pathology

### Outcomes

- [E] Recognise the macroscopic and microscopic features of the pathology of organs and regions, including congenital, inflammatory, degenerative, toxic, infectious, proliferative and neoplastic disorders and understand all aspects of their aetiology, pathogenesis, classification, epidemiology, gross and microscopic pathology and clinical features (see **Appendix 1 List A**);
- [E] Explain principles of and demonstrate competence in sample selection;
- [E] Explain principles of and demonstrate competence in tissue fixation;
- [E] Explain principles of embedding and sectioning tissue;
- [E] Explain principles of performing and interpreting routine stains, with awareness of their uses, limitations and artefacts particularly with regard to post-mortem derived tissue;
- [E] Explain principles of histochemistry;
- [E] Explain principles of immunohistochemistry;
- [E] Explain principles of electron microscopy;
- [E] Explain principles of frozen sections: their uses, limitations and artefacts.

### Activities

*Select activities that are appropriate to your training environment and, if relevant, keep a record in your eLog and/or WBA forms e.g.,*

- Perform autopsies;
- take every opportunity to participate in sample selection, tissue fixation, embedding; sectioning, staining and be able to troubleshoot problems;
- select samples for and interpret histochemical, immunohistochemical stains and frozen sections;
- attend relevant lectures, seminars, conferences, training weekends and access web-based resources;
- study authoritative texts and laboratory manuals.

## 1.2 Foundation knowledge and skills in forensic pathology

### Outcomes

- [E] Conduct coronial and non-coronial post-mortem examinations;
- [E] Ascertain cause, mechanisms and manner of death.
  - Apply well developed practical knowledge when approaching and diagnosing typical coroners' cases (**see Appendix 1 List B**)
  - Recognise post-mortem changes and estimate time of death (post-mortem interval), including limitations
- [E] Outline common methods of identification;
- [E] Outline injury types and their causations;
- [E] Take and preserve appropriate samples from suitable sites for toxicology and other investigations, with awareness of risk of contamination and post-mortem processes, such as redistribution;
- [E] Sources of expected organ weights and their limitations (obesity; prematurity & twins in infants);

- [E] Understand the investigative aspects of clinical pathology disciplines relevant to forensic practice, particularly post-mortem microbiology, clinical biochemistry and toxicology, immunopathology;
- [E] Demonstrate skills in photography relevant to forensic practice.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Conduct coronial post-mortem examinations;
- Attend scenes of death;
- Seek opportunities to attain experience in forensic toxicology laboratories/courses;
- Seek opportunities for training in paediatric pathology;
- Attain experience in forensic neuropathology;
- Attain experience in clinical forensic medicine (sexual assault services, child protection services);
- Seek opportunities to attain experience in allied areas such as: forensic toxicology, fingerprinting, crime scene examination etc;
- Attain experience in a forensic DNA laboratory;
- Attain experience in a field forensic science facility (e.g. ballistics, blood pattern analysis);
- Seek opportunities to attend court;
- Seek opportunities to participate in forensic science facilities/courses.

Refer to workplace activity requirements (Appendix 8) for suggested numbers to be performed and recorded.

## **1.3 Advanced knowledge and skills in forensic pathology**

### **Outcomes**

- [A] Address diagnostic dilemmas and medico-legal issues in order to formulate precise and well considered opinions in relation to the cases in **Appendix 1 List B**;
- [A] Competently perform forensic autopsies for cases in **Appendix 1 List B**;
- [A] Demonstrate understanding of the principles of and collaborate with experts in the disciplines relevant to forensic practice, including forensic anthropology (**Appendix 1 List D**), odontology, entomology and radiology;
- [A] Working as part of a multi-disciplinary team at the scene, the mortuary and beyond, demonstrate broad knowledge of principles of medicine in relation to:
  - Medical treatment and procedures particularly cardiology, including post-mortem management of pacemakers, defibrillators, prosthetic valves, ventricular assist devices, stents and effects / complications of angioplasty;
  - Surgery procedures and complications, particularly cardiothoracic and neurosurgery, including examination of shunts;
  - Paediatrics, particularly sudden unexpected death in infancy and the sudden infant death syndrome, congenital and genetic disease and child abuse and including significant congenital malformations of the central nervous system, cardiovascular system and respiratory system;
  - Anaesthetics, particularly death during anaesthesia;
  - Obstetrics relating to maternal and perinatal death;
  - Emergency medicine, particularly acute treatment of trauma;
  - Bariatric surgery and associated devices;
  - Psychiatry in relation to suicide, mental illness and death in care;
  - Occupational & public health medicine in relation to death & injury prevention;
- [A] Working as part of a multi-disciplinary team at the scene, the mortuary and beyond, apply a sound understanding of forensic science to death investigations, including:
  - General aspects, such as principles, procedures, continuity of evidence;
  - Chain of custody;
  - Collection and handling of evidence, its preservation and particularly avoidance of contamination of evidence;

- At the scene (photography, blood stain/spatter interpretation, ballistics, trace evidence, fingerprints, archaeology, exhumation procedures, etc.);
- [A] At autopsy (DNA/molecular, ballistics, physical evidence, entomology, etc), display competence in the issues of establishing proper identification;
- [A] Demonstrate proficiency in dissection techniques essential for competent forensic practice (**see Appendix 1 List C**);
- [A] Demonstrate ability to identify artefacts that can be mistaken for ante- and peri-mortem injury or disease;
- [A] Demonstrate a high level of expertise in the interpretation of forensic autopsy histopathology, including:
  - Patterns of injury healing;
  - Approaches to ageing injuries (skin, skeletal, visceral) and awareness of limitations;
  - Cardiac histopathology of forensic significance;
  - Neurohistopathology of forensic significance;
  - Pneumonias;
  - Identification of micro-organisms of forensic significance;
  - Histopathology of IV and other drug use;
  - Histopathological approaches to decomposition;
- [A] Demonstrate a high level of expertise in the interpretation of patterns of injury;
- [A] Demonstrate a high level of expertise in toxicological investigations, including:
  - Sample selection and preservation;
  - Interpretation of measured levels in post-mortem samples;
  - Toxicology of alcohol, prescription drugs, non-prescription drugs and poisons of all types;
- [A] Demonstrate a high level of expertise in the application of radiological imaging;
- [A] Demonstrate an awareness of how genetic and metabolic investigations can be applied to forensic cases as ancillary tests and the principles and limitations of the 'molecular autopsy';
- [A] Demonstrate an awareness of the grief process and the role of counsellors;
- [A] Understanding of the role of the coronial process in organ and tissue donation.

### **Activities**

*Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,*

- Conduct an average of 150 to 200 coronial post-mortem examinations (PME) annually(see Appendix 8);
- Assist with and perform post-mortem examinations of suspicious death victims (see Appendix 8);
- Attend scenes of death (**see Appendix 8**);
- Undergo instruction in forensic toxicology;
- Undergo training in paediatric pathology;
- Attain experience in forensic neuropathology;
- Undergo instruction in clinical forensic medicine;
- Undergo instruction in a forensic DNA techniques and procedures;
- Visit a field forensic science facility (e.g.: ballistics, fingerprints, physical evidence recovery, etc);
- Attend forensic odontology procedures;
- Attend and give evidence in Court (including coroner's court) ;
- Participate in organised interaction with local forensic science facilities/courses;
- Participate in organised interaction with toxicology laboratories;
- Incorporate post-mortem imaging into post-mortem examinations.

Refer to workplace activity requirements (**Appendix 8**) for suggested numbers to be performed and recorded.

## 1.4 Case selection, acceptance and management

### Outcomes

- [E] Photograph bodies/specimens;
- [E] Understand the difference between a coronial and non-coronial post-mortem examination, and the different legislative basis and requirements;
- [A] Advise clinicians and coroner on appropriate selection and acceptance of cases;
- [A] In relation to mortuary accession, evaluate and monitor a reliable method for case/body identification, accession and discharge;
- [A] Manage bodies/cases through the entire process, including associated procedures;
- [A] Liaise with coroners about level of death investigation and associated procedures;
- [A] Understand the role of the pathologist in multi-disciplinary collaboration with police, crime scene and forensic scientists in case management.

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Seek and read legislation, codes, guidelines, policies, manuals and literature (e.g. NATA, NPAAC, local SOP)
- Participate in daily departmental activities, including all aspects of forensic practice;
- Refer to the Coroners Act or equivalent;
- Refer to the NPAAC guidelines or equivalent;
- Participate in major crime reviews and other case management meetings.

## 1.5 Specimen storage, retrieval and record keeping

### Outcomes

- [E] Understand and comply with principles and procedures involved in establishing and using a specimen storage and retrieval system;
- [E] Competently use information technology to store and retrieve data for case related and research purposes;
- [E] Ensure that specimens are sealed and marked to preserve the integrity of evidence so that the legal requirements for “chain of custody” are fulfilled.

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Seek and read legislation, codes, guidelines, policies, manuals and literature (e.g. NATA, NPAAC, NCEAP Code);
- Participate in daily departmental activities, including all aspects of forensic practice.
- Refer to the Coroners Act or equivalent;
- Refer to (e.g.) the Australian Mortuary Managers’ Association Guidelines; NPAAC Guidelines or equivalent;
- Index specimens appropriately;
- Retrieve records relating to specific cases/specimens;
- Retrieve specimens showing examples of specific diseases or processes.

## 1.6 Death investigation

### Outcomes

- [E] Review and evaluate medical records and other material relevant to death investigations;
- [E] Attain a high level of proficiency in general autopsy procedures including:
  - External and internal examination;
  - Evisceration, dissection and reconstruction procedures;
  - Detection and objective description of macroscopic abnormalities;
  - Photography;
  - Detection and evaluation of pathology;
- [E] Competently perform coronial post-mortem examinations **as listed in Section 1.3;**

- [A] Participate in and evaluate death scene examination to provide advice to police and coroner etc.
- [A] Attain a high level of proficiency in special autopsy procedures including:
  - Understanding limitations in the estimation of time since death;
  - Evaluation of taphonomic processes;
  - Appropriate use and evaluation of post-mortem imaging;
  - Detection and evaluation of neuropathology;
  - Detection and evaluation of cardiopulmonary pathology;
  - Spine, vertebral artery and neck dissection;
  - Detection and evaluation of obstetric pathology;
  - Sexual assault examinations;
  - Handling and evaluating osteological /anthropological specimens;
  - Subcutaneous dissection.
- [A] Attain competence in identification techniques and multi-fatality incidents, such as:
  - Terrorism and chemical, biological or radiological incidents;
  - Principles and aspects of the practice of odontology;
  - Disaster victim identification (DVI) procedures, DNA and X-rays.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Attend as many death scenes under supervision as practicable;
- Arrange attendance at police crime scene investigation unit and/or death scene simulations;
- Perform macroscopic adult and paediatric autopsies.

Refer to workplace activity requirements (Appendix 8) for suggested numbers and case-mix to be performed and recorded.

## **1.7 Developing and reporting a professional opinion**

### **Outcomes**

- [E] Objectively record macroscopic and microscopic findings, including relevant photography, imaging, toxicology, histology etc., so that another person at another time can independently evaluate the autopsy/death investigation and come to their own conclusions;
- [E] Collate reports of ancillary investigations;
- [E] Identify and evaluate relevant publications and similar cases from the archives of the institution or databases, implementing the principles of evidence based practice;
- [E] Describe, summarise and interpret these reports, with positive and negative findings, in the light of the circumstantial and clinical history, and with special attention to histological and toxicological interpretation;
- [E] Record a professional opinion about cause of death, factors contributing to the death and relevant aspects of the circumstances of the death;
- [A] Explain evidence-based advice, guideline development, prediction and research and describe the knowledge and information tools that can be used to help with this.

### **Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Develop a clear and concise report format and use structured reports when applicable;
- Discuss findings and reports with the supervising pathologist at the time of autopsy, at the review of histology and ancillary investigations at the finalising of the report;
- Observe and evaluate discussions and expert evidence provided by colleagues in order to understand the rules of evidence and the role of the expert;
- Attend pre-trial conferences and courts;
- Review colleagues' reports;
- Be involved with the Departmental peer review process;

- Access the National Coroner's Information System;
- Attend Expert Evidence Course (National Institute of Forensic Science) or equivalent.

Refer to workplace activity requirements (Appendix 8) for suggested numbers to be performed and recorded.



## 2 Functions of the forensic pathologist as manager in the laboratory

*As manager in the laboratory, experienced forensic pathologists understand the principles of cost-effective practice, rational ordering of investigations and finite resources. They understand the elements of supervising and managing safely and effectively. They observe workplace health and safety protocols and comply with legislative requirements in all aspects of the forensic practice, be it at the mortuary, at the scene or elsewhere. They ensure effective work practices through managing staff fairly and by developing policies and procedures based on appropriate use of information and evidence. They are able to detect and correct technical errors and artefacts in all aspects of forensic pathology.*

The following tables of learning outcomes and suggested activities are a guide as to what trainees should have achieved at three stages of training: foundations, core, and transition to fellowship.

### 2.1 Leadership

Foundations	Core	Transition to Fellowship
Describe how self-awareness, self-reflection, and self-management are important to developing leadership skills	Observe and describe leadership styles as they apply to the pathology team as a basis for understanding your own leadership style, including strengths, weaknesses, and biases	Be aware of key policy and organisational issues affecting forensic pathology practice, and the roles of professional bodies, clinical governance and leadership in bringing about improvements when required

#### Activities

*Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.:*

- Participate in departmental and institutional management meetings
- Participate in the RCPA Trainees' Committee or network-based trainee committees
- Participate in leadership roles for external organisations, e.g. sporting or cultural
- Seek mentorship to develop leadership abilities

### 2.2 Quality management and patient safety

Foundations	Core	Transition to Fellowship
Demonstrate a commitment to quality improvement and best practice in death investigation	Actively contribute to team efforts in the improvement of the death investigation system	Apply the science of quality improvement to contribute to improving death investigations
Describe how errors may arise, and report any concerns about possible errors to a senior person	Describe basic processes for investigation, corrective action and prevention of error, and report errors or adverse events, recognising the learning opportunities that arise from addressing them	Be able to troubleshoot and evaluate errors and discrepancies, contribute if required to root cause analysis of adverse events, and recommend strategies to improve practice
Understand the importance of identity and integrity of the body and medical record/scene investigation report, and verify the identity	Consistently check identity and integrity of the body, independently obtain clinical information when needed, incorporates other resources, such as electronic health record and radiology, and handle deviations from policies with direct supervision from senior personnel	Recommend strategies to ensure the integrity of all steps involved in death investigation

Recognise the value of auditing of post-mortem reports at both local and national level	Have knowledge of the role of the critical conclusions check, corroboration, internal and external peer review and the provision of second opinions in Forensic Pathology	Participate in internal and external quality assurance and peer review activities, apply strategies to improve your own performance, and recommend strategies to improve team performance
Be aware of uncertainty in the performance and interpretation of laboratory tests and in determining the cause of death in some scenarios	Explain the principles and clinical relevance of measurement uncertainty (MU)	Apply statistical concepts, methods and tools to assess the accuracy, uncertainty, variation and reproducibility of test results. Explain methods to determine confidence levels, reference or expected values and the significance of testing
Understand the requirement for external quality assurance for laboratory testing and mortuary practice	Identify external quality assurance, technical performance and proficiency testing schemes and standards, and requirements for compliance	Be able to carry out office procedures including quality documentation for NATA/IANZ or other relevant accreditation of laboratories and the mortuary
Be aware of the need for a planned and controlled process in implementing new technology	Describe general processes for implementing new technology	Describe steps involved in implementing new technology, including instrument and test selection, verification, implementation and validation

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.

- Complete the [Quality Management](#) eLearning module in RCPA Education Online and print the certificate of completion for your portfolio
- Access relevant websites and review the roles and standards of the National Pathology Accreditation Advisory Council (NPAAC), National Association of Testing Authorities (NATA) or International Accreditation New Zealand (IANZ), ISO 900, ISO 15189 or other relevant local, national and international laboratory accreditation bodies and registration requirements
- Read current literature on quality assurance strategies, risk management, and evidence-based medicine in pathology laboratories
- Participate in external quality assurance (e.g. RCPA QAP) activities. Interpret reports and discuss sources of variation in the results of assays in different laboratories
- Participate in a quality audit and review the last audit assessment reports of your laboratory and identify any contentious issues
- Participate in the implementation of a plan for testing and evaluating new technology or advances that may improve the quality of laboratory practice and patient care
- Participate in workflow checks to ensure effective and efficient laboratory function
- Participate in case review meetings

## 2.3 Workplace health and safety

Foundations	Core	Transition to Fellowship
Locate safety manuals and equipment and comply with all safety directions including use of appropriate personal protective equipment, waste disposal, reporting of all hazards and safety-related incidents, and actions for exposures in the laboratory, mortuary or at the scene	Explain and act in accordance with relevant workplace health and safety legislation and departmental requirements, especially relating to biohazard, chemical, fire and physical safety, and in relation to specific tissues and procedures encountered in the laboratory, mortuary or at the scene, contributing to staff protection in the event of an adverse event	Demonstrate a high level of understanding of workplace health and safety risks, and the ability to evaluate and plan processes for assessing risk, investigating and reporting hazards, in accordance with legal requirements

Demonstrate understanding of and commitment to implementing workplace health and safety procedures involved in death investigation practices, whether in the mortuary or elsewhere, to protect self and others against infection and adverse psychological reactions	Suspect and identify specific risks and hazards associated with mortuary practice, including those that are not openly stated (e.g. implantable cardioverter defibrillators (ICD), Creutzfeldt-Jakob disease, tuberculosis)	Recommend strategies to minimise health and safety risk, including concepts of mortuary design
Collect, transport, store and dispose of biological and hazardous materials safely, seeking advice if needed		Explain local, national and international regulatory frameworks surrounding the collection, packaging, transport, storage and disposal of biological and hazardous materials

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.

- Complete the mandatory personal safety checklist in the trainee handbook
- Complete the [Laboratory Safety](#) eLearning module in RCPA Education Online and print the certificate of completion for your portfolio
- Participate in workplace health and safety training as soon as possible after commencing work in the laboratory, particularly in relation to biological, chemical and fire safety, first aid and resuscitation
- Locate and ensure ability to use equipment for biological, chemical and fire safety, first aid and resuscitation;
- Analyse incident reports and near misses to identify opportunities for improvements in practice

## 2.4 Regulation and legal requirements

Foundations	Core	Transition to fellowship
Refer and adhere to the law pertaining to your jurisdiction (particularly the Coroner's Act and the Human Tissue Act) and relevant ethical codes and guidelines relating to death investigation, provision of reports, opinions and evidence, tissue and organ removal and retention, and confidentiality	Demonstrate developing knowledge of the structure of the legal system and the law relevant to forensic medicine	Demonstrate appropriate level of knowledge of Coronial and Criminal law, including: <ul style="list-style-type: none"> <li>o the structure of the legal system</li> <li>o principles of criminal law including mens rea and actus reus,</li> <li>o homicide law, including child destruction and abortion, together with the relevant defences,</li> <li>o homicide law, including child destruction and abortion, together with the relevant defences,</li> <li>o the law relating to assault</li> <li>o rules of expert evidence</li> </ul>

	Explain the roles of Coroners, police, forensic scientists and expert witnesses, and court standards on the admissibility of evidence	Provide competent advice to police, forensic scientific staff and the Coroner at death scene examinations regarding: <ul style="list-style-type: none"> <li>o time since death, including limitations</li> <li>o recovery of trace evidence on the body</li> <li>o re-creation of the circumstances of death</li> <li>o DVI procedure</li> <li>o exhumation</li> <li>o handling the remains and related material</li> </ul>
Comply with legal and risk management requirements in your workplace, seeking advice from senior staff members if in doubt	Identify sources of information in your jurisdiction regarding a range of legal requirements applicable to pathology practice, including privacy, handling of information and specimens, notifiable diseases, copyright and intellectual property, workplace health and safety, employment provisions and anti-discrimination law	Apply and explain to others the relevant legislation in your jurisdiction
Be aware of and comply with requirements for maintaining medical registration in your place of domicile		Be aware of requirements for registration of medical specialists, CPD standards, credentialing, scope of practice, and other undertakings relevant to your jurisdiction
Be aware of potential risks for litigation in pathology practice and seek advice as required	Identify jurisdictionally relevant sources of help and information regarding medical litigation	Operate with awareness of the potential for medical litigation and the role of pathologists as defendants or witnesses and apply appropriate risk management strategies
Comply with workplace policies relating to human resources management and anti-bullying, discrimination and harassment	Describes basic processes, policies and legislation relating to personnel employment and management	Explain institutional governance, structure and responsibilities for supervision of laboratory testing and human resources management

**Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.

- Review information on AHPRA, MCNZ, Medicare, NATA, IANZ, NPAAC, or other relevant websites
- Review case studies and information provided by medical defence organisations
- Discuss with senior colleagues any situations or incidents that may have medicolegal implications
- Review relevant sections of the RCPA eLearning modules for [Quality Management, Ethics Professionalism and Confidentiality](#) and [Anti-Discrimination, Harassment and Bullying](#) in RCPA Education online
- Attend an RCPA, NATA or similar management course
- Participate in workplace-based anti-bullying and harassment training and/or complete the RCPA online module on [Anti-Discrimination, Harassment and Bullying](#)

## 2.5 Utilisation of resources

Foundations	Core	Transition to fellowship
Use clinical and ethical judgment to minimise wasteful practices	Be aware of the costs of common tests and procedures, and identify examples of inappropriate use	Be aware of the possible budgetary effects of indiscriminate use of tests and procedures, and apply this to your own practice
	Identify opportunities to reduce waste in the laboratory, for economic and environmental benefit, without compromising clinical care	Propose and practice strategies to reduce wasteful practice in the laboratory, for economic and environmental benefit, while maintaining optimal clinical care
Be aware of cost-benefit analysis for new technology	Understand the need for a process and cost-benefit analysis in implementing new technology	Explain factors which determine the cost of a test or procedure, considering costs and budget planning
Contribute to team efforts for the efficient operation of the department and delivery of services, while attending to personal study and wellbeing needs	Explain the importance of balancing service provision requirements with the learning and wellbeing needs of all team members for efficient operation of the department and delivery of quality service	Be able to prepare work rosters to meet clinical and operational requirements of the department, in balance with the professional development and wellbeing needs of team members

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Complete the [Quality Management](#) eLearning module in RCPA Education online
- Attend the RCPA Management Course or local courses where available
- Access the Medicare Benefits Schedule or other documents relevant to your jurisdiction
- Discuss with senior colleagues the cost-effectiveness of current and proposed laboratory procedures and equipment in the context of limited resources
- Review and discuss with senior staff laboratory budget reports including income and expenditure
- Review literature concerning the economic and environmental impacts of wasteful practice in the laboratory
- Observe and/or contribute to strategic planning in the department
- Contribute to the preparation of work rosters in the department

## 2.6 Information fundamentals

Foundations	Core	Transition to fellowship
Use digital tools for general purpose applications including word processing, spreadsheets, presentation, data storage and communication	Understand the use of information systems and computational analysis for forensic pathology reporting, data management, and quality control/assurance	Participate in the application of information systems and computational analysis for forensic pathology reporting, data management, and quality control/assurance
Conform to conventions of security and etiquette in the use of electronic communications such as email and social media	Use digital technology to share images, text and sound for investigational, educational and research purposes, ensuring compliance with privacy principles	
Use written and electronic health records and information systems for accurate recording and communication of clinical information, complying with requirements for handling sensitive information, including	Describe legal, meaningful and secure use of health records (electronic and non-electronic) in the process of the post-mortem investigation and use correct terminology and coding systems	Describe the functions, limits and potential of information systems in enhancing efficient management and improving the quality of death investigations

use of passwords and data encryption		
	Use laboratory information systems to retrieve records/reports/specimens for examination and review and to satisfy clinical audit and/or research purposes	Explain the role of informatics skills in aggregating multiple data sources and/or analytical systems

**Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Develop computer knowledge and use this knowledge to assist with effective teaching, audits and reviews
- Consult employer documentation relating to data security and proper use of electronic communications such as email
- Use laboratory information systems in recording patient and request information, including a storage and retrieval system for specimens, results, comments and final reporting
- Network and share information with colleagues
- Access current online information and resources relevant to pathology informatics

### 3 Research and scholarship

*Forensic pathologists have responsibilities with regard to the processes of scientific inquiry, research and education. They maintain professional competence throughout their careers, by keeping up to date with new knowledge in both the technical aspects of forensic pathology and wider professional aspects, and they integrate this knowledge into their practice. They contribute to advancing knowledge and/or enhanced practice in forensic pathology. They critically appraise scientific literature and contribute to the collection, analysis and interpretation of data relating to the quality of practice.*

*They contribute to the education of peers, trainees, other health care providers and to the understanding of forensic pathology by the wider community. They contribute to the education of peers, trainees, other health care providers and to the understanding of forensic pathology by the wider community.*

*It is essential that any participation in research conforms to legislative restrictions (coronial or otherwise); coronial approval may have to be sought.*

The following tables of learning outcomes and suggested activities are a guide as to what trainees should have achieved at three stages of training: foundations, core and transition to fellowship.

#### 3.1 Appraising and applying evidence

Foundations	Core	Transition to fellowship
Identify, select, and navigate information resources including electronic databases and research publications to access clinical and pathology-related information	Identify and evaluate new evidence appropriate to practice through quality-appraised evidence-alerting services, and through interpretation of study findings, using basic statistical concepts where applicable	Apply statistical and epidemiological concepts (including distribution, mean, median, standard deviation, statistical significance, confidence intervals, correlation, sensitivity, specificity, predictive values, incidence and prevalence) to interpret scientific data in conducting or appraising research and integrating best evidence into clinical decisions.
Consult recommended textbooks, journals and online sources to build knowledge in forensic pathology	Apply up-to-date information and evidence to the development of skills in forensic pathology	Demonstrate up-to-date knowledge and appraise the significance of literature and innovations in forensic pathology, and apply a balanced approach to the interpretation of literature and evidence to justify opinion
Describe the scientific principles of research and scholarly inquiry and the role of research evidence in forensic pathology	Describe how various sources of information, including studies, expert opinion, and practice audits, contribute to the evidence base of medical and forensic practice	Identify the limitations of evidence and discuss the barriers to and facilitators of applying evidence into practice

#### Activities

*Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,*

- Search clinical and laboratory databases to collect, organise and analyse data
- Use a standard bibliographic application to download citations and organise them into a personal database
- Undertake systematic critical review of scientific literature
- Read reference material on basic statistical concepts including distribution, mean, median, standard deviation, statistical significance, confidence intervals, correlation, sensitivity, specificity, predictive values, incidence and prevalence
- Seek expert medical librarian and statistical support where relevant
- Participate in journal club and research meetings

### 3.2 Contributing to research and innovation

Foundations	Core	Transition to fellowship
Use databases and conduct literature searches to identify existing knowledge and identify questions for further research	Frame questions to be answered by a research project and select appropriate methods to address them	Apply analytical and critical thinking approaches to identify clinical and medico-legal problems, and to propose research strategies to investigate and address them
Demonstrate an understanding of the scientific principles and common research methodologies of research and the role of research evidence in health care and medico-legal practice	Explain advantages and disadvantages of different study methodologies (e.g. case-controlled cohorts, randomised controlled trials etc)	Demonstrate skill in developing a research proposal, selecting appropriate methods and methodologies, and identifying possible funding sources
Demonstrate a working knowledge of key bio-statistical and epidemiological tools used in research	Explain the applications of quantitative and qualitative analytical processes to address identified research questions	Select and apply appropriate qualitative and/or quantitative methods for data analysis.
Construct written text in a scholarly manner, using correct referencing protocol	Describe the process of preparing research for publication	Prepare reports and papers of a publishable standard, complying with the conventions and guidelines for reporting biomedical research
Explain the principles of research ethics and the importance of ethical approval and participant consent for research	Identify specific institutional and jurisdictional sources of information and approval processes applicable to research ethics	Comply with conventions for ethical treatment of humans and animals, confidentiality and privacy, attribution of credit (including authorship), intellectual property and copyright, malpractice and misconduct
Summarise and communicate to peers the findings of applicable research and scholarship	Communicate research findings in accordance with conventions for presenting clinical and biomedical research, demonstrating appropriate skills in presentation and discussion	Clearly articulate ideas, construct cohesive arguments, and translate and convey research findings to a variety of stakeholders using oral, poster and written formats
Identify the roles and contributions of members of a research team	Identify opportunities to participate as part of a team involved in a research project	Participate in research activities, balancing this with service roles and responsibilities

#### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Add to a portfolio of scholarly activities, which may include an oral or poster presentation at a local, regional or national meeting, or other scientific presentation
- Participate in and present cases, reviews and original work to peers at grand rounds, multidisciplinary meetings and journal clubs
- Write abstracts and scientific articles suitable for presentation or publication, using appropriate referencing and referencing software
- Participate in the establishment of a new diagnostic test
- Contribute collaboratively to the work of a research program, including developing a proposal, seeking funding and ethics approval, study design, analysis and presentation of findings
- Attend research meetings and learn from the skills of experienced researchers

### 3.3 Learning and continuing professional development

Foundations	Core	Transition to fellowship
Identify personal, educational, and professional goals, incorporating these into a learning plan	Review and update earlier learning plan(s) with input from others, identifying learning needs to generate immediate and longer-term career goals	Align expectations for practice with job opportunities and workforce needs, and seek further educational experiences as required to gain competencies necessary for future specialist practice



Identify resources for learning in your discipline	Identify, record, prioritise and answer learning needs that arise in daily work	Improve personal practice by evaluating a problem, setting priorities, executing a plan, and analysing the results
Accept feedback constructively and modify practice in response as required	Demonstrate the ability to respond constructively to the outcome of reviews, assessments or appraisals of performance	Seek multiple sources of feedback to continuously improve personal practice and contribute to collective improvements in practice
Demonstrate a commitment to career-long learning	Show commitment to continuing professional development which involves seeking training and self-development opportunities, learning from colleagues and accepting constructive criticism	Commit to career-long participation in continuing professional development, ongoing peer review, and monitoring of team and personal practice to maintain and demonstrate professional competence and optimise practice. This includes understanding the responsibilities of maintaining currency of practice, updating qualifications as required, and knowledge of requirements of medical registration authorities, e.g. AHPRA, MCNZ

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Create a learning plan in collaboration with your supervisor, identifying learning needs related to the forensic pathology and training opportunities
- Review your learning plan regularly with feedback from your supervisor and others
- Plan, implement and monitor a personal continuing education strategy, including self-assessment activities
- Use technology to schedule, record, monitor, revise, and report on learning
- Seek advice from a mentor or educational psychologist if needed to enhance study effectiveness
- Regularly review relevant journals and participate in educational meetings and journal clubs and case reviews
- Review the RCPA Continuing Professional Development Program manual to become familiar with requirements and plan for activities post-fellowship

### 3.4 Educating others

Foundations	Core	Transition to fellowship
Demonstrate basic skills in teaching adults, including peers	Prepare, deliver and evaluate educational sessions to students, peers, staff members and other health professionals and members of the medico-legal team, incorporating the principles of adult learning and using effective oral, visual and written modalities	Communicate effectively with learners incorporating up-to-date medical literature into presentations, and being able to translate and convey technical concepts and information in an understandable manner to those without technical expertise in forensic pathology
	Demonstrate respect for the deceased and ensure integrity of the death investigation when teaching others	

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Participate in and contribute to formal and informal departmental teaching sessions
- Develop or contribute to educational case-studies and tutorials for trainees, using face-to-face or online formats
- Seek feedback on your own teaching effectiveness
- Provide feedback to juniors to help them improve their teaching
- Mentor students and other trainees and advise on effective preparation for examinations

## 4 Professional qualities

*Forensic pathologists are required to uphold the legal and ethical responsibilities of the profession and to behave with honesty, diligence, integrity and compassion. Their concern for safe practice and the reputation of the profession should be evident in their daily practice. They use appropriate pathology investigations to ensure timely and accurate reporting and they maintain their professional competence throughout their career. They conduct respectful communications with colleagues, relatives of the deceased, coroners and other members of the legal system, other experts and others in the health services and are skilled in a variety of modes of communication and are able to use them appropriately, depending on the circumstances. They seek and take advice from colleagues and others as appropriate, but they exhibit courage of their convictions and are prepared to stand on aspects of the rights of the individual as well as human rights in general remembering at all times that examination of the deceased is a privilege that is applied to protect and improve the health, safety and wellbeing of the living and may be used as an instrument of enquiry and justice. They respect legal and ethical aspects of practice as well as all aspects of confidentiality and conduct themselves in a professional manner at all times.*

During training, trainees should reflect on and strive to adopt the attitudes and values that underpin professional practice and take advantage of opportunities to extend themselves in these areas so that, by the end of training, they are fully able to assume their professional responsibilities. They should reflect on where their own interests in forensic pathology lie and access appropriate expert advice to assist in career development.

The following tables of learning outcomes and suggested activities are a guide as to what trainees should have achieved at three stages of training: foundations, core and transition to fellowship.

### 4.1 Professional interactions and communication

Foundations	Core	Transition to fellowship
Demonstrate awareness of medico-legal death investigation as a collaborative effort between individuals and groups with different skills and experience working toward a common goal	Consult and collaborate with clinicians, pathologists, mortuary/ laboratory staff, police and legal professionals, recognising your own responsibilities and limitations, and contributing effectively to the team as needed	Promote constructive collegiality and a collaborative interprofessional approach to death investigation, appropriately recognising respective responsibilities of all involved
Establish and maintain clear, respectful and effective channels of communication with colleagues, other health and scientific professionals, police and legal professionals	Consult with, seek information and advice, and obtain relevant clinical, laboratory, radiologic and other evidence as needed to contribute to a death investigation	Communicate clearly and authoritatively, integrating all data relevant to a death investigation, including in stressful situations
Describe and acknowledge factors that contribute to misunderstandings, differences, and conflicts in workplace and forensic settings, and demonstrate respect for a diversity of perspectives	Be able to use strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture	Work with colleagues to promote understanding, manage differences, resolve conflicts, and cultivate a collaborative culture
Participate attentively in case management and administrative meetings, demonstrating the ability to consider and respect the opinions of others	Demonstrate personal communication skills to prepare for, participate and contribute effectively in meetings and discuss forensic evidence and conclusions	Play a leading role in meetings, doing background research on agenda items, ensuring all relevant information is at hand, reviewing cases and carrying out or arranging additional work that may have to be done post-meeting

Identify significant pathology results	Assess, analyse, and interpret pathology results and reports, and discuss findings in consultation with colleagues	Communicate with others regarding significant and/or unexpected results, explaining potential sources of error and possible uncertainties
Communicate effectively using oral written or electronic/digital modalities	Employ effective oral, written and electronic modalities to communicate relevant findings, reports, opinions in a clear and timely fashion	Document and communicate death investigations to a wide range of stakeholders in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
Understand the needs and expectations of families of the deceased in decisions, respecting both legislation and their views and choices, and being aware of the normal bereavement process and behaviour	With regard to the health implications of the death investigation, provide relevant information to families of deceased persons, demonstrating understanding of loss and grief and stress reactions.	Be able to give clear explanation to families of the reasons for, and if requested, relevant details of the death investigation whilst respecting the local legislative framework

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Observe and evaluate discussions and expert evidence provided by colleagues, demonstrating an understanding of the rules of evidence and the role of the expert
- Request seniors to review and evaluate your performance as an expert witness
- Participate in the provision of second opinions by senior colleagues, demonstrating an understanding of the related special obligations and ethics.
- Participate in training sessions on communications, cross-cultural communications, presentation skills, etc
- Document telephone communication of findings, interpretations, clarification of requests and complaints where appropriate, seeking feedback from supervisors and colleagues
- Observe and liaise with departmental social workers and bereavement counsellors
- Provide expert evidence at Coronial inquest or in the criminal Court
- Observe others providing expert evidence in the court situation.

## 4.2 Ethical principles

Foundations	Core	Transition to fellowship
Define essential ethical principles and identify relevant frameworks, codes and standards relating to medicine and pathology practice	Apply appropriate ethical principles, frameworks and standards to guide personal behaviour and address ethical issues encountered during clinical and academic activities	Use appropriate methods of ethical reasoning to reach balanced decisions where complex and conflicting issues are involved
Adhere to the applicable codes, guidelines and policies of the RCPA, the Medical Board of Australia, the Medical Council of New Zealand, or other relevant professional bodies at all times	Understand ethical principles and adhere to guidelines and legislation concerned with organ retention, and in relation to peer review, second opinions and second autopsy (including exhumation)	Understand ethical principles and adhere to guidelines concerned with the investigation of war crimes, politically motivated deaths and crimes against humanity and the investigation of deaths in custody

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Complete the [RCPA online ethics module](#) and refer to relevant codes and standards listed in the module. This should be completed in the first year of **training**.

### 4.3 Professional conduct

Foundations	Core	Transition to fellowship
Exhibit honesty, integrity, respect and empathy with colleagues, other professionals, families and members of the public	Demonstrate respect, compassion, and empathy, even in difficult situations	Model honesty, integrity, respect and empathy, including in complex and challenging circumstances
Exhibit timeliness in reporting for duty and being ready for work	Respect assigned schedules, dependably complete assigned tasks in a timely manner, and assist team members when reasonably requested	Anticipate time management needs of the team, planning and assisting as required
Be aware of your own limitations and seek advice when needed		Demonstrate significant awareness of, and ability to address your own limitations and potential biases
Recognise and declare personal conflicts of interest when required	Describe the implications of potential personal, financial, and institutional conflicts of interest, including conflicts of interest with industry	Demonstrate an approach to managing your own or others' conflicts of interest in accordance with ethical, legal, and moral obligations when required
Describe key behaviours that are unprofessional, unethical or may indicate impairment in others, while understanding the importance of early intervention	Recognise and respond promptly and non-judgmentally to unprofessional behaviours or impairment in others, reporting to a relevant authority in accordance with ethical and legal obligations	Promote a culture that recognises and responds effectively to unprofessional behaviour and colleagues in need
Maintain a neat professional appearance, dressing appropriately for the duties to be performed		Model professional personal presentation standards
Demonstrate a commitment to societal expectations in death investigations and the maintenance of neutrality	Recognise the need for a balanced approach when addressing controversial issues and/or competing findings and presenting forensic pathology information in the medico-legal setting	Exhibiting courage of convictions and being prepared to stand on aspects of the rights of the individual as well as human rights in general, remembering at all times that examination of the deceased is a privilege that is applied to protect and improve the health, safety and wellbeing of the living and in support of the Coronial and criminal justice systems
Recognise and respect the dignity of the deceased and the bereaved at all times	Optimise the physical environment and processes to preserve the dignity and privacy of the deceased person and the bereaved	

#### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Observe positive professional role models to identify appropriate conduct
- Access institutional and jurisdictional codes of conduct and legal documents concerning conflict of interest and mandatory reporting obligations if needed
- Read the RCPA position statement: Patient Expectations of Pathologists
- Seek advice and support from a mentor

#### 4.4 Patient privacy, confidentiality and consent

Foundations	Core	Transition to fellowship
Comply with legal, ethical and medical requirements related to privacy and confidentiality and obtaining consent from families and others when required	Consistently maintain confidentiality in the forensic setting, while recognising special limitations on confidentiality for legal and public health purposes	Demonstrate the ability to manage complex issues while preserving confidentiality

##### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Complete the [RCPA online ethics module](#)

#### 4.5 Disclosure and handling of error

Foundations	Core	Transition to fellowship
Comply with workplace requirements for truthful reporting to a senior person in the event of a personal error that could impact on the integrity of an investigation	Describe the ethical, professional, and legal obligations, and policies for, disclosure and reporting of adverse incidents in the workplace and broader context	Identify, acknowledge, communicate, and explain errors. Contribute to root cause analysis if required, and be able study errors and discrepancies to recommend improvements to enhance death investigation

##### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Complete the [RCPA online ethics module](#) which includes a section regarding disclosure of error

#### 4.6 Public health promotion and protection

Foundations	Core	Transition to fellowship
Demonstrate a commitment to the protection of patient rights and the promotion of the public good in health care	Identify key and emerging public health problems and describe the processes of disease prevention, screening, health promotion, and health surveillance	Explain how public health measures and processes can be applied cost-effectively to improve patient care and promote public health, and to respond to emerging health problems
Describe the types of patients or communities who may experience health inequities	Describe obstacles that patients may face in accessing pathology services and other health care resources	Describe strategies to promote equity of access to services and public health interventions in a socially accountable manner
Understand basic epidemiological concepts	Identify determinants and potential threats to health (including socio-economic, environmental, behavioural, biomedical and genetic determinants) and the indicators for measuring health and disease status, such as morbidity, mortality, incidence and prevalence	Use evidence from research and analysis of health status data to link health issues to their determinants and to clarify the mechanisms by which these factors combine to cause illness, or death, and use data to inform and contextualise clinical and preventive practice
Understand the role of pathologists in monitoring infectious disease (reportable, surveillance, bioterrorism) and alleged vaccine-associated mortality	Promote the value of the death investigation/autopsy and further its application in relation to public health and safety, including disease monitoring and prevention	Promote the role of forensic pathologists as vital contributors to society, and identify opportunities for pathologists to enhance disease prevention, health promotion, and health protection

	Promote the application of forensic pathology and related disciplines to circumstances of humanitarian need and abuses of human rights	
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**Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Study epidemiological texts to learn general concepts
- Locate information about notifiable diseases and patient registers
- Read epidemiological reports relevant to forensic pathology
- Maintain awareness of human rights issues and humanitarian needs through reports from non-government agencies and media
- Be aware of and notify colleagues about career promotion resources, fact files and relevant position statements on the RCPA website
- Evaluate publications concerning potential health impacts of environmental change

**4.7 Cultural safety**

Foundations	Core	Transition to fellowship
Define concepts relevant to cultural awareness, sensitivity, competence and safety	Identify and mitigate risks to safe cultural practice in the workplace	Promote diverse and culturally safe work environments
Demonstrate an awareness of cultural diversity (including, but not limited to ethnicity, gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth)	Understand the origins and health consequences of discrimination, socio-economic and other forms of disadvantage	Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors; to specialist pathology practice
Acknowledge and reflect on the potential for one's own bias or cultural differences to affect health status and interactions with others	Embrace diversity and demonstrate the ability to function effectively and respectfully when working with people of different cultural and linguistic backgrounds	
Acknowledge and respect the culture, spirituality and histories of Aboriginal, Torres Strait Islander and/or Māori peoples, and understand the implications for health care	Apply knowledge of the cultural diversity, spirituality and relationship to land of Aboriginal, Torres Strait Islander and/or Māori peoples and other cultural groups to the practice of forensic pathology, particularly with regard to death rituals and requirements.	Advocate for cultural safety in relation to the needs of Aboriginal, Torres Strait Islander and/or Māori peoples, particularly in the context of forensic settings and death investigation

**Activities**

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Complete the [Cultural Safety eLearning modules](#) and print the certificate of completion for your portfolio, or provide evidence of completion of cultural competence/safety training provided by your employer
- Access and use information about indigenous populations, their histories and specific health issues as the context for understanding culture and health interactions

## 4.8 Self care

Foundations	Core	Transition to fellowship
Sustain sufficient levels of physical energy and mental attention to complete required tasks in a timely and reliable manner throughout designated periods of duty	Demonstrate sufficient behavioural stability, resilience and flexibility to work constructively in a diverse and changing academic and forensic environment, dealing with the demands of being a specialist trainee	Plan strategies to deal with the physical, psychological and time management demands of transition to specialist practice
Monitor your own health and behaviour, recognise and respond appropriately to any condition that may lead to a lapse in capacity, and seek help when required		
Be familiar with mechanisms to draw to the attention of employers and/or the RCPA any significant concerns about workplace or training stressors that may impact adversely on your wellbeing		
Seek mentorship to address personal and professional development needs	Build relationships with mentors	Develop skills to offer mentorship to others if required

### Activities

Select activities that are appropriate to your training environment and, if relevant, record them in your eLog and/or WBA forms, e.g.,

- Identify strategies to support personal well-being, a healthy lifestyle and appropriate self-care, with the help of friends, family and a primary healthcare professional
- Manage time efficiently and mitigate stressors such as fatigue and sleep deprivation
- Plan and take breaks and holidays as needed to maintain wellbeing
- Consult the 'Trainee Solutions' section of the RCPA website
- Undertake workplace-based or RCPA online education relating to anti-discrimination, harassment and bullying
- Review the [RCPA online mentoring module](#)

## Section 3

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## Appendix 1

### Essential topics and competencies in forensic pathology

#### **List A: Essential topics in forensic histopathology**

This list provides guidance to conditions that may be encountered in forensic pathology practice. Trainees should be familiar with the full range of microscopic morphology of these conditions. Examination candidates should, however, not limit their preparation to these conditions.

#### **Generic list for all organs and tissues**

- Infections
- Bacterial (e.g. tuberculosis, suppurative, clostridia, syphilis)
  - viral (e.g. cytomegalovirus, adenovirus, herpes, varicella)
  - fungal (e.g. aspergillus, mucor, candida)
  - parasitic (e.g. hydatid, schistosome, malaria)
- Amyloidosis
- Sarcoidosis
- Neoplasia
- Leukaemic infiltrate
- Metastases
- Common mesenchymal tumours
- Langerhans cell histiocytosis (histiocytosis X)
- Vasculitis
- Infarction/Ischaemia
- Systemic disease (e.g. scleroderma, systemic lupus erythaematosus)
- Radiotherapy effect
- Storage diseases (e.g. Gauchers)
- Sickle cell/haemoglobinopathies
- Connective tissue disorders
- Antemortem vs post-mortem injuries and ageing of injuries (and limitations)
- Artifacts
- Common variants and common congenital malformations.
- Hamartomas/heterotopias/choristomas
- Emboli (fat, foreign body)
- Sepsis and multiple organ failure
- Immunosuppression (e.g. HIV, iatrogenic)

#### **Heart (additional to generic list above)**

- Valves
- Infective endocarditis
- Myxoid/sclerotic degeneration
- Chronic rheumatic fever
- Papillary fibroelastoma
- Pericarditis (e.g. fibrinous; carcinomatous, viral, tuberculous)
- Myocarditis (e.g. lymphocytic, eosinophilic, granulomatous, infective)
- Myocardial infarction (ageing)
- Muscular dystrophy
- Sarcoid heart disease
- Endocarditis and pancarditis (e.g. rheumatic fever)
- Sino-atrial (SA) node/atrio-ventricular (AV) node pathology
- Neoplasia (e.g. cardiac myxoma; rhabdomyoma)
- Cardiac transplant rejection
- Cardiomyopathy (e.g. arrhythmogenic cardiomyopathy, hypertrophic cardiomyopathy)
- Coronary arteries

- Dissection
- Vasculitis
- Aneurysm
- Thrombosis
- The “normal heart” and the role of Long QT, other channelopathies and causes of cardiac arrhythmia

### **Blood/Lymphatic vessels (additional to generic list)**

- Atherosclerosis
- Vasculitis (e.g. polyarteritis nodosa; temporal arteritis, syphilitic aortitis)
- Aneurysm (e.g. atheromatous, mycotic, syphilitic)
- Dissection
- Common tumours (e.g. glomus, lymphangioma, Kaposi’s, bacillary angiomatosis, angiosarcoma)
- Fibromuscular dysplasia
- Cystic medial degeneration of the aorta: Marfan’s syndrome and age-related change

### **Lungs/Pleura (additional to generic list)**

- Pneumonia/infection (e.g. aspiration,, cytomegalovirus, herpes, adenovirus, cryptococcus, aspergillus, mucor, pneumocystis, tuberculosis)
- Lung abscess (e.g. fungal)
- Chronic obstructive pulmonary disease and complications (e.g. mucoid impaction)
- Asthma
- Pulmonary hypertension (with grading)
- Embolism (e.g. amniotic fluid, neoplastic, bone marrow, fat, cerebral)
- Acute lung injury-diffuse alveolar damage, BOOP
- Interstitial lung disease (idiopathic interstitial pneumonias)
- Pneumoconioses and occupational lung disease (e.g. asbestosis, silicosis)  
Granulomatous disorders of the lung
  - Wegener’s granulomatosis
  - Sarcoidosis
  - IVI microgranulomatosis
- Haemorrhagic disorders (e.g. Goodpasture’s)
- Transplant rejection
- Common tumours (e.g. in-situ, minimally invasive and invasive, adenocarcinoma, squamous cell carcinoma, adenosquamous, neuroendocrine, large cell anaplastic, chondroma, hamartoma, metastases, mesothelioma)
- Benign pleural plaque

### **Head and Neck (additional to generic list)**

#### **Mouth**

- Oral mucosal disease
  - Pre-neoplasia (leukoplakia) and neoplasia (squamous cell carcinoma)
  - Infections (e.g. Candidiasis, HSV, necrotizing gingivitis, abscess)
  - Idiopathic (e.g. Lichen planus, black hairy tongue)
  - Immunological (e.g. Pemphigus and pemphigoid)
  - Miscellaneous (e.g. Pyogenic granuloma (lobular capillary hemangioma), fibroepithelial polyp, mucocoele)
- Tongue (e.g. Amyloidosis, muscular dystrophy, granular cell tumour)

### **Pharynx/Larynx**

- Pharyngeal infection/abscess
- Neoplasia (e.g. squamous cell carcinoma, embryonal rhabdomyosarcoma, olfactory neuroblastoma, nasopharyngeal carcinoma)
- Rhinocerebral mucormycosis
- Angioedema
- Epiglottitis

### **Neck**

- Branchial cleft/lymphoepithelial cyst
- Thyroglossal duct cyst
- Paraganglioma
- Sialadenitis (e.g. cytomegalovirus)
- Salivary gland tumour (e.g. pleomorphic adenoma, adenoid cystic carcinoma, acinic cell tumour)
- Tonsils
  - Lymphoid hyperplasia
  - Actinomycetes
  - Suppurative tonsillitis
  - Neoplasia (e.g. carcinoma, lymphoma)

### **Oesophagus (additional to generic list)**

- Oesophagitis, “black oesophagus”, erosions, ulcers (e.g. candida)
- Varices
- Barrett’s oesophagus
- Strictures and diverticulae
- Muscular dystrophy
- Progressive systemic sclerosis
- Neoplasia (e.g. squamous cell carcinoma, adenocarcinoma)

### **Stomach (additional to generic list)**

- Acute gastritis (e.g. erosive, and variants such as emphysematous, phlegmonous)
- Chronic gastritis (e.g. eosinophilic, granulomatous)
- Gastric polyps
- Gastric erosions/ulcers (benign and malignant)
- Wischnewski spots
- Hypertrophic gastropathy
- Neoplasia (common epithelial tumours; mucosa-associated lymphoid tissue (MALT) lymphoma; gastrointestinal stromal tumour)

### **Intestine (additional to generic list)**

- Infectious enteritis/colitis/enterocolitis (e.g. erosive, amoebic)
- Duodenitis/atrophy (e.g. giardiasis)
- Whipples disease
- Pseudomembranous colitis/*Clostridium difficile* infection
- Crohn’s disease
- Ulcerative colitis
- Infestation (e.g. *Enterobius vermicularis*; giardia, strongyloides)
- Ischaemia
- Appendicitis (e.g. amoebic)
- Diverticulitis
- Meckel’s diverticulum
- Neoplasia (e.g. adenoma, carcinoid, carcinoma, mucosa-associated lymphoid tissue (MALT) lymphoma, gastro-intestinal stromal tumour (GIST))

### **Peritoneum/Mesentery (additional to generic list)**

- Peritonitis
- Torsion of appendix epiploicae
- Fat necrosis
- Decidualisation
- Endometriosis

### **Liver (additional to generic list)**

- Acute and chronic hepatitis (e.g. alcoholic, Hepatitis C, cytomegalovirus)
- Massive hepatic necrosis (e.g. paracetamol)
- Hydatid disease
- Fibrosis/cirrhosis (e.g. Alpha 1 anti-trypsin deficiency, haemosiderin, PBC, PSC, haemochromatosis)
- Steatosis (e.g. Reye's syndrome; alcoholic, NASH, acute fatty liver of pregnancy)
- Cholangitis
- Cholestasis & bile duct obstruction
- Sinusoidal ectasia/peliosis hepatis
- Veno-occlusive disease, portal and hepatic vein thrombosis
- Focal nodular hyperplasia
- Neoplasia (e.g. adenoma, hepatocellular carcinoma – common types, cholangiocarcinoma, hemangioma, biliary hamartoma)
- Steatosis
- Regional necrosis
- Cysts

### **Gall Bladder (additional to generic list)**

- Cholecystitis
- Neoplasia

### **Pancreas (additional to generic list)**

- Cystic fibrosis
- Haemochromatosis
- Acute and chronic pancreatitis
- Cysts
- Ectopic pancreas in duodenum/Meckel's
- Neoplasia (e.g. adenocarcinoma; endocrine tumours)

### **Kidney (additional to generic list)**

- Glomerulonephritides (acute – common forms - and chronic)
- Acute and chronic pyelonephritis
- Malakoplakia
- Tubular conditions (casts – e.g. myoglobin, Armanni-Ebstein lesion, acute renal tubulonecrosis)
- Arteriosclerotic nephrosclerosis
- Hypertensive nephrosclerosis & malignant hypertensive changes
- Diabetic nephropathy
- Cholesterol microemboli
- Infarction
- Infections (e.g. cytomegalovirus, fungal)
- Polyarteritis nodosa
- Neoplasia (e.g. papillary adenoma, renomedullary interstitial cell tumour, Wilms', renal cell carcinoma, angiomyolipoma, oncocytoma, transitional cell carcinoma)
- Oxalate deposits (e.g. oxalosis, ethylene glycol toxicity)

- Polycystic/multicystic disease
- Drug effects (e.g. chronic lithium toxicity, analgesic nephropathy)
- Tubulointerstitial disease (e.g. tubulointerstitial nephritis, urate nephropathy, nephrocalcinosis)
- Amyloidosis
- Myeloma kidney
- Microangiopathy (e.g. haemolytic uraemic syndrome, TTP)
- End-stage kidney

### **Genitourinary Tract (additional to generic list)**

- Cystitis (e.g. acute, suppurative, follicular)
- Schistosoma
- Malakoplakia
- Cystitis glandularis and cystica
- Nephrogenic metaplasia
- Neoplasia (e.g. transitional cell carcinoma)
- Testicular atrophy
- Orchitis/epididymitis (e.g. tuberculosis)
- Infarction of testis (e.g. torsion)
- Neoplasia testis (e.g. germ cell tumours, sex cord stromal tumours)
- Prostatitis (e.g. suppurative, granulomatous, tuberculosis)
- Prostatic abscess
- Benign hyperplasia (+/- infarction, squamous metaplasia)
- Neoplasia prostate
- Neoplasia cervix, uterus and ovaries (common tumours)
- Cervicitis
- Endometritis, salpingitis (e.g. acute, chronic, tuberculosis )
- Pregnancy
- Tubal ectopic pregnancy
- Pelvic vein thrombosis
- Molar pregnancies

### **Breast (additional to generic list)**

- Mastitis (e.g. Acute, granulomatous)
- Fat necrosis
- Duct ectasia
- Fibrocystic disease (common variants)
- Lactating adenoma
- Radial scar
- Intraduct papillary lesions
- Fibroadenoma
- Phyllodes tumour
- Ductal carcinoma in situ
- Lobular carcinoma in situ
- Invasive carcinoma (common types)
- Paget's disease
- Angiosarcoma
- Gynaecomastia

### **Pituitary (additional to generic list)**

- Rathke cleft cyst
- Necrosis/infarction
- Adenoma (+/- haemorrhage)
- Craniopharyngioma

### **Thyroid (additional to generic list)**

- Diffuse hyperplasia
- Multinodular goitre
- Thyroiditis (e.g. Lymphocytic, Hashimoto's, De Quervain's)
- Adenoma
- Carcinoma (common types, including micropapillary)

### **Parathyroid (additional to generic list)**

- Hyperplasia
- Neoplasia – adenoma, carcinoma

### **Adrenal (additional to generic list)**

- Adrenalitis
- Adrenal haemorrhage
- Cortical hyperplasia
- Atrophy (Addison's disease)
- Tuberculosis
- Tumours (e.g. cortical adenoma, carcinoma, myelolipoma, pheochromocytoma, neuroblastoma, metastases)

### **Skin (additional to generic list)**

- Electrical injury
- Bruise (age)
- Gunshot injury
- Tattoo
- Ulceration (e.g. decubitis, stasis)
- Common lesions – fibroepithelial polyp, seborrhoeic keratosis, basal cell carcinoma, squamous cell carcinoma, melanoma, dermatofibroma, naevi, viral lesions, impetigo, actinic keratosis, herpetic lesions.
- Leukocytoclastic vasculitis
- Infestations (e.g. scabies, dermatophytoses, insect bite)
- Psoriasis
- Eczema
- Leprosy
- Mycosis fungoides
- Injection site
- Cellulitis
- Necrotising fasciitis

### **Musculoskeletal (additional to generic list)**

- Gout tophus
- Nodular fasciitis
- Fibromatoses
- Common soft tissue tumours (e.g. lipoma, common sarcomas)
- Osteoporosis
- Renal osteodystrophy
- Paget disease
- Healing fracture (age of fracture and limitations)
- Osteonecrosis

- Osteomyelitis (e.g. suppurative, tuberculosis)
- Common benign and malignant tumours of bone
- Muscular dystrophy
- Polymyositis
- Rhabdomyolysis
- Costochondral junction (infant)

### **Brain and Nerve (additional to generic list)**

- Meningitis (e.g. acute, tuberculosis)
- Encephalitis (e.g. HSV)
- Cerebral abscess (e.g. fungal)
- Polio
- Rhinocerebral mucormycosis
- Rabies
- HIV-related meningoencephalitis
- Spongiform encephalopathy (Creutzfeldt-Jakob disease)
- Hypoxic-ischaemic encephalopathy
- Fat/bone marrow embolism
- Congophilic angiopathy
- Demyelination (e.g. multiple sclerosis)
- Tuberous sclerosis
- Storage diseases
- Subdural haemorrhage (ageing and limitations)
- Traumatic axonal injury
- Hypertension-related changes
- Alcohol-associated changes (vermal atrophy, acute /chronic Wernicke)
- Infarction (ageing and limitations)
- Contusion (ageing and limitations)
- Central pontine myelinolysis
- Interpretation of beta-amyloid precursor protein staining
- Common tumours (e.g. meningioma, glial tumours, metastases)
- Common degenerative disorders (e.g. Alzheimer's, Lewy Body disease/Parkinson's)
- Colloid cyst
- Pineal gland & cysts
- Pituitary gland & tumours

### **Eye (additional to generic list)**

- Retinal haemorrhage
- Meningitis
- Phthisis bulbi
- Common tumours

### **Spleen (additional to generic list)**

- Infarct
- Septicaemia/splenitis
- Perisplenitis
- Mycobacterium avium-intracellulare infection
- Angioma
- Neoplastic infiltrate (e.g. leukaemia, non-Hodgkin's lymphoma)
- Storage disorder
- Amyloidosis

### **Lymph Nodes (additional to generic list)**

- Epithelial cell inclusions
- Reactive hyperplasia
- Sinus histiocytosis and paracortical hyperplasia
- Dermatopathic lymphadenopathy
- Lymphadenitis (e.g. suppurative, granulomatous lipogranulomatous)
- Sarcoidosis
- Silicone
- Metastatic disease
- Hodgkin's lymphoma
- Non-Hodgkin's lymphoma

### **Bone Marrow (additional to generic list)**

- Myeloproliferative disease
- Multiple myeloma
- Myelodysplasia
- Myelofibrosis
- Aplastic anaemia
- Metastases
- Leukaemia
- Reactive changes

### **Thymus (additional to generic list)**

- Hypoplasia
- Thymoma
- Involution (paediatric)
- Non-Hodgkin's /Hodgkin's disease

### **Perinatal (additional to generic list)**

- Periventricular leukomalacia
- Chorioamnionitis
- Funisitis
- Hyaline membrane disease
- Necrotizing enterocolitis
- Placental maturity
- Placental infarction
- TORCH infections (myocarditis, encephalitis, hepatitis, etc)



## List B: Typical cases in forensic pathology

Cases identified with **(E)** should be mastered **early** in training but some knowledge of all cases below is expected at an early stage. Case types identified with **(A)** are expected to be performed **later** in training (e.g. after Part I) but all case types can be performed at any time as deemed appropriate by your supervisor and as opportunity arises. Trainees should record cases performed in the eLog to ensure a sufficient range of case types is performed prior to Part I and Part II exams.

- (E) Natural death (community and during/following medical care)
- (E) Deaths resulting from blunt and sharp injuries (accidental, self-harm)
- (E) Asphyxial deaths and deaths related to pressure on the neck
- (E) Deaths related to road-traffic incidents
- (E) Immersion/drowning deaths
- (E) Deaths involving fire or burns (including approach to incinerated remains)
- (E) Electrocution fatalities
- (E) Firearm related deaths
- (E) Deaths resulting from hypothermia or hyperthermia
- (E) Deaths from or involving self-inflicted injury
- (E) Toxicological and/or poisoning related deaths (including sampling for and limitations of post-mortem toxicology)
- (E) Deaths involving chronic alcohol and drug use/abuse
- (E) Approach to sudden unexpected death in a young adult
- (E) Approach to a case with infectious disease (e.g. tuberculosis, meningitis, blood borne viruses, prion diseases)
- (E) Approach to decomposed and skeletal remains
- (A) Deaths related to head and/or neck trauma (including 'traumatic subarachnoid haemorrhage')
- (A) Sudden unexpected deaths in infancy (SUDI) and the perinatal period, including:
  - o use of death investigation protocols
  - o sudden infant death syndrome findings and investigations
  - o other types of infant deaths
- (A) Investigation of stillbirth vs live birth and infanticide\*
- (A) Deaths resulting from or involving neglect (by self or others)
- (A) Childhood deaths including non-accidental injury in infants and children\*
- (A) Deaths during anaesthesia, medical, surgical or other iatrogenic (including dental) procedure
- (A) Deaths in 'Custody' including care of the State
- (A) Deaths in the workplace
- (A) Aviation incidents/deaths\*
- (A) Deaths related to explosions and identification of explosive injuries\*
- (A) Diving-related deaths (recreational, technical, commercial)\*
- (A) Disaster victim identification (DVI) and disaster preparedness, including mortuary design and preparedness and 5 phases of DVI\*
- (A) Deaths involving high profile people or circumstances\*
- (A) Deaths in obscure circumstances
- (A) Deaths in suspicious circumstances
- (A) Homicide
- (A) Deaths with negative post-mortem examination findings, including subsequent investigations and actions
- (A) Maternal deaths\*
- (A) Injuries and deaths associated with sexual offences
- (A) Human rights investigations, including\*
  - o mass grave recovery procedures
  - o war crime investigation and the role of the pathologist and anthropologist
- (A) Exhumation\*

\* These cases may be infrequent but obtaining skills in their management is integral to training in Forensic Pathology. When such opportunities arise, it is expected that supervisors will involve the trainee to a degree appropriate to their stage of training.

### **List C Dissections**

- (E) Evisceration and block dissection including head and neck
- (E) Organ by organ dissection
- (E) Cardiac dissection, standard, line of flow
- (E) Cardiac examination post-surgery (CABG, valve replacement, safe ICD removal)
- (E) Dissection of cardiac conduction system
- (E) Dissection of the unfixed brain
- (E) Dissection of lower limbs and pelvis for deep vein thrombosis
- (E) Anterior layer by layer neck dissection
- (E) Demonstration of pneumothorax
- (E) Dissection of biliary tract
- (A) Removal of the brain & spinal cord in continuity
- (A) Dissection of the brain following fixation
- (A) Vertebral artery dissection (in-situ or en bloc removal)
- (A) Facial dissection
- (A) Removal of the orbital contents (anterior & posterior approach)
- (A) Dissection of the middle ear
- (A) Demonstration of air embolus
- (A) Posterior layer by layer neck dissection.
- (A) Dissection of superior vena cava, subclavian and jugular veins
- (A) Subcutaneous dissection of trunk and limbs for occult bruising
- (A) Subcutaneous dissection for intravenous needle marks
- (A) Speculum examination and in situ dissection of the vagina/rectum for sexual assault
- (A) Special paediatric and neonatal techniques

## **List D: Suggested forensic anthropology topics**

- Differences between human and non-human remains
  - Common non-human skeletal remains
    - large – cow, horse
    - medium – dog, sheep, goat, kangaroo
    - small – cat, native mammals/marsupials
  - Uncommon- non-human skeletal remains
    - Marine – seal, dolphin, large fish
    - Birds – pelican, emu
  
- Introductory human skeletal anatomy
  - complete bones
    - cranial
    - post-cranial
  - fragmented bones
  
- Recognising incinerated bones and fractures due to heat and not trauma
- Introduction to assessment of age, sex and ancestry in human skeletal remains
- Identifying incinerated skeletal remains and skeletal fragments
- Identifying historical skeletal remains and trophy/modified skeletal remains
- Assessing common skeletal injuries including:
  - Fractures
    - Craniofacial fractures
      - linear, complex, depressed
      - hinge
      - Le Fort
    - Post-cranial fractures
      - ‘bumper’ style
      - rib – infants, children
      - metaphyseal - children
    - Aging of fractures
  - Blunt and sharp force
  - Ballistic
  
- Recognising common pathological changes in skeletal remains
  - localised
    - joint degeneration
    - spine degeneration
  - Systemic
    - gout
    - tuberculosis
  - Neoplastic
  
- Basic procedures for the field recovery of skeletal remains

## **Competencies expected in Fellowship programs**

The goal of the training program is to produce Specialist Forensic Pathologists with the ability to successfully independently practice in all jurisdictions where FRCPA is accepted as evidence of specialist training.

Specialist training requires the individual to acquire competencies as they progress through training to the point where training is complete the candidate should be able to function as an independent specialist. As distinct from the lists of topics and areas of knowledge and technical skill which should be developed, this section guides the trainee and supervisor as to the competencies which should be acquired during training and at what particular stage they should be expected. **The onus is very much upon the supervisor to ensure progression of competence and report issues with trainees in difficulty to the College.**

These competencies are not expected to be prescriptive and there may be some overlap between phases depending upon the candidate, their prior experience and differences in local case mix and practice.

Considering the degree of flexibility offered in the Forensic Pathology curriculum, defining competencies at specific times in training is not possible. However, training may be broadly divided into four phases:

1. Anatomical Pathology Phase.
2. Early Forensic Pathology Phase.
3. Late Forensic Pathology Phase.
4. Post-Fellowship Phase.

It is not intended that these phases come with strict time limits and it is expected that individual supervisors will use these as a guide for individual candidates who may enter Forensic Pathology training with differing degrees of prior training and experience. The minimum time for completion of the three Forensic Pathology Phases will be 30 months in the case of the Fellowship. It is expected that Certificate candidates, by virtue of their greater general experience, would be allowed a minimum of 24 months.

### **Anatomical Pathology Phase**

- Independent cut-up of all simple and common larger Anatomical Pathology specimens.
- Write an Anatomical Pathology report for a wide range of surgical pathology and cytology specimens.
- Ability to appropriately select and request ancillary investigations (extra blocks, levels, histochemistry, immunohistochemistry and molecular investigations) to refine a differential diagnosis.
- Have basic knowledge of paediatric/perinatal pathology and neuropathology.
- Demonstrate skills in time management and task prioritization.
- Demonstrate an ability to self-direct learning and professional development.
- Ability to perform external examination and standard evisceration and dissection in a straightforward Hospital or Coronial autopsy.
- Write an autopsy report including clinico-pathological correlation in a straightforward Hospital or Coronial Autopsy.

### **Early Forensic Phase**

- Ability to independently perform a medico-legal autopsy in a wide range of natural deaths and simple unnatural deaths.
- Write an autopsy report detailing external and internal findings, results of ancillary investigations (including histology and straightforward toxicology) with clinico-pathological

correlation in wide range of natural deaths and more straightforward unnatural deaths (identified as (E) in list B, Appendix 1 of the curriculum).

- Perform special dissections identified as (E) in list C, appendix 1 of the curriculum.
- Demonstrate an awareness of the selection of appropriate ancillary investigations.
- Demonstrate an awareness of Coronial legislation and how it relates to medico-legal death investigation.
- Demonstrate awareness of the potential cultural and religious implications of forensic autopsy practice.
- Demonstrate an awareness of the selection of cases whereby a more limited examination may be utilized, including post-mortem imaging. It is expected however that in the early Forensic Phase cases with internal and histological examination will be prioritized to encourage skill development in this area.
- Awareness of quality activities in Forensic Pathology (audit, peer review, external quality assurance programs).

### **Late Forensic Phase**

- Independently perform a medico-legal autopsy in the full range of natural and unnatural deaths including paediatric/SUDI cases, cases involving neuropathology and those listed as (A) in list B, appendix 1 of the curriculum.
- Perform a medico-legal autopsy in a case with active Police involvement and where a criminal prosecution is likely, for example a suspected homicide.
- Perform special dissections listed as (A) in list C, appendix 1 of the curriculum.
- Independently report (including selection of ancillary investigations) the full range of histology which may be encountered in forensic practice. (A guide as to what is expected is provided in List A: essential topics in forensic histopathology, appendix 1 of the curriculum).
- Independently select and report upon ancillary investigations including microbiology, biochemistry, immunology and medical genetics.
- Independently select appropriate cases for referral for specialist opinion (neuropathology, sub-specialist anatomical pathology) and incorporate these opinions into the clinicopathological correlation.
- Appropriately examine a deceased individual at a suspicious death scene and provide advice to investigating Police and the Coroner.
- Advise upon case selection and independently report upon cases where less-invasive techniques may be utilized (including post-mortem imaging).
- Demonstrate an ability to work effectively with the Coroner and their staff, deal with questions and enquiries effectively and competently including as a witness in Coroner's Court.
- Demonstrate a working knowledge of local Coronial legislation and procedures within the Coroner's Court.
- Demonstrate an awareness of procedures within the criminal Courts and the principles underlying Expert Evidence.
- Ability to teach in workplace and more formal teaching sessions.
- Ability to self-direct learning and professional development.
- Participate in peer-review, audit and external quality assurance activities.

### **Post-fellowship (or Certificate) Phase**

- Demonstrate knowledge and the practical skills expected of a specialist medical practitioner in Forensic Pathology and the ability to apply these independently.
- Demonstrate proficiency of the level expected of a specialist in Forensic Pathology in the pathological investigation of the full range of deaths requiring medico-legal investigation, in all age groups, involving all organ systems and in differing degrees of preservation.
- Proficiency in death scene investigation, examination of a deceased in situ and appropriate recovery of evidence.
- Demonstrated ability to utilize post-mortem imaging appropriately as an adjunct to the autopsy or as part of a less-invasive approach to death investigation.

- Demonstrate the ability both in written form and orally to present pathological evidence impartially and with appropriate scientific justification as is required by the Courts of an expert witness.
- Ability to work as part of a team, communicate effectively, respect the skills and contributions of colleagues, recognize one's own limitations and refer/seek advice if unsure.
- Demonstrate teaching of medical students and specialist trainees.
- Demonstrate an awareness of the need for lifelong learning and continuing professional development.
- Understand implications for cultural differences with respect to death and dying, upon the process of medicolegal death investigation.

Note: Trainees are responsible for the finalising of all their postmortem reports, including the reporting of histology and interpretation of all ancillary testing, and formulating the cause of death and the discussion of relevant issues. As per the above stipulated outcomes, this is particularly applicable to training in the Late Forensic Phase and Post-fellowship (or Certificate) Phase given the related independent competency outcomes.

## Appendix 2

### Basic Pathological Sciences Examination

All trainees must pass or be [exempted](#) from the Basic Pathological Sciences examination. The examination may be taken before commencement of training and is open to registered trainees as well as any medical graduate or medical student.

Although a pass in Basic Pathological Sciences is not a prerequisite for attempting Part I examination, a pass or exemption must be achieved before proceeding to sit the Part II examination.

The purpose of the Basic Pathological Sciences Examination is to assess familiarity with the most important pathological processes and biological principles of disease that form essential knowledge for any medical graduate who considers a career in the pathological disciplines.

The examination has become necessary because pathology may no longer be taught as a “core” discipline in some Australasian medical schools, hence an understanding of basic patho-biological processes is no longer guaranteed in many medical graduates. Such knowledge is essential for a successful start and satisfactory progress in the training program.

#### Examination Format and Content

The examination is a single 2.5 hour paper of 100 one-best-answer multiple choice questions, based on the [BPS syllabus](#) on the RCPA website. From 2023 the BPS examination will be moving to the online training portal. For more information see [RCPA - Online Training Portal](#).

The syllabus reflects knowledge that appears in current, authoritative texts as well as newer knowledge that may not yet appear in textbooks.

The topics cover the basic mechanisms of disease that trainees need to understand so they are equipped to train in their chosen discipline and to understand pathology disciplines other than their own chosen field. To cite just a few examples, the microbiology trainee needs to know what a septic infarct looks like; the chemical pathology trainee needs to know about the anatomical pathology changes seen in metabolic syndrome; the anatomical pathology trainee needs to understand why certain antibodies are used in routine diagnosis and the genetic pathology trainee needs to understand how enzyme deficiencies may lead to morphological changes. The current syllabus is primarily based on the first 11 chapters of Robbins and Cotran Pathologic Basis of Disease, by Vinay Kumar, Abul K. Abbas, and Jon C. Aster (editors), 10th Edition, 2020, Elsevier (including the online version). References to supplementary materials are also given, which explain details more clearly than the textbook or contain helpful diagrams. As much as possible these references are from Open Access journals, but for copyright reasons the actual articles are not able to be placed on the College website.

## **Appendix 3**

### **Assessment for Anatomical Pathology Part I**

Refer to [Anatomical Pathology Trainee Handbook](#)



## Appendix 4

### Assessment for Forensic Pathology Part I

Assessment in Part I is by

- Formal examinations;
- Autopsy assessment (E);
- Evidence of having participated in a sufficient number and type of workplace activities;
- Satisfactory progress (supervisor) reports.

See assessment matrix in Appendix 13.

Examinations are prepared in accordance with [RCPA Guideline 3/2015 Quality Framework for RCPA Examinations – Written, Practical and Oral](#).

#### **Formal examinations**

Candidates should present for the Part I examination after having completed at least twenty-four (24) months of training, of which at least 12 months should be in accredited departments of anatomical pathology and at least twelve (12) months in accredited departments of forensic pathology at the time of their exam.

The examination has four components and tests knowledge of anatomical pathology, to the extent that it underpins the practice of forensic pathology, but with lesser emphasis on more specialised aspects (such as cytopathology, needle biopsy diagnosis, molecular pathology, interpretation of immunohistochemistry and electron microscopy). The examination also tests knowledge of introductory forensic pathology.

Supplementary exams are not offered to Part 1 candidates.

#### **Phase 1** (held at designated examination centres)

**Written examination:** a 3 hour 15 minute essay-type written paper, which may include short answer questions, on anatomical pathology and introductory forensic pathology.

**Histopathology slide examination:** a 4 hour and 15 minute practical examination of 20 cases that consist entirely of histopathology slides (large biopsy and autopsy pathology). The answers will require a brief description of the morphology with a diagnosis or preferred diagnoses; the conclusion may require a comment on further investigations that may be necessary (e.g. special stains, immuno-histochemistry) to enable a precise diagnosis.

#### **Phase 2** (examinations are held centrally)

**Short practical examination:** a 2-hour written examination of practical aspects of introductory forensic pathology and anatomical pathology. May include questions on gross specimens (museum preparations), macro photographs of anatomical pathology specimens and forensic pathology conditions, histopathology sections, including special stains.

Please note: The short practical examination will be held online from 2024. Please consult the RCPA's [Online Training Portal \(OTP\)](#) for more information.

**Structured oral examination:** two 20-minute oral examinations conducted at an RCPA-nominated venue with two 20-minute stations, each with a standardised set of questions covering a broad range of technical and professional issues in forensic pathology, as well as more complex multidimensional problems.

**Candidates who are successful (awarded pass grades) in all four assessment components of Part I (i.e., Phase 1 and Phase 2) will be invited to proceed to Part II.** Being awarded one borderline for one of the four assessment components will also allow a candidate to be invited to proceed to Part II. Award of multiple borderlines and any failed components will need to be repeated the following year. Supplementary exams are not offered to Part 1 candidates.

### **Autopsy assessment**

The FP Autopsy Assessment (E) (early) is ordinarily done in year 1 or 2 of training before the FP Part I examination. The case should be selected from the list of typical cases marked [E] in **Appendix 1 List B**. See **Appendix 7** for the forms required.

### **Workplace activities for FP Part I**

Records of workplace activities, as documented in the eLog and workplace-based assessment forms, must be made available to the supervisor to check periodically and before the Part I examination. It is strongly recommended that trainees commence the required workplace activities at the earliest possible time after commencing training.

**Please refer to the workplace activity requirements which are set out in Appendix 8.**

Detailed instructions are included on the forms that must be used to record the activities. The forms are in **Appendix 9**. The eLog and the summary spread sheet (Excel file) may be downloaded from the RCPA website.

The summary spreadsheet must be provided to the supervisor to review when they are preparing the supervisor report.

A print copy of the summary spreadsheet should be appended to the annual report and the pre-examination supervisor report which is sent to the College prior to the oral component of the Part I examination. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Education and Assessment. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

### **Supervisor Reports**

Trainees must submit a supervisor report (see **Appendix 6**) for each year of training, including periods of rotation. Candidates for the Part I examination must submit an additional pre-examination supervisor report. All reports should be accompanied by a summary spreadsheet. Please refer to *RCPA Trainee Handbook – Administrative Requirements* for key dates for submitting these reports.

It is the trainee's responsibility to ensure that supervisor reports are completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The report form can be downloaded from the RCPA website.

### **Summary of assessment requirements for FP Part I**

<b>Item</b>	<b>Completion</b>	<b>Assessed by</b>	<b>Comments</b>
Written paper	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	Held at designated local examination centres
Histopathology slide examination	Year 3 (usually May)	Examiners with at least 5 years post-Fellowship experience	Held at designated local examination centres

Short practical examination	Year 3 (usually August)	Examiners with at least 5 years post-Fellowship experience	Eligible if successful in written and slide examination. Held centrally
Structured oral examination	Year 3 (usually August)	Examiners with at least 5 years post-Fellowship experience	Eligible if successful in written and slide exams. Held centrally
Autopsy assessment E (early)	To be completed before the Part I examination.	Assessed by supervisor and RCPA forensic pathology Fellows	Autopsy Assessment E report to be submitted to College. <b>See Appendix 7</b>
Workplace activities to be signed off by supervisor or delegate	Before the Part I examination.	Summary spreadsheet is checked by the BEA Registrar or Deputy and Chief Examiner. If incomplete, further activities may be required.	Supervisor reviews eLog and WBA forms periodically.
Supervisor reports; rotation, annual and pre-exam. Summary spreadsheet to be sent with annual & pre-exam reports.	Sent to College. See RCPA website for submission dates.	Reviewed by BEA Registrar or Deputy Registrar	Referral to Chief Examiner if necessary.  <b>See Appendix 6</b>

### **Assessment calendar**

Please refer to the [RCPA Training Handbook – Administrative Requirements](#) (on the RCPA website) for key assessment dates.

## Appendix 5

### Assessment for Forensic Pathology Part II

Trainees at FP II level must show continued development and enhancement of their professional skills and expertise in forensic pathology and anatomical pathology. The FP II examination tests ability to formulate and present diagnostic opinions on the full range of issues and cases encountered by a specialist forensic pathologist in daily practice.

Assessment in FP II is by

- Formal examinations;
- Autopsy assessment (A);
- Evidence of having participated in a sufficient number and type of workplace activities as documented in the eLog and workplace-based assessment forms;
- Satisfactory progress (supervisor) reports.

All components must be passed to gain an overall pass at Part II. Supplementary exams, usually towards the end of the year, may be offered, at the discretion of the chief examiner, to Part II candidates with a borderline result but not necessarily to candidates who have failed an exam

See assessment matrix in Appendix 13.

Examinations are prepared in accordance with [RCPA Guideline 3/2015 Quality Framework for RCPA Examinations – Written, Practical and Oral](#).

#### **Formal Examinations**

The FP II examination is taken in the final year of accredited training. Candidates must have completed at least eighteen (18) months of training in accredited departments of anatomical pathology and at least eighteen (18) months of training in accredited departments of forensic pathology at the time of the exam. They must have logged a minimum of 250 cases in the eLog prior to sitting the exam. Autopsies undertaken during the anatomical pathology phase of training can be counted towards this minimum.

Supplementary exams will only be offered at the discretion of the Chief Examiner to candidates who have been deemed to have had a borderline grade and will not necessarily be offered to candidates who have failed the exam. Any supplementary exam will be held at a later date to be advised.

#### **Phase 1**

**Written paper:** a 3 hour and 15-minute essay-type written paper, which may also have short answer questions, on advanced topics and concepts in forensic pathology rather than anatomical pathology.

**Long practical examination:** a 4 hr and 15-minute examination requiring candidates to consider findings (history, examination and investigations) from three cases and prepare a report that would be appropriate to submit to the Coroner, Court or authorised investigator.

#### **Phase 2**

**Short practical examination:** a 2-hour examination which may include a series of photographs (scene, macroscopic, histology, imaging) and results of investigations (toxicology, biochemistry, microbiology) of forensic post-mortem significance.

Please note: The short practical examination will be held online from 2024. Please consult the RCPA's [Online Training Portal \(OTP\)](#) for more information.

**Histopathology slide examination:** a 3-hour 15 minute practical examination of 15 cases that will consist entirely of histopathology slides (autopsy pathology – see Forensic Histopathology Curriculum above, for an indication of scope). The answers will require a brief description of the morphology with a diagnosis or preferred diagnosis; the conclusion may require a comment on further investigations that may be necessary.

**Structured oral examination:** Two 20-minute examinations assessing knowledge of forensic pathology and capacity to discuss issues of forensic significance. The focus is on integrative skills and ability to formulate and express an opinion. Candidates may be presented with findings in one or more coronial post-mortem examinations, including fixed organs and tissues; histological slides; photographs, macroscopic or microscopic, including scene depictions; radiological findings; test results; and statements concerning the circumstances of death.

**Candidates who are successful (awarded pass grades) in all five assessment components of Part II (i.e., Phase 1 and Phase 2) will proceed to Fellowship.** Supplementary exams will only be offered at the discretion of the Chief Examiner to candidates who have been deemed to have had a borderline grade and will not necessarily be offered to candidates who have failed the exam. Any supplementary exam will be held at a later date to be advised. If multiple exam components are failed, those components will be required to be repeated the following year.

## ***Autopsy assessment***

**Autopsy Assessment (A) (advanced):** Trainees who have passed or been exempted from FP Autopsy Assessment (E) are required to pass FP Autopsy Assessment (A) prior to applying to sit the Forensic Pathology Part II examinations. Autopsy Assessment (A) is ordinarily taken after passing the FP Part I examination but may be taken earlier. An autopsy case from the list of typical cases marked (A) in **Appendix 1 List B** should be selected if possible but is not essential. One specialist dissection technique marked (A) should be chosen from the list Appendix 1 List C. The specialist dissection technique demonstrated should be indicated on the assessment form.

**FPI, FPII pathway** candidates must have achieved a pass in FP Autopsy Assessment (E) prior to taking FP Autopsy Assessment (A).

**API, FPII pathway** candidates who have achieved a pass in the Anatomical Pathology Autopsy Assessment and candidates who have successfully complete the RCPA Certificate in Autopsy are exempt from FP Autopsy Assessment (E).

## ***Casebook or alternative examples of research/scholarship***

Trainees may submit a case book or choose alternatives, such as publications, case reports and posters on different topics (to the equivalent of 8 cases) in order to provide evidence of competence in research and scholarship.

Trainees wishing to submit alternatives to the casebook must obtain prior approval. The request should be sent to the Examinations Officer of the Board of Education and Assessment who will obtain a ruling from the Chief Examiner.

These items must be submitted to the RCPA for formal examination.

**Detailed requirements are set out in Appendix 10.**

## ***Workplace activities for FP Part II***

Records of workplace activities, as documented in the eLog and workplace-based assessment forms, must be made available to the supervisor to check periodically and before the Part II examination. It is strongly recommended that trainees commence the required workplace activities at the earliest possible time after commencing training.

**Please refer to the workplace activity requirements which are set out in Appendix 8.**

Detailed instructions are included on the forms that must be used to record the activities. The forms are in **Appendix 9**. The eLog and the summary spreadsheet (Excel file) may be downloaded from the RCPA website.

The summary spreadsheet must be provided to the supervisor to review when they are preparing the supervisor report.

A print copy of the summary spreadsheet should be appended to the annual report and the pre-examination supervisor report which is sent to the College prior to the oral component of the Part II examination. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Education and Assessment. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

## Supervisor Reports

Trainees must submit a supervisor report (see **Appendix 6**) for each year of training, including periods of rotation. Candidates for the Part I examination must submit an additional pre-examination supervisor report. All reports should be accompanied by a summary spreadsheet. Please refer to *RCPA Trainee Handbook – Administrative Requirements* for key dates for submitting these reports.

It is the trainee's responsibility to ensure that supervisor reports are completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The report form can be downloaded from the RCPA website.

## Summary of assessment requirements for Part II

Item	Completion	Assessed by	Comments
Written paper	Year 5 (usually in May)	Examiners with minimum 5 years post-Fellowship experience	Held at designated local examination centres.
Long practical examination	Year 5 (usually in May)	Examiners with minimum 5 years post-Fellowship experience.	Held at designated local examination centres.
Short practical examination	Year 5 (usually in August)	Examiners with minimum 5 years post-Fellowship experience.	Held centrally, where possible. Eligible if successful in written and long case examinations.
Histopathology slide examination	Year 5 (usually in August)	Examiners with minimum 5 years post-Fellowship experience.	Held centrally, where possible. Eligible if successful in written and long case examinations.
Structured oral examination	Year 5 (usually in August)	Examiners with minimum 5 years post-Fellowship experience	Held centrally, where possible. Eligible if successful in written and long case examinations.
Autopsy Assessment A(Advanced)	Before Phase I examination	Assessed by supervisor and RCPA forensic pathology Fellows	Autopsy Assessment A report to be submitted to College. See <b>Appendix 7</b>
Casebook or alternatives	Before Phase I examination	Examiners with minimum 5 years post-Fellowship experience	See <b>Appendix 10</b>
Workplace activities to be signed off by supervisor or delegate	Before the Part II exam, including minimum 250 cases to be logged before the	Summary spreadsheet is checked by the BEA Registrar or Deputy and Chief Examiner. If	Supervisor reviews eLog and WBA forms periodically.

Item	Completion	Assessed by	Comments
	Part II exam and 400 before award of Fellowship.	incomplete, further activities may be required.	
Supervisor reports; rotation, annual and pre-exam. Summary spreadsheet to be sent with annual & pre-exam reports.	Sent to College. See RCPA website for submission dates.	Reviewed by BEA Registrar or Deputy Registrar	Referral to Chief Examiner if necessary.  See <b>Appendix 6</b>

### **Assessment calendar**

Please refer to the [Training Handbook – Administrative Requirements](#) (on the RCPA website) for key assessment dates.

## Appendix 6

### Guidelines for completing the Supervisor Report Form

Please refer to the following documents:

- [Information about the role and responsibilities of supervisors and resources to support supervision](#)
- [The RCPA policy on the Supervision of Training and Accreditation of Supervisors](#)

The [supervisor report form](#) should be completed by the supervisor in consultation with other pathologists and laboratory staff with a significant role in the trainee's training program and with reference to the trainee's autopsy case record spread sheet.

Supervisors should be mindful that scoring trainee performance is of critical importance in early notification of underperforming trainees so that remedial action can be initiated early in training, if appropriate. Experience tells us that most trainees score 3, which indicates that they are performing at the expected level of training. A score of 1 or 2 identifies to the College/CJCT an underperforming trainee and flags the need for evaluation for trainee support pathways.

Trainees must make their up to date eLog and WBA forms available to their supervisor for the annual, rotation and pre-examination reviews.

#### Submitting the Supervisor Report

The supervisor report is due annually and may be submitted with the annual registration for the subsequent year. Regarding rotational programs, one report is required on completion of each period of rotation at a different institution.

The summary spreadsheet must accompany the annual, rotation and pre-examination supervisor reports.

The pre-examination supervisor report is due by the date specified in the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website). It is the trainee's responsibility to ensure that the form is completed and submitted by the due date.

Please return this Supervisor Report by the due date to: [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au)



## Appendix 7

### Guidelines for Autopsy Assessments

Two autopsy assessments are required

- Autopsy Assessment (E) is completed early in training. **FPI** candidates are expected to complete this assessment before the FP part I examination, ordinarily in years 1 or 2 of training. Suitable cases of type (E) are listed in **Appendix 1 List B** is suggested. Candidates who have passed the anatomical pathology autopsy assessment during anatomical pathology or general pathology training are exempt.
- Autopsy Assessment (A) is completed in more advanced training. **FPII** candidates are ordinarily expected to pass this in years 3, 4 or 5 of training. Success in FP Autopsy Assessment (E) or the Anatomical Pathology Autopsy Assessment and success in the Part I examinations for FP or AP are required before taking the FP Autopsy assessment. Suitable cases of type (A) are listed in **Appendix 1 List B**.

Please refer to the forms for the early (E) and advanced (A) assessments on the following pages for detailed requirements.



## Forensic pathology Autopsy Assessment (E)

This assessment is to be performed early in the forensic training program and is expected prior to the FP Part I examination. A pass at the AP Autopsy Assessment negates the requirement for this assessment.

Two assessors from the following categories are required to observe the trainee conducting an autopsy:

- a) Departmental Forensic Service trainee supervisor
- b) and one of the following
  - a. RCPA Fellow in FP external to the department – preferred
  - b. RCPA Fellow in FP other than the autopsy supervisor

Selection of an adult autopsy case from the list of typical cases marked (E) in forensic pathology (Appendix 1 List B) is advised. A specialised dissection (E) or (A) should be included.

The autopsy report should include:

- Clinical history and investigations
- External examination
- Macroscopic dissection
- Microscopy
- Ancillary investigations
- Diagnosis
- Clinico-pathological correlation including a discussion of the diagnosis/cause of death relating to underlying aetiology and recurrence risk

### How to use this form


Please print the three (3) Autopsy Assessment (E) forms on the following pages. The forms for Assessors 1 and 2 should be completed by each assessor independently. The third copy should record their consensus assessment.


On completion of the assessment, please send the following documents to the College


- The three (3) completed Autopsy Assessment forms, from Assessors 1 and 2 and the consensus form
- The de-identified copy of the autopsy report.

The documents should be sighted by the supervisor and signed off on the annual supervisor report.

Please send finalised forms to: [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au)

		<b>Forensic pathology Autopsy Assessment (E)</b> This form is to be completed by <b>Assessor 1</b>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b>		<b>Type of case:</b> <i>(Please refer to Appendix 1 List B)</i>		
<b>Please comment on whether these aspects of the trainee’s performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant workplace health and safety considerations relevant to the performance of the autopsy				
External examination and identification of abnormalities				
Macroscopic dissection and identification of abnormalities/antecedent pathology				
Appropriate ancillary investigations				
Specialised dissection of ..... (please state specialised system examined)				
Selection of appropriate tissue blocks from the overall examination				
Selection of appropriate tissue blocks from the area of special dissection				
Microscopic report				
Diagnosis/cause of death identification				
Appropriateness and relevance of clinico-pathological correlation				
Autopsy case report conforms to requirements specified on page previous page				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training			Date of assessment	
Name (print) and signature of assessor 1			Signature of trainee	
Laboratory				

		<b>Forensic pathology Autopsy Assessment (E)</b> This form is to be completed by <b>Assessor 2</b>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b>		<b>Type of case:</b> ( <i>Please refer to Appendix 1 List B</i> )		
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant workplace health and safety considerations relevant to the performance of the autopsy				
External examination and identification of abnormalities				
Macroscopic dissection and identification of abnormalities/antecedent pathology				
Appropriate ancillary investigations				
Specialised dissection of ..... (please state specialised system examined)				
Selection of appropriate tissue blocks from the overall examination				
Selection of appropriate tissue blocks from the area of special dissection				
Microscopic report				
Diagnosis/cause of death identification				
Appropriateness and relevance of clinico-pathological correlation				
Autopsy case report conforms to requirements specified on page 1				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training		Date of assessment		
Name (print) and signature of assessor 2		Signature of trainee		
Laboratory				

		<b>Forensic pathology Autopsy Assessment (E)</b> Record of the <b>Consensus decision</b> of Assessor 1 and Assessor 2		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b>		<b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )		
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant workplace health and safety considerations relevant to the performance of the autopsy				
External examination and identification of abnormalities				
Macroscopic dissection and identification of abnormalities/antecedent pathology				
Appropriate ancillary investigations				
Specialised dissection of ..... (please state specialised system examined)				
Selection of appropriate tissue blocks from the overall examination				
Selection of appropriate tissue blocks from the area of special dissection				
Microscopic report				
Diagnosis/cause of death identification				
Appropriateness and relevance of clinico-pathological correlation				
Autopsy case report conforms to requirements specified on page 1				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
<b>If the outcome is NOT SATISFACTORY</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training		Date of assessment		
Assessor 1: Name (print) and signature		Signature of trainee		
Assessor 2: Name (print) and signature				
Laboratory				



## Forensic pathology Autopsy Assessment (A) Guidelines

- For FPI, FPII pathway candidates it is expected this will be performed later in the forensic training program, usually in years 3, 4 or 5 and must be passed before attempting the Part II examinations. Passes in FP Autopsy Assessment (E) and the FP Part I examination are pre-requisites.
- For API, FPII pathway candidates it is expected this assessment will be performed during FPII training after success in the Part I examinations. It must be passed before attempting the Part II examinations. A pass in the AP Autopsy Assessment or a pass in the FP Autopsy Assessment (E) is a pre-requisite..

Two assessors from the following categories are required to observe the trainee conducting an autopsy:

- a) Departmental Forensic Service trainee supervisor
- b) RCPA FP fellow (ideally, but not necessarily external to the Department)

Selection of an autopsy case from the list of typical cases marked (A) in forensic pathology (Appendix 1B) is expected, but not essential.

The autopsy report should include:

- Clinical history and investigations
- External examination
- Macroscopic dissection
- Microscopy
- Ancillary investigations
- Diagnosis
- Clinico-pathological correlation including a discussion of the diagnosis/cause of death relating to underlying aetiology and recurrence risk

### **Please note:**

- It is expected a 'full' autopsy (including examination of the contents of the head, neck, chest, abdomen and pelvis with any other relevant regions) will be performed unless prior agreement from chief examiner is obtained.
- The autopsy case type and specialised dissection for the Autopsy Assessment (A) case should be different to that demonstrated in a successful attempt for the Autopsy Assessment (E) (if applicable).

### **How to use this form**


Please print the three (3) Autopsy Assessment (A) forms on the following pages. The forms for Assessors 1 and 2 should be completed by each assessor independently. The third copy should record their consensus assessment.


On completion of the assessment, please send the following documents to the College

- The three (3) completed Autopsy Assessment forms, from Assessors 1 and 2 and the consensus form
- The de-identified copy of the autopsy report.


The documents should be sighted by the supervisor and signed off on the annual supervisor report.

Please send finalised forms to: [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au)

		<b>Forensic pathology Autopsy Assessment (A)</b> This form is to be completed by <b>Assessor 1</b>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b> <b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant workplace health and safety considerations relevant to the performance of the autopsy				
External examination and identification of abnormalities				
Macroscopic dissection and identification of abnormalities/antecedent pathology				
Appropriate ancillary investigations				
Specialised dissection of ..... (please state specialised system examined)				
Selection of appropriate tissue blocks from the overall examination				
Selection of appropriate tissue blocks from the area of special dissection				
Microscopic report				
Diagnosis/cause of death identification				
Appropriateness and relevance of clinico-pathological correlation				
Autopsy case report conforms to requirements specified on page previous page				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training			Date of assessment	
Name (print) and signature of assessor 1			Signature of trainee	
Laboratory				

		<b>Forensic pathology Autopsy Assessment (A)</b> This form is to be completed by <b>Assessor 2</b>		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b> <b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant workplace health and safety considerations relevant to the performance of the autopsy				
External examination and identification of abnormalities				
Macroscopic dissection and identification of abnormalities/antecedent pathology				
Appropriate ancillary investigations				
Specialised dissection of ..... (please state specialised system examined)				
Selection of appropriate tissue blocks from the overall examination				
Selection of appropriate tissue blocks from the area of special dissection				
Microscopic report				
Diagnosis/cause of death identification				
Appropriateness and relevance of clinico-pathological correlation				
Autopsy case report conforms to requirements specified on page previous page				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
If the outcome is <b>below expected for the stage of training</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training			Date of assessment	
Name (print) and signature of assessor 2			Signature of trainee	
Laboratory				



		<b>Forensic pathology Autopsy Assessment (A)</b> Record of the <b>Consensus decision</b> of Assessor 1 and Assessor 2		
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
<b>Observer/Assessor name</b>		<b>Observer/Assessor position</b>		
<b>Autopsy number:</b> <b>Type of case</b> ( <i>Please refer to Appendix 1 List B</i> )				
<b>Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING</b>			<b>Yes</b>	<b>No</b>
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant workplace health and safety considerations relevant to the performance of the autopsy				
External examination and identification of abnormalities				
Macroscopic dissection and identification of abnormalities/antecedent pathology				
Appropriate ancillary investigations				
Specialised dissection of ..... (please state specialised system examined)				
Selection of appropriate tissue blocks from the overall examination				
Selection of appropriate tissue blocks from the area of special dissection				
Microscopic report				
Diagnosis/cause of death identification				
Appropriateness and relevance of clinico-pathological correlation				
Autopsy case report conforms to requirements specified on page 1				
<b>Please comment on any other relevant aspects, especially on aspects for improvement</b> (Please use the reverse if insufficient space)				
<b>If the outcome is NOT SATISFACTORY</b> please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training		Date of assessment		
Assessor 1: Name (print) and signature		Signature of trainee		
Assessor 2: Name (print) and signature				
Laboratory				

## Appendix 8

### Workplace activity requirements

Workplace activities provide evidence that the trainee is developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

Activities must be recorded in the eLog. There is an additional requirement to complete 8-10 WBA assessments per year, which are **observed and assessed**, and the forms are signed by a supervisor or other senior pathologist. WBA include DOPS (directly observed procedures), CbD (case-based discussions) and OPA (observed professional activities).

Trainees should start recording their activities as early as possible in training and aim to have half of them underway or complete before the Part I examination.

**Appendices 8 – 11** and the eLog on the website have advice and forms for recording workplace activities. DOPS, CbD and OPA forms should be filed in a folder. It is the trainee's responsibility to keep records up to date. The supervisor should use the record as the basis for discussion with the trainee regarding future activities and experiences.

Candidates should also download a spreadsheet which summarises all workplace activities from the RCPA website. This spreadsheet should be reviewed and signed by the supervisor and included with the annual, rotation and pre-exam supervisor reports to the RCPA. The signatories and trainees may be contacted to confirm evidence of satisfactory completion.

Note: The eLog, DOPS, CbD and OPA forms should **not** be sent to the College.

Item	FP I	FP II	Evidence
<b>Laboratory safety</b> checklist  <a href="#">Laboratory safety</a> eLearning module in RCPA education online	Complete within 3 months of starting training	Complete the eLearning module	Laboratory safety checklist. <b>See Appendix 11</b>  Certificate of completion of eLearning module. Record in <b>eLog</b> .
<b>Autopsy assessment.</b>  Autopsies must have been assessed as satisfactory before applying for Fellowship.	One (1) autopsy must be formally assessed by 2 examiners.	One (1) autopsy must be formally assessed by 2 examiners.	<b>Autopsy Assessment forms [E] form</b> done early in training <b>[A] form</b> in advanced training Forms for each examiner and consensus form. See <b>Appendix 7</b>
<b>Post-mortem examinations</b> See case types in <b>Appendix 1 List B</b> . A wide range of autopsies must have been logged prior to attempting the autopsy assessment	No formal requirement but recommended at least 100 from the list of case types designated E	Minimum 250 cases E and A before the Part II examination. Minimum 400 total during training.	Log the cases in the <b>eLog</b> . Complete relevant <b>DOPS, CbD and/or OPA activities</b> . See <b>Appendix 9</b> .

#### Note on PM examinations

**The post-mortem examination is a keystone of training.** Trainees should perform full (3 cavity) post-mortem examinations including histological examination wherever possible. However, it is accepted that due to local practices and legislation, a mixture of 3-cavity, limited and external examinations may be performed, supplemented by post-mortem imaging.

**In order for a case to be included in the required number, the trainee is expected to have performed the postmortem exam, reported any histology, considered the results of any ancillary investigations and formulated the cause of death and discussion in the postmortem report.**

At least 50% of these cases should be three cavity PMs with histology. These should be prioritised in the earlier stages of training to allow the candidate to acquire these skills. No more than 50% of the total case number may be less invasive examinations, of which less than half of these can be external examinations.

Item	FP I	FP II	Evidence
<b>Post-mortem imaging</b>	It is expected that a proportion of cases will involve post-mortem imaging		Log the cases in the <b>eLog</b> . Complete relevant <b>DOPS, Cbd and OPA activities</b> . See <b>Appendix 9</b> .
<b>Paediatric post-mortem examinations</b>	<p>There is no mandated minimum number, but trainees would be expected to observe, assist and perform examinations in cases of sudden unexpected death in infancy (SUDI) and suspicious infant and paediatric deaths.</p> <p>Liaison with specialists in paediatric pathology and radiology, clinical paediatricians (child protection services) should be documented.</p> <p>Although experience of paediatric pathology may be gained during the AP phase of training, further opportunities for formal attachment are encouraged but not mandated.</p>		Log the cases in the <b>eLog</b> . Complete relevant <b>DOPS, Cbd and OPA activities</b> . See <b>Appendix 9</b> .
<b>Neuropathology examinations</b>	<p>There is no mandated minimum number, but trainees are expected to observe, assist and perform examinations on fixed specimens ideally with specialist neuropathologists if available.</p> <p>Experience of neuropathology may be gained during the AP phase of training, Further opportunities for formal attachment are encouraged but not mandated.</p>		Log the cases in the <b>eLog</b> . Complete relevant <b>DOPS, Cbd and OPA activities</b> . See <b>Appendix 9</b> .
<b>Scene assessment</b>	Attend at least 10 scenes of death. In some jurisdictions, necessity may involve logging alternatives, such as videography. These should be the minority.		Log the cases in the <b>eLog</b> . Complete relevant <b>DOPS, Cbd and OPA activities</b> . See <b>Appendix 9</b> .
<b>Suspicious deaths</b>	Active involvement in at least 20 suspicious death victims, taking a lead role in 5.		Log the cases in the <b>eLog</b> . Complete relevant <b>DOPS, Cbd and OPA activities</b> . See <b>Appendix 9</b> .
<b>Dissections</b> See dissection types in <b>Appendix 1 List C</b> .	Minimum 6 dissections from category E.	All (E) category dissections and at least 7 of the 15 (A) category dissections	Log in the <b>eLog</b> Complete relevant <b>DOPS</b> activities. See <b>Appendix 9</b> .
<b>Court</b>	Attend court, including Coroner's court wherever possible. No minimum number of attendances but trainees are expected to have experience of presenting evidence in person. Attendance at expert witness training course is encouraged.		Log in the <b>eLog</b> Complete relevant <b>DOPS, Cbd or OPA activities</b> . See <b>Appendix 9</b> .
<b>Developing relationships with police and legal professionals</b>	Activities to include attendance and involvement in pre- and post-autopsy briefings with investigating police officers, attendance at multi-disciplinary review meetings and conferences with Counsel		Log the cases in the <b>eLog</b> . Complete relevant <b>DOPS, Cbd and OPA activities</b> . See <b>Appendix 9</b> .
<b>Educational events</b> (e.g. conferences, courses, seminars, workshops)	1	Minimum 4	Log in the <b>eLog</b> .

Item	FP I	FP II	Evidence
<b>Journal club</b> or similar group learning session	n/a	Participate in a minimum of 3	Log in the <b>eLog</b> . Complete relevant <b>OPA activities</b>
<b>Teaching sessions</b> for staff, junior pathologists, medical students, etc.	Conduct minimum 1	Conduct minimum 3	Log in the <b>eLog</b> Complete relevant <b>OPA activities</b>
<b>Quality activities</b> Participate in internal and external RCPA QAP audits <a href="#">Quality Management</a> eLearning Module in RCPA Education Online	n/a	Participate in 3 quality audits  Complete the module	Log in the <b>eLog</b> (see <b>Appendix 9</b> ). Complete relevant <b>OPA activities</b> . See <b>Appendix 9</b> . Certificate of completion of Module. Log in the <b>eLog</b> .
<b>Family liaison</b> Bereavement counselling or family liaison	Observe/reflect on minimum 1 instance.		Log in the <b>eLog</b> . Complete relevant <b>OPA activities</b> . See <b>Appendix 9</b> .
RCPA eLearning modules on <a href="#">Ethics, Professionalism and Confidentiality</a> and <a href="#">Cultural Safety</a>	Complete all modules Note: A cultural competence certificate issued by a recognised health service provider can substitute for the RCPA cultural competence module certificate.		Log in the <b>eLog</b> . Email verifying completion of cultural competence module.
<b>Significant incident</b>	One reflection on a significant incident before the Part II exam.		<b>Significant Incident form</b> in Appendix 11. Record in <b>eLog</b> .
<b>Supervisor report/s</b> for each year and/or rotation with brief reflection (maximum 1 page) on the supervisor's comments for each report.	End-of-rotation and annual reports. An additional pre-exam report is required in the year of the Part II assessment  See RCPA website for submission dates.		<b>Supervisor Guidelines</b> See <b>Appendix 6</b>

## Appendix 9

### Workplace based assessment forms

Each year, a minimum of 8-10 workplace-based assessments (DOPS, CbD and OPA) are required, which should be split reasonably evenly between the three categories. DOPS and CbD have mandatory items. Trainees and supervisors are encouraged to do these regularly and completion of more than the minimum number is encouraged as an essential part of training. Evidence of completion must be recorded in the supervisor report and summary spreadsheet.

This appendix contains master copies of forms to be used. Please make as many copies as you need and file the completed forms in a folder.

- Directly Observed Practical Skills (DOPS)
- Case-based Discussion (CbD) form
- Observed Professional Activity (OPA)

## Directly Observed Practical Skills (DOPS)

DOPS assessments are a type of workplace-based assessment. The purpose is to indicate trainees' acquisition of practical laboratory skills; to show that they can work safely in the laboratory; and to provide feedback on progress by highlighting strengths and areas for improvement.

Averaged over the duration of the forensic pathology phase training, approximately one third of the work-based assessments should be autopsy-based DOPS from the following list.

- \* External examination
- \* Dissection of a specific organ or system
- \* Specialised dissection (e.g. cardiac conduction system, vertebral arteries)
- \* Examination of deceased at the scene of death
- Autopsy conducted jointly with another pathologist (e.g. paediatric pathologist)
- \* Post-mortem imaging (liaison with radiologist and incorporation into report)
- Disaster victim identification (DVI) exercise/incident
- Examination of skeletal remains (with anthropologist if available)
- \* Examination of a fixed brain (with neuropathologist if available)
- \* Perform an examination in a case of Sudden Unexpected Death in Infancy (SUDI)
- Perform an examination in a case of maternal death
- Briefing/conference with police or legal professionals
- Presenting evidence in court
- Discussion regarding an autopsy or its findings with family members
- Other (must be specified)

Items marked with \* are mandatory but trainees should aim to complete as many items from the list as feasible. The suggested activities involving autopsy procedures are intended for trainees in the earlier phases of training.

It is important that the DOPS assessor is the supervisor, other senior forensic pathologist or a suitably qualified senior scientist. They must observe the trainee doing the activity and give feedback. Trainees should initiate the DOPS assessment by requesting an appropriate assessor to observe them when they are confident, they can complete it satisfactorily. The time taken will vary according to the skill.

### Grading, standards and outcome of assessment


Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment.

The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the DOPS form.

The final outcome should be graded according to whether the standard of performance is as expected for the stage of training.

### Record keeping

The DOPS forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be kept in a folder. Only DOPS for which the trainee has met the standard need to be kept.

 <h1 style="margin: 0;">RCPA</h1> <p style="font-size: small; margin: 0;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Forensic Pathology</h2> <h3 style="margin: 0;">DOPS Assessment Form</h3> <h3 style="margin: 0;">Directly Observed Practical Skills</h3>				
<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Y1Y2 Y3Y4Y5 If > Y5 please specify			
<b>Assessor name</b>	<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Other (specify)				
<b>USE ONE FORM PER ACTIVITY</b> Check as many boxes as apply					
<input type="checkbox"/> Suspicious death <input type="checkbox"/> Non-suspicious death <input type="checkbox"/> Paediatric death		<input type="checkbox"/> Examine skeletal remains with anthropologist <input type="checkbox"/> DVI exercise/incident <input type="checkbox"/> Examine a fixed brain <input type="checkbox"/> Perform an examination in a case of Sudden Unexpected Death in Infancy (SUDI) <input type="checkbox"/> Perform an examination in a case of maternal death <input type="checkbox"/> Briefing/conference with police/legal professional <input type="checkbox"/> Present evidence in court <input type="checkbox"/> Discuss post-mortem findings with family members <input type="checkbox"/> Other (specify.....)			
<input type="checkbox"/> Perform external examination <input type="checkbox"/> Perform examination at scene of death <input type="checkbox"/> Dissection of organ or system (specify.....) <input type="checkbox"/> Specialised dissection (specify.....) <input type="checkbox"/> Post-mortem imaging (liaison with radiologist and incorporation into report) <input type="checkbox"/> Conduct autopsy jointly with another pathologist (e.g. paediatric pathologist)					
<b>Complexity of case (tick box)</b> <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high					
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>			<b>Yes</b>	<b>No</b>	<b>n/a</b>
Distinguishes between normal anatomy, pathology and post-mortem artefact					
Able to describe pathological processes and specific entities					
Accurately records findings (notes, diagrams, photography)					
Takes and correctly labels samples for ancillary investigations, avoiding artefact/contamination and maintaining continuity					
Technical ability and correct use of equipment					
Risk assessment and management including WHS					
Formulates coherent evidence-based medico-legal opinion (oral/written report)					
Deals with uncertainties appropriately					
Communication appropriate to audience					
Recognises limitations and takes appropriate action					
<b>Please comment on other relevant aspects, especially on aspects for improvement (use reverse if insufficient room)</b>					
<b>Final outcome (tick one)</b> <input type="checkbox"/> As expected for the stage of training <input type="checkbox"/> Below expected for the stage of training		Date of DOPS	Time taken for DOPS	Time taken for feedback	
Name (print) and signature of assessor			Signature of trainee		
Name of laboratory					

## Case-based Discussion) Assessment Form (CbD)

CbD assessments are a type of workplace-based assessment. The purpose is to indicate the trainee's ability to interpret and communicate pathological findings, plan appropriate investigations and make decisions with ethical and legal dimensions. CbD assessments provide feedback to trainees regarding their progress by highlighting strengths and areas for improvement.

Each year, 8-10 workplace-based assessments are required. Averaged over the duration of training, approximately one third of these should be CbD.

- \* Autopsy case performed by trainee (specify.....)
- \* Autopsy case observed by trainee (specify.....)
- \* Case involving interpretation of ancillary investigations
- \* Case or exercise involving multiple fatality incident
- Case involving divergent expert opinions
- Evidence presented in court personally by trainee
- \* Evidence presented in court observed by trainee
- Issues regarding timing of injury and time since death
- Case with unexpected complexity or suspicious features
- Identification of an unknown deceased
- Case with implications for public health or for surviving family members
- Other (specify.....)

Items marked with \* are mandatory but trainees should aim to complete as many different items from the list as feasible. The list is not exhaustive, and trainees and supervisors may suggest additional themes arising during training for incorporation into CbD.

Throughout training, trainees should seek opportunities to present and discuss cases with experienced colleagues and receive feedback. The CbD form should be used to formally record these sessions. The trainee should initiate each CbD assessment by selecting recent cases to present and discuss. The assessor should be an RCPA Fellow but not necessarily the listed supervisor. The trainee should request a mutually convenient time for a 30-minute discussion, which allows 15-20 minutes for the presentation/discussion and 5-10 minutes for the assessor to give immediate feedback and complete the CbD form.

### Grading, standards and outcome of assessment


Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment. Feedback should be given sensitively in a suitable environment and should include strengths and areas for development which should be identified agreed and recorded on the CbD form.

The final outcome should be graded according to whether the standard of performance is as expected for the stage of training. A trainee whose performance does not meet the standard will be able to repeat the assessment with no penalty.

### Record keeping

The CbD forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee.



		<h2 style="text-align: center;">Forensic Pathology Case-based Discussion (CbD) Assessment Form</h2>			
<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Yr1 Yr2 Yr3 Yr4 Yr5 If > Y5 please specify		
<b>Assessor name</b>		<b>Assessor position</b>			
<b>USE ONE FORM PER CASE DISCUSSED.</b> Tick as many boxes as apply.					
<b>Type of death</b> <input type="checkbox"/> Suspicious <input type="checkbox"/> Non-suspicious <input type="checkbox"/> Paediatric  <b>Autopsy</b> <input type="checkbox"/> Performed by trainee <input type="checkbox"/> Observed  <b>Re evidence presented in court</b> <input type="checkbox"/> presented personally by trainee <input type="checkbox"/> observed		<b>Case involves:</b> <input type="checkbox"/> interpretation of ancillary investigations <input type="checkbox"/> identification of unknown deceased <input type="checkbox"/> multiple fatality incident (case or exercise) <input type="checkbox"/> case involving divergent expert opinion <input type="checkbox"/> issues regarding timing of injury and time since death <input type="checkbox"/> unexpected complexity or suspicious features <input type="checkbox"/> implications for public health or for surviving family members <input type="checkbox"/> other (specify)			
<b>Complexity of case (tick box)</b> <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high					
<b>Brief description of case presented, discussed and assessed</b>					
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>			<b>Yes</b>	<b>No</b>	<b>n/a</b>
Ability to present case clearly and concisely					
Good understanding of issues relating to the case					
Good depth of understanding/awareness of literature relevant to this case					
Ability to interpret results in a balanced and rational way					
Ability to provide and communicate well reasoned professional advice					
Competent clinico-pathological correlation.					
Ability to suggest further relevant investigations					
Overall judgment and professionalism					
<b>Please comment on other relevant aspects, especially on aspects for improvement (use reverse if insufficient space)</b>					
Final outcome (please tick) <input type="checkbox"/> As expected for the stage of training <input type="checkbox"/> Below expected for the stage of training		Date of CbD	Time taken for CbD	Time taken for feedback	
Name (please print) and signature of assessor			Signature of trainee		
Name of laboratory					

## Observed Professional Activities (OPA)

OPA assessments are a type of workplace-based assessment. The purpose is to indicate the trainee's ability to perform a range of professional activities that are required of forensic pathologists. OPA assessments provide feedback to trainees regarding their progress by highlighting strengths and areas for improvement.

Each year, 8-10 workplace-based assessments are required. Averaged over the duration of training, approximately one third of these should be OPAs from the following list:

- Present at peer-review, morbidity/mortality meeting or CPC
- Present at audit meeting or journal club
- Write letter of referral for second opinion (e.g. paediatric/neuropathologist)
- Present case with police and/or forensic scientists at case review meeting (or similar)
- Demonstrate an autopsy to colleagues, students, police officers
- Discuss case with counsel at pre-trial conference
- Provide advice to police or coroner following an enquiry
- Handle or provide advice to non-medical personnel about a safety-related event or clinical incident in the mortuary or at the scene
- Chair a meeting
- Organise and contribute to a study group or peer group learning exercise
- Participate in EQA activities and contribute to or lead consensus discussions
- Discuss with coroner the management of a case (external examination, 3-cavity or limited autopsy, use of imaging, records review)
- Other (specify.....)

Trainees should aim to complete as many different items from the list as feasible.

Throughout training, trainees should seek opportunities to undertake OPA activities, using the OPA form to formally record the activity. The trainee should initiate the OPA assessment by inviting a senior colleague (assessor) to observe and give feedback. The assessor should be an RCPA Fellow but not necessarily the listed supervisor. Sufficient time should be allowed for the activity itself plus 5-10 minutes for the assessor to give immediate feedback and complete the form.

### Grading, standards and outcome of assessment

Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment. Feedback should be given sensitively in a suitable environment and should include strengths and areas for development which should be identified agreed and recorded on the OPA form.

The final outcome should be graded according to whether the standard of performance is as expected for the stage of training. A trainee whose performance does not meet the standard will be able to repeat the assessment with no penalty.

### Record keeping

The OPA forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee.

 <b style="font-size: 2em; font-weight: bold;">RCPA</b> <small>The Royal College of Pathologists of Australasia</small>	<b>Forensic Pathology Observed Professional Activity (OPA) Assessment Form</b>				
<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Yr1 Yr2 Yr3 Yr4 Yr5 If > Y5 please specify			
<b>Assessor name</b>	<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Senior registrar <input type="checkbox"/> other (specify)				
<b>USE ONE FORM PER ACTIVITY.</b> Tick as many boxes as apply.					
<b>Activity:</b> <input type="checkbox"/> Present at peer-review, morbidity/mortality meeting or CPC <input type="checkbox"/> Present at audit meeting or journal club <input type="checkbox"/> Chair a meeting <input type="checkbox"/> Write letter of referral for second opinion (e.g. paediatric/neuropathologist) <input type="checkbox"/> Demonstrate autopsy to colleagues, students, police officers <input type="checkbox"/> Present case with police and/or forensic scientists at case review (major crime review) meeting <input type="checkbox"/> Discuss case with counsel at pre-trial conference <input type="checkbox"/> Provide advice to police or coroner following enquiry <input type="checkbox"/> Handle or provide advice to non-medical personnel about a safety-related event or clinical incident in the mortuary or at the scene <input type="checkbox"/> Organise and contribute to a study group or peer group learning exercise <input type="checkbox"/> Participate in EQA activities and contribute to or lead consensus discussions <input type="checkbox"/> Discuss with coroner the management of a case (external examination, 3-cavity or limited autopsy, use of imaging, records review) <input type="checkbox"/> Other (specify.....)					
<b>Complexity of case (tick box)</b> <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high					
<b>Brief description of activity, discussed and assessed</b>					
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>			<b>Yes</b>	<b>No</b>	<b>n/a</b>
Applies clinicopathological knowledge appropriately					
Makes appropriate clinical judgments					
Ability to select/present/discuss information concisely, as appropriate to the audience					
Follows the appropriate procedures/guidelines/standards					
Maintains professional standards					
Organisation and efficiency					
Communicates effectively					
<b>Please comment on other relevant aspects, especially on aspects for improvement (use reverse if insufficient space)</b>					
Final outcome (please tick) <input type="checkbox"/> As expected for the stage of training <input type="checkbox"/> Below expected for the stage of training		Date of CbD	Time taken for CbD	Time taken for feedback	
Name (please print) and signature of assessor			Signature of trainee		
Name of laboratory					

## Appendix 10

### Guidelines for presenting evidence of research and scholarship

Trainees may submit a case book or choose alternative activities (to the equivalent of 8 cases) in order to provide evidence of competence in research and scholarship.

1	Casebook	8 cases
2	Oral presentation and referenced article	Equivalent to 8 casebook cases
3	A publication in a peer-reviewed journal (not a case report)	Equivalent to 6 casebook cases
4	A case report published in a peer-reviewed journal	Equivalent to 3 casebook cases
5	A poster	Equivalent to 2 casebook cases
6	A completed PhD thesis in forensic pathology	Equivalent to 8 casebook cases

The oral presentation is strongly recommended, as forensic pathology is an intensely verbal specialty, requiring practitioners to present evidence in court.

Trainees wishing to submit a mix of publications, case reports and posters must ensure that they are on different topics.

Trainees wishing to use any of the alternatives to the casebook must obtain prior approval. The request should be sent to the Examinations Officer of the Board of Education and Assessment who will obtain a ruling from the Chief Examiner.

#### 1 Casebook

The casebook comprises 8 cases. The aims are to produce for each case:

- a succinct presentation of no more than 10 pages (single spaced type) with the discussion, clinicopathological correlation, at least twice as long as the remainder of the presentation
- a bibliography of approximately 15 to 30 references and including recent peer-reviewed literature
- a comprehensive and critical but selective appraisal of the cited literature
- high quality photomicrographs/illustrations
- expensive binding and production are not necessary and will not affect outcomes

The 8 cases presented in the casebook should cover:

- the history surrounding the death
- the macroscopic and microscopic findings at autopsy
- the results of associated findings, such as toxicology, radiology, etc
- a discussion of the findings and the mechanisms and cause of death

The 8 cases should be chosen from the following categories (only one case per category):

- sudden unexpected natural death due to natural cause
- obstetric death
- drug toxicity or asphyxiation
- accidental or sudden unexpected death in an infant
- homicidal firearm or stabbing death
- homicidal battering or homicidal asphyxial death;
- transportation-related death;
- death from environmental exposure, starvation or immersion;
- death associated with fire or immolation;
- electrocution or lightning death;
- death during medical procedure or associated with medical therapy;

- death from injury, where injury interpretation assisted the investigation;
- death in custody;
- death in obscure circumstances;
- unexplained death requiring comprehensive examination;
- examination of skeletalised remains.

**Preparation of the Casebook:**

- cases must have been handled personally by the trainee as part of their supervised training;
- at least 2 cases must have been handled in the 12 months immediately preceding the submission date;
- at least 50% of the cases in the casebook should be based on full three-cavity autopsies, unless otherwise discussed with the Chief Examiner;
- the cases must not have been used in any other casebook at any time, or by any other trainee.

Signed and dated declarations by trainee and supervisor must be included at the beginning of the casebook:

**Declaration for the casebook**

**Trainee declaration:**

I certify that the cases which comprise this casebook were examined and reported by me as part of my personal supervised practice during my accredited training in forensic pathology. None has been used by any other trainee for any other casebook. The case reports are original and have not been reported in any other casebook. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Trainee signature.....date.....

**Supervisor declaration:**

As the supervisor for Dr. ...., I certify that I have audited the cases that form this casebook. Each case was examined and reported personally by Dr. .... during his/her training in forensic pathology, and cases ..... and ..... were reported by him/her during the last 12 months. The case reports are original and have not been reported in any other casebook. I have reviewed this casebook and read the RCPA casebook requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor signature..... date.....

Supervisor name (print).....

**Submission of the casebook**

- Casebooks must be received at the College in the year in which the trainee presents for the Part II assessment, so that they can be assessed before the practical and oral examinations. See *Trainee Handbook – Administrative Requirements* for key dates.
- Email the casebook (Adobe PDF) to the RCPA [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au) with Forensic Pathology Casebook in the subject line. Due date: 9 July 2023.
- Casebook results are ordinarily released when trainees are notified of their progress to the oral examination.
- Keep your own copy of the casebook because the copies you send to the College will not be returned to you.

### Assessment of the casebook

- Casebooks will be assessed as satisfactory or unsatisfactory.
- Trainees who satisfactorily complete the casebook, but are unsuccessful in other components of the examination, will receive a casebook exemption when they re-sit FP11.
- Trainees whose casebooks are assessed as unsatisfactory, but who have passed the other examination components will be allowed to revise and re-submit the casebook. A pass in the FP11 examination will not be awarded until a satisfactory standard is attained in the casebook.
- Trainees who produce particularly good reports may be approached with regard to the inclusion of selected cases in a case-based teaching collection, e.g., College website, or for publication in the RCPA journal Pathology.

## 2 Oral presentation and referenced article

This option requires an oral presentation at a national or international conference, accompanied by a referenced article, which must be made available to the audience. Suitable conferences are those with a forensic pathology stream, e.g., RCPA Pathology Update, International Academy of Pathology (IAP), ANZ Forensic Science Society, Asia-Pacific Coroners Conference.

The oral presentation and article will be assessed as satisfactory or unsatisfactory.

### Requirements:

- Firstly, well in advance of the conference, send the title of the proposed presentation and a brief outline (50 - 150 words) to the RCPA for pre-approval by the chief examiner. You will be notified regarding the outcome.
- **After gaining approval from the chief examiner**, contact the chair of the conference organising committee to confirm that the presentation can be incorporated into the program.
- An oral presentation given at RCPA Pathology Update will be 25 minutes plus 5 minutes for questions. Similar timing is expected at other scientific meetings.
- The standard of both the oral presentation and the article must be appropriate for a national/international scientific meeting.
- There must be evidence of scholarship. Whether the presentation is based on one or more cases or is a discussion of a forensic issue (ideally a topic of contention) there must be a substantial literature review which places the case or issue in context. A simple 'case report' type of presentation is not sufficient.
- Ensure you have any appropriate permission/s to present case material, e.g., from coroner.
- Avoid using images that could be considered unnecessarily graphic. Do not use names, photographs, etc, that could identify individuals or cases unless the information is freely available in the public domain.
- Exercise caution with cases that are sub-judice. If uncertain, consult the chief examiner.
- The referenced article must be made available to the audience and examiners.
- A panel of RCPA-approved examiners for forensic pathology who are at the meeting will assess the oral presentation and article. If they consider that the standard is below expectations, the trainee will be required to submit a casebook or another alternative in order to meet the FP research and scholarship requirements.

## Declaration for an oral conference presentation and article

**Trainee declaration:** I certify that this presentation and article report work that I completed during my accredited training in forensic pathology. The work is original and has not been submitted for assessment in any other research and scholarship category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 on Plagiarism and Cheating in Examinations.

Trainee signature.....date.....

**Supervisor declaration:** As the supervisor for Dr. ...., I certify that this conference presentation and article report work to which Dr. .... made a major contribution and was carried out during his/her training in forensic pathology and has not been used by any other trainee in this laboratory. I have reviewed the presentation and article and read the relevant RCPA requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor signature..... date.....

Supervisor name (print).....

### 3 A publication in a peer-reviewed journal

The trainee must be the principal author. The publication should be on a topic that is relevant to the practice of forensic pathology. Proof of acceptance for publication must be documented. To obtain exemption from casebook cases, please submit the abstract to the RCPA at the earliest opportunity for pre-approval by the chief examiner.

## Declaration for published manuscript

**Trainee declaration:** I certify that this published article is work that I completed during my accredited training in forensic pathology. The work is original and has not been submitted for assessment in any other research and scholarship category. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Trainee signature.....date.....

**Supervisor declaration:** As the supervisor for Dr. ...., I certify that this published article reports work to which Dr. .... made a major contribution and was carried out during his/her training in forensic pathology. I have reviewed this manuscript and read the RCPA published manuscript requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor signature..... date.....

Supervisor name (print).....

#### 4 A case report published in a peer-reviewed journal

The trainee must be the principal author and the case must have been reported by the trainee during training. Proof of acceptance for publication must be documented. To obtain exemption from casebook cases, please submit the case report abstract to the RCPA at the earliest opportunity for pre-approval by the chief examiner.

Use the **declaration form for a published manuscript** above.

#### 5 A conference poster

The poster must be on a topic that is relevant to the practice of forensic pathology and must be presented at the RCPA Pathology Update or similar meeting. To obtain exemption from casebook cases, please submit the poster abstract to the RCPA at the earliest opportunity for pre-approval by the chief examiner. Poster presentations will be assessed as satisfactory or unsatisfactory.

### Declaration for a conference poster

**Trainee declaration:** I certify that this poster presentation reports work that I completed during my accredited training in forensic pathology. The work is original and has not been submitted for assessment in any other research and scholarship category and has not been used by any other trainee in this laboratory. I have read and understand RCPA Policy 10/2002 - Plagiarism and Cheating in Examinations.

Trainee signature.....date.....

**Supervisor declaration:** As the supervisor for Dr. ...., I certify that this poster presentation reports work to which Dr. .... made a major contribution and was carried out during his/her training in forensic pathology and has not been used by any other trainee in this laboratory. I have reviewed this conference presentation and read the relevant RCPA requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor signature..... date.....

Supervisor name (print).....

#### 6 A PhD thesis in forensic pathology (equivalent to the entire case book).

A completed PhD thesis on a topic that is relevant to the practice of forensic pathology. To obtain exemption from casebook cases, documentation of the PhD award and an abstract of the thesis should be submitted to the RCPA at the earliest opportunity for approval by the chief examiner.




## **Appendix 11**

### **Other Forms**

The following pages contain forms for

- Significant incident form
- Laboratory safety checklist
- Declaration for conducting a teaching session

		<b>Forensic Pathology</b> <b>Significant incident report form</b>		
<b>Trainee name</b>		<b>Trainee ID (RCPA)</b>	<b>Stage of training</b> Year1 Yr2 Yr3 Yr4 Yr5 If > Y5 please specify	
<b>Nature of incident: what happened and why was it significant?</b>				
<b>What led to the incident?</b>				
<b>Action taken at the time of the incident. Could it have been handled differently?</b>				
<b>Review of similar incidents</b>				
<b>Actions taken (or needed) to prevent future similar incidents</b>				
<b>Reflection by trainee</b>				
<b>Supervisor name (please print) and signature</b>				<b>Date</b>
<b>Name of laboratory</b>				

 <p><b>RCPA</b> The Royal College of Pathologists of Australasia</p>	<h2>Forensic Pathology Laboratory safety checklist</h2>
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This form is designed to confirm that Trainees have understood and are able to apply laboratory safety instruction provided by the employer as it relates to the RCPA curriculum. It covers the essentials for new Trainees and is the basis for subsequent learning that will be assessed and eventually lead to the ability to function in a laboratory management role as a pathologist.

- I have participated in a laboratory safety induction program or educational session
- I have reviewed the laboratory safety manual
- I know where to find the laboratory safety equipment and how to use it
- I have known immunity to hepatitis B (natural or vaccine)
- I have been vaccinated and/or screened for other infectious diseases as required by my laboratory
- I know how and when to wash my hands and carry this out
- I wear enclosed shoes in the laboratory and tie back long hair if applicable
- I wear appropriate protective clothing (gown, gloves, goggles, mask as needed) and always remove it before leaving the laboratory
- I cover any cuts or wounds before working in the laboratory
- I never eat or put anything in my mouth whilst in the laboratory
- I know how to handle blood and other body substances and tissues to avoid transmission of infection to myself and others
- I know how to prevent sharps injury
- I am aware of electrical, chemical, radiation and biological hazards and how to prevent them
- I know what to do in an emergency
- I know the procedure for reporting safety-related incidents
- I know where to find information about legislative requirements for laboratory safety
- I know where to find detailed information about laboratory hazards such as dangerous chemicals
- I always clean up after myself
- I set up my workspace and ensure correct posture and lifting technique so as to avoid strain and injury

Name:

Signature:

Witness (supervisor or senior pathologist):

Date:

## Declaration for conducting a teaching session

Trainee declaration: I certify that I conducted a teaching session on (specify topic) .....

.....

on .....(date) to .....(audience).

The teaching session was prepared by me and has not been given by any other trainee in this laboratory.

Trainee signature.....date.....

**Supervisor declaration:** As the supervisor for Dr. ...., I certify that he/she gave this teaching session as stated above.

Supervisor signature..... date.....

Supervisor name (print).....

## Appendix 12

### Assessment matrix for Anatomical Pathology Part I

Outcome		Assessment method (see key below)			
		Part I exams			WBA
		A	B	C	D
<b>Discipline-specific functions in the laboratory</b>					
1.1	Foundation knowledge and skills	X	X	X	X
1.2	Accession, management, processing specimens				X
1.3	Storage and retrieval of laboratory data	X		X	X
1.4	Analysis of laboratory data	X	X	X	X
1.5	Developing, reporting a professional opinion	X	X	X	X
1.6	Monitoring patient progress				X
<b>Functions as a manager in the laboratory</b>					
2.1	Quality assurance	X			X
2.2	Laboratory safety	X		X	X
2.3	Compliance with legislation	X		X	X
2.4	Managing people				X
2.5	Managing resources				X
2.6	Information fundamentals				X
<b>Research and scholarship</b>					
3.1	Research and critical appraisal				X
3.2	Self-education and CPD				X
3.3	Educating colleagues and others				X
<b>Professional qualities</b>					
4.1	Ethics and confidentiality			X	X
4.2.1	Oral communication			X	X
4.2.2	Written communication	X	X	X	X
4.2.3	Academic writing				X
4.3	Collaboration and teamwork				X
4.4	Cultural competence			X	X

#### Key to assessment methods

A	Part 1 written exam
B	Part 1 practical histopathology slide exam 20 cases
C	Autopsy assessment
D	Work-based assessment (WBA) evidence: Laboratory safety checklist DOPS for autopsy, cut-up and histochemical stains Surgical cases Frozen sections Cytology Ancillary techniques Clinical meetings Personal professional development:

## Appendix 13

### Assessment matrix for Forensic Pathology

Outcome		Assessment method (see key below)										
		Part I				Part II					workplace activities	
		A	B	C	D	E	F	G	H	I	J	K
<b>Discipline-specific functions in the laboratory</b>												
1.1	Foundation knowledge and skills in AP	X	X	X	X	X	X	X	X	X	X	X
1.2	Foundation knowledge and skills in FP	X	X	X	X	X	X	X	X	X	X	X
1.3	Advanced knowledge and skills in FP					X	X	X	X	X	X	X
1.4	Case selection, acceptance, management					X				X	X	X
1.5	Specimen storage, retrieval, record keeping									X	X	X
1.6	Death investigation	X			X	X	X			X		X
1.7	Developing, reporting a professional opinion	X	X	X	X	X	X	X	X	X	X	X
<b>Functions as a manager in the laboratory</b>												
2.1	Quality management	X			X	X				X		X
2.2	Mortuary, scene and laboratory safety	X			X	X				X	X	X
2.3	Compliance with legislation	X			X	X				X	X	X
2.4	Managing people									X		X
2.5	Managing resources									X		X
<b>Research and scholarship</b>												
3.1	Research and critical appraisal									X		X
3.2	Self-education and CPD											X
3.3	Educating colleagues and others											X
<b>Professional qualities</b>												X
4.1	Ethics and confidentiality	X				X				X	X	X
4.2	Communication	X	X	X	X	X	X	X	X	X	X	X
4.3	Collaboration and teamwork											X

#### Key to assessment methods

A	Part I written exam	
B	Part I practical histopathology slide exam 20 cases	
C	Part I short practical (gross, photographic and slide) exam	
D	Part I oral exam	
E	Part II written exam	
F	Part II long practical exam	
G	Part II short practical exam	
H	Part II histopathology slide exam	
I	Part II oral exam	
J	Autopsy assessment (E) and (A)	
K	Workplace activities (eLog and WBA): AP DOPS, surgical pathology, cytology, frozen sections, ancillary techniques Laboratory safety checklist DOPS, CbD and OPA Post-mortem investigations Dissections Death scene investigations Suspicious death investigations Research/scholarship	Educational events Teaching sessions Quality activities (internal audit and QAP) Communication activities eLearning modules on Professional Qualities Signification incident reports Cultural competence module Developing relationships with police and legal professionals

## Appendix 14

### Examination Progression Flow Chart

This flowchart is provided as a guide only, please refer to Appendixes 3 and 4 and the [Allocation of Grades Procedure](#) for a further information.

