

TRAINEE HANDBOOK 2023



Post Fellowship Diploma in Forensic Pathology

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

TABLE OF CONTENTS

Glossary	ii
SECTION 1	1
Introduction	1
Aims of the training program	1
Training.....	2
Registration.....	2
Supervision	2
Assessment	3
Resources.....	4
SECTION 2 LEARNING OUTCOMES AND RECOMMENDED TRAINING ACTIVITIES.....	5
1 Discipline-specific functions of the forensic pathologist as medical specialist	6
2 Other roles of the forensic pathologist	12
SECTION 3 APPENDICES	13
Appendix 1 Essential topics in forensic pathology	14
Appendix 2 Assessment for Post-Fellowship Diploma in Forensic Pathology	27
Appendix 3 Guidelines for completing the Supervisor Report Form	31
Appendix 4 Guidelines for Autopsy Assessment	32
Appendix 5 Workplace activity requirements.....	41
Appendix 6 Workplace activity forms.....	44
Appendix 7 Guidelines for presenting evidence of research and scholarship	51
Appendix 8 Miscellaneous Forms	56
Appendix 9 Assessment matrix for Diploma of Forensic Pathology	60

GLOSSARY

AP	Anatomical pathology
ARDS	Acute (adult) respiratory distress syndrome
BEA	Board of Education and Training
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

The College offers a Post-Fellowship Diploma in Forensic Pathology (Dip For Path) for Fellows who have successfully completed the Part II examination in Anatomical Pathology or General Pathology. The Forensic Pathology Diploma is to certify professional expertise in Forensic Pathology and may carry particular significance for testimony in various courts of law. In Australia, on successful completion of the Diploma, the Medical Board will confer an additional scope of practice in Forensic Pathology.

It is advisable to consult the Chief Examiner in Forensic Pathology regarding eligibility and training requirements before commencing.

AIMS OF THE TRAINING PROGRAM

At the time candidates complete the requirements for the Diploma in Forensic Pathology 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 Candidates 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.

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

It is expected that candidates for the Post-Fellowship Diploma in Forensic Pathology will have gained autopsy experience during their Fellowship training.

Diploma training must be conducted in forensic pathology facilities that have been approved for forensic pathology training by the RCPA Board of Education and Assessment (BEA). Appropriate facilities are specialised departments of Forensic Pathology and those associated with the coronial system.

The Diploma training pathway includes the following:

- Twenty-four (24) months equivalent full-time experience in an accredited forensic pathology 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.
- Candidates are expected to have recorded a minimum of 250 cases in their eLog prior to attempting the FP Diploma examination and to have recorded 400 cases prior to the award of the Diploma.

Fellows who have completed the required 24 months experience are eligible for immediate award of the Diploma on successful completion of the examinations and all other training requirements. Please refer to Appendix 2 for details of assessment. For those who take the examination part-way during the training period, award of the Diploma is deferred until 24 months experience and the required number of cases have been completed. The Award of the Diploma shall be at the sole discretion of the Board of Education and Assessment.

REGISTRATION

Fellows intending to train for the Diploma should write to the Registrar of the Board of Education and Assessment with details of their training position (full time or part time) and training program. This should be accompanied by a confirmatory letter from the supervisor(s) of the planned training program.

Examination fees are payable at the time of the examination application

SUPERVISION

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

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 candidate 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.

Usually, supervision of a case involves inspection of anatomical findings in the mortuary and checking the histology and toxicology after it has been reported. More complex cases and homicides require more direct supervision in addition to the final checks. Diploma candidates would be able to sign out cases independently under their AP or GP Fellowship.

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.

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 candidates are being adequately supervised and satisfy themselves that the requirements of the curriculum are being met.

The supervisor report

Candidates must submit a supervisor report and a spreadsheet that summarises activities for each year of training, including 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 3**.

ASSESSMENT

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

Formal examinations

The Diploma examination is the same as the Forensic Pathology Part II examination and is open to Fellows in Anatomical Pathology or General Pathology. At least twelve (12) months accredited full time equivalent post-RCPA Fellowship training in an accredited forensic pathology facility is required before sitting the examination. See **Appendix 2** for detailed requirements.

Autopsy assessments

Please note that formal autopsy assessments are required (see **Appendix 4**).

Workplace activities

Evidence must be presented to demonstrate that candidates 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 candidates will complete 8-10 WBAs per year throughout training. The requirements for workplace activities are in **Appendix 5** and the necessary forms (DOPS, CbD and OPA) are in **Appendix 9**.

Candidates 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 discipline-specific functions of the forensic pathologist are elaborated as sets of training outcomes and suggested training activities.

1	Discipline-specific functions of the forensic pathologist as medical specialist	6
1.1	Foundation knowledge and skills in anatomical pathology	6
1.2	Foundation knowledge and skills in forensic pathology	6
1.3	Advanced knowledge and skills in forensic pathology	7
1.4	Case selection, acceptance and management.....	9
1.5	Specimen storage, retrieval and record keeping	9
1.6	Death investigation	9
1.7	Developing and reporting a professional opinion.....	10
2	Other roles of the forensic pathologist.....	11

While candidates 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.

It is expected that candidates will have attained competency in many of the areas below during training for their primary fellowship. However, candidates are expected to maintain competency and to gain further training experience in areas relevant to forensic pathology using the list below as a guide.

1.1 Foundation knowledge and skills in anatomical pathology

Outcomes

- 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**);
- Explain principles of and demonstrate competence in sample selection;
- Explain principles of and demonstrate competence in tissue fixation;
- Explain principles of embedding and sectioning tissue;
- Explain principles of performing and interpreting routine stains, with awareness of their uses, limitations and artefacts particularly with regard to post-mortem derived tissue;
- Explain principles of histochemistry;
- Explain principles of immunohistochemistry;
- Explain principles of electron microscopy;
- 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 and 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

- Conduct coronial and non-coronial post-mortem examinations;
- 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;
- Outline common methods of identification;
- Outline injury types and their causations;
- 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;
- Sources of expected organ weights and their limitations (obesity; prematurity & twins in infants);

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

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.

- 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 5) for suggested numbers to be performed and recorded.

1.3 Advanced knowledge and skills in forensic pathology

Outcomes

- 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**;
- Competently perform forensic autopsies for cases in **Appendix 1 List B**;
- Demonstrate understanding of the principles of and collaborate with experts in the disciplines relevant to forensic practice, incl. forensic anthropology (Appendix 1 List D), odontology, entomology and radiology;
- 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 sudden infant death syndrome, congenital and genetic disease, child abuse, and 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
- 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.).
- At autopsy (DNA/molecular, ballistics, physical evidence, entomology, etc.), display competence in the issues of establishing proper identification;
- Demonstrate proficiency in dissection techniques essential for competent forensic practice (see **Appendix 1 List C**);
- Demonstrate ability to identify artefacts that can be mistaken for ante- and peri-mortem injury or disease;
- 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
- Demonstrate a high level of expertise in the interpretation of patterns of injury;
- 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
- Demonstrate a high level of expertise in the application of radiological imaging;
- 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’;
- Demonstrate an awareness of the grief process and the role of counsellors;
- 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, keep a record in your eLog, and/or WBA forms, e.g.

- Coronial post-mortem examinations (PME): Conduct a total of 400 before the award of the Diploma, including an average of 200 to 250 during any 12-month period of full-time training or part time equivalent. At least 250 PME must have been logged before sitting the examinations. This number can include PME logged during prior training in anatomical or general pathology.
- Assist with and perform post-mortem examinations of suspicious death victims;
- Attend scenes of death;
- 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 court (including coroner’s court);
- Provide evidence at an inquest or other court
- Participate in organised interaction with local forensic science facilities/courses;
- Participate in organised interaction with toxicology laboratories, courses;
- Incorporate post-mortem imaging into post-mortem examinations.

Refer to workplace activity requirements (Appendix 5) for suggested numbers to be performed and recorded.

1.4 Case selection, acceptance and management

Outcomes

- Photograph bodies/specimens;
- Understand the difference between a coronial and non-coronial post-mortem examination, and the different legislative basis and requirements;
- Advise clinicians and coroner on appropriate selection and acceptance of cases;
- In relation to mortuary accession, evaluate and monitor a reliable method for case/body identification, accession and discharge;
- Manage bodies/cases through the entire process, including associated procedures;
- Liaise with coroners about level of death investigation and associated procedures;
- 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, keep a record 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

- Understand and comply with principles and procedures involved in establishing and using a specimen storage and retrieval system;
- Competently use information technology to store and retrieve data for case related and research purposes;
- 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 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

- Review and evaluate medical records and other material relevant to death investigations;
- 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
- Competently perform coronial post-mortem examinations as listed in **Section 1.3**;
- Participate in and evaluate death scene examination to provide advice to police, coroner, etc.
- 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
- 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, keep a record 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 5) for suggested numbers and case-mix to be performed and recorded.

1.7 Developing and reporting a professional opinion

Outcomes

- 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;
- Collate reports of ancillary investigations;
- Identify and evaluate relevant publications and similar cases from the archives of the institution or databases, implementing the principles of evidence based practice;
- 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;
- Record a professional opinion about cause of death, factors contributing to the death and relevant aspects of the circumstances of the death.
- 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, keep a record 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 5) for suggested numbers to be performed and recorded.

2 OTHER ROLES OF THE FORENSIC PATHOLOGIST

Learning outcomes in the areas of management, research and scholarship and professional qualities are not specified for the post-fellowship diploma.

It is expected that candidates will continue to develop these competencies and qualities in the context of their ongoing professional development in all areas of practice.

Please refer to the Fellowship handbook if you would like more detail about competence in these areas.

Section 3

APPENDICES

Appendix 1 Essential topics and competencies in forensic pathology	14
Appendix 2 Assessment for Post-Fellowship Diploma in Forensic Pathology	27
Appendix 3 Guidelines for completing the Supervisor Report Form	31
Appendix 4 Guidelines for Autopsy Assessment	32
Appendix 5 Workplace activity requirements.....	41
Appendix 6 Workplace based assessment forms	44
Appendix 7 Guidelines for presenting evidence of research and scholarship	51
Appendix 8 Miscellaneous Forms	56
Appendix 9 Assessment matrix for Diploma of Forensic Pathology.....	60

Appendix 1

Essential topics and competencies in the forensic pathology post-fellowship diploma program

List A: Essential topics in forensic histopathology

This list gives some guidance to conditions that may be encountered in forensic pathology practice. Practitioners and candidates 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, schistosoma, 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. Gaucher's)
- 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, mixed dust fibrosis)
- 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, mesothelioma, metastases)
- 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 (e.g. actinomycetes, fungi, fusospirochetes)
- 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)
- Gastric polyps
- Chronic gastritis (e.g. eosinophilic, granulomatous)
- Gastric erosions/ulcers (benign and malignant)
- Wischnewsky 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)
- Whipple’s 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)

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, Armani-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., decubitus, 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)
- Tuberos 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

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

(E) cases have been encountered prior to Diploma training but as this cannot be assumed, regardless of prior experience, competence in the management of cases marked [E] below is expected at an early stage of Diploma training. Case types identified with (A) are expected to be performed later in training, but all case types can be performed at any time as deemed appropriate by the supervisor and as opportunity arises. Candidates should record cases performed in the eLog to ensure a sufficient range of case types is performed prior to the Diploma exam.

- (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) 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) Deaths related to road-traffic incidents
- (A) Barotrauma and dysbarism, including investigation of death whilst diving
- (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*
 - mass grave recovery procedures
 - war crime investigation and the role of the pathologist and anthropologist
- (A) Exhumation*

* It is recognised that 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.

Case types identified with **(A)** are expected to be chosen for Autopsy Assessment A (see **Appendix 4**).

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 the Diploma program

The goal of the training program is to produce Specialist Forensic Pathologists with the ability to successfully independently practice in all jurisdictions where the Diploma in Forensic Pathology 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 and the candidate is 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 or 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 candidates 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.

Candidates for the Diploma are likely to have had a variety of prior autopsy experience and are likely to enter the training program with a variety of previous competencies. As a guide to expectations, please refer to the Forensic Pathology Trainee Handbook Appendix 1 for the full list of competencies that are to be attained during Fellowship training in Forensic Pathology.

The following competencies are expected to have been attained by the end of Diploma training:

- 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.

Appendix 2

Assessment for Post-Fellowship Diploma in Forensic Pathology

Candidates must previously have been awarded a primary Fellowship in Anatomical or General Pathology by The Royal College of Pathologists of Australasia.

At Diploma level candidates must show continued development and enhancement of their professional skills and expertise in forensic pathology and anatomical pathology beyond the level for their primary Fellowship. The examinations test 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 is by

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

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

See assessment matrix in **Appendix 9**.

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

Formal Examinations

At least 12-months full time equivalent post-RCPA Fellowship training in an accredited forensic pathology facility is required before sitting the examinations. Candidates who are successful in Phase 1 will be invited to proceed to Phase 2.

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 in Phase 1 or 2 and will not necessarily be offered to candidates who have failed the exam. The supplementary exam will be held later in the year.

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 hour 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 series of photographs (scene, macroscopic, histology, imaging) and results of investigations (toxicology, biochemistry, microbiology) of forensic post-mortem significance.

Histopathology slide examination: A 2-hour practical examination of 10 cases that will consist entirely of histopathology slides (autopsy pathology – see Essential Topics in Forensic Histopathology in **Appendix 1** 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.

Autopsy assessment

Autopsy Assessment (A) (advanced): Candidates are required to pass Autopsy Assessment (A) prior to applying to sit the Diploma examinations.

An autopsy case from the list of typical cases marked (A) in **Appendix 1 List B** should be selected if possible but this 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.

Casebook or alternative examples of research/scholarship

Candidates 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.

Candidates 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 7.

Workplace activities

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 examination. It is strongly recommended that candidates 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 5

Detailed instructions are included on the forms that must be used to record the activities. The forms are in **Appendix 6**. 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 examination. The summary spreadsheet will be reviewed by the Chief Examiner and the

Registrar of the Board of Education and Assessment. The signatories and candidate may be contacted to confirm evidence of satisfactory completion.

Supervisor Reports

Candidates must submit a supervisor report (see **Appendix 3**) for each year of training, including periods of rotation and prior to the examination. All reports should be accompanied by a summary spreadsheet. Please refer to *RCPA Candidate Handbook – Administrative Requirements* for key dates for submitting these reports.

It is the candidate'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 the Diploma

Item	Completion	Assessed by	Comments
Written paper	After at least 12 months of training, Usually in May	Examiners with minimum 5 years post-Fellowship experience	Held at designated local examination centres.
Long practical examination	After at least 12 months of training, Usually in May	Examiners with minimum 5 years post-Fellowship experience	Held at designated local examination centres.
Histopathology slide examination	After at least 12 months of training, Usually in August	Examiners with minimum 5 years post-Fellowship experience	Held centrally, where possible
Short practical examination	After 12 months of training, Usually in August	Examiners with minimum 5 years post-Fellowship experience	Held centrally, where possible.
Structured oral examination	After 12 months of training, Usually in August	Examiners with minimum 5 years post-Fellowship experience	Held centrally, where possible.
Autopsy Assessment A(Advanced)	Before the Phase 1 examinations	Assessed by supervisor and RCPA forensic pathology Fellows	Autopsy Assessment A report to be submitted to College. See Appendix 4
Casebook or alternatives	Before the Phase 1 examinations	Examiners with minimum 5 years post-Fellowship experience	See Appendix 7
Workplace activities to be signed off by supervisor or delegate	A total of at least 400 cases must have been logged before the award of the Diploma	Summary spreadsheet is checked by the BEA Registrar or Deputy and Chief Examiner. If incomplete, further activities may be required.	At least 250 PME, including those done in previous AP or GP training must have been logged before the exams. Supervisor reviews eLog periodically and before the Diploma examination.
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 Appendix 3

Assessment calendar

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

Appendix 3

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 candidate's training program and with reference to the candidate's autopsy case record spread sheet.

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

Candidates must make their up to date eLog available to their supervisor for the pre-examination review.

Submitting the Supervisor Report

At least one supervisor's 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.

A de-identified electronic copy of the eLog must be sent to the College with the annual and pre-oral examination supervisor report (see **Appendix 6**).

An additional pre-oral examination supervisor report is due by the date specified in the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website).

It is the candidate's responsibility to ensure that the form is completed and submitted by the date specified in the [RCPA Training Handbook – Administrative Requirements](#) (on the RCPA website).

Please return this Supervisor Report by the due date to: bea@rcpa.edu.au

Appendix 4

Guidelines for Autopsy Assessment

Two autopsy assessments must be completed before sitting the Diploma examinations.

- Autopsy Assessment (E). Candidates who have passed the anatomical pathology autopsy assessment during anatomical pathology or general pathology training are exempt.
- Autopsy Assessment (A). The candidate should use a suitable case of a type listed in **Appendix 1 List B**.

Notes:

- The Chief Examiner will determine if the post-mortem examination is adequate for assessment of the competency of the candidate. In this regard, 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).
- If in doubt, contact the Chief Examiner prior to the assessment.



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

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.

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

		Forensic pathology Autopsy Assessment (E) This form is to be completed by Assessor 2		
Trainee name		Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
Observer/Assessor name		Observer/Assessor position		
Autopsy number:		Type of case: (<i>Please refer to Appendix 1 List B</i>)		
Please comment on whether these aspects of the trainee's performance are AS EXPECTED FOR THE STAGE OF TRAINING			yes	no
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				
Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)				
If the outcome is below expected for the stage of training please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
Final outcome (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				

		Forensic pathology Autopsy Assessment (E) Record of the Consensus decision of Assessor 1 and Assessor 2		
Trainee name		Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
Observer/Assessor name		Observer/Assessor position		
Autopsy number: Type of case (<i>Please refer to Appendix 1 List B</i>)				
Please comment on whether these aspects of the trainee’s performance are AS EXPECTED FOR THE STAGE OF TRAINING			Yes	No
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				
Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)				
If the outcome is NOT SATISFACTORY please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
Final outcome (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 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

		Forensic pathology Autopsy Assessment (A) This form is to be completed by Assessor 1		
Candidate name		Candidate ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
Observer/Assessor name		Observer/Assessor position		
Autopsy number: Type of case (Please refer to Appendix 1 List B)				
Please comment on whether these aspects of the candidate's performance are AS EXPECTED FOR THE STAGE OF TRAINING			Yes	No
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant occupational 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				
Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)				
If the outcome is below expected for the stage of training please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
Final outcome (please circle) As expected for the stage of training Below expected for the stage of training		Date of assessment		
Signature of assessor 1		Signature of candidate		

		Forensic pathology Autopsy Assessment (A) This form is to be completed by Assessor 2		
Candidate name		Candidate ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
Observer/Assessor name		Observer/Assessor position		
Autopsy number: Type of case (<i>Please refer to Appendix 1 List B</i>)				
Please comment on whether these aspects of the candidate’s performance are AS EXPECTED FOR THE STAGE OF TRAINING			Yes	No
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant occupational 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				
Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)				
If the outcome is below expected for the stage of training please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
Final outcome (please circle) As expected for the stage of training Below expected for the stage of training		Date of assessment		
Signature of assessor 2		Signature of candidate		

		Forensic pathology Autopsy Assessment (A) Record of the Consensus decision of Assessor 1 and Assessor 2		
Candidate name		Candidate ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
Observer/Assessor name		Observer/Assessor position		
Autopsy number: Type of case (<i>Please refer to Appendix 1 List B</i>)				
Please comment on whether these aspects of the candidate’s performance are AS EXPECTED FOR THE STAGE OF TRAINING			Yes	No
Ability to discuss relevant clinical or other information necessary to approach the autopsy in a meaningful way				
Demonstrated awareness of relevant occupational 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				
Please comment on any other relevant aspects, especially on aspects for improvement (Please use the reverse if insufficient space)				
If the outcome is NOT SATISFACTORY please state what further assessment the candidate should undertake. (Use the reverse if insufficient space)				
Final outcome (please circle) As expected for the stage of training Below expected for the stage of training		Date of assessment		
Signature of assessor 1 Signature of assessor 2		Signature of candidate		

Appendix 5

Workplace activity requirements

The table below contains requirements for activities that are carried out in the workplace and provide evidence that the candidate 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). Candidates should start accumulating this evidence as early as possible in training. It is anticipated that a candidate may have completed at least some of the activities during Fellowship training. Completed activities can be carried forward towards assessment for the Diploma when accompanying documentation can be provide

Appendices 6-8 have advice and forms for recording these workplace activities. Please file any hard copy documents in a folder. It is the candidate's responsibility to keep records up to date. The supervisor should use the record as the basis for discussion with the candidate regarding future activities and experiences and should also review and sign off the eLog.

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 candidates 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	Requirement	Evidence
Laboratory safety checklist Laboratory safety eLearning module in RCPA education online	Complete checklist within 3 months of starting training Complete the eLearning module in RCPA Education Online module	Laboratory safety checklist. See Appendix 8 Certificate of completion of Module. Record in eLog.
Autopsy assessment A. Candidates are exempt from Assessment E if they have passed it during anatomical or general pathology training.	Two (2) autopsies [E] and [A] assessed as satisfactory before applying for Diploma. Most Fellows will have passed Assessment E earlier in training.	Autopsy Assessment form [A] Separate forms for each examiner and consensus form. See Appendix 4 Candidates who have passed Autopsy Assessment E earlier in training should present this form.
Post-mortem examinations See case types in Appendix 1 List B. The appropriate range of autopsies must have been logged prior to attempting the autopsy assessment	Minimum 250 from the list of case types designated in Appendix 1 prior to sitting the exam. Minimum 400 prior to the award of Diploma.	Log the cases in the eLog. Complete relevant DOPS, CbD and/or OPA activities. See Appendix 6.
Note on PM examinations The post-mortem examination is a keystone of training. It is recommended that 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 examination, reported any histology, considered the results of any ancillary investigations and formulated the autopsy 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	Requirement	Evidence
Post-mortem imaging	It is expected that a proportion of cases will involve post-mortem imaging	Log the cases in the eLog . Complete relevant DOPS, CbD and OPA activities . See Appendix 6 .
Paediatric post-mortem examinations	<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 prior training, further opportunities for formal attachment are encouraged but not mandated.</p>	Log the cases in the ELog . Complete relevant DOPS, CbD and OPA activities . See Appendix 6 .
Neuropathology examinations	<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>Although experience of neuropathology may be gained during prior training, further opportunities for formal attachment are encouraged but not mandated.</p>	Log the cases in the eLog . Complete relevant DOPS, CbD and OPA activities . See Appendix 6 .
Scene assessment	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 eLog . Complete relevant DOPS, CbD and OPA activities . See Appendix 6 .
Suspicious deaths	Active involvement in at least 20 suspicious death victims, taking a lead role in 5.	Log the cases in the eLog . Complete relevant DOPS, CbD and OPA activities . See Appendix 6 .
Dissections See dissection types in Appendix 1 List C .	All (E) category dissections and at least 7 of the 15 (A) category dissections	Log in the eLog Complete relevant DOPS activities. See Appendix 6 .
Court	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 eLog Complete relevant DOPS, CbD or OPA activities . See Appendix 6 .
Developing relationships with police and legal professionals	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 eLog . Complete relevant DOPS, CbD and OPA activities . See Appendix 6 .

Item	Requirement	Evidence
Educational events (e.g. conferences, courses, seminars, workshops)	Attend a minimum of 4	Log in the eLog .
Journal club or similar group learning session	Participate in a minimum of 3	Log in the eLog . Complete relevant OPA activities . See Appendix 6.
Teaching sessions for staff, junior pathologists, medical students, etc.	Conduct minimum 3	Log in the eLog Complete relevant OPA activities . See Appendix 6.
Research and scholarship: casebook or alternatives	Casebook or the equivalent item/s will be formally assessed	See Appendix 7
Quality activities Participate in internal and external RCPA QAP audits Quality Management eLearning Module in RCPA Education Online	Participate in 3 quality audits Complete the module	Log in the eLog (see Appendix 6). Complete relevant OPA activities . See Appendix 6 . Certificate of completion of Module. Log in the eLog .
Family liaison Bereavement counselling or family liaison	Observe/reflect on minimum 1 instance.	Log in the eLog . Complete relevant OPA activities . See Appendix 6 .
Significant incident	One reflection on a significant incident before the Diploma exam.	Significant Incident form in Appendix 8 . Record in eLog.
Supervisor report/s 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 examination. See RCPA website for submission dates.	Supervisor Guidelines See Appendix 4

Appendix 6

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. Candidates 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 and kept in a folder.

 <h1 style="margin: 0;">RCPA</h1> <p style="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>				
Candidate name	Candidate ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify			
Assessor name	Assessor position <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Other (specify)				
USE ONE FORM PER ACTIVITY 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)					
Complexity of case (tick box) <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high					
Please comment on whether these aspects of the candidate's performance are as expected for the stage of training			Yes	No	n/a
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					
Please comment on other relevant aspects, especially on aspects for improvement (use reverse if insufficient room)					
Final outcome (tick one) <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 candidate		
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.

 <b style="font-size: 2em; font-weight: bold;">RCPA The Royal College of Pathologists of Australasia	<b style="font-size: 1.2em;">Forensic Pathology Case-based Discussion (CbD) Assessment Form			
Candidate name	Candidate ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify		
Assessor name	Assessor position			
USE ONE FORM PER CASE DISCUSSED. Tick as many boxes as apply.				
Type of death <input type="checkbox"/> Suspicious <input type="checkbox"/> Non-suspicious <input type="checkbox"/> Paediatric Autopsy <input type="checkbox"/> Performed by trainee <input type="checkbox"/> Observed Re evidence presented in court <input type="checkbox"/> presented personally by trainee <input type="checkbox"/> observed	Case involves: <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)			
Complexity of case (tick box) <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high				
Brief description of case presented, discussed and assessed				
Please comment on whether these aspects of the candidate's performance are as expected for the stage of training		Yes	No	n/a
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				
Please comment on other relevant aspects, especially on aspects for improvement (use reverse if insufficient space)				
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 candidate		
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.

 <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;">Observed Professional Activity (OPA) Assessment Form</h3>				
Candidate name	Candidate ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify			
Assessor name	Assessor position <input type="checkbox"/> Pathologist <input type="checkbox"/> Senior registrar <input type="checkbox"/> other(specify)				
USE ONE FORM PER ACTIVITY. Tick as many boxes as apply.					
Activity: <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.....)					
Complexity of case (tick box) <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high					
Brief description of activity, discussed and assessed					
Please comment on whether these aspects of the candidate's performance are as expected for the stage of training			Yes	No	n/a
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					
Please comment on other relevant aspects, especially on aspects for improvement (use reverse if insufficient space)					
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 candidate		
Name of laboratory					

Appendix 7

Guidelines for presenting evidence of research & scholarship

Candidates 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.

Casebook	8 cases
Oral presentation and referenced article	Equivalent to 8 casebook cases
A publication in a peer-reviewed journal (not a case report)	Equivalent to 6 casebook cases
A case report published in a peer-reviewed journal	Equivalent to 3 casebook cases
A poster	Equivalent to 2 casebook cases
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.

If a mix of items is submitted, they must be on different topics. Candidates wishing to use alternatives to the casebook must request prior approval from the Chief Examiner. Send the request to the Examinations Officer of the Board of Examinations and Assessment.

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 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;
- Motor vehicular collision or pedestrian 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 candidate during their supervised training;
- At least 2 cases must have been handled in the 12 months immediately preceding the submission date;
- The cases must not have been used in any other casebook at any time or by any other candidate.

The signed, dated declaration below must be included at the beginning of the casebook

Declaration for the casebook

Candidate 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 candidate 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 on Plagiarism and Cheating in Examinations.

Candidate 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 these case reports and read the RCPA Project/Dissertation Requirements and believe they are suitable for submission to the RCPA examiners

Supervisor name (print)
.....date.....

Supervisor
signature.....

Submission of the casebook

- Casebooks must be received at the College in the year in which the candidate presents for assessment, so that they can be assessed before the practical and oral examinations. See [Handbook – Administrative Requirements](#) for key dates.
- Email the casebook (Adobe PDF) to the RCPA bea@rcpa.edu.au with Forensic Pathology Casebook in the subject line. Due date: 8 July 2023.
- Casebook results are ordinarily released when candidates are notified of their progress to the oral examination.

Assessment of the casebook

- Casebooks will be assessed as satisfactory or unsatisfactory.
- Candidates whose casebook is assessed as satisfactory but are unsuccessful in other exam components, will receive a casebook exemption when they re-sit the Diploma.
- Candidates whose casebooks are assessed as unsatisfactory but who have passed the other exam components may revise and re-submit the casebook. A pass in the Diploma examination will not be awarded until a satisfactory standard is attained in the casebook.
- Candidates whose reports are exceptional may be invited to have selected cases included in a case-based teaching collection on the College website or in the RCPA journal Pathology.

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:

- 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.
- **After being notified of the chief examiner's approval**, 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 case-based or is a discussion of a forensic issue (ideally a contentious topic) it must be contextualised within a substantial literature review. 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 unnecessarily graphic images. 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 candidate 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

Candidate 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 candidate in this laboratory. I have read and understand RCPA Policy 10/2002 on Plagiarism and Cheating in Examinations.

Candidate 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 candidate 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 name (print).....date.....

Supervisor signature.....

A publication in a peer-reviewed journal

The candidate 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.

Use the declaration below.

A case report published in a peer-reviewed journal

The candidate must be the principal author and the case must have been reported by the candidate during training, including training for the primary Fellowship. 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 below.

Declaration for a published manuscript or case report

Candidate declaration: I certify that this 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 on Plagiarism and Cheating in Examinations.

Candidate signature.....date.....

Supervisor declaration: As the supervisor for Dr., I certify that this 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 article/manuscript and read the RCPA requirements, and believe it is suitable for submission to the RCPA examiners

Supervisor name (print).....date.....

Supervisor signature.....

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. Posters will be assessed as satisfactory or unsatisfactory.

Declaration for a conference poster

Candidate declaration: I certify that this poster 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 candidate in this laboratory. I have read and understand RCPA Policy 10/2002 on Plagiarism and Cheating in Examinations.

Candidate 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 candidate in this laboratory. I have reviewed this poster and read the RCPA Project/Dissertation Requirements, and believe it is suitable for submission to the RCPA examiners.

Supervisor name (print).....date.....

Supervisor signature.....

A PhD thesis in forensic pathology

A completed PhD thesis on a topic that is relevant to the practice of forensic pathology is equivalent to the entire case book. 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 8

Miscellaneous Forms

The following pages contain forms for

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

 RCPA The Royal College of Pathologists of Australasia	Forensic Pathology Significant incident report form	
Candidate name	Candidate ID (RCPA)	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
Nature of incident: what happened and why was it significant?		
What led to the incident?		
Action taken at the time of the incident. Could it have been handled differently?		
Review of similar incidents		
Actions taken (or needed) to prevent future similar incidents		
Reflection by candidate		
Supervisor name (please print) and signature		Date
Name of laboratory		

 RCPA The Royal College of Pathologists of Australasia	Forensic Pathology Laboratory safety checklist
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This form is designed to confirm that Candidates 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 Candidates 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

Candidate name (print).....Signature.....

Witness (supervisor or senior pathologist):

Witness name (print).....Signature.....

Date:

Declaration for conducting a teaching session

Candidate 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 candidate in this laboratory.

Candidate signature.....date.....

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

Supervisor name (print).....date.....

Supervisor signature.....

Appendix 9

Assessment matrix for Diploma of Forensic Pathology

The matrix specifies the outcomes that are assessed in Diploma training and assumes previous achievement of outcomes in the Anatomical Pathology or General Pathology Trainee Handbooks.

Outcome		Assessment method (see key below)							
		A	B	C	D	E	F	G	H
Discipline-specific functions in the laboratory									
1.1	Foundation knowledge and skills in AP	X	X	X	X	X	X		X
1.2	Foundation knowledge and skills in FP	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
1.7	Developing, reporting a professional opinion	X	X	X	X	X	X		X

Key to assessment methods

A	Phase 1 written paper	
B	Phase 1 long practical examination - 3 cases	
C	Phase 2 histopathology slide examination – 10 cases	
D	Phase 2 short practical examination	
E	Phase 2 structured oral examination	
F	Autopsy assessment (A)	
G	Case book or alternatives	
H	Workplace-based assessment activities (eLog and WBA):	
	Laboratory safety checklist	Teaching sessions
	FP DOPS, CbD and OPA	Quality activities (internal audit and QAP)
	Post-mortem investigations	Communication activities
	Dissections	Ethics, Professionalism and Confidentiality
	Death scene investigations	eLearning module
	Suspicious death investigations	Signification incident reports
	Research/scholarship	Cultural safety eLearning module
	Educational events	Developing relationships with police and legal professionals