GUIDANCE TO CANDIDATES AND TRAINERS

for

ADVANCED SPECIALIST DIPLOMA

in

CERVICAL CYTOLOGY

Institute of Biomedical Science
12 Coldbath Square
London
EC1R 5HL

Tel: 020 7713 0214 ext 142
Email: examinations@ibms.org

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ADVANCED SPECIALIST DIPLOMA in CERVICAL CYTOLOGY

INTRODUCTION

The Institute's Advanced Specialist Diploma in Cervical Cytology provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the practice of cervical cytology, with the practical competence required to screen, interpret and report normal and abnormal cervical cytology results, with management recommendations as appropriate. Possession of this diploma will enable you to apply for an appropriate post.

The Institute's professional qualification structure (below) indicates the position of an Advanced Specialist Diploma.

Qualification	Membership Class	Additional qualifications
Advanced Specialist Diploma	Fellow	
⇧ Higher Specialist Diploma	Member	Diplomas of Expert Practice Certificates of Expert Practice
⇧ Specialist Diploma	Licentiate	
⇧ Certificate of Competence		
⇧ BSc (Hons) Biomedical Science		

AIMS

1. To develop the professional knowledge and skills of a candidate to the highest level of professional practice

2. To enable successful candidates eligible to undertake a role that involves the independent interpretation, evaluation and reporting of cervical cytology samples

3. To enable successful candidates to offer expert professional advice on patient management and follow-up

4. To enable successful candidates to participate in the training of biomedical scientists and specialist trainee medical staff in the reporting of normal and abnormal cervical cytology samples

LEARNING OUTCOMES

Individuals awarded the Advanced Specialist Diploma in Cervical Cytology will be able to:

1. Demonstrate expert professional skills and advanced knowledge beyond those routinely required of biomedical scientists working in an organised cervical screening programme

2. Demonstrate full understanding of the physiological and pathological processes associated with the female genital tract

3. Demonstrate in-depth knowledge of the requirements of cervical screening in relation to age ranges, screening intervals, screening tests, quality assurance, audit, treatment, patient management and follow-up

4. Independently, critically evaluate and interpret cervical samples, to issue appropriate reports and management advice

5. Evaluate, reflect and comment on previous or current clinical/pathological findings as an integral part of case management

6. Demonstrate the ability to operate autonomously whilst recognising the limits of their own competence, seeking advice from consultant colleagues when needed

7. Engage in critical dialogue and work collaboratively with other healthcare professionals to provide a high quality service

8. Continue to develop their own area of practice by keeping up-to-date their professional knowledge and skills

9. Participate in, organise or lead multidisciplinary team (MDT) meetings

10. Demonstrate the knowledge and skills to supervise and participate in the training of biomedical scientists and specialist trainee medical staff in cervical cytology

ELIGIBILITY CRITERIA

The reporting of abnormal cervical cytology results constitutes an expert role for biomedical scientists with the requirement to undertake additional duties and responsibilities as part of their professional practice. The minimum requirements for entry to the Advanced Specialist Diploma in Cervical Cytology are:

- registration with the HCPC as a biomedical scientist
- Member (MIBMS) or Fellow (FIBMS) of the Institute of Biomedical Science
- hold the NHS CSP/City & Guilds Certificate in Cervical Cytology or the equivalent BSCC/IBMS Certificate of Competence in Cytology Screening
- have at least seven years' post-registration experience of primary screening in cervical cytology
- have at least three years' experience of "checking" and service management within the screening programme
- confirmation in the form of a statement from a clinical/scientific lead that the applicant meets all the stated criteria

Candidates must continue to meet the stated criteria eligibility criteria through to the achievement of the qualification.

NOTE

From January 2018 the requirement to have Fellow (FBMS) status of the Institute to be eligible to undertake this qualification has been removed. Those who have Member (MIBMS) **or** Fellow (FIMBS) status may apply to undertake the qualification provided they also meet all the other stated eligibility criteria.

The Cytology Conjoint Examination Board and the National Cervical Cytology Education and Training Committee (NCCETC) recognised that the NHS Cervical Screening Programme (NHS CSP) course in Advanced Practice which previously formed part of the eligibility criteria for this qualification is no longer being run. Attendance at this course therefore no longer forms part of the eligibility criteria requirements for candidates wishing to undertake this qualification.

The portfolio of evidence that has to be submitted ensures coverage of the aspects of the qualification previously addressed in the NHS CSP course in Advanced Practice. If such a training course does become available again, or a similar one is established, then candidates will be encouraged to attend however this would be an additional non-mandatory element to the training. It would **not** exempt candidates from the requirement to submit the portfolio evidence as described elsewhere in this document.

CONSULTANT PATHOLOGIST SUPERVISOR

All biomedical scientists undertaking training for the Advanced Specialist Diploma in Cervical Cytology must have a named consultant pathologist supervisor to oversee and have responsibility for the training process. This is essential to ensure the biomedical scientist in training has the necessary support, exposure to material and training to facilitate the acquisition of the advanced skills and knowledge required to obtain the diploma and fulfil subsequent professional roles.

The named consultant pathologist supervisor must be registered on the specialist register with the GMC, be currently reporting cervical cytopathology, meet the minimum RCPath CPD requirements and participate in the NHS CSP EQA Scheme for cytopathology. The pathologist supervisor must:

1. Guide and direct the training process

2. Regularly review progress during the training period. These reviews must be documented and include evidence of the discussion of results, cytological/histological correlation and case reviews using 'double-headed' microscopy

3. Set agreed learning plans with the biomedical scientist

4. Be able to arrange for the biomedical scientist to obtain training in all the required areas of healthcare professional practice

5. Inspect the portfolio prior to submission to the Institute to ensure it meets the requirements specified in the guidance to candidates

6. Sign the declaration in Appendix A to this guidance to confirm that the candidate has undergone training, and in his/her opinion is competent and ready to sit the examination

The consultant pathologist supervisor and the biomedical scientist in training should comply with all relevant RCPath and IBMS guidelines and standards.

LABORATORY REQUIREMENTS

The laboratory where the training is undertaken should be a UKAS (United Kingdom Accreditation Service) CPA (Clinical Pathology Accreditation (UK) Ltd) or registered laboratory. The laboratory must also have appropriate Institute training approval. The laboratory manager must support the training of biomedical scientists in reporting abnormal cervical cytopathology results.

DELIVERY OF TRAINING

Although there is no training logbook for this diploma, training must be delivered in accordance with an agreed training programme that includes the following:

- The interpretation, diagnosis, classification and reporting of cervical cytology samples
- Histology as relevant to cervical screening programmes, including the types of specimens, their handling and reporting criteria and classifications
- Patient management in a cervical screening programme to include treatment options, follow-up protocols, MDT meetings, quality assurance, clinical audit and professional guidance
- Involvement/exposure of the biomedical scientist in other aspects of a cervical screening programme including primary care, colposcopy , commissioning and HPV testing

Completion of training is evidenced by the compilation and submission of a portfolio that contains evidence of regular assessments of competence in reporting appropriate cervical cytology results by the named consultant pathologist supervisor. If the repertoire of the training laboratory is not comprehensive enough to allow exposure to the widest spectrum of cervical pathology, it is considered good practice for biomedical scientists to visit other laboratories to gain the necessary expertise. This may require the delivery of training by individuals other than the named consultant pathologist supervisor, who must also conduct appropriate assessments of competence as described below.

The aim of the overall programme of training for biomedical scientists in the reporting of abnormal cervical cytology results is to develop expert knowledge and advanced skills and attitudes in cervical cytology and cervical screening. Training biomedical scientists must not detract from the training of specialist trainee medical staff in these areas.

ON-GOING ASSESSMENT OF COMPETENCE

In-house assessments of competence must be an interactive continuous process between the supervising pathologist and the biomedical scientist which must include formal discussion of results, case-based discussion or equivalent processes. Regular reviews are essential for the assessment of progress, the setting of agreed learning plans and as part of an on-going personal development plan.

PORTFOLIO OF EVIDENCE

The compilation of a portfolio is a means of clearly organising and recording achievements and must demonstrate a range of competencies, skills, experience and an overall reflective approach to learning. This must also include a record of any formal assessments carried out during the training period. It must be submitted to the Institute as part of the evidence for completion of training in the reporting of cervical cytology prior to the examination.

The portfolio of evidence will cover those elements that were previously part of the mandatory introductory course namely:

- A description of the requirements and expectations of the four UK countries screening programmes and how they meet the WHO Wilson and Jung standards for screening programmes

- A critical assessment of the options for the clinical management of women with abnormal screening results in relation to both cervical and non-cervical disease

- A discussion of the implication of false negative and false positive reports on women, screening professionals and screening programmes

- An explanation of the national requirements for fail-safe and follow up and an indication of how these are met in local procedures – this should include a critical assessment of a laboratory fail-safe audit

- An explanation on how to audit individuals against performance indicators, including the remedial action which can be taken where necessary and the steps that the laboratory should take to manage a litigation case that could be brought against it

- With reference to department invasive cancer audits cite a specific anonymised case describe the lessons learned and whether improvements to the programme could prevent similar cases

- An explanation of how technology has driven and will continue to drive changes in laboratory procedures

Rather than give a word count for each of the bullet points above the overall word count for this work should be 2500 words (+/- 10%). This provides candidates with a greater degree of flexibility in how they approach addressing these points.

The portfolio **must** also contain:

- a prospectively constructed shadow reporting log of at least **500 cases,** using the template shown in Appendix A ensuring an outcome is recorded for at least 50% of these cases.

- evidence of **regular case review of at least 50** of the cases from the shadow reporting log using the template shown in Appendix A with the supervising pathologist(s) that must demonstrate critical evaluation of the screening and reporting of cervical cytology samples by the biomedical scientist. The case review must also show evidence of knowledge and understanding of diagnosis and the possible impact on subsequent

treatment and outcome. This should form part of the evidence for continuing audit of the biomedical scientist in training.

- **ten** different case studies taken from the shadow reporting log that reflect the case mix within cervical cytology encountered by the biomedical scientist during the training period. (see below for more details)

- three audits (see below for more details)

- a record of training programmes or courses attended

- a record of multidisciplinary team meetings (MDT) attended

- details of any seconded experience

- an incident log that includes evidence from adverse incidents and good practice

- reflection on the whole learning process

- the signed declaration (Appendix B)

Evidence in the portfolio should be accompanied by a written commentary indicating how and why particular evidence was included and its relationship to the training objectives. It may include digital microscopy images, flow diagrams and hand outs from power-point presentations to accompany the written work.

CASE STUDIES

The **ten** different case study reports will be appropriate to the complexity of the case and be 1000 ± 10% words in length. The significance of cervical cytology within the context of the 'patient pathway' from initial invitation, to reporting and management through initial investigations to treatment should provide the framework for each case. Details about possible differential diagnoses should be included to show understanding of the clinical/pathological context of the cases

They should be prepared using aspects of the following format to bring a whole case history together supplemented by comments on options available to clinicians as the case progresses. Each case study must be cases from the shadow reporting log, your own work and also include:

- clinical history

- macroscopic description of gross cytology samples or histological specimens

- correlation of any clinical/radiological findings

- details of any dissection procedures undertaken

- description of cytological and histological findings

- details of possible differential diagnoses (if applicable) where they show a critical understanding of the clinical/pathological context

- the timeline from sample reception to the final outcome

- knowledge and reasoned argument of sufficient depth and clarity

- adequate and appropriate references to key sources of information

The following section provides further guidance on the content of a case study

PRE-ANALYSIS
Details of any symptoms and additional relevant clinical history should be used to introduce the case. The screening history, including any previous treatment should be critically discussed.

ANALYSIS
The way the sample is handled when it arrives in the cytopathology laboratory should be discussed. Previous and current screening results should be reviewed and discussed, together with any ancillary tests, colposcopy findings or histological reports.

POST ANALYSIS
The outcomes for the patient should be discussed to include evidence of follow-up treatment, and the relationship of that treatment to the final diagnosis. This should include a record of any MDT discussions and the outcomes.

AUDITS
Three different types of audits must be submitted with appropriate outcomes and reflection. These must include:

- Workplace audit – e.g. vertical or horizontal audit

- Audit of personal practice – your own practice audited against final report and/or clinical outcome

- Audit of clinical practice – an audit of diagnostic cytology service provided by your department

The audits should be undertaken against any locally or nationally published performance targets.

COMPLETION OF TRAINING

Once the named consultant pathologist supervisor and the laboratory manager are satisfied that the training is complete, the candidate may contact the Institute for an examination application form. The candidate will be notified when the application has been accepted and will then be required to submit a completed portfolio by a specified date.

Progression to the examination for the Advanced Specialist Diploma in Cervical Cytology is dependent upon the satisfactory assessment of the portfolio. Success in the examination will be recognised by the awarding of the Advanced Specialist Diploma in Cervical Cytology.

END POINT ASSESMENT

1. Successful portfolio assessment

2. Written examination

3. Practical examination - Split into two parts - Short Cases (called Screening in earlier versions of this guidance) and Long Cases (called Cases in earlier versions of this guidance)

ASSESSMENT OF THE PORTFOLIO

Once submitted, the portfolio will be independently assessed by two members of the Conjoint Examination Board, using the following categories.

- Case log
- Case review
- Case studies
- Formative assessments
- Audit
- Tutorials and training sessions
- General overview of portfolio

There are a total of 28 standards across the above categories that must be met in order to achieve a pass and progress to the written and practical examination.

All evidence submitted as part of the portfolio must conform to the Data Protection Act (2003). All evidence which is submitted as part of a portfolio that may identify an individual must be made anonymous, but in such a way that allows identification to be re-established subsequently if appropriate. The use of a marker pen to blank out this information is often insufficient and its use is discouraged and the use of correction fluid or tape is not permitted.

Portfolios that contain evidence that allows identification of a patient will be automatically marked as a fail and may not be resubmitted until the following year.

PORTFOLIO ASSESSMENT STANDARDS

The portfolios are assessed using the following standards:

Case Log

1. The log is clearly laid out, accessible and in the prescribed format

2. The log must reflect a variety of cases in order to assess candidates' scope of professional practice

3. The mix of cases is in accordance with the diploma being studied for

Case Review

4. There is evidence that regular case reviews have taken place

5. The reviews are clearly laid out, accessible and in the prescribed format

6. There is a clear indication of the purpose of case review and that this has been undertaken by the candidate and the consultant pathologist supervisor

7. It is clear from the evidence presented that the candidate has an understanding of the impact of laboratory tests on diagnosis, treatment and prognosis of patients

8. The reviews show clearly that points of interest have been used as a positive learning experience

9. Evidence of MDT discussion of cases reported by the biomedical scientist in training together with the minutes and outcomes included. Attendance at MDTs must be regular enough to ensure appropriate discussions take place and during training will require the biomedical scientist to attend 1 in every 2 MDT (or at least six per year) meetings held, where the cases reported by them are discussed

Case Studies

10. Studies are neat, well laid out and of appropriate length, including timeline from sample taking to final MDT outcome

11. Details of any previous screening history, clinical presentation, including correlation with the findings of any other investigations performed, should be included in each study

12. Where appropriate, differential diagnoses should be discussed and the reasons for the final diagnosis included

13. Details of appropriate ancillary tests, management, treatment and follow-up are presented in each case study

14. Illustrations or images when used, are relevant and of high quality

15. The case mix reflects the spectrum encountered by the biomedical scientist during the training period

Formative Assessments

16. It is clear from the evidence presented that systematic and periodic reviews of the candidate's performance throughout the training period have been undertaken by the consultant pathologist supervisor

17. It is evident from the details presented how the candidate's practice has evolved over the course of the training period by the inclusion of incident logs and competency assessments

Audit

18. There is evidence that the candidate understands the principles of quality assurance and audit appropriate to a cervical screening programme

19. It is clear from the evidence presented, in the form of the appropriate number and mix of audits, that the candidate has gathered data relevant to his or her own practice and that of their department

20. There is evidence of critical evaluation and implementation of audit outcomes where appropriate

Tutorials and training sessions

21. A record of training programmes, short courses, tutorials and in-house training sessions attended or delivered by the candidate has been included

22. Examples are accompanied by evidence of reflection on the learning outcomes

General overview

23. The portfolio is neat and tidy

24. There is a useful and accurate index

25. Sections are easily found and correctly labelled

26. The portfolio is written in English prose with the correct use of grammar and punctuation

27. There is no evidence of plagiarism

28. Evidence presented is relevant, of good quality and there is an indication of reflection

Marking of Portfolios
All portfolios will be marked independently by two examiners, referring to a third examiner if appropriate. Portfolios will be awarded a 'pass' or marked as 'refer' or 'fail'.

Pass
Candidates whose portfolio is marked as a pass will be notified of their eligibility to enter the written and practical examination. It is normal practice for candidates to enter the examination in the same year that their portfolio is judged to have passed but candidates may, on request, defer their first attempt at the examination until the following year.

Refer
On review the portfolio examiners may decide that a portfolio has not yet met the required standards but is close to doing so. These portfolios will be marked as a 'refer'. In these circumstances individuals will be notified by the Institute of the shortcomings and will be given a further three weeks to address these issues. If information governance issues are noted that these portfolios are deemed and automatic fail. The additional evidence must be submitted by the deadline stated by the Institute at which time it will be re-assessed. At this point the portfolio will be either be awarded a 'pass' or 'fail'.

If a candidate does not submit the additional evidence by the deadline stated by the Institute this will result in an automatic fail but these candidates will be able to re-submit in the following year.

Fail
Candidates whose examination portfolio is deemed to have significant deficiencies or have information governance issues and therefore not to have met the requirements of the qualification will be marked as a fail. These candidates will not be permitted at this stage to proceed to sit the examination.

Resubmission of portfolios
Candidates who wish to resubmit their portfolio for assessment will be required to address the deficiencies identified by the assessors and submit the portfolio the following year by the stated deadline, accompanied by the portfolio re-assessment fee. In addition candidates who re-submit their portfolio must ensure that the evidence presented within the revised portfolio is up-to-date and reflects the training and experience gained in the period since the initial assessment of the portfolio.

After resubmission and reassessment any portfolios that are still deemed not to have met the requirements of the qualification will be again marked as a fail. These portfolios are not valid for a further re-submission and candidates must re-apply to undertake the qualification and must construct a new portfolio for assessment.

EXAMINATIONS

WRITTEN EXAMINATION

The format of this paper is to cover the following areas:

- Morphology
- Screening
- Service development
- Clinical aspects of cervical screening
- New developments in cervical screening
- Quality assurance and audit

This examination will last 90 minutes. Candidates will be expected to answer four out of six short-answer questions.

PRACTICAL EXAMINATIONS

Short Cases (Previously called Screening)

This examination will last 72 minutes. Candidates are expected to screen 12 slides with summary clinical information, and prepare full reports comparable to HMR 101/5 including appropriate management with free text comments if necessary for all 12. Individual slides will be circulated every six minutes.

Long Cases (Previously called Cases)

This examination will last 120 minutes. Candidates are expected to examine eight cases consisting of slides with summary clinical information, preparing full reports and discussion on all eight cases. There may be more than one slide in each case and at least one case will include a relevant histological section. These cases will be circulated in pairs every 30 minutes.

Marking and Issuing of Results

All examination papers will be marked by two examiners using a 'closed marking' scheme, referring to a third, independent examiner if appropriate. In order to pass a component of the examination, candidates will be required to achieve a minimum of 50%. To pass the complete examination, all papers must be passed in a single sitting. Examination results will require ratification by the Institute's Conjoint Examination Board and will be sent to the candidates from the Institute no later than three weeks after the date of the examination.

Further attempts/Re-sits
Candidates who fail the examination will be provided with formal written reflective feedback, which would include the identification of any areas of weakness.

Unsuccessful first and second attempts
The shadow reporting log must include a minimum of a **further 250 cases** with evidence supporting that the process of shadow reporting has been continued throughout the period between examination entries and has been inspected by the consultant pathologist supervisor prior to submission. The updated log must be submitted for assessment by the published portfolio submission deadline

Unsuccessful third attempt
The portfolio, which must include a further log of a minimum of **500 new cases** that have been shadow reported since the third failure, must be re-submitted together with full evidence of on-going training.

Candidates who fail the examination for the third time are also required to submit the written element of the portfolio that was previously part of the mandatory introductory course. Both the updated log and the written element of Part A of the portfolio must be submitted for assessment by the published portfolio submission deadline.

Appeals
Any candidate wishing to appeal against the outcome of the examination must contact the Examinations Manager stating the nature of the appeal. All appeals must be received by the Institute within 40 days of the publication of results.

Mitigating Circumstances
Any mitigating circumstances, which may affect examination performance or attendance, must be put in writing to the Institute, with the inclusion of any supporting evidence, e.g. doctor's certificate. Once written evidence is received the matter will be brought to the attention of the relevant examination board for consideration. Candidates who are unable to attend the examination for a reason deemed acceptable by the examination board may defer entry to the following year without financial penalty.

APPLICATION PROCESS
Application forms are available from the Institute's Office using the contact details below and may be requested by telephone or e-mail, or they may be downloaded from the Institute's web site. The completed application together with the correct fee must be returned to the Institute.

Fees can be paid for through the provision of a personal cheque, credit or debit card payment or by a purchase order from your Hospital Trust. For information about fees, please refer to the Institute website or contact the Examinations Manager using the contact details below.

Confirmation of application

Once accepted, candidates will be sent a confirmation of candidacy and a reminder of the submission deadline for examination portfolios.

Enquiries

All enquiries relating to this Advanced Specialist Diploma must be addressed to:

Head of Examinations
Institute of Biomedical Science
12 Coldbath Square
London EC1R 5HL
Tel: 020 7713 0214 ext 142

E-mail: examinations@ibms.org

INDICATIVE READING LIST

This cytology reading list has been compiled for those preparing for the IBMS Advanced Specialist Diploma in Cervical Cytology. It is also a general recommended reading list for anyone studying cytology. The reading list was current when published in January 2018 and will be regularly reviewed, but if new editions of any texts have been published subsequently, please refer to these new editions.

Text books

Bibbo M, Wilbur D. (Eds.) *Comprehensive Cytopathology.* 4th ed. Saunders; 2014. ISBN-10: 1455751952

Cibas E, Ducatman B. *Cytology: Diagnostic Principles and Clinical Correlates.* 4th ed. Saunders; 2014. ISBN-10: 145574462X

DeMay RM. *The Art and Science of Cytopathology* 2nd ed. 4 vol. ASCP, 2012. ISBN 0-89189-644-9

Dey P. *Fine Needle Aspiration Cytology: Interpretation and Diagnostic Difficulties.* 2nd ed. Jaypee Brothers Medical Publishers; 2015. ISBN-10: 9351526089

Field A, Zarka M. *Practical Cytopathology: A Diagnostic Approach to Fine Needle Aspiration Biopsy*. Elsevier; 2016. ISBN-10: 1416057692

Gray W, Kocjan G. *Diagnostic Cytopathology: Expert Consult: Online and Print.* 3rd ed. Churchill Livingstone, 2010. ISBN-10: 0702031542

Kocjan G, Gray W, Levine T, Kardum-Skelin I, Vielh P. *Diagnostic Cytopathology Essentials.* Churchill Livingstone; 2013. ISBN-10: 0702044504

Koss LG, Melamed MR. *Diagnostic Cytopathology and its Histopathologic Bases.* 5th ed. 2 vol. Lippincott Williams & Wilkins, 2005. ISBN 10: 0781719283

Orell SR, Sterrett GF. *Fine Needle Aspiration Cytology.* 5th ed. Churchill Livingstone; 2011. ISBN-10: 0702031519

Samedi VG, Bocklage T. *Pitfalls in Diagnostic Cytopathology with Key Differentiating Cytologic Features*. Springer; 2016. ISBN-10:3319398075

Shambayati B ed. *Fundamentals of Biomedical Science Series – Cytopathology*. OUP, 2011. ISBN-10: 019953392X

Stevens A, Lowe JS, Scott I. *Core Pathology.* 3rd edn. Mosby, 2008. ISBN-10: 0723434441

Takahashi M. *Colour Atlas of Cytology*. 3rd edn. Lippincott Williams & Wilkins, 2000. ISBN 4-26014-348-4

Journals

- *British Medical Journal*
- *Journal of Clinical Pathology*
- *Acta Cytologica*
- *Cytopathology*
- *Current Diagnostic Pathology*
- *Cancer Cytopathology*
- *British Journal of Obstetrics and Gynaecology*
- *SCAN*

Key Publications

- NHS Cervical Screening Programme publications and Statistical Bulletins see website: www.cancerscreening.nhs.uk

Multimedia

- *Taking Cervical Smears* BSCC (now BAC) updated video and CD-ROM
- Cytofocus CD-ROM
- Compendium on Diagnostic Cytology CD-ROM. IAC
- Colposcopy CD-ROM. Chapman and Hall Medical

Web Sites

- www.britishcytology.org.uk
- www.cytopathnet.org
- www.dh.gov.uk
- www.cytology-iac.org
- www.nice.org.uk
- www.hpc-uk.org
- www.cancerscreening.nhs.uk
- www.rcpath.org
- www.rcog.org.uk
- www.ukas.com/
- www.screeningservices.org/csw/
- www.cancerscreening.hscni.net/
- www.cancerscreening.nhs.uk/cervical/publications/training-atlas.html

Appendix A

Case Log Template

The following template should be used for the Case Log that needs to be included as part of the portfolio requirements of this qualification.

Log Number	Date	Slide Number	Report Recommended	Management Recommended	Final Report	Final Management	Discrepant cases	Notes	Outcome

Case Review Template

The following template should be used for the Case Reviews that needs to be included as part of the portfolio requirements of this qualification.

Case Number	Date	Slide Number	Report Recommended	Management Recommended	Final Report	Final Management	Discrepant cases	Discussion Notes	Name of Pathologist discussed with	Outcome

Appendix B

Declaration

To be included as part of the portfolio:

Please print and complete this page.

I declare that …….. has satisfactorily completed a training programme and shadow reporting log, so meeting the requirements for entry, and is now ready to undertake the examination for the IBMS Advanced Specialist Diploma in Cervical Cytology

Signed (consultant pathologist supervisor) ……..

Date ……