GUIDANCE TO CANDIDATES AND TRAINERS

for

DIPLOMA OF EXPERT PRACTICE

in

HISTOLOGICAL DISSECTION

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Please note:

1. On a case-by-case basis, the quality assurance of the dissection of tissue specimens performed by biomedical scientists, who hold the Diploma of Expert Practice in Histological Dissection, remains the responsibility of the reporting consultant pathologist

2. This candidate guidance must be read in conjunction with the other supporting documents pertinent to this diploma:

    - Principles of Good Practice for Biomedical Scientist Involvement in Histopathological Dissection

    - Training Logbook for the Institute Diploma of Expert Practice in Histological Dissection

DIPLOMA OF EXPERT PRACTICE IN HISTOLOGICAL DISSECTION

INTRODUCTION

The Institute's Diploma of Expert Practice in Histological Dissection provides evidence of the attainment of both the necessary scientific and clinical knowledge underpinning the practice of dissection of specimens from categories B & C, with the practical competence required to accurately dissect specimens from these categories within the modules studied. Possession of this diploma will enable you to apply for an appropriate post.

AIMS

1. To develop the professional knowledge and skills of a candidate beyond a Specialist Diploma to a higher level of professional practice

2. To enable successful candidates to undertake a role that involves the description, dissection and block sampling of specimens from categories B & C

3. To enable successful candidates to offer expert professional advice on the dissection of specimens from categories B & C

4. To enable successful candidates to participate in the training of biomedical scientists and specialist trainee medical staff in the dissection of specimens from categories B & C

LEARNING OUTCOMES

Individuals awarded the Diploma of Expert Practice in Histological Dissection will be able to:

1. Demonstrate expert professional skills and advanced knowledge beyond those required of biomedical scientists in histopathology working at the level of a Specialist Diploma

2. Demonstrate understanding of the physiological and pathological processes associated with specimens from categories B & C

3. Accurately describe the macroscopic appearances of specimens from categories B & C using appropriate terminology

4. Use specialised practical skills to dissect specimens from categories B & C to enable accurate histological reporting

5. Demonstrate the ability to operate autonomously within limits of their own competence, seeking advice from a consultant pathologist when needed

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

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

ELIGIBILITY CRITERIA

The histological dissection of specimens from categories B & C 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 a training programme for the Diploma of Expert Practice in Histological Dissection are:

- registration with the HCPC as a biomedical scientist
- Membership (MIBMS) or Fellowship (FIBMS) of the Institute of Biomedical Science
- have at least **three** years whole time equivalent post-registration experience in histology
- have at least two years current practical experience in the dissection of histological specimens

CONSULTANT PATHOLOGIST SUPERVISOR

A biomedical scientist considering undertaking training for the Diploma of Expert Practice in Histological Dissection requires a named consultant pathologist supervisor. This is essential in ensuring that a biomedical scientist in training has the necessary support and exposure to material and training to enable the acquisition of these advanced skills knowledge and ultimately to apply them in their professional practice.

The named consultant pathologist supervisor must be registered on the specialist register with the GMC, currently reporting pathology specimens from categories B & C, meet the minimum RCPath CPD requirements and participate in an appropriate EQA scheme. The consultant pathologist supervisor must:

1. Guide and direct the training process

2. Regularly review progress during the training period, which must include direct observation of practical skills and evidence of case reviews

3. Set agreed learning plans with candidate

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

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 the logbook 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 must comply with all relevant IBMS and RCPath guidelines and standards.

BIOMEDICAL SCIENTIST SUPERVISOR

Ideally a biomedical scientist supervisor would be an individual who had already successfully completed the training course and obtained a Diploma of Expert Practice. This may not always be possible, especially if the candidate is the first person to attempt the training programme within their laboratory. In such circumstances, a biomedical scientist supervisor must be a member of staff who has sufficient experience to enable them to guide and advise the candidate in all aspects of the training programme. They must also have authority to assign appropriate resources to the candidate and their training programme.

The biomedical scientist supervisor must be aware of the requirements of the diploma and must:

- monitor the candidates scope of practice
- ensure that due diligence is paid to all aspects of clinical governance
- ensure that all appropriate health and safety procedures are carried out
- ensure that the candidate keeps and updates a professional portfolio of evidence
- ensure that appropriate liaison occurs between the candidate and the consultant pathologist supervisor
- ensure that the candidate has and takes the opportunity to engage with other healthcare professionals

LABORATORY REQUIREMENTS

The laboratory where the training is undertaken should be a United Kingdom Accreditation Service (UKAS) registered laboratory. The laboratory must also have appropriate Institute training approval. The laboratory manager must support the training of biomedical scientists in specimen dissection.

DELIVERY OF TRAINING

Training must be delivered in accordance with the IBMS/RCPath training logbook for the Diploma of Expert Practice in Histological Dissection. Completion of training is evidenced by submission of the signed logbook and compilation of a portfolio that contains evidence of regular assessments of competence in dissecting appropriate specimens from categories B & C by a named consultant pathologist supervisor.

If the repertoire of the training laboratory is not comprehensive enough to allow exposure to the widest spectrum of specimens it is considered good practice for biomedical scientists to visit other laboratories to share expertise and to learn different techniques. This might require the delivery of training by individuals other than the named consultant pathologist supervisor (pathologists or biomedical scientists), and who may also conduct appropriate assessments of competence as described below.

The overall aim of the training programme is to develop specialist knowledge, attitudes and dissection skills in specimen dissection. Training of biomedical scientists in dissection of specimens from categories B & C must not detract from the training of specialist medical trainees in these areas.

ONGOING 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 the use of direct observation of practical skills, case-based discussion or equivalent processes. Regular reviews of progress are essential for the setting of agreed learning plans and as part of an ongoing personal development plan.

PORTFOLIO OF EVIDENCE

The compilation of a portfolio is a means of clearly organising and recording achievements and should 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, along with the Training Logbook, as part of the evidence for completion of training in dissection of specimens from categories B & C prior to the examination. In addition to the common requirements in the generic guidance, the portfolio must contain:

- one case study per optional module that is being applied for (however if candidates are only applying for one module they must provide two case studies on that unit), that overall reflect the case mix and specimen types within categories B & C encountered by the biomedical scientist during the training period. The significance of histopathology within the context of the 'patient pathway' from initial clinical presentation through surgical operation 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. At least half of the case studies that are submitted must correlate patient imaging with gross and dissected appearances, and with subsequent histological diagnosis

- a log of the case repertoire encountered during the full period of training and demonstrating at least two years of current practice in dissection of specimens from categories B & C detailing the scope and number of specimens dissected and presented in module format with an accompanying summary of the specimens dissected. This should include evidence of adverse incidents and examples of 'best' practice. Appendix 1 provides an example of how this information could be presented within the portfolio

- a record of training programmes or courses attended with appropriate reflection demonstrated

- evidence of regular case review with the supervising pathologist(s) that should demonstrate critical evaluation of the dissection of specimens from categories B & C by the biomedical scientist. The case review will also show evidence of knowledge and understanding of the patient's diagnosis and the possible impact on their subsequent treatment and outcome. This should form part of the evidence for continuing audit of the biomedical scientist in training

- details of any seconded experience

- formal observation of the practical skills of the biomedical scientist must include on-going assessment carried out by the consultant pathologist supervisor during training

- details of in-house assessments

- audits of personal practice - A minimum of three different types of audits must be submitted with appropriate outcomes and reflection. Audits could include vertical, horizontal and health and safety audits. At least one must be of personal practice and another must be of clinical practice. The audits should be undertaken against any locally or nationally published performance targets

- reflection on the whole learning process

Evidence in the portfolio should be accompanied by a written commentary indicating how and why particular evidence was included and its relationship to the learning outcomes. It may include digital microscopic images, flow diagrams or handouts from power-point presentations to accompany the written work.

CASE STUDIES

Each case study will be appropriate to this qualification and the complexity of the specimen, and must be at least 1000 ± 10% words in length. 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 also include:

- patient clinical history

- macroscopic description of gross specimen

- details of dissection procedure

- block selection – number and area sampled

- requirements for extra blocks (if applicable) in light of additional patient information

- correlation of the relevance of macroscopic description and block selection to final diagnosis and subsequent patient management

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

- knowledge and reasoned argument of sufficient depth and clarity

- adequate and appropriate references to key sources of information

The following sections provide further guideline to content of a case study:

PRE-ANALYSIS

Details of presenting symptoms and any additional relevant clinical history should be used to introduce the case. The clinical symptoms may be expanded upon and any additional laboratory tests, including previous biopsy or surgery should be critically discussed. Radiology or ultrasound results may also be involved at this stage. The surgical procedure selected and the subsequent removal of tissue for histological examination should be put into context with the patient's overall treatment plan, e.g. results may be discussed at a MDT meeting to include compliance with the appropriate cancer standards.

ANALYSIS

The way the specimen is handled when it arrives in the cellular pathology laboratory should be discussed, e.g. whether fresh or formalin fixed, to include precise details of the dissection process, blocks taken and macroscopic description. Evaluation and impact of imaging findings and clinical history should be demonstrated. The main histological features should be discussed and details of the stains and antibodies used on the case should be explained to show evidence of slide review. Where a panel of markers have contributed to the final diagnosis these should be discussed, together with possible options of other specialised tests.

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 diagnosis. This should include a record of any MDT discussions and the outcomes.

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 Diploma of Expert Practice in Histological Dissection is dependent upon the satisfactory assessment of the portfolio. Success in the examination will be recognised by the awarding of the Diploma of Expert Practice in Histological Dissection.

END POINT ASSESMENT

1. Successful portfolio assessment

2. Written examination comprising two papers
    - paper 1 – mandatory modules
    - paper 2 – optional modules

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
- Audits
- Tutorials and Training Sessions
- General Overview

Note:
All evidence submitted as part of the portfolio must conform to the General Data Protection Regulations (2016). All evidence that may identify an individual which is submitted as part of a portfolio 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 therefore discouraged and the use of correction fluid or tape is not permitted.

There is a total of 29 standards across the above categories that must be met in order to achieve a pass and progress to the written examination.

ASSESSMENT STANDARDS

The portfolios will be assessed using the following standards all of which must be met in order for the portfolio to be passed:

Case Log

1. The log is clearly laid out and accessible

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 modules being studied for

Case Review

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

5. The reviews are clearly laid out and accessible

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, monitoring and prognosis of patients

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

Case Studies

9. Studies are neat, well laid out and of appropriate length, including timeline from surgery to final MDT outcome

10. Details of clinical presentation, including correlation of any clinical and/or radiological findings performed are included in each study

11. Details of the dissection process, including block selection – number and area sampled, and macroscopic description, with relevant correlation to final diagnosis

12. Where appropriate, there is differential diagnosis and discussion of reasons

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 matches the requirements set out in the training logbook

Formative Assessments

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

17. It is clear from the evidence that the consultant pathologist supervisor has observed the appropriate range of specimens from categories B & C

18. 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 assessments of competence against appropriate standards

Audit

19. There is evidence that the candidate understands the principles of audit (service and clinical) through the submission of an appropriate mix of different types of audit

20. It is clear from the evidence presented that the candidate has gathered data relevant to his or her own practice

21. There is evidence of critical evaluation, reflection and implementation of audit outcomes relevant to the candidates own and in-house practice as appropriate

Tutorials and Training Sessions

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

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

General Overview

24. The portfolio is neat and tidy

25. There is a useful and accurate index

26. Sections are easily found and correctly labelled

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

28. There is no evidence of plagiarism

29. Evidence presented is high quality, relevant and shows appropriate reflection

PORTFOLIOS

Portfolios will be awarded a 'pass' or marked as 'refer' or 'fail'.

Portfolios that contain evidence that breaches data confidentiality will be automatically referred and may not be resubmitted until the following year.

Pass

Candidates whose portfolio is marked as a pass will be notified of their eligibility to enter the 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 the individual will be notified by the Institute of the shortcomings and will be given a further four weeks to address these issues. 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.

Automatic Fail

Candidates whose examination portfolio is deemed to have significant deficiencies (three or more of the portfolio assessment indicator standards not being met) and therefore not to have met the requirements of the qualification the portfolio 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. Candidates should ensure that they clearly identify the revised or additional information when they re-submit their portfolios.

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.

If, following the assessment the candidate has not met all the standards and their portfolio is referred, or the two assessors' marks differ significantly, the portfolio will be reviewed by a third assessor and moderated accordingly.

WRITTEN EXAMINATION

This examination consists of two papers as set out below.

Paper 1

This paper lasts 120 minutes and covers the five mandatory modules (one question per module) with candidates being expected to answer all questions.

Paper 2

This paper lasts 120 minutes and covers the optional modules (one question per module) with candidates being expected to answer **six** questions from a choice of eleven.

In both papers questions may vary in their format from short, multi-part or structured answer, or may be based on a diagram or sketch. Candidates are strongly advised to use the past papers that can be found on the Institute website to help them prepare for the written examination.

Please note: Candidates must sit the examination (first attempt) within five years of being issued a training log.

All examination papers will be marked by two examiners, referring to a third, independent, examiner if appropriate. All marks are subject to moderation and ratification by the Institute's Examination Board. Candidates will be required to achieve a minimum of 60% overall and minimum of 50% in each of the written papers.

Re-sitting the Examination

If a candidate fails to meet the pass mark, they will be able to re-sit the examination. This would normally be in the following year. Candidates will **NOT** be required to re-submit their portfolio as this is valid for up to four attempts at the examination. A fee applies for re-sitting the examination.

COMPETENCIES

In addition to a pass certificate, successful candidates will be provided with a supplementary certificate listing the optional modules that the individual has been trained in and signed off as being competent to perform.

Additional Competencies

If, subsequent to obtaining the diploma, an individual wants to demonstrate competence in additional optional module(s), the following evidence must be submitted so that it can be assessed by the conjoint examination board:

- a training portfolio demonstrating at least two years of practice in the additional module(s) being applied for including evidence of regular case reviews

- the original training logbook (supplemented, if appropriate, by the most up-to-date version of the module(s) from the logbook available on the Institute website) – the module(s) being applied for must be signed off in the logbook by an appropriate consultant pathologist supervisor

- one case study per module that reflect the additional optional module(s) being applied for (if a candidate is only applying for one additional module, they must provide two case studies on that module)

- formative assessments - formal observation of the practical skills of the biomedical scientist - this must include systematic and periodic assessments carried out by the consultant pathologist supervisor which demonstrates how the candidate practice has evolved over the course of the training period

If the assessors are satisfied that additional competence has been achieved a new

supplementary certificate will be issued to reflect the additional module(s) that have been awarded as well as those awarded previously.

Please note:

- A fee applies for submitting additional competencies. Details of this fee are available on the Institute's website or by contacting the Institute using the details on the inside of the front cover of this document

- Additional optional modules can be submitted at any point but will only be assessed when the Conjoint Board meets, namely in February, October and on the date that portfolios are being assessed for examination purposes (June)

- There is no requirement to re-sit the written examination

Administration Processes Relating to Qualification

Application Process

Application forms are available on 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 Head of Examinations using the contact details below. Once accepted, candidates will be sent a confirmation of candidacy and a reminder of the submission deadline for examination portfolios.

Deferrals and Withdrawals

Candidates who wish to defer entry to an examination must contact the Institute a minimum of six weeks prior to the date of the examination will be entitled to a full transfer of their fees. Any deferrals made after this deadline will only be entitled to a 50% fee transfer unless proven mitigating circumstances exist. A maximum of two deferrals is permitted.

Candidates wishing to withdraw from an examination at any time will not be entitled to any reimbursement of the examination fee unless proven mitigating circumstances exist.

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.

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

Note: the book list below was current at the time of publication, but if new editions of any quoted texts are published subsequently, please use the most up-to-date version. There is no requirement to purchase any of these books and some laboratories will have access to one or more of these books. They all provide useful information for those undertaking this qualification.

Books

Abrahams PH, Spratt JD, Loukas M, Van Schoor AN. *McMinn's and Abrahams' Clinical Atlas of Human Anatomy.* 8th ed. Elsevier; 2019.

Allen DC, Cameron RI. (Eds.) *Histopathology Specimens: Clinical, Pathological and Laboratory Aspects*. 3rd ed. Springer-Verlag London Ltd; 2017.

Brierley J, Gospodarowicz MK, Wittekind C. (Eds.) *TNM Classification of Malignant Tumours*. 8th ed. Wiley-Blackwell; 2016.

Cross S. *Underwood's Pathology: A Clinical Approach*. 7th ed. Elsevier, 2018.

Goldblum JR, Lamps LW, McKenny JK, Myers JL. *Rosai and Ackerman's Surgical Pathology*. 11th ed. Elsevier; 2017.

Kierszenbaum A., Tres L. *Histology and Cell Biology: An Introduction to Pathology.* 4th ed. Saunders; 2015.

Kumar V, Abba AK, Aster JC. *Robbins and Cotran Pathologic Basis of Disease.* 9th ed.; Saunders, 2014.

Lowe JS, Anderson PG, Anderson SI. *Steven's and Lowe's Human Histology*. 5th ed. Elsevier; 2019.

Orchard G, Nation B. (Eds.) *Histopathology (Fundamentals of Biomedical Science)* 2nd ed. OUP Oxford; 2017.

Survarna K, Layton C, Bancroft J. *Bancroft's Theory and Practice of Histological Techniques.* 8th ed. Elsevier; 2018.

Young B, Woodford P and O'Dowd G. *Wheater's Functional Histology: A Text and Colour Atlas.* 6th ed. Churchill Livingstone; 2013.

Websites

Institute of Biomedical Science (IBMS)
www.ibms.org

North of England Pathology and Screening Education Centre (NEPSEC)
http://www.nepsec.org.uk/

The NEPSEC run training events that support the various modules within the DEP in Histological Dissection. There is no obligation to attend these particular events and other hospital trusts may also hold events that support this qualification. It is important to note however that within the portfolio there must be evidence of attendance at training events.

Royal College of Pathologists (RCPath)
www.rcpath.org

www.rcpath.org/profession/publications/cancer-datasets.html

https://www.rcpath.org/profession/guidelines/specialty-specific-publications.html

www.rcpath.org/resourceLibrary/the-retention-and-storage-of-pathological-records-and-specimens--5th-edition-.html

UKNEQAS
https://ukneqas.org.uk/

Appendix 1 - Example of Possible Case Log

As part of the requirements for this qualification candidates are required to submit a log of the case repertoire encountered during the full period of training which should demonstrate at least two years of current practice in dissection of specimens from categories B & C detailing the scope and number of specimens dissected. The case log should be submitted by module. The log should include some or all of the following information:

- Date
- Specimen Number
- Specimen Type
- Specimen Category
- Reporting Consultant
- Preview/Review
- Date of Slide Review (if appropriate)
- Diagnosis
- Comments / Reflection

Variations on the information presented are acceptable however it is important that what is presented allows enables the examiners to make a decision on whether the entire specimen types within the specific module have been covered.

Appendix 2 - Example of Case Log Summary Table

In the case log section of the portfolio a summary table for each module such as the one below **should** be included at the front of the log. The log must show a minimum of two years of current practice for each module and should show the number of each type of specimen dissected. The column headings for the different periods are only indicative and should be amended as appropriate. The specimen types that are listed should match those stated in the Training Logbook. Such a summary table will enable examiners to ensure that all the specimen types have been covered. Two examples of the case log summary table are provided below.

Module: Breast

	Period			
Specimen Type	X to X	X to X	X to X	TOTAL
Fibroadenomas				
Fibrocystic change				
Cysts				
Duct excisions				
Breast reductions				
Nipple biopsy				
Gynaecomastia				
Other non-malignant samples				

Module: Skin

	Period			
Specimen Type	X to X	X to X	X to X	TOTAL
Skin polyps, cysts, warts				
Inflammatory biopsies				
Tumours/conditions or the dermis				
Benign premalignant skin nodules				
Actinic/solar keratoses				
Autoimmune conditions				
Non-melanoma tumours				
Wider excisions, re-excisions and scarring				
Sentinel nodes				
Primary cutaneous melanocytic tumours				