

**NATIONAL PATHOLOGY ACCREDITATION ADVISORY COUNCIL**

**REQUIREMENTS FOR THE  
PERFORMANCE OF ANATOMICAL  
PATHOLOGY CUT-UP**

**(Fourth Edition 2013)**

**NPAAC Tier 4 Document**

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The National Pathology Accreditation Advisory Council (NPAAC) was established in 1979 to consider and make recommendations to the Australian, state and territory governments on matters related to the accreditation of pathology laboratories and the introduction and maintenance of uniform standards of practice in pathology laboratories throughout Australia. A function of NPAAC is to formulate Standards and initiate and promote education programs about pathology tests.

Publications produced by NPAAC are issued as accreditation material to provide guidance to laboratories and accrediting agencies about minimum Standards considered acceptable for good laboratory practice.

Failure to meet these minimum Standards may pose a risk to public health and patient safety.

## Scope

The *Requirements for the Performance of Anatomical Pathology Cut-Up* is a Tier 4 NPAAC document and must be read in conjunction with the Tier 2 document *Requirements for Medical Pathology Services*. The latter is the overarching document broadly outlining standards for good medical pathology practice where the primary consideration is patient welfare, and where the needs and expectations of patients, Laboratory staff and referrers (both for pathology requests and inter-Laboratory referrals) are safely and satisfactorily met in a timely manner.

Whilst there must be adherence to all the Requirements in the Tier 2 document, reference to specific Standards in that document are provided for assistance under the headings in this document.

The *Requirements for the Performance of Anatomical Pathology Cut-Up* sets out the standards for the training and performance of the anatomical pathology Cut-up.

## Abbreviations

AS	Australian Standard
ISO	International Organization for Standardization
NATA	National Association of Testing Authorities
NPAAC	National Pathology Accreditation Advisory Council
RCPA	Royal College of Pathologists of Australasia

## Definitions

Attested	means to affirm, certify or confirm documented evidence.
Cut-up (or ‘grossing’)	means the transfer, or selection, or cutting and orientating, or combinations of all three, of individually identified Specimens, and the placement of these tissues in identified cassettes for further processing, and the recording of the number and Macroscopic description of the tissues submitted for further processing.
Cut-up under supervision	means the Cut-up is performed with the Pathologist or Trained Delegate physically present and observing the performance of the Cut-up. Telepathology is not acceptable as a tool of supervision.
Macroscopic description	means the description of the physical characteristics of a Specimen, which may be augmented by diagrams, photography or x-rays.
Medical Practitioner	means the same as that given by subsection 3(1) of the <i>Health Insurance Act 1973</i> .
Pathologist	means the same as the definition in the <i>NPAAC Requirements for the Supervision of Pathology Laboratories</i> .  For the purposes of this document a Pathologist refers to one whose scope of practice includes Anatomical Pathology.
Pathology Trainee	means a person who is enrolled in a training program in pathology as defined by the Royal College of Pathologists of Australasia.

<p>Requirements for Medical Pathology Services (RMPS)</p>	<p>means the overarching document broadly outlining standards for good medical pathology practice where the primary consideration is patient welfare, and where the needs and expectations of patients, Laboratory staff and referrers (both for pathology requests and inter-Laboratory referrals) are safely and satisfactorily met in a timely manner.</p> <p>The standard headings are set out below –</p> <p>Standard 1 – Ethical Practice</p> <p>Standard 2 – Governance</p> <p>Standard 3 – Quality Management</p> <p>Standard 4 – Personnel</p> <p>Standard 5 – Facilities and Equipment</p> <p style="padding-left: 40px;">A – Premises</p> <p style="padding-left: 40px;">B – Equipment</p> <p>Standard 6 – Request-Test-Report Cycle</p> <p style="padding-left: 40px;">A – Pre-Analytical</p> <p style="padding-left: 40px;">B – Analytical</p> <p style="padding-left: 40px;">C – Post-Analytical</p> <p>Standard 7 – Quality Assurance</p>
<p>Scientist</p>	<p>means the same as the definition in the NPAAC <i>Requirements for the Supervision of Pathology Laboratories</i>.</p>
<p>Specimen categories</p>	<p><i>simple Specimens</i>—small biopsy Specimens, which are transferred directly from fixative to cassettes for subsequent processing without any selection or dissection taking place.</p> <p><i>non-complex Specimens</i>—Specimens that require some interpretation.</p> <p><i>complex Specimens</i>—Specimens that require detailed interpretation based on appropriate training and experience.</p> <p>Refer to Appendix A for Specimens in each category.</p>

Student	<p>means –</p> <p>(a) a person accepted into a medical school and enrolled in an educational program in medicine as defined by the Australian Medical Council, or</p> <p>(b) a person enrolled in a post-secondary program (tertiary or vocational) in the discipline of pathology or laboratory medicine.</p>
Technical Officer	<p>means the same as the definition in the <i>NPAAC Requirements for the Supervision of Pathology Laboratories</i>.</p>
Trained Delegate	<p>means a person who is not a Pathologist but has been Attested by a Pathologist as competent to perform any or all of the specified task/s relating to Cut-up:</p> <ul style="list-style-type: none"> <li>• Receiving the Specimen for Cut-up</li> <li>• Allocating the Specimen for Cut-up</li> <li>• Performing the Cut-up</li> <li>• Training others to perform these tasks.</li> </ul>
Triaging	<p>means sorting according to priority and subsequent Specimen handling and allocation.</p>

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# Introduction

Most anatomical pathology Laboratories receive a wide range of Specimens, some of which can be processed in total as received while others have to be Cut-up before subsequent processing. The principle of the Cut-up is the presentation of the whole or a representative portion of a Specimen for processing into histological sections that enable a diagnosis or a Pathologist opinion to be rendered. The Cut-up can be performed by persons other than Pathologists, without compromising safety or standards provided such persons have the required training and supervision and work within the framework of appropriate protocols.

The Pathologist has the ultimate responsibility for the handling of a Specimen regardless of who has performed the Cut-up.

These Requirements are intended to serve as minimum standards in the accreditation process and have been developed with reference to current and proposed Australian regulations and other standards from the International Organization for Standardization including:

*AS ISO 15189 Medical laboratories – Requirements for quality and competence*

These Requirements should be read within the national pathology accreditation framework in conjunction with the current version of each of the following NPAAC documents:

## Tier 2 Document

- *Requirements for Medical Pathology Services*

## All Tier 3 Documents

In addition to these Standards, Laboratories must comply with all relevant state and territory legislation (including any reporting requirements).

In each section of this document, points deemed important for practice are identified as either ‘Standards’ or ‘Commentaries’.

- A Standard is the minimum requirement for a procedure, method, staffing resource or facility that is required before a Laboratory can attain accreditation – Standards are printed in bold type and prefaced with an ‘S’ (e.g. **S2.2**). The use of the word ‘**must**’ in each Standard within this document indicates a mandatory requirement for pathology practice.
- Commentaries are prefaced with a ‘C’ (e.g. C1.2) and are placed where they add the most value. Commentaries may be normative or informative depending on both the content and the context of whether they are associated with a Standard or not. Note that when comments are expanding on a Standard or referring to other legislation, they assume the same status and importance as the Standards to which they are attached. Where a Commentary contains the word ‘**must**’ then that commentary is considered to be **normative**.

Please note that the Appendix attached to this document is **informative** and should be considered to be an integral part of this document.

All NPAAC documents can be accessed at  
[www.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-publication.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-publication.htm)

While this document is for use in the accreditation process, comments from users would be appreciated and can be directed to:

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# 1. Persons performing the Cut-up

**(Refer to Standard 4 in *Requirements for Medical Pathology Services*)**

The Pathologist has the ultimate responsibility for the handling of a Specimen regardless of who has performed the Cut-up. The Triaging, Cut-up and training can be delegated by the Pathologist to persons other than Pathologists.

The Cut-up process involves dealing with a range of Specimen types requiring personnel who are Attested to be competent in performing those specified tasks.

At any time, if the person performing any part of the Cut-up is uncertain about their competency to handle any Specimen, then that Specimen must be referred to a Pathologist or Trained Delegate.

## **Specimen types and level of autonomy**

**S1.1 The person Triaging the Specimen for Cut-up must be a Pathologist or a Trained Delegate.**

C1.1 The categories in Appendix A provide guidance as to the level of Specimen complexity.

**S1.2 The Pathologist or Trained Delegate must allocate Specimens to persons Attested as competent to Cut-up those Specimens.**

## **Persons permitted to perform Cut-up**

**S1.3 In addition to Pathologists, persons performing the Cut-up, subject to attestation of competency relevant to the level of Specimen complexity, must be one of the following:**

- (a) Pathology Trainees**
- (b) Medical Practitioners other than those in (a)**
- (c) Scientists**
- (d) Technical Officers**
- (e) Students, as defined for the purpose of this document**
- (f) a person who is covered by S1.4.**

## **Savings provision**

This provision sets out those persons who may provide Cut-up though they are not a person referred to in S1.3 (a) to (e). These persons have been providing Cut-up prior to the commencement of these Requirements.

### **S1.4 A person who:**

- (a) immediately prior to the commencement of these Requirements:**
  - (i) is not a Technical Officer, Scientist, Medical Practitioner, Pathology Trainee or Pathologist; and**
  - (ii) provides documentary evidence of at least 3 years' experience in performing Cut-up; and**
- (b) has performed Cut-up in a NATA/RCPA accredited Laboratory, or equivalent, in the 12 month period prior to the date of commencement of these Requirements;**

**must, at the commencement of these Requirements, be Attested by the Pathologist as being competent to continue to perform Cut-up.**

## **2. Competence and Training**

(Refer to Standard 4 in *Requirements for Medical Pathology Services*)

### **Verification of Competence**

**S2.1 The Pathologist must attest to the competence of the Trained Delegate performing any or all of their specified task/s relating to Cut-up.**

### **Ongoing Competence**

**S2.2 The Pathologist must re-assess and record competence of the Trained Delegate performing any or all of their specified task/s relating to Cut-up. This must be performed at least annually.**

**C2.2** To support this assessment process, the Laboratory should establish and foster a process of continuous quality improvement of Cut-up through dynamic review and feedback. This includes immediate feedback on performance.

### **Training**

Generally the acquisition of competence should progress from simple to non-complex to complex Specimen categories.

**S2.3 Those not Attested as being competent at any task relating to Cut-up that they are required to perform must undergo training.**

**S2.4 In addition to Pathologists, persons who can provide training must be one of the following:**

- (a) Pathology Trainees**
- (b) Medical Practitioners, other than those in (a)**
- (c) Scientists**
- (d) Technical Officers.**

**S2.5 Those trainers listed in S2.4 (a) to (d) must be Attested as competent to perform the task relating to the Cut-up for which they are providing training.**

**S2.6 Training programs must include study of the Laboratory Cut-up manual and must progress through the following stages:**

- (a) observations of Cut-up being performed by the trainer or supervisor**
- (b) hands-on Cut-up under supervision**
- (c) verification of competence for the levels of complexity**
- (d) unsupervised practice with documented feedback from Pathologists and other Laboratory staff.**

### 3. Cut-up Manual

(Refer to Standard 3 in *Requirements for Medical Pathology Services*)

#### S3.1 Each Laboratory must have a Cut-up manual.\*

C3.1 This Cut-up manual should include:

- (i) a brief summary of the various clinical settings necessary to assist Cut-up
- (ii) a list of minimum data to be included in the description of a Specimen including tissue block key identification
- (iii) illustrations and diagrams showing the Cut-up approach and the method of block selection to be used where applicable
- (iv) a note of the clinical information to be recorded for Specimens where applicable
- (v) a reference to all relevant components for the handling of cancer Specimens as provided in the RCPA Structured Reporting for Cancer protocols.

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\* Refer to: Examples are listed in Additional Reading on page 11

## Appendix A Specimen Category Allocation (Informative)

### Simple Specimens (fixed for direct transfer)

Specimens from the following sites, which are transferred in their entirety directly from fixative into cassettes for subsequent processing without any orientation, selection or dissection taking place:

Anus	Small bowel
Bone marrow (trephine)	Stomach
Brain	Testis
Breast	Tongue
Bronchus	Trachea
Ear – middle/inner	Ureter
Heart	Urethra
Large bowel	Urinary bladder including the entirety of a transurethral resection (TURB)
Larynx	Uterine cervix
Liver	Uterus dilation and curettage (D&C)
Lung	Vagina
Naso/Oropharynx/Sinus	Vulva
Oral mucosa	
Oesophagus	
Pancreas	
Peritoneum	
Pleura/Pericardium	
Prostate – needle core biopsies or the entirety of a transurethral resection of prostate (TURP)	

## Non-complex Specimens (fixed)

Specimens that require some interpretation and are part or all of the following structures and are of a size exceeding that of simple Specimens for direct transfer:

Appendix	Odontogenic cyst
Artery	Omentum
Bartholins gland cyst	Ovary, not neoplasm
Bone – bone banking, suture, curetting	Parathyroid
Breast reduction	Products of conception
Cholesteatoma	Prostate – transurethral resection (TURP) if only part of the Specimen is selected for processing
Digits, amputation	Salivary gland – Mucocoele
Eye, conjunctiva biopsy	Skin, local resection/punch
Eye, cornea	Miscellaneous tissue – abscess/haematoma, sinus, thrombus, varicosity
Fallopian tube	Soft tissue biopsy
Foreskin	Soft tissue – subcutaneous fatty tissue lesions only
Gallbladder	Teeth
Ganglion cyst	Tendon biopsy or mass
Hair	Testis, castration
Heart valve	Tonsil/Adenoid
Hernia sac	Ureter resection
Hydrocoele sac	Urethra resection
Joint biopsy	Urinary bladder – trans urethral resection if only part of the Specimen is selected for processing
Kidney core	Uterine cervix LLETZ/Cone
Large bowel polypectomy	Uterine polyp
Lip biopsy or wedge	Vasectomy
Liver cyst/trauma	
Lymph node - core	
Nail	
Naso/Oropharynx/Sinus polyp	
Nerve	

## Complex Specimens

Specimens that require detailed interpretation based on training and experience and that are part or all of:

Adrenal	Pancreas, cyst/neoplasm
Anal resection	Penisectomy
Bile duct resection	Pituitary neoplasm
Bone (all others)	Placenta
Brain (all others)	Prostate (all others)
Breast (all others including implants)	Retroperitoneal mass
Carotid body neoplasm	Salivary gland neoplasm (+/- neck)
Explant – transplant (e.g. heart, lung, kidney, liver)	Skin with regional nodes
Extremity amputation (all)	Small bowel (all others)
Eye, enucleation	Stomach (all others)
Gallbladder with liver resection	Spleen
Jaw resection	Soft tissue neoplasms (other than subcutaneous fatty tissue lesions)
Kidney (all others)	Testis (all others)
Kidney core (not fixed)	Thymus
Large bowel resection (all others)	Thyroid
Liver tumour	Tongue/Tonsil tumour
Lung (all others)	Urinary bladder-cystectomy
Lymph node (all others)	Uterus (all others) +/- adnexa
Mediastinum mass	Vagina, resection
Morcellated Specimens	Vulva, resection
Muscle biopsy	All Specimens in fluids other than fixatives e.g. cell block
Naso/Oropharynx resection	Fresh Specimens (all other) – where ancillary tests need to be performed or research sampling is undertaken
Odontogenic neoplasm/jaw	<b>ALL SPECIMENS NOT OTHERWISE LISTED</b>
Oesophagus (all others)	
Ovary neoplasm	

## Additional Reading

1. Lester SC. Manual of Surgical Pathology. 3<sup>rd</sup> edition. Philadelphia: Mosby Elsevier, 2010.
2. Rosai J. Rosai and Ackerman's Surgical Pathology. 9<sup>th</sup> edition. Edinburgh: Mosby, 2004.
3. Westra WH, Hruban RH, Phelps TH, Isacson C. Surgical Pathology Dissection. 2<sup>nd</sup> edition, New York: Springer, 2002.
4. The Royal College of Pathologists of Australasia  
<<http://www.rcpa.edu.au/Publications/StructuredReporting.htm>>

## Further information

Other NPAAC documents are available from:

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