The Royal College of Pathologists

Pathology: the science behind the cure

Proceedings of the Specialty Advisory Committee on Histopathology Workshop, September 2003

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A paper for discussion and consultation on topical issues for the profession

Workforce

Workforce is a major issue for histopathology practice in the future. There is currently a shortfall of at least 400 consultant posts and this will increase. There are increasing numbers of trainees in the system but projections suggest this will still not be enough to maintain adequate service levels. However, when this issue is considered in the light of extended roles of biomedical scientist (BMS) staff and advanced practitioners in different areas of histopathology, it becomes less clear what the balance of medically trained pathologists and others will be in service delivery.

Service configuration

There is a currently a worrying and inexorable effect in some departments where there is loss of staff and morale, leading to an inability to recruit. This is in contrast to some departments that are thriving, have high morale and are fully staffed. This situation needs to be addressed and strategies developed to spread the impact of understaffing more evenly through the system.

There will be an increasing trend towards working in networks with different models that could include hub-and-spoke (teaching hospital and district general hospitals), linked networks to smaller Trusts and the requirement for pathology service to be mapped closely onto clinical services. The impact of diagnostic and treatment centres (DTCs) and Foundation hospitals is unclear, but could be potentially damaging to the practice of pathology if increasing insularity and corporatisation occurs. Other models of practice could include groups of pathologists practising privately in chambers.

It is extremely important that pathologists are based in hospitals or Trusts. This provides a critical mass of clinically trained pathologists who can provide high quality interpretive and diagnostic services. This does not mean that all the technical/laboratory functions need to be

based in Trusts. The clinical functions of the histopathologist need to be made explicit, including attendance at multidisciplinary team meetings (actual or virtual through video-conferencing), direct patient contact and communication with clinicians, enhancing recruitment and facilitating training. Being based in a clinical setting, i.e. the hospital, also provides significant fulfilment and job satisfaction for pathologists.

Funding the service

It is essential that all clinical pathology services are underpinned by adequate funding, obtained through either local or national commissioning processes. This should include funding of secondary and tertiary referral cases, which in turn should be reflected in consultant job plans

Generalist or specialist?

There is an increasing trend towards sub-specialisation in histopathology, with many larger departments working solely in specialised teams. For smaller units with only three or four pathologists this is not possible and these practice as generalists. There needs to be wide debate and agreement on the merits of both general and specialist practice, with the College taking the lead in defining what these types of practice are.

We need both generalist and specialist histopathologists. These are complementary roles, although at times there is tension between them. In the future, we would like to see protocol-driven referrals so that specialists know what sorts of cases are likely to be referred to them and generalists know what kinds of cases are appropriately referred. Specialists do not necessarily have to be practising in the teaching hospitals; they can be anywhere in the network or in district general hospitals. We should define the generalist as a specialty in its own right (compare with general practice).

Consultant careers

We need more flexibility in our concept of consultant practice and career pathways. It is now widely recognised that people should be allowed to change direction to develop new skills and 'retrain', either because it is part of their own professional development or because the service requires it. The College needs to develop flexible modular training programmes and accredited schemes whereby people can change direction through sabbaticals and conversion fellowships, etc.

There is a trend towards the use of protocols for reporting and there is a potential for this to undermine the professionalism of medically trained histopathologists. However, the increasing use of protocols makes it more feasible to train non-medics to do some types of histopathology diagnostic reporting. This is a very contentious area and people draw the line at different places.

Increased patient involvement

Histopathologists must be increasingly involved in communication with other clinical colleagues, patients, relatives and the public and must emphasise the clinical aspects of their role; e.g. in relation to autopsy consent, fine needle aspiration (FNA) practice and even showing patients their slides.

Skill mix

The College welcomes the trend towards increasing the extended roles of BMS staff and scientists into a range of areas in histopathology practice. The advanced practitioner (AP) roles could be extended into areas other than gynaecological pathology, including APs in flexible sigmoidoscopy screening reporting, cut-up and some types of limited reporting. It will be extremely important to define medical responsibility and accountability to safeguard standards of practice.

Information technology (IT) and new technologies

All pathology services must be supported by robust IT infrastructure. Most IT is currently used for management of the service and systems. There is huge scope for IT to be used more creatively for knowledge management and quality assurance and the College should actively promote this. Histopathologists must be involved in embedding new technology into practice, either through academic and research routes or local initiatives. The pace of change due to the introduction of new technologies is ever increasing. These will include the introduction of telepathology, with the possibility that within five or ten years' time we will not be using microscopes any more. There is scope for remote reporting and increased centralisation of tissue processing and digitalising, with the downloading of images through a network. There is huge potential for archiving, teaching and examining using this technology. The College should be proactive in encouraging pathologists to embrace new technology and ensure continuing high standards of practice.

Academic pathology

Academic pathology is in serious decline and the reasons for this have been elaborated through several working groups at the College; they include the devastating impact of the Research Assessment Exercise, as well as lack of pathology input into the undergraduate curricula and reduced exposure of students and trainees to pathology practice. This has had an impact on the knowledge and skills of recruits into pathology, who currently have a reducing level of pathology understanding and knowledge. Paradoxically, it may be that science graduates coming through the BMS route could become a pool of recruits into pathology in the future.

Molecular pathology

There is some discrepancy between what some perceive as an increase in demand for molecular pathology that will increase apace across the board, while others think the impact will be relatively limited to large centres. Whichever is the case, there is a need for the College to lead on developing training programmes and assessment in molecular pathology to underpin new career pathways for scientists and histopathologists in this area.

Cytology

When liquid-based cytology is rolled out across the UK, there will be a major impact on practice, training and assessment. A College working group has been established to facilitate and support this change. The clinical role of pathologists in leading FNA clinics will increase.

Why do we need medically/dentally-trained pathologists?

This is a fundamental question that will increasingly be asked as workforce planning strategies push for increasing the skill mix in pathology and training other healthcare practitioners in aspects of the consultant histopathologist's work. The College must lead this debate and take a clear position on what it is that defines the need for medically trained pathologists and what the 'added value' is. Some suggestions are as follows.

- Histopathology is a clinical subject that requires a knowledge and understanding of clinical medicine for the interpretation of diagnostic slides.
- Histopathologists are clinicians and thus part of the multidisciplinary team, attending multi-disciplinary team meetings and communicating with patients, clinicians and the community.
- Histopathologists, being medically trained, can use clinical judgement and knowledge to cope with the unexpected and have the clinical experience and context to practise diagnostic histopathology and autopsies.
- Clinically trained histopathologists should work in multi-professional laboratory teams, supported by non-medics who can be trained in extended roles to do substantial amounts of what pathologists currently do.
- Histopathologists should think of themselves as clinicians and shift the emphasis of their practice towards the more clinical end of practice, rather then the technical.
- They have leadership roles within their Trusts and are responsible for setting the standards of practice. The fulfilling and value added aspects of a clinical histopathologist's work are based on clinical CPD and teamwork.
- Histopathologists need to be liberated from excessively heavy workloads, to allow the development of their more general clinical skills.

The autopsy

There are many issues that the College needs to address with regard to the autopsy and these are being elaborated through two College working parties. It seems clear that not all pathologists will be doing post-mortem examinations in five or ten years' time due to increasing centralisation and the changing nature of the autopsy. Consent issues and lack of awareness by clinicians of the value of the autopsy are having a major impact on reducing the hospital autopsy rate. The College must ensure that training and assessment in the autopsy is improved to ensure high standards of practice in this area. How should the College develop more flexible and modular training programmes to meet future needs?

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We encourage you to share your comments on this paper on the Fellows' and Members' Discussion Forum of the College website. Thank you in advance for your contributions.