The Royal College of Pathologists
Pathology: the science behind the cure

Best practice recommendations

For pathologists participating

in remote reporting of histopathology or cytopathology

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Foreword

Best practice recommendations (BPRs) published by the Royal College of Pathologists should assist pathologists in providing a high standard of care for patients. BPRs are systematically developed statements intended to assist the decisions and approach of practitioners and patients about appropriate actions for specific clinical circumstances. They are based on the best available evidence at the time the document was prepared. It may be necessary or even desirable to depart from the advice in the interests of specific patients and special circumstances. The clinical risk of departing from the BPR should be assessed and documented.

A formal revision cycle for all BPRs takes place every 5 years. The College will ask the authors of the BPR to consider whether or not the recommendations need to be revised. A review may be required sooner if new developments arise or changes in practice necessitate an update. A full consultation process will be undertaken if major revisions are required. If minor revisions or changes are required, a short note of the proposed changes will be placed on the College website for 2 weeks for members' attention. If members do not object to the changes, a short notice of change will be incorporated into the document and the full revised version will replace the previous version on the College website.

This BPR has been reviewed by the Professional Guidelines team. It was placed on the College website for an abridged consultation with the membership from 24 January to 7 February 2024. All comments received from the membership were addressed by the author to the satisfaction of the Clinical Director of Quality and Safety.

This BPR was developed without external funding to the writing group. The College requires the authors of BPRs to provide a list of potential conflicts of interest. These are monitored by the College's Professional Guidelines team and are available on request. The author of this document has declared that there are no conflicts of interest.

1 Introduction

1.1 Background

It is generally agreed that the best pathology services are delivered in the context of well-functioning laboratory and clinical teams. Remote reporting may be required as part of a short-term solution for coping with a workforce shortage in histopathology and cytopathology, or to allow for the provision of pathology services close to the clinical teams when laboratory services have been consolidated, for example, in a pathology network arrangement. It may also be used as part of flexible working initiatives to help recruit and retain pathologists. Remote reporting can have benefits for the reporting pathologist; working away from the interruptions and stresses of a busy laboratory and office environment can improve mental health and productivity.

The College emphasises that remote reporting services may have limitations and need to be managed within a framework of accreditation, clinical governance and clinical team working. Diagnostic histopathology services are becoming more diverse, with a range of remote reporting networks and services developing. In order to maintain consistently high standards irrespective of the mode of service delivery, the College has produced the following BPRs to help pathologists maintain their professional standards in this area. This document complements the following College documents: *Best practice recommendations: Reporting cellular pathology samples at home* and *Best practice recommendations for implementing digital pathology*.[1, 2]

The Digital Pathology Committee welcomes revised guidance from the College on remote reporting, a topic of particular significance given the escalating interest in digital reporting and flexible working. This highlights the need for those reporting digital specimens, regardless of location, to ensure their practice is to the same standards regardless of location. Pathologists should be aware of published data regarding any possible differences between glass and digital in diagnosing certain conditions.[2] For remote reporting the validation process should be completed using the display that the pathologist intends to use remotely.[2]

2 Recommendations

2.1 Hardware specifications and limitations

It is important with regard to remote digital pathology that the reporting pathologist and their employer should document and understand the specifications and limitations of the hardware used for remote reporting (particularly in terms of display screen). It is not yet clear what minimum specifications are required for primary diagnosis with digital pathology, and more research is needed in this area. Pathologists should be aware that the brightness and resolution of the display can affect the quality of the image, as well as ease of use. More challenging diagnoses can be difficult on lower-quality displays. The scope of remote digital reporting should be clearly defined, with particular differentiation made between primary diagnosis, secondary review/multidisciplinary team (MDT) review and immunohistochemistry/auxiliary test review, which bear different levels of risk.[2] A risk evaluation should be performed to determine the types of case suitable for remote reporting, and those that should be reported on site, or deferred to glass.

2.2 Working conditions

All hardware should be subject to regular review, including specific aspects of the reporting environment, such as ensuring the best background/ambient lighting to optimise display screen use. Prolonged use of display monitors can result in fatigue, and remote reporting pathologists should exercise their judgement in deciding when screen breaks and rest periods are required.

2.3 Provisions

Those who commission remote reporting services should ensure accreditation that encompasses criteria such as reporting standards, logistics and communication, access to clinical details and referring clinicians, and the provision of MDT input.

Providers of remote reporting services (including individual pathologists) should ensure the following are in place:

- clear contractual arrangements between referring and reporting organisations (if different), delineating responsibility for logistics, dispatch and communication, confidentiality and record keeping. This should include named responsible contacts at each end.
- regular audits of the adequacy and timeliness of the service.

- regular audits of diagnostic quality and accuracy.
- a mechanism to ensure further laboratory work (e.g. re-sampling further sections, special stains, immunohistochemistry) can be performed as required to provide a reliable and sufficiently complete diagnostic opinion.
- clear directions that the pathologist should not report on sections that are incomplete or substandard when further levels or sections would potentially be of diagnostic help.
- the availability of adequate clinical information to enable reporting of the specimen. While it is the responsibility of the clinician to provide relevant clinical information to the histopathologist, the histopathologist should, if possible, try to access clinical information relevant to the case. It is recognised that this may not always be possible and, in that context, the histopathologist must capture this in their report.
- a mechanism to highlight significant unexpected findings (e.g. an unsuspected malignant melanoma in a skin specimen) according to College guidelines on unexpected findings.[3]
- clear guidelines that if cervical screening cytopathology is reported remotely (e.g. during the use of remote reporting locum services), the remote reporter should follow all agreed local and national recall/referral protocols and be subject to statistical analysis along with the other reporters.
- organisations using remote reporting pathologists should ensure that pathologists have adequate phone reception and GDPR compliant email addresses if they are providing these as the point of contact for clinicians.
- audits of diagnostic quality and accuracy should be no different than for non-remote reporting and this document could be amended as such. It would be fair to state that remote reporting pathologists should participate in appropriate EQA schemes and clinical governance activities.

3 References

1. The Royal College of Pathologists. *Reporting cellular pathology samples at home.* Accessed August 2024. Available at: https://www.rcpath.org/profession/guidelines/specialty-specific-publications.html
2. The Royal College of Pathologists. *Best practice recommendations for implementing digital pathology.* Accessed August 2024. Available at: https://www.rcpath.org/profession/guidelines/specialty-specific-publications.html
3. The Royal College of Pathologists. *The communication of critical and unexpected pathology results.* Accessed August 2024. Available at: https://www.rcpath.org/profession/guidelines/cross-specialty-publications.html