



# Best practice recommendations

## For pathologists participating in remote reporting of histopathology or cytopathology

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Author: Dr Rachael Liebmann

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Comments	<p>This document supercedes the 2003 version of <i>Code of practice for pathologists participating in remote reporting of histopathology or cytopathology</i>, produced by Clair du Boulay. In consultation with the Specialty Advisory Committee on Cellular Pathology, the document was reviewed and sections amended where necessary.</p> <p>In accordance with the College's pre-publication policy, this document was on the Royal College of Pathologists' website for consultation from 4 September to 2 October 2019. Responses and authors' comments are available to review at: <a href="http://www.rcpath.org/documents-in-development">www.rcpath.org/documents-in-development</a></p> <p><b>Dr Shubha Allard</b> <b>Clinical Director of Publishing and Engagement</b></p>

### The Royal College of Pathologists

6 Alie Street  
London E1 8QT  
T: 020 7451 6700  
F: 020 7451 6701  
[www.rcpath.org](http://www.rcpath.org)

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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 three years. The College will ask the authors of the BPR to consider whether or not the recommendations need to be revised. 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 two 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 Publishing team. It has been placed on the College website for consultation with the membership from 4 September to 2 October 2019. All comments received from the membership will be addressed by the authors to the satisfaction of the Clinical Director of Publishing and Engagement.

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 Publishing team and are available on request. The authors of this document have declared that there are no conflicts of interest.

# 1. Recommendations

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. It may also be used as part of flexible working initiatives to help recruit and retain pathologists.

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*.<sup>1,2</sup>

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 complete and document a period of training and a personal validation procedure in digital reporting. For remote reporting the validation process should be completed using the display that the pathologist intends to use remotely.

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. 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.

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.

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.
- Recognition of the limitations of a remote reporting service. Complex cases requiring MDT discussion should only be included if adequate quality assurance and audit processes are in place and there is an opportunity for full MDT discussion of such cases.
- 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. Histopathologists should always endeavour to contact a member of the requestor organisation – preferably by telephone – if any crucial aspect of the clinical information submitted is unclear or incomplete. The client laboratory may be best placed to obtain additional clinical information for most cases and should liaise to enable prompt clinical correlation and discussion if required.
- A mechanism to highlight significant unexpected findings (e.g. an unsuspected malignant melanoma in a skin specimen) according to College guidelines on unexpected findings.<sup>3</sup>
- 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.

## 2. References

- <sup>1</sup> Liebmann R. *Best practice recommendations: Reporting cellular pathology samples at home*. Second edition. Unpublished; in consultation at: [www.rcpath.org/profession/publications/documents-in-development.html](http://www.rcpath.org/profession/publications/documents-in-development.html)
- <sup>2</sup> Cross S, Furness P, Igali L, Snead D, Treanor D. *Best practice recommendations for implementing digital pathology*. RCPATH, 2018. Available at: [www.rcpath.org/resourceLibrary/best-practice-recommendations-for-implementing-digital-pathology-pdf.html](http://www.rcpath.org/resourceLibrary/best-practice-recommendations-for-implementing-digital-pathology-pdf.html)
- <sup>3</sup> Croal B. *The communication of critical and unexpected pathology results*. RCPATH, 2017. Available at: [www.rcpath.org/resourceLibrary/the-communication-of-critical-and-unexpected-pathology-results-pdf.html](http://www.rcpath.org/resourceLibrary/the-communication-of-critical-and-unexpected-pathology-results-pdf.html)