



# The Royal College of Pathologists' response to 'Testing times to come? An evaluation of pathology capacity across the UK'

## Introduction

The Royal College of Pathologists (RCPATH) welcomes the 'Testing times to come?' report and looks forward to working with Cancer Research UK (CRUK) and others to improve diagnostic pathology services for all patients, including those with cancer.

Pathology is the medical specialty involved in all cancer diagnosis and also plays an important role in cancer prevention, early detection, treatment and monitoring. As the number of people developing cancer and the complexity of the information required to inform decisions about the most effective treatment increase, pressure on already-stretched pathology services will also increase. The RCPATH is already exploring opportunities to improve efficiency and maximise capacity of pathology services but welcomes the focus of this CRUK report on the importance of further investment in the specialty.

The report recognises the central role of pathology in the care of patients with cancer and also highlights the serious consequences of failing to act immediately to maximise efficiency, optimise workforce, future-proof the service and improve understanding of pathology provision. We are in complete agreement with these observations and have set out our commitments and priorities to enable pathology services to meet future demand and ensure that patients receive the highest quality of care.

**Dr Suzy Lishman**  
President

## CRUK findings

- High quality pathology services are central to cancer diagnosis and the clinical insight that pathologists bring to supporting diagnosis and guiding therapy is invaluable.
- There has been a year-on-year increase in demand for pathology services, both in the number and complexity of tests performed.
- Staffing levels have not risen in line with demand and recruitment is challenging.
- Pathology departments have already undertaken a huge amount of work to meet increased demand without additional investment while maintaining quality. The value of pathology services has therefore been considerably increased already.
- Pathologists' contribution to important activities such as research and education is being sacrificed to meet increased service demands.
- Investment in pathology services can save significantly more money further down the patient pathway, as well as improving the quality of care that patients receive.
- Pathology plays a vital role in patient safety.
- Action must be taken quickly to avert a crisis. With pathology playing a central role in important high profile initiatives such as the 100,000 Genomes Project, there must be investment in the service rather than seeing the specialty as an easy area to make cost savings.

## RCPath commitments

### The College will:

1. Work with NHS Improvement (NHSI), Sustainability and Transformation Plan (STP) Leads, members and other specialist societies to maximise efficiency of pathology services. The College has published several documents that address the challenges of rapidly enforced, one-size-fits-all consolidation. We are pleased that this report recognises that investment and suitable planning are prerequisites for successful collaboration. The College is committed to working with NHSI to support consolidation where appropriate and explore other solutions where it is not.
2. Work with Health Education England (HEE), particularly through the recently established Pathology Workforce Working Group, to increase training places to ensure adequate numbers of all professional groups within pathology. The College already collects workforce information through its annual census and will work closely with HEE to validate these data and use them to inform workforce planning.
3. Continue to work closely with the Institute for Biomedical Science (IBMS) to support Biomedical Scientist (BMS) reporting, including setting standards, administering examinations and awarding qualifications. Although BMS reporting may help reduce medical pathologist workload, the training is not a quick or easy process and will not significantly increase capacity in the short term.
4. Update its existing guidance on the graduated increase in trainee responsibility and will promote this guidance widely once published. Attention will be drawn to the existing guidance in the meantime.
5. Continue to engage with the General Medical Council, medical schools, medical students and junior doctors to highlight the need for better undergraduate training in pathology. This will ensure doctors integrate pathology into their diagnostic skills and attract them into a career in the specialty. We will build on the success of National Pathology Week, the annual Pathology Summer School, development of an undergraduate pathology curriculum, and recently introduced undergraduate membership category.
6. Continue to support the National Cancer Research Institute CM-Path initiative, particularly in developing the skills and capacity to grow academic molecular pathology.
7. Continue to increase the molecular pathology component of training curricula to ensure that the specialists of the future are equipped with the skills they will need. The College will promote opportunities for existing pathologists to gain molecular pathology experience.
8. Publicise new guidance on integrated reporting in histopathology, which was published for consultation by Fellows in June 2016. The helpful comments received are being incorporated into the final document.
9. Circulate its latest guidelines on digital pathology for consultation with the membership and publish these in early 2017. Adoption of whole slide imaging is at an early stage, with an increasing body of published evidence indicating that digital microscopy is as safe in clinical work as conventional microscopy. The new guidelines set out the technical requirements and general principles for validation of digital pathology. Although digital pathology is an exciting and rapidly developing area with the potential to improve some aspects of the diagnostic process, there are significant limitations. While wholesale adoption of whole slide imaging for all diagnostic work is not feasible and will not save money or improve quality in the short term, all laboratories should have easy access to digital microscopy so that the areas of practice which promise the greatest benefit can be widely adopted.
10. Continue to work on demand optimisation, which predominantly relates to blood sciences. Completion of the currently paused National Laboratory Medicine Catalogue would help reduce unnecessary tests.

## Actions for other organisations

**We join CRUK in calling for other organisations to play their part in helping to develop pathology services equipped to meet future challenges.**

### **In particular we support:**

1. The creation and funding of more consultant pathologist and senior BMS posts, particularly in histopathology, to meet increasing demand. Medical and scientific staff are retiring in large numbers for a variety of reasons, including changes in pension rules and burnout. Retaining experienced senior staff is becoming increasingly difficult but we join CRUK in encouraging trusts to offer flexible working opportunities to retain senior pathology professionals.
2. A call to employers to recognise the value of activities such as research, training and work for the wider NHS, incorporating such activities into consultant job plans. It is particularly important that the decline in academic pathology seen in recent years is reversed. Releasing existing senior staff to undertake training is vital if the future workforce is to develop the necessary skills to meet the demands of the service.
3. Investment in training to develop BMS skills in specimen dissection and reporting. BMSs should be given adequate time to undertake this training and their enhanced skills should be recognised and rewarded appropriately. The significant time commitment of the trainers should also be recognised. The College also strongly endorses the recommendation that support should be given to scientists wishing to undertake Higher Specialist Scientific Training.
4. Development and continued support of fully funded molecular pathology services to ensure that patients have access to these tests wherever they live.
5. Recognition that blood sciences (mainly clinical biochemistry and haematology) have already absorbed a considerable increase in workload and do not have infinite capacity. Increased investment in personnel and equipment will be required to meet rapidly growing demand.
6. Completion of the National Laboratory Medicine Catalogue to allow standardisation of pathology test requesting and reporting, collection of data, reduction of unnecessary testing and unwarranted variation, and allow comparison of test requesting to optimise demand.
7. Undertaking further work to evaluate the potential benefits of digital pathology, which is currently not validated for routine diagnostic work.
8. Trusts being encouraged to invest in the required technology and additional staffing necessary to facilitate the collection and sharing of cancer data through the Cancer Outcomes and Services Dataset (COSD).
9. The Academy of Medical Royal Colleges building on the first tranche of Choosing Wisely tests of limited or no clinical benefit to include more pathology investigations to reduce inappropriate requests.
10. Recognition of the contribution of pathology to almost all patient pathways, with adequate, up-front resourcing of pathology services to support growth in other areas, particularly in relation to cancer diagnosis.