



The Royal College of Pathologists

This document, which was extensively consulted on within the SAC, was also placed on the website for consultation with the membership between 18 June 2003 and 18 July 2003. No responses were received.

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GUIDELINES ON GOOD PRACTICE FOR HISTOPATHOLOGY ON-CALL ROTAS, INCLUDING FROZEN SECTIONS

This guidance is provided for histopathologists participating in on-call rotas, which vary across the UK and may include on-call services for major incidents, frozen sections or transplant services.

Concerns have been raised that with increasing sub-specialisation, pathologists may be required to provide an on-call service for which they are not fully competent, in an area that does not form part of their normal daily practice, i.e. they may be asked to practice outside their area of expertise.

The College advises as follows.

1. *Good Medical Practice in Pathology*, based on the General Medical Council's *Good Medical Practice*, states: "In practising histopathology, you must... recognise and work within the limits of your professional competence". Therefore a histopathologist who agrees to accept responsibility for providing a diagnostic on-call service, knowing that it was outside their current or sufficiently recent experience, could be regarded as working outside the limits of their professional competence and this could result in a substandard service.

2. Many departmental emergency on-call arrangements have developed informally over the years and may never have been formally agreed. The College advises that all such arrangements be reviewed in the light of the need for such a service, the potential benefit to patients, the skill mix of the pathologists involved and the technical support and financial resources available for the service.
3. No pathologist should be coerced or required to participate in an on-call rota if that pathologist considers they may be required to work outside their diagnostic expertise.
4. Before agreeing on-call policies and rotas, the clinical team (histopathologists, surgeons, etc.) should consider the purpose and level of diagnostic precision required from the out-of-hours diagnostic service. For example, it may be sufficient to determine just that an abnormality is present or that lesional tissue is present in the tissue sample, rather than to attempt its precise characterisation. It should be made clear and accepted that, from time to time, individual pathologists may not be able to provide a definitive diagnosis and may wish to defer to paraffin sections.
5. Where there is an on-call rota, a clear protocol for the scope of the activities of those on the rota should be drawn up. This would, for instance, indicate whether the service was to cover telephone enquiries only, or whether it extended to general frozen section cover.
6. Specialist histopathology services should consider sharing expertise and on-call cover by regional or national telepathology links, provided that the reliability of opinions based on telepathology images are subjected to regular audit with remedial actions when required.
7. There may be occasions when only a histopathologist who would not normally be regarded as sufficiently expert is available for the interpretation of a frozen section in an urgent, life-threatening situation. In this situation, action should be based on the General Medical Council's guidance in *Good Medical Practice*: "In an emergency, you must offer anyone at risk the treatment you could reasonably be expected to provide."

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