



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

The recognition and roles of specialist cellular pathologists

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This document was initially produced in January 2006 by the Cancer Services Working Group, chaired by Dr Tim Helliwell, at the request of the Specialty Advisory Committee on Histopathology. In accordance with the College's publications policy, it was placed on the Fellows' and Members' area of the College website for consultation from 12 January – 15 February 2006 and 22 people submitted detailed comments. Dr Helliwell and the Committee considered the feedback and amended the document accordingly. Please email publications@rcpath.org if you wish to see the responses to the feedback received.

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Director of Publications

THE RECOGNITION AND ROLES OF SPECIALIST CELLULAR PATHOLOGISTS

1 PURPOSE

This document has been produced following the consultation with members of the College on the nature of specialisation in cellular pathology (histopathology, cytopathology and forensic pathology). Helpful feedback was received from many members and has been incorporated into this draft.

Although the document was written primarily to address the issues as they impact on medically trained consultant histopathologists and cytopathologists, many of the principles may apply to consultant pathologists in other disciplines and to clinical scientists.

This document reviews some of the complex issues surrounding the recognition of special experience in pathology. The intention is to provide guidance to individuals and organisations on the range of personal and professional attributes that may contribute to the ability to provide an opinion in a defined area of pathology practice. The document does not attempt to define the organisation or attributes of a specialised pathology service.

The Postgraduate Training and Examinations Departments of the College recognise that specialisation in haematology, medical microbiology, clinical biochemistry, immunology and histopathology (including cytopathology and autopsies) is an established part of pathology practice. It should be recognised that there is overlap between these main specialties, e.g. haematology and histopathology, and with other clinical disciplines, e.g. dermatology. Within the main specialties, the possibility of further specialisation is recognised by MRCPATH examinations in, for example, oral pathology, neuropathology and paediatric pathology, and the Diploma in Dermatopathology.

The main areas in which it may be desirable to clarify the nature of a ‘specialist’ pathologist are in relation to:

- diagnostic pathology, where healthcare organisations and networks may need to define the range of expertise available and where pathways of referral are required for particular types of case, e.g. uncommon cancers, or specialised laboratory tests.
- medicolegal practice, where courts and others may require advice on the criteria that might be applied before relying on medical expert evidence and testimony.

The College is not a statutory organisation and could not therefore be responsible for maintaining a statutory register of accredited specialists. Voluntary registration of a special interest may not serve any useful purpose if it is not subject to some form of validation. The consensus of the feedback from the membership, and the view of the Specialty Advisory Committee on Histopathology, is that it is not appropriate, desirable or feasible for the College to develop a register of specialists at present. However, an indication of relevant issues and the range of attributes that are shared by specialists was thought to be useful.

2 BACKGROUND

2.1 Diagnostic pathology

In many organisations, diagnostic pathology is increasingly provided by specialist teams that match the increasing specialisation of clinical services and the development of networks. For example, it is now a requirement that specialist lead pathologists are involved in the work of cancer treatment centres and that some uncommon cancers have the diagnoses reviewed by designated specialist pathologists.

Currently, consultant cellular pathologists may practise as general pathologists, but will often provide local leadership in particular aspects of diagnostic work for the purpose of multidisciplinary meetings. In larger departments or networks, consultants may concentrate their work into one or a small number of areas, usually defined by anatomical site, e.g. renal, gastrointestinal or breast pathology. It is not unusual for an individual's specialist areas to evolve during the course of their career, as experience increases and the demands of the diagnostic services change. It is therefore necessary to recognise that the attributes appropriate for specialist practice in a local healthcare organisation may be different from specialist practice at network, national or international levels.

It should be noted that there should be a clear distinction from the commissioning of specialised services covered by the National Specialised Pathology Services Definitions set, although some overlap in terminology is inevitable.

2.2 Medicolegal work

The provision of reliable expert opinion to the courts has been widely debated and the Civil Justice Council has published a *Protocol for the Instruction of Experts to give Evidence in Civil Claims* (June 2005, www.civiljusticecouncil.gov.uk/914.htm). Expert opinion relies on the possession of appropriate specialist knowledge and the ability to express that knowledge to the court, either in writing or orally, to allow a just decision to be made. Both the possession of knowledge and the ability to bear witness are susceptible to development by experience and training. It is the responsibility of the court and those providing instructions to experts to determine whether or not an individual has the appropriate expertise to provide expert testimony in a particular case.

3 TERMINOLOGY

A specialist may be defined as 'a pathologist of consultant grade (or equivalent status) who delivers a service of a high standard in a specific area of diagnostic pathology or medicolegal practice'.

All trained pathologists are on the Specialist Register of the General Medical Council and, as indicated above, the College recognises specialisation within the broad context of pathology. It is suggested that phraseology such as 'cellular pathologist with special expertise in breast disease' may be more readily understood by those outside the pathology community than 'specialist breast pathologist'.

4 PRACTICAL ISSUES

4.1 Experience

When a consultant is appointed to a post with a special interest in a particular aspect of diagnostic work, the employing organisation should ensure that the appointee either has appropriate experience before taking up their post or has the opportunity to rapidly develop this experience after appointment.

4.2 Specialty advisors

The College has 16 specialty advisors in specific areas of cellular and forensic pathology, namely:

Neuropathology	Paediatric	Ophthalmic	Cardiac
Gynaecological	Dermatopathology	Renal	Forensic
Urological	Lymphoreticular	Cytopathology	Bone/soft tissue
Pulmonary	Gastrointestinal	Breast	Oral pathology

These may be the appropriate areas in which a special interest could be declared, although it is noted that some areas of practice are not specifically covered, e.g. ear, nose and throat (ENT) and endocrine pathology. The role of the 'generalist pathologist' is also not recognised. For some pathologists and

some specialist activities it may be useful to consider subdivisions of these areas of expertise, e.g. liver, testis, ovary, metabolic bone disease.

4.3 Standards of practice for general and specialist pathologists

The provision of an interpretative report in any pathology specialty represents the opinion of the individual pathologist. Different pathologists may have different opinions on the same problem. The extent of variation will be reduced by the use of guidelines, protocols and datasets, and may be further moderated by participation in multidisciplinary team meetings, audit and external quality assurance schemes.

There is no absolute distinction between general and specialist pathologists and each individual should be judged on their experience and the demands of their current appointment. A general pathologist will typically cover a broad range of diagnostic work while specialist pathologists usually see a more restricted range of work. General and specialist pathologists will work to the same standards, as defined by guidelines and satisfactory performance in external quality assurance (EQA) schemes. Therefore, there should not be any justification for 'referral for specialist opinion' in the vast majority of diagnostic work.

Training in pathology should encourage the development of the ability to recognise when diagnostic problems are outwith an individual's experience and require a further opinion. Healthcare organisations and networks may also develop referral protocols for particular clinicopathological situations.

Specialist pathologists, who have the appropriate skills and competencies, have a particular role to play in the recognition of uncommon or rare conditions (to which it may be difficult to apply guidelines), in the interpretation of contentious areas of diagnostic practice (e.g. dysplasia in inflammatory bowel disease) where increased exposure to a problem may lead to a more refined approach, and as a source of advice for other pathologists. The ability to provide a clear secondary or tertiary opinion for clinical management in cases of diagnostic difficulty is largely a matter of the personality and experience of an individual pathologist.

5 THE ATTRIBUTES OF A 'SPECIALIST' PATHOLOGIST

A specialist pathologist should be:

- aware of current clinical and scientific aspects of a particular subject
- aware of the needs of specialist clinicians in other disciplines as they relate to a specific disease or tumour site
- prepared to be self-critical and provide an independent view on a specific problem
- prepared, and have the time, to help other pathologists in their diagnostic work.

A wide range of attributes may contribute to a particular level of expertise. The complexity of modern pathology practice suggests that it is, at present, impractical for the College to develop guidelines to indicate what level of evidence is required to be regarded as a local, network or national specialist pathologist. For pathologists working in organisations with a quality management system, many aspects of the portfolio are already brought together for the purposes of clinical governance and annual appraisal (joint review). Some aspects are also included in the College's scheme for continuing professional development (CPD). The possession of these attributes may be partly validated by those with whom the pathologist works. It is suggested that evidence of 'specialist' practice could be provided by a portfolio approach.

The portfolio might contain evidence relating to some, but not necessarily all, of the following aspects.

- Evidence of day-to-day involvement in a particular area of practice. This would normally be recognised by the employer, for example, as specific time allocated in a job plan for the

provision of specialist advice. A job plan could also helpfully indicate the arrangements for the provision of cover during leave and succession planning.

- Evidence of specific training, e.g. attendance on courses, specific training attachments.
- Evidence of substantial experience in a particular area. This may relate to volume of work or, for less common diseases of low volume, the number of years of involvement in that area of disease.
- Publications in peer-reviewed journals.
- Contributions to postgraduate teaching.
- Evidence of continuing audit and satisfactory performance in relevant EQA schemes.
- Participation in the work of a relevant specialist group of pathologists.
- Evidence of esteem by colleagues, e.g. details of secondary referral practice, 360° appraisal by other members of a clinical team.
- For those seeking to be an expert witness to the courts, experience and/or training in the role of an expert witness might be expected.

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