



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

**Workload management in laboratory medicine:
patient safety and professional practices**

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WORKLOAD MANAGEMENT IN LABORATORY MEDICINE: PATIENT SAFETY AND PROFESSIONAL PRACTICES

The purpose of this document is to give advice to pathologists in all disciplines on how to respond in the face of an inappropriate clinical workload. The underlying principles are in accordance with *Good Medical Practice*, published by the General Medical Council.^{1,2}

Background

Shortfalls in the workforce may result in pathologists being asked to manage workloads that would previously have been handled by more staff or by specialist reporting systems, outside their 'normal' area of expertise.

Experience in other clinical areas suggests that the public want and expect a safe service, above all else. Mistakes are not tolerated, however well intentioned the practitioner in undertaking an onerous workload or helping out during a crisis. Public concerns also dictate that high priority needs to be given to audit, continuing professional development (CPD) activities and external quality assurance (EQA).

General principles

The duties of a doctor include participation in audit and continued education. These must be given a high priority against other competing pressures.

The duties of a doctor would require a pathologist promptly to draw attention to any potentially unsafe working practices that may cause harm to a patient and to take prompt action to stop such practices.

Advice on professional practice

All pathologists should review their practice in the light of the general principles above and take action as required.

Under no circumstances should a pathologist take on a workload that may place a patient in danger of coming to harm. Such areas of concern may include, but are not limited to:

- delayed reporting for such a length of time that a therapeutic opportunity might be missed or that harm comes to a patient through mental distress
- reporting cases or giving diagnostic opinions when fatigued, such that there is an increased chance of making an error
- reporting cases outside the normal area of expertise for that practitioner
- delegating duties or tasks to other staff without adequate supervision
- having insufficient time to monitor the reliability of the service through clinical audit
- having insufficient time to participate in continuing professional development, audit and external quality assessment.

Advice on action

If a workload becomes potentially unsafe, a consultant should promptly take the following action:

- inform their accountable manager in a letter that specifies the areas in which there is concern
- inform the relevant clinical colleagues responsible for sending samples for diagnostic opinions such that patients may be kept informed
- implement a scheme, in close consultation with relevant clinical colleagues, to reduce levels of activity to a safe level
- regularly review the situation and strategy for its satisfactory resolution.

References

1. General Medical Council. *Good Medical Practice* (3rd edition). London: GMC, 2001.
www.gmc-uk.org/guidance/good_medical_practice/index.asp
2. General Medical Council. *Guidance on Good Practice*. London: GMC, 2005.
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