Dr Derek Allen

Dr Tim Helliwell

Tissue pathways – why bother?

What is your attitude to the College's Tissue Pathways initiative? Is it "I know all that, why bother? It is such a waste of time and effort!" If it is, maybe you are to be congratulated on your accumulated experience and skills and those of your supporting laboratory staff. Or are you? Surely the more experienced we become, the more we realise our own limitations and the need to keep an open mind as to how we do the business of delivering the service?

The Tissue Pathways documents offer an opportunity to hear from practising specialist pathologists what they think is required to deliver a quality service. Effective continuing professional development sets standards, often affirms local practice and highlights scope for service improvement. A College priority is to give active guidance on the science and practice of pathology – an ethos which has generated the Cancer Datasets, now into their second editions and routinely used in multidisciplinary team management across the UK and beyond.

It is anticipated that the forthcoming *Independent Review of NHS Pathology Services* by Lord Carter will emphasise the need for integrated service, clinical and system quality, namely: what the patient gets, how it is provided by the professionally qualified staff and the overall coordination, i.e. appropriate requesting, specimen transportation, result interpretation and report delivery to the point of care. Quality standards will be set, against which laboratory services will be measured and accredited. The Tissue Pathways documents seek to address pre-, per- and post-analytical aspects of the service. They will hopefully ensure an acceptable, reasonable and safe standard of practice, with the flexibility to allow for preferred local procedures. As for the Cancer Datasets, they will be a work in progress, being subject to periodic review and amendment in light of user feedback on their practical usefulness.

Reproduced below is the generic introduction to the Tissue Pathways (www.rcpath.org/resources/pdf/go58tissuepathwayintrofinalmayo8.pdf), which explains the rationale and methodology of the initiative.

Introduction

The Royal College of Pathologists is publishing a series of 'Tissue Pathways' documents for biopsy and non-neoplastic resection specimens. They are written to reassure pathologists and biomedical scientists who are involved in monitoring local protocols and handling specimens that local practice is sufficient to provide tissue sections that allow accurate diagnostic and prognostic information to be provided for patient care. It is likely that these documents will be useful for trainee pathologists and will allow equitable comparison between laboratories.

The aim is to define the *range of acceptable practice*, avoiding the problems of inadequate investigation leading to inadequate care, and of over-investigation leading to waste of resources. Where possible, the Pathways will be evidence-based and all laboratories are encouraged to provide additional evidence (e.g. through local audits) to support or modify the Pathways in the future. They will complement the specimen handling and block dissection notes in the College's Cancer Datasets and parallel initiatives by other organisations, e.g. the British Society of Clinical Cytology's Code of Practice on Exfoliative Cytology. Their workload and resource implications are being mapped to Healthcare Resource Groups (HRGs) in cellular pathology as a basis for pathology specific test tariffs.

For all clinical scenarios, each tissue specimen is unique and could potentially require a unique set of investigations in order to reach a diagnosis. It is the responsibility of the consultant pathologist, working with the multidisciplinary team, to ensure that appropriate laboratory investigations are performed to reach a diagnostic conclusion for each patient. Therefore, while these Tissue Pathways provide general guidance on specimen handling, they should not be regarded as mandatory or restrictive, and should be adapted as necessary according to the judgement of the pathologist.

The framework includes a section of comments that are generic to most situations and, for each anatomical site, a set of headings under which site-specific variations to the generic comments and more detailed guidance on acceptable practice are provided. The Tissue Pathways are intended to cover issues from specimen acquisition through to the presentation of stained sections to the pathologist. It is not the intention to provide detailed guidelines on the diagnostic content of reports for every clinical situation but, for common clinical scenarios, a series of points indicate the main aspects to be commented on in each report. Where generally accepted schemes for diagnostic categorisation exist, these are listed and referenced.

Generic issues relating to staffing, workload and facilities

The following recommendations should be met for a general level of acceptable practice:

1. The diagnostic laboratory should have sufficient pathologists, biomedical scientists and clerical staff to cover all its functions. In general, staffing levels will follow the workload guidelines of The Royal College of Pathologists. For common specimen types, it is not intended to provide detailed guidance in the Tissue Pathways. For some less common or more specialised specimen types, e.g. renal medical needle core biopsy and heart/lung transplant biopsies, additional guidance is provided in the relevant section.
2. Pathologists should:
   a. participate in audit
   b. participate in relevant EQA schemes of a general or specialist nature
   c. have access to specialist referral opinions on a local network or national basis.
3. The laboratory should:
   a. be equipped to allow the recommended technical procedures to be performed safely
   b. be enrolled with CPA (UK) Ltd.
   c. participate in the UK NEQAS for Cellular Pathology Technique
   d. participate in the UK NEQAS for Immunocytochemistry and FISH (when these techniques are used in the diagnostic pathway).
4. Reports should be held on an electronic database and indexed according to SNOMED T, P and M codes.
5. Workload data should be recorded in a format suitable for mapping to HRGs and determination of the resource involved.

Dr Derek Allen
Dr Tim Helliwell
On behalf of the Specialty Advisory Committee on Histopathology and the Cancer Services Working Group