

Best practice recommendations

Reporting cellular pathology samples at home

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Comments	<p>This document will supercede the 2019 version of this document. In accordance with the College's pre-publication policy, this document will be on the Royal College of Pathologists' website for an abridged consultation from 27 November to 11 December 2023.</p> <p>Responses and authors' comments will be available to review on final publication at: www.rcpath.org/profession/publications/documents-in-development.html</p> <p>The following changes have been made to this BPR.</p> <p>Background</p> <ul style="list-style-type: none"> Page 5, lines 17–19, the following has been added: 'In addition, the practice of working from home was greatly needed to minimise risks of infection during the COVID-19 pandemic and associated lockdowns.'

	<ul style="list-style-type: none"> • Page 5, line 21: 'regarding global warming' has been added to the sentence beginning 'There is also a responsibility...'. • Page 6, line 4: 'rapidly increasing' has been added to the sentence beginning 'It is NHS policy...'. • Page 6, line 13: 'safely and in line with appropriate national guidance.' Has been added to the sentence beginning 'It is also understood that...'. <p>Governance</p> <ul style="list-style-type: none"> • Page 8, lines 6–8, the following has been added: 'Since videoconferencing is now commonplace for many, if not most, MDT meetings, MDT attendance is unlikely to be adversely impacted by home working.' <p>Confidentiality</p> <ul style="list-style-type: none"> • Page 9, line 5: 'which has been recently updated.' has been added to the sentence beginning 'The professional behaviour of pathologists...'. <p>Professor Angharad Davies Clinical Director of Publishing and Engagement</p>
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Foreword

Best practice recommendations (BPRs) published by the Royal College of Pathologists should assist pathologists in providing a high standard of care for patients. BPRs are systematically developed statements intended to assist the decisions and approach of practitioners and patients about appropriate actions for specific clinical circumstances. They are based on the best available evidence at the time the document was prepared. It may be necessary or even desirable to depart from the advice in the interests of specific patients and special circumstances. The clinical risk of departing from the BPR should be assessed and documented.

A formal revision cycle for all BPRs takes place every 3 years. The College will ask the authors of the BPR to consider whether or not the recommendations need to be revised. A full consultation process will be undertaken if major revisions are required. If minor revisions or changes are required, a short note of the proposed changes will be placed on the College website for 2 weeks for members' attention. If members do not object to the changes, a short notice of change will be incorporated into the document and the full revised version will replace the previous version on the College website.

This BPR has been reviewed by the Publishing team. It has been placed on the College website for an abridged consultation with the membership from 27 November to 11 December 2023. All comments received from the membership will be addressed by the authors to the satisfaction of the Clinical Director of Publishing and Engagement.

This BPR was developed without external funding to the writing group. The College requires the authors of BPRs to provide a list of potential conflicts of interest. These are monitored by the College's Publishing team and are available on request. The authors of this document have declared that there are no conflicts of interest.

1 Introduction

This BPR document aims to describe the practice of home working, i.e. an employee carrying out work-related duties while physically based at their place of residence. It applies to both medical and clinical scientific staff who provide a pathology service.

This document relates to both digital and conventional cellular pathology reporting, and histopathology and cytology services. It complements the following College documents: *Best practice recommendations: For pathologists participating in remote reporting of histopathology or cytopathology* and *Best practice recommendations: For implementing digital pathology*.^{1,2}

The document defines different types of home working – major and minor – and when these might be applicable. It also lists general considerations, an application procedure, and the health and safety factors affecting home working.

1.1 Background

The College is aware of the increasing pressures on the cellular pathology workforce, with the increasing use of additional programmed activities (PAs) and remote reporting agencies to ensure the workload is reported. In addition, the practice of working from home was greatly needed to minimise risks of infection during the COVID-19 pandemic and associated lockdowns. The College is also keen to support a reasonable work–life balance in the profession and believes flexible working practices will improve recruitment and retention. There is also a responsibility regarding global warming to reduce unnecessary transport where possible. As a result, the College recognises that home working can bring advantages to both the employee and the employer.

These may include reduced costs, better use of time, convenience, freedom from transport problems and ecological benefits. The College endorses the use of reporting from home where these recommendations and local transport guidelines are followed. With appropriate secure remote access to the trust laboratory information management systems (LIMS; currently enjoyed by the majority of pathologists undertaking on-call work and easily rolled out to cellular pathologists), the College understands there is no anticipation of any increase in risk related to the 2018 General Data Protection Regulation.

It is NHS policy to introduce more flexible ways of working and, in the context of network approaches to service provision and rapidly increasing access to digital systems, working at home is increasingly part of the solution for some aspects of the service. Initiatives in

1 the NHS are linked to developing 7-day working, which requires flexible use of staff
2 resources. Many consultant radiologists already provide on-call services by looking at
3 images transmitted to their home.

4 Increasing subspecialisation may mean that working at home becomes a particularly
5 appropriate method of evaluating urgent specimens in fields where suitably trained
6 pathologists are not numerous, such as in transplant pathology. It is also understood that
7 some pathologists engage in private practice and remote locum work and seek to deliver
8 this from home safely and in line with appropriate national guidance.

9 The digital pathology committee welcomes revised guidance from the College on home
10 reporting, a topic of particular significance given the escalating interest in digital reporting
11 and flexible working. This highlights the need for those reporting digital specimens,
12 regardless of location, to complete and document a period of training and a personal
13 validation procedure in digital reporting. For remote reporting, the validation process
14 should be completed using the display that the pathologist intends to use remotely.

15 With regard to the practice of digital pathology from home, it is also important that the
16 reporting pathologist and their employer understand and document the specifications and
17 limitations of the hardware used for home reporting (particularly in terms of display
18 screen). It is not yet clear what minimum specifications are required for primary diagnosis
19 with digital pathology, and more research is needed in this area. Pathologists should be
20 aware that the brightness and resolution of the display can affect the quality of the image,
21 as well as ease of use. More challenging diagnoses can be difficult on lower-quality
22 displays. The scope of home digital reporting should be clearly defined, with particular
23 differentiation made between primary diagnosis, secondary review/multidisciplinary team
24 (MDT) review and immunohistochemistry/auxiliary test review, which bear different levels
25 of risk. A risk evaluation should be performed to determine the types of case suitable for
26 home reporting, and those that should be reported onsite, or deferred to glass.

27 All hardware should be subject to regular review, including specific aspects of the reporting
28 environment, such as ensuring the best background/ambient lighting to optimise display
29 screen use. Prolonged use of display monitors can result in fatigue, and home reporting
30 pathologists should exercise their judgement in deciding when screen breaks and rest
31 periods are required.

32 'Minor home working' is where an employee uses part of their time to complete ad-hoc
33 tasks at home. This may include delivering activities for continuing professional

1 development or logging into NHS computer systems remotely to complete work such as
2 authorising typed reports. This may also include using a microscope at home to report
3 histological material.

4 'Major home working' is where an employee works from home for a regular part of their
5 employment. This BPR anticipates that, with the adoption of digital microscopy,
6 opportunities to deliver a histological diagnostic service from home will present
7 themselves. In the absence of any other formal definition of 'major home working' it would
8 be reasonable to regard this as taking place where a PA involving the reporting, review or
9 authorisation of cellular pathology samples is scheduled on a regular basis to take place at
10 home. This differentiates between ad-hoc home working and a more regular commitment,
11 irrespective of the amount. Note that all quality standards for validation of service must
12 apply to any such work.

13 The following recommended safeguards should be applied to ensure the highest quality of
14 work from home.

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2 Recommendations

2.1 Governance

The organisation for which the work is being delivered should be informed that the work is being delivered from home premises – this should include the anticipated quantity of work being undertaken in this manner. Those working from home should ensure that structured clinical discussion (e.g. at MDT meetings) is not prejudiced by working at home. Since videoconferencing is now commonplace for many, if not most, MDT meetings, MDT attendance is unlikely to be adversely impacted by home working. Many organisations have a home working policy and any agreements required by the employer in respect of home working should be complied with.

For the purposes of appraisal, it should be specified that work is being delivered from home as part of the portfolio of work being delivered, such that the appraiser can discuss any relevant issues.

Pathologists working from home should ensure that their working environment will be safe and adequate for the purpose and have systems in place to ensure that all necessary steps are taken for safe working and a safe environment for all occupiers of the home.

Those working at home must inform their manager in the event of accidents, incidents or dangerous occurrences related to their work, as part of the incident-reporting systems specified by the organisation for which they are providing a service.

2.2 Human Tissue Act

Those reporting work that is for a scheduled purpose under the Human Tissue Act 2004 should ensure that the oversight of work is compliant with statutory requirements and seek agreement from the designated individual overseeing work in their organisation.

2.3 Confidentiality

Pathologists must ensure that only those with legitimate access to patient-identifiable information have access to diagnostic material and reports, and this should be maintained by a system of timed-out computer passwords, as occurs on most NHS computers. There will inevitably be a need to trust that individual pathologists will maintain their professionalism and they will not share sensitive information with anyone living in or visiting their home.

The professional behaviour of pathologists is governed by requirements in the General Medical Council's Good Medical Practice, which has been recently updated. Issues of confidentiality relating to reporting at home are no different from those relating to other aspects of clinical paperwork or examination marking that is done at home.

Pathologists should fully comply with information governance procedures specified by the organisations for which they are providing a service. This includes, for example, connecting into the NHS network, keeping premises where pathology material and records are stored secure, and ensuring that any relevant paper waste is shredded.

2.4 Record keeping and transmission of results

Pathologists should have records and standard operating procedures for the receipt and transmission of material, images and reports, etc. Ideally, a system of real-time tracking should be available, as well as a fail-safe mechanism, to ensure that results are received and acted upon.

2.5 Audit

Cellular pathology reporting, including home working and diagnosis, can and should be audited, and anyone taking part should agree to this. Audit could include turnaround times, accuracy of reports generated, and return of slides and clinical request forms.

2.6 Working conditions

Pathologists should ensure that the environment in which they report is suitable, i.e. quiet, free from interruptions and properly resourced with equipment equivalent to the normal workplace. This might include a video/telephone link. Conditions should meet acceptable standards of occupational health and safety requirements.

The equipment used for reporting at home should be fit for purpose. It should be regularly serviced, and records provided to the employer for the purposes of accreditation. Liability for loss or damage to equipment should be clarified and documented, including details of the responsibility for insurance. Where a service is being delivered for a provider organisation, the organisation should include this service provision in its risk assessments.

2.7 Transport and storage of diagnostic material

If slides are being transferred between locations, precautions must be taken to ensure their safety.

- 1 • Pathologists should comply with systems for tracking and tracing material as specified
2 by the organisation for which a service is being provided.
- 3 • Material that is irreplaceable (e.g. non-gynaecological cytology preparations and small
4 diagnostic biopsies requiring multiple levels) should be sent by tracked carriage (e.g.
5 by a courier, Royal Mail recorded/special delivery) or personally delivered by staff.
- 6 • Other diagnostic material should ideally be sent by courier rather than routine mail
7 services.
- 8 • If material is transported by the pathologist using their own or public transport, integrity
9 of material, security and confidentiality should be ensured by written procedures that
10 have been risk assessed.
- 11 • Microscope slides reported at home that include any clinical request forms or other
12 accompanying paperwork taken from the laboratory and forming part of the patient's
13 record should be returned at the earliest possible opportunity to the appropriate
14 laboratory, for storage. In the case of post-mortem specimens, storage at home for
15 longer than is necessary for the examination would incur the need for a Human Tissue
16 Authority licence.

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3 References

1. Royal College of Pathologists. *Best practice recommendations: For pathologists participating in remote reporting of histopathology or cytopathology*. Accessed 2023. Available at: <https://www.rcpath.org/profession/guidelines/specialty-specific-publications.html>
2. Royal College of Pathologists. *Best practice recommendations for implementing digital pathology*. Accessed September 2023. Available at: <https://www.rcpath.org/profession/guidelines/specialty-specific-publications.html>

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