



The Royal College of Pathologists

Pathology: the science behind the cure

## **RCPaTh – Cellular Pathology / Histopathology response to HEE's Strategic Framework Call for Evidence 2021**

This is summary of the key issues in cellular pathology / histopathology.

- Current understaffing at laboratory/scientific and medical levels that is particularly marked within some departments. Departments with multiple consultant vacancies are likely to find individual vacancies more difficult to fill as potential candidates are likely to feel that they would be moving to a department that was likely still to be understaffed.
- The current staffing difficulties lead to the requirement for locum scientific and medical staff and to the need for remote reporting by private companies. Laboratory staff are often subject to poor pay structures, coupled with poor development and progression opportunities.
- Increasing work from pre- and post-analytical phases of molecular pathology testing – with little current recognition of this. This activity is rapidly increasing and can be very time-consuming. Examples in gynaecological pathology include HRD testing in ovarian cancers, NTRK testing for sarcomas, cKIT testing in melanomas – requiring pathologist input in selection of tissue and integration of results and interpretation at MDT meetings. Each subspecialist area of cellular pathology would possess its own list of the molecular tests that are commonly required within their area.
- Increased activity due to 'post-COVID catch-up' work and the general increase in awareness of cancer in many fields leading to increased workload.
- Changes in clinical practice resulting in increased workload for cellular pathology e.g. prophylactic specimens in gynaecological pathology - needing embedding and examining of entire specimen in most instances; new surgical techniques resulting in more complex pathology specimens.
- Many new cancers require more exhaustive immunohistochemical testing for diagnosis e.g. lymphomas, sarcomas.
- Increasing use of immunohistochemistry for therapeutic and management purposes e.g. DNA mismatch repair enzyme immunohistochemistry now mandated by NICE in all colorectal and endometrial cancers.
- Regular requests for pathologists to support new or expanded MDT meetings.
- Current popular trend for consultants to retire earlier and to move to less-than-full time working towards the end of their career, with retire and return – usually at a lower number of PAs – being increasingly popular due to pensions constraints and better recognition of improved work-life balance.

- Introduction of new targets for cancer diagnosis and treatment leading to further pressure on reporting turnaround times.
- Ongoing reduction in numbers of autopsy-active pathologists.
- Development of pathology networks – this may lead to some efficiency savings but also requires up-front investment e.g. for the creation of 'region-wide' LIMS systems.
- Adoption of new technologies – especially digital pathology, which will require initial funding and then much more ongoing financial support to maintain up-to-date systems.
- Training issues e.g. difficulty in providing cervical cytopathology training due to centralisation of this work for service reasons and without consideration for the provision on training.
- Cellular pathology is not seen as a frontline service and this tends to lead to under-investment.