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

RCPath response to the Scottish Parliament Health and Sport Committee inquiry into COVID-19 on resilience and emergency planning.

2 June 2020

Response from the Royal College of Pathologists Scotland Regional Council

Did previous planning adequately prepare us for the current pandemic?

Laboratories provide accurate, timely and relevant information on which to base decisions on how to manage patients safely on a one to one basis. We already have a National Laboratory Oversight Board in Scotland with an ethos of the right test at the right time in the right place that produces safe and reliable laboratory diagnostic results which sets us at an advantage from the competitive situation in England, for example. The Board highlights the value of laboratories' contribution to patient care and negotiation of patient pathways rather than from a purely financial standpoint. Agreement around a Distributed Service Model for laboratory diagnostics was a helpful position that facilitated a response to the pandemic. Had planning and implementation of a Distributed Service Model been more advanced, the response to Covid-19, whilst still challenging might have been slightly easier.

- A Distributed Service Model of linked collaborative local services is helpful in making effective use of available resources nationally whilst ensuing local equitable availability and resilience.

We feel that we remain only partly prepared to deal with the backlogs that have built up during the acute phase of the pandemic. In Scotland, thousands of procedures, for example major cancer resections, have been postponed. Aside of the implications for patients' individual outcomes,

laboratory diagnostics anticipates a large volume of complex cases as we address this backlog. With Covid-related implications for carrying out diagnostic work ongoing (see section on buildings and infrastructure below), this increased volume of work will have more effect than usual. To date, we are not aware of specific plans (other than numerical targets and some possible IT solutions) as to a strategic approach to this matter. The College, along with the other laboratory professionals would seek to be involved in developing the way forward.

- Consultation with relevant groups in the development phase prior to implementation is favoured to promote engagement and effective use of scant resources.

With hindsight, what prevented better advanced planning to deal with the pandemic?

The Royal College of Pathologists would suggest that there is a relative lack of investment in laboratory diagnostic services. The need to engage help from, for example, Scottish Universities in providing testing capacity, illustrates this. The Staffing levels in Scottish Laboratories (see Scotland's Future Laboratory Workforce Report, November 2019, https://www.ims.scot.nhs.uk/wp-content/uploads/2019/12/DSG-WFP-Final-Report-v1.pdf) have already been raised as a concern – there are too few people to deliver services at pre-Covid-19 levels and there are concerns about the demographics of the aging workforce, across all specialties and staff groups. There was and is no slack in the system to cope with untoward situations such as Covid-19. The lack of planned capacity for dealing with epidemics is seen as an impediment.

- Addressing the shortfall of career and training grade staff in the professions engaged in Scottish Laboratory Diagnostics has been overlooked for many years. There is now urgent need to invest in this area of core NHS work.

It has been a recurring feature in the reaction to Covid-19 in the UK in general, and Scotland has done little better, that we are unwilling to listen to international experience. Several papers were published in high quality peer reviewed journals from China, Korea and latterly from Italy (and Italy particularly was willing to share experience using digital platforms in professional settings) noting the science of SARS-CoV-2 and responses to it in individual patients and in healthcare institutions. Systems for testing and tracing, for example, were described in the Far East and, had this experience been followed, we might have been in a better situation now in this regard.

- Advanced planning might build in capacity for horizon scanning to ensure we benefit from others' experience.

Were the right people and organisations involved?

The Royal College of Pathologists, via the Scotland Regional Council, has been fully involved in the Scottish Academy and that body's contribution to dealing with the pandemic. At times, however, there has appeared to be reluctance to engage with the Academy by SG and its various organisations. This may reflect oversight as a result of excessive demands on time and resources but it may have lost valuable medical advice from decision making groups.

- The College would contend that more and valuable use could have been made for the expertise and experience of NHS Virologists, Microbiologists with medical and scientific at an earlier stage than occurred.

Laboratory professionals have years of experience and learning in developing services to the excellent standards we expect from NHS laboratories. We know what is achievable. We feel we could have been more helpful in developing systems beyond the conventional NHS networks. Having NHS experts involved in designing and implementing standardisation, sample tracing within laboratories, quality control, quality management and quality assurance of these services could have cut the time to operational status, effective use of resources the accuracy of results and confidence in them and the safe transmission of results to NHS patient records. That these people did become involved in not in question – earlier involvement would have been helpful.

- Earlier involvement, demonstrating understanding of and trust in NHS Laboratory expertise in planning, designing, developing and delivering new services would have been helpful.

What lessons have been learned which could inform the response to future outbreaks of COVID-19 infection or another pandemic?

Organisations

It may be argued that "top-down", command and control styles have felt less inclusive and that opportunities for innovation and balance may have been overlooked. There are examples where advisory structures, locally and nationally, have been shut down or side-lined. The balance is that in a time of crisis, there was a need "to do something" and there is little doubt that what was done was done with good intent.

- Consultative, consensual approaches are known to work well in the public sector – this evidence should be heeded for future.

The ethics of private sector organisations which have become involved in aspects of supply and delivery are possibly questionable although it is conceded that the point of business is to generate profit and that national and international economic prosperity relies on this.

- The approach to embracing the private sector might be more measured in the UK context is worth considering.

There is a feeling that those who shouted loudest were heard whilst those who made thoughtful approaches had less favourable receptions.

- Looking ahead, a more thoughtful response where advice is more carefully sought may produce more constructive and better coordinated outcomes.

Buildings, services and infrastructure

NHS laboratory buildings and the services within them have been significantly reorganised. This has produced a workable short-term solution to the immediate challenges of the Covid-19 crisis. As this abates and the need to address the rest of the remit of the NHS, further reorganisation will be necessary to enable service delivery that is safe for patients and for staff. The scale of backlogs across all aspects of the service are considerable and growing and the complexity of the care that will be needed to resolve individual patients' cases will increase with late and advanced presentations.

- Laying out the criteria that need to be considered in this mix has begun and it is important there is wide and deep, experienced and novel professional advice in how this process goes ahead.

Space within buildings is now seen as premium with the need for distancing between patients, staff and between patients and staff. This is pertinent in laboratories which haven in effect become significantly smaller with at least the same workforce numbers and more activity going forward. This poses challenges for service delivery in bulk as was the pre-Covid situation, especially in specialties like Cellular Pathology (Histopathology, Paediatric Pathology, Diagnostic Neuropathology, Forensic Pathology), Haematology and Clinical Genetics where people carry out interpretative work beyond machines. Solutions may include changes in timetabling, longer opening hours with fewer people present at any one time, working over weekend days. There is cost involved in these arrangements and it is necessary to think about staff availability and ability to cope with life-style changes that would necessarily result.

- Consultation and agreements around proposals that may involve changes in working practices, terms and conditions of employment will be necessary.

Flexibility is seen as valuable in the context of the Covid-19 response. Vulnerability is exposed where there is reliance on single people or centralised sites to provide services or aspects of service. The value of working collaboratively has been shown in clinical, laboratory, academic and institutional contexts. This highlights the relevance of ensuring, as we move forward, we have integrated Distributed Services which can function independently but also collectively to share load and provide equitable access across the country.

- Going forward, local services, coordinated nationally can provide a model of safe, sustainable and resilient NHS services with equitable access.

IT has become invaluable throughout the Covid-19 outbreak. Organisations like NES who have invested in IT are reaping the benefits with relative ease of home working, for instance, because of the policy to supply staff with up to date, VC enabled, dockable, networked, laptops as opposed to desk top machines.

- IT strategy going forward should include investment consideration of flexible working to include off site connectability and functionality.

Education, training, research and quality improvement

Educational activity has been stopped or at least curtailed during the Covid crisis. This has been because of capacity – the need to have staff on site delivering service – and because of changes in case mix, volume and staff redeployment. It is argued that every medical student and doctor in a training programme has experienced disruption to their learning opportunities. This does not imply there are not things to be learned from the crisis – far from it.

- There is much to be learned from the Covid crisis on a personal as well as organisational basis.

There is considerable anxiety among trainees about falling behind curricular goals and missing milestones with the cancellation of examinations and courses in addition to changes in experiential learning. This affects doctors and scientists who have remained in their base specialty as well as

those redeployed to other parts of the service. There is an apparent lack of alignment in how this should be handled with a spectrum of approaches from the lenient – give everyone an extra 6 months – to the hard line – they must fulfil all criteria in curricula to progress. Sign off of curriculum progress review processes for medical trainees was long in coming, despite some annual progress reviews (ARCPs) having already occurred.

The purpose of medical and scientific education and their associated institutions is to support learning, attain standards and maintain them. The object is to support trainees and their trainers. We should and can trust people on the ground to make sound judgements to allow trainees to feel valued for who they are and what they do and to make progress in their careers. It is important to remember in advising trainees the value of thinking and acting individually and collectively with common sense and compassion because each trainee in each workplace has a different context. Rigidity is likely to be unhelpful and will risk trainees' success, health and wellbeing.

- Trainee progress should be supported, acknowledging each doctor's and scientist's contribution to the service and by providing time, space and opportunity to build experience and develop professionally.

This implies that time and effort will have to be expended on education and training as it serves as investment in the future capability of the laboratory workforce. Innovative ways of teaching and learning have grown out of Covid-19 and this experience should be developed, not lost or neglected.

- Reconstituting education and training should be core NHS business, investing in the development of professionals who have learned from the Covid-19 crisis and whose careers will power the service in future.

Similar arguments can be developed about research and quality improvement. Much clinical research and trials have been paused and, for the development of future therapeutic strategies, will require to be reinvigorated. The realignment and adjustments in service design have provided opportunities for QI projects to evaluate their effectiveness. These activities too will require time and so again it is important NHS authorities see this as core business.

- Enabling clinical trials and research and quality improvement projects remain a central component of high quality healthcare and should be promoted and supported as core activities in NHS Boards.

Professionals' wellbeing

There is sound evidence about the importance of investing in staff. This includes their education and training, the environment within which staff work, the facilities and opportunities they have available and the encouragement there is for professional development. Looking after people is what the professions do. That we afford that privilege to our peers is a professional value which is as relevant today as it was to Hippocrates. Healthcare professionals work in stressful places with high expectations upon them, from themselves as much or more than from others. Acknowledgement of this and help when needed are humane and worthy.

- The value of and need for a focused professional health programme has never been more clearly made. There is a need for employers to respond to this case.

Contact details

For further information please contact Janine Aldridge, Public Affairs Officer.

E: janine.aldridge@rcpath.org

T: 020 7451 6769

About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations and provide continuing professional development. We engage

a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.