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

Best practice recommendations

Excessive workload management in laboratory medicine: patient safety and professional practices

April 2024

Authors: Professor Adrian Bateman, Professor Keith Hunter, Dr Newton Wong & Dr Paul Craig

Unique document number	G005
Document name	Excessive workload management in laboratory medicine: patient safety and professional practices
Version number	4
Produced by	Professor Adrian Bateman, Professor Keith Hunter, Dr Newton Wong and Dr Paul Craig on behalf of the Specialty Advisory Committee on Cellular Pathology
Date active	April 2024
Date for review	April 2029
Comments	This document will supersede the 2019 version of this document. In accordance with the College's pre-publication policy, this document was on the Royal College of Pathologists' website for consultation from 6 March to 3 April 2024. Responses and authors' comments are available to review on publication at: www.rcpath.org/profession/publications/documents-in-development.html **Dr Michael Eden** **Clinical Director of Quality and Safety**

The Royal College of Pathologists
6 Alie Street, London E1 8QT
T: 020 7451 6700; www.rcpath.org

Registered charity in England and Wales, no. 261035

Contents

Foreword

Best practice recommendations (BPRs) published by the Royal College of Pathologists assist pathologists in providing a high standard of care for patients. BPRs are systematically developed statements to assist the decisions and approaches 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 5 years. The College asks the authors of the BPR to consider whether the recommendations need to be revised. A full consultation process is undertaken if major revisions are required. If minor revisions or changes are required, a short note of the proposed changes is placed on the College website for 2 weeks for members' attention. If members do not object to the changes, the changes are incorporated into the document and the full revised version replaces the previous version on the College website.

This BPR has been reviewed by the Professional Guidelines team. It was placed on the College website for consultation with the membership from 6 March to 3 April 2024. All comments received from the membership were addressed by the authors to the satisfaction of the Clinical Director of Quality and Safety.

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 Professional Guidelines team and are available on request. The authors of this document have declared that there are no conflicts of interest.

1 Introduction

The purpose of this document is to give advice to pathologists and clinical scientists (hereafter described as 'practitioners') in all specialties on how to respond to inappropriate clinical workload. The underlying general principles on the following page have been developed in accordance with *Good Medical Practice*, published by the General Medical Council (GMC).[1,2]

These guidelines are particularly aimed at those practitioners who undertake independent practice, but the principles herein are widely applicable to all grades of staff. For practitioners in training grades, the main course of action should be via the Training Program and ARCP, as appropriate. Furthermore, issues of equality and diversity will be relevant to the interpretation and application of these principles (RCPath Equality Policy).

1.1 Background

Shortfalls in the pathology and clinical scientist workforce may result in practitioners being asked to manage workloads that are excessive in volume or are outside their 'normal' area of expertise, which would previously have been handled by more staff or by specialist reporting systems.

Experience in other clinical areas suggests that the public want and expect a safe service.[3] Mistakes are not tolerated, even when they're made by well-intentioned practitioners undertaking onerous workloads or helping during a crisis. In this context, high priority should be given to audit, continuing professional development (CPD) activities and external quality assurance (EQA), where these apply to practice.

2 Recommendations

2.1 General principles

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

The duties of a doctor require practitioners to promptly draw attention to any potentially unsafe working practices that may cause harm to a patient and to take prompt action to stop such practices following GMC guidance.[2] Freedom to speak up guardians are available in many healthcare settings and they can provide advice, including on whistleblowing, where required. Where local freedom to speak up services are not developed, the National Guardians Office can be contacted.

Practitioners managing services must follow GMC guidance in relation to acting on concerns.[2] This responsibility overlaps with NHS England's advice regarding whistleblowing.[4]

The following documents from the Royal College of Pathologists provide specific guidance on staffing and workload:

- *Staffing and workload for histopathology and cytopathology departments*. September 2015 (currently under review and due for reissue in 2024). Available from: www.rcpath.org/static/g107_guidelinesstaffingworkload_sep15.pdf
- *Clarification of the use of the College publication 'Guidelines on staffing and workload for histopathology and cytopathology departments' in limiting the workload of pathologists*. January 2018. Available from: www.rcpath.org/profession/guidelines/specialty-specific-publications.html
- *Guidelines for staffing and workload for neuropathology departments*. July 2020 (currently under review). Available from: G140a-BPR-Staffing-and-workload-for-neuropathology-departments.pdf

While the above references relate to histopathology and cytopathology, the principles of this BPR document can be applied to workload management in all pathology subspecialties.

2.2 Professional practice

All practitioners should review their practice in the light of the general principles above and act as required.

Under no circumstances should a practitioner be expected to take on a workload that may place a patient in danger of coming to harm. It should be noted that a practitioner is medico-legally responsible for all work that they have agreed on, including all requests for work additional to the agreed job plan, e.g. additional programmed activities (APAs) and Waiting List Initiative work. This should be factored into decisions related to such requests and into job planning discussions. Areas of concern may include, but are not limited to:

- working with a systematic backlog so that reporting is delayed for such a length of time that a therapeutic opportunity might be missed, or harm comes to a patient through mental distress. Sometimes, working with a backlog is unavoidable (e.g. due to suboptimal staffing levels). In these situations, attempts should be made to triage cases awaiting reporting and, hence, to prioritise them according to the best interpretation of the clinical urgency that is possible with the received information.
- reporting cases or giving diagnostic opinions when fatigued, and/or under stress such that there is an increased chance of making an error. This includes undue time pressure for the creation of a report. In this context, fatigue could be defined as a state in which tiredness starts to detract significantly from the ability of the practitioner to provide a safe and accurate service. The WHO defines stress as “a state of worry or mental tension caused by a difficult situation”.[5]
- exertion of pressure during the job planning process to accept excessive clinical workload and erosion of supporting professional activities (SPA) time
- reporting cases outside of the usual area(s) of expertise
- delegating duties or tasks to other staff who do not have adequate supervision and/or sufficient training
- having insufficient time to monitor the reliability of the service through clinical audit
- having insufficient time to participate in CPD, audit and EQA
- changes in the service delivery model that create working practices that may increase the potential to cause harm to patients. This includes remote working, which may raise issues of isolation and difficulty in accessing second opinions within the local department.

2.3 Taking action

If a practitioner's workload becomes potentially unsafe, the following action should be promptly taken.

- The practitioner should inform their accountable manager in writing, which specifies the areas in which there is concern. Reference may be made to RCPath documents on workload in such a communication and advice may be obtained from the College in cases of uncertainty.
- The practitioner should log the issue of unsafe working in the incident reporting system used by the employer.
- Service managers and, where possible, practitioners should inform relevant clinical users that are responsible for sending samples for diagnostic opinions of any likely delay in providing reports or opinions, so that patients may be kept informed.
- In close consultation with relevant clinical colleagues, clinical users and service managers, a scheme should be implemented to reduce activity to a safe level based on a risk assessment of the situation.
- With service managers and users, the situation and control measures implemented following the risk assessment should be regularly reviewed.

At all times, a balance should be struck between a practitioner's wish to support a service that may be under significant pressure and the requirement not to overstretch current capacity to the extent that the service becomes unsafe.

Fatigue, stress and burnout are all possible consequences of an unmanageable or potentially unsafe workload and, in such cases, discussion with or referral to occupational health and/or wellbeing services is advised, as well as with the practitioner's general practitioner, if appropriate.

3 References

1. General Medical Council. *Good Medical Practice*. London: GMC, 2014. Available at: www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice
2. General Medical Council. *Raising and acting on concerns about patient safety*. London, UK: GMC, 2012. Available at: www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/raising-and- acting-on-concerns
3. Coulter A. What do patients and the public want from primary care? *BMJ* 2005;331:1199. Available at: https://doi.org/10.1136/bmj.331.7526.1199
4. NHS England. *Freedom to speak up*. Available at: www.england.nhs.uk/ourwork/freedom-to-speak-up/
5. World Health Organization. *Questions and Answers – Stress*. Published 21 February 2023. Available at: https://www.who.int/news-room/questions-and-answers/item/stress#