



The Royal College of Pathologists

Pathology: the science behind the cure

## **RCPATH – Cardiac Pathology response to HEE's Strategic Framework Call for Evidence 2021**

For Cardiac Pathology the problems remain:

- shortage of laboratory staff with poor pay structures, coupled with poor development and progression opportunities.
- inadequate investment as not seen as a frontline service.
- opportunities for technology - digitisation, genomic and AI to revolutionise the service but needs investment.
- shortage of histopathologists placing high demands on a shortage specialty.

Pathology is involved with diagnosing cardiac conditions, in particular inheritable cardiac conditions. This involves histopathologists (surgical pathology and autopsy services) and geneticists. Diagnosing these conditions has impacts on the patient and their relatives and it is vital that appropriate services are established to provide such care. Cardiac pathology remains a Cinderella area, with no well-defined home with an NHS diagnostic service. It would benefit from investment in specialised services to support this diagnostic area, including cardiac pathologists, biomedical scientists, geneticists and genetics counsellors

### **Demographics and Disease**

Population demographics: Increasing demand for diagnostic biopsies with increased complexity of the work undertaken on limited material. This is likely to continue to a medically driven diagnostic service.

**Evidence:** in lung cancer screening programmes

*c.5.1.c. Impact on workforce number demand:*

- *Moderate demand increasing impact*

*d.5.1.d. Degree of impact on need for new skills:*

- *Medium Impact*

*e.5.1.e. Degree of impact on need for new roles:*

- *Low Impact*

*f.5.1.f. Degree of impact on need for new ways of working:*

- *Medium Impact*

*g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?*

- *0 - 5 years*
- *6 - 10 years*

### **Socio-economic and environment**

Funding. Lack of investment as pathology services are often not seen as frontline services.

*c.5.1.c. Impact on workforce number demand:*

- *Moderate demand increasing impact*

*d.5.1.d. Degree of impact on need for new skills:*

- *Medium Impact*

*e.5.1.e. Degree of impact on need for new roles:*

- *High Impact*

*f.5.1.f. Degree of impact on need for new ways of working:*

- *High Impact*

*g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?*

- *0 - 5 years*

Labour market. Pathology services are dependent on BMS who remain in short supply, often have a broad-based pyramidal structure which restricts progression. Remuneration is not good at the lower grades. Training is limited and cost constrained with no progression when they achieve educational and developments goals. This will restrict the expansion of services.

### **Science, digital, data and tech**

Artificial intelligence: Huge potential for high throughput screening and reducing. Need for labour intensive interpretation.

*c.5.1.c. Impact on workforce number demand:*

- *Moderate demand increasing impact*

*d.5.1.d. Degree of impact on need for new skills:*

- *Medium Impact*

*e.5.1.e. Degree of impact on need for new roles:*

- *Medium Impact*

*f.5.1.f. Degree of impact on need for new ways of working:*

- *High Impact*

*g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?*

- *6 - 10 years*

Genomics: Huge potential for accurate diagnostics and individualisation of treatment pathways.

*c.5.1.c. Impact on workforce number demand:*

- *Strong demand increasing impact*

*d.5.1.d. Degree of impact on need for new skills:*

- *High Impact*

*e.5.1.e. Degree of impact on need for new roles:*

- *High Impact*

*f.5.1.f. Degree of impact on need for new ways of working:*

- *High Impact*

*g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?*

- *0 - 5 years*

Digitisation: Opportunity for new models of working in interpretation but risk of removing pathology from the clinical environment.

*c.5.1.c. Impact on workforce number demand:*

- *Moderate demand increasing impact*

*d.5.1.d. Degree of impact on need for new skills:*

- *Medium Impact*

*e.5.1.e. Degree of impact on need for new roles:*

- *Medium Impact*

*f.5.1.f. Degree of impact on need for new ways of working:*

- *High Impact*

*g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?*

- *0 - 5 years*

### **Service models and pandemic**

Continued need for delivery of services at a local level with increasing subspecialisation has the potential to improve quality. Will change ways of working and integration into clinical teams.

*c.5.1.c. Impact on workforce number demand:*

- *Moderate demand increasing impact*

*d.5.1.d. Degree of impact on need for new skills:*

- *Low Impact*

*e.5.1.e. Degree of impact on need for new roles:*

- *Low Impact*

*f.5.1.f. Degree of impact on need for new ways of working:*

- *Medium Impact*

*g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?*

- *0 - 5 years*

**Please provide details of where you feel the greatest workforce demand and supply gaps will be over the next 15 years. Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area), as well as timescales.**

Shortage of diagnostic pathologists. Some specialist areas with on call commitments such as transplantation are less popular.

Shortage of biomedical scientists in histopathology.