



The Royal College of Pathologists

This document, which was extensively consulted on within the SAC, was also placed on the website for consultation with the membership between 18 June 2003 and 18 July 2003. Two responses were received.

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This out-of-date document was considered by the SAC in Spring 2016 and is being updated in the coming year.

CODE OF PRACTICE FOR PATHOLOGISTS PARTICIPATING IN REMOTE REPORTING OF HISTOPATHOLOGY OR CYTOPATHOLOGY

It is generally agreed that the best pathology services are delivered in a context of clinical governance laboratory accreditation and well-functioning laboratory and clinical teams. In January 2002, the College produced a statement on the configuration of histopathology and cytopathology services, recognising the necessity of remote reporting services as a short-term solution for coping with the workforce shortage in histopathology and cytopathology. The College emphasises that remote reporting services have limitations and, unless they are managed within a framework of accreditation, clinical governance and clinical team working, may not provide the best quality services. Diagnostic histopathology services are becoming more diverse, with a range of remote reporting networks and services developing. In order to maintain consistently high standards, irrespective of the mode of service delivery, the College has produced the following code of practice to help pathologists maintain their professional standards in this area. The code of practice complements that enshrined in *Good Practice in Pathology* and that issued by CPA (UK) Ltd in *Requirements for laboratories seeking accreditation who use remote reporting services for routine histopathology*.

Those who commission remote reporting services should seek and ensure accreditation that encompasses criteria such as reporting standards, logistics and communication, access to clinical details and referring clinicians and the provision of multidisciplinary team (MDT) services.

Providers of remote reporting services (including individual pathologists) should ensure that:

- there are clear contractual arrangements between referring and reporting organisations that delineate responsibility for logistics, dispatch and communication, confidentiality and record-keeping. This should include named responsible contacts at either end
- the limitations of a remote reporting service are recognised and complex cases that require discussion at MDTs, or compliance with minimum dataset reporting standards are only included if adequate quality assurance and audit processes are in place and there is an opportunity for full MDT discussion of cases, where feasible or appropriate
- the adequacy and timeliness of the service is audited regularly
- the diagnostic quality and accuracy is audited regularly by the provider
- where less than all the tissue is processed, the written report should state that the pathologist reporting the microscopy did so at a remote site and did not contribute to the macroscopic description or block selection
- if histopathology reporting is done remotely from where the tissue samples are dissected, sampled and processed, there is a mechanism to ensure that this separation does not limit the further laboratory work (e.g. re-sampling further sections, special stains) needed to provide a reliable and sufficiently complete diagnostic opinion. Some remote reporting services routinely request from their clients extra clinical information, blocks, special stains, levels, etc. as required to produce a complete report
- the pathologist does not report on sections that are incomplete or substandard when further levels or further sections would potentially be of diagnostic help
- adequate clinical information is available to enable reporting of the specimen; histopathologists should always endeavour to contact a member of the clinical team, or general practitioner if appropriate, if any crucial aspect of the clinical information submitted is unclear or incomplete, preferably by telephone. In general, the client laboratory is best placed to obtain additional clinical information for most cases, and should provide phone numbers of clinicians for direct discussion in difficult cases.
- there is a mechanism to contact general practitioners by telephone if a specimen that they have sent reveals an unsuspected malignancy that would require an urgent referral, e.g. an unsuspected malignant melanoma in a skin specimen. The provider should provide the client laboratory with details of unsuspected malignancy from general practitioners (GPs), both as a courtesy and as the most effective route of communication for GPs
- where cytopathology is reported remotely, the provider should have a copy of the client laboratory's recall/referral protocol to report cervical smears to agreed local guidelines.

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August 2003