



The Royal College of Pathologists

Pathology: the science behind the cure

The Royal College of Pathologists' Priorities for Wales – 2021 elections

March 2021

In May the people of Wales will elect their representatives to the Welsh Parliament/ Senedd. A new executive will take responsibility for a range of devolved areas, including health services.

The Royal College of Pathologists (RCPATH) hosts Regional Councils, comprising specialty members, for the devolved nations. These Regional Councils provide professional leadership in their country and contribute at a national and UK level to the maintenance and development of pathology services and the quality of care that patients receive.

Pathologists are doctors and scientists who are experts in illness and disease. They use their expertise to support every aspect of healthcare from interpreting laboratory results to examining tissue and fluid for making diagnoses, to guiding treatment. They use cutting-edge genetic technologies to treat patients with life-threatening conditions. They play a critical role in education and research, and devise new treatments to fight infections and diseases like cancer and diabetes.

Pathologists are essential to diagnosis and treatment to improve patient care. The work of pathologists supports patients throughout their entire life. Without pathologists we cannot understand what is making a patient unwell. In this priorities document we look at the key challenges facing pathologists and call on the new executive to address these areas.

Investing in workforce for patients

- Safe and effective high-quality patient care relies on the right number of skilled health staff in the right places. Pathology staffing numbers have not risen in line with demand and some pathology services are unable to recruit to vacant posts.
- Following disruption caused by COVID-19, the College has serious concerns over preparations to deal with the backlog of non-COVID-19-related illness, especially cancer care, and the related surge of demand for pathology services, particularly for cancer diagnosis and treatment.
- The [RCPaTh haematology briefing – Feb 2020](#) found that haematologists are finding it increasingly difficult to undertake vital diagnostic work in the laboratory. Haematologists have a crucial role in diagnosing and caring for patients with conditions and diseases such as leukaemia, and genetic conditions such as sickle cell disease, thalassaemia and haemophilia, straddling the laboratory and the clinic.
- There is an urgent need to invest in recruitment of pathology staff, especially in the more rural parts of Wales, to alleviate delays in diagnosis. Financial incentives should be offered to trainees who commit to working in ‘hard to recruit’ areas, many of which are rural.
- The roll-out of digital pathology would benefit patients in rural areas such as North Wales by enabling the rapid referral of cases between organisations or across pathology networks, enhancing access to expert advice and opinion on diagnoses.
- The College welcomes investment in medical and surgical disciplines. However, each new consultant appointment generates more work for pathology departments, which requires additional investment. The [Single Cancer Pathway](#) and lowering of the age for screening for bowel cancer generate many more samples for testing and analysis. This requires increased capacity in laboratories and creates a greater demand for both scientists and consultants.

The College’s call for the next executive:

- The College calls for increased investment in pathology services, particularly in the recruitment and training of pathologists and scientists. More funded training places are needed to help meet the rising demand for cancer diagnosis, which has been exacerbated by the COVID-19 pandemic. Specialist laboratories in larger centres need further investment in specialist equipment with improved sample transport into these specialist labs.
- Parity of pay – in 2018 we launched our [histopathology workforce report](#),¹ calling for a pay premium to be introduced for new histopathology trainees. The premium has been implemented in England. We are calling for the recruitment and retention premium to be extended to specialist histopathology trainees in Wales.

The pay discrepancy is undermining the retention of key staff, who move to other areas, having gained experience in Wales. For example, a trainee could live in Cardiff but undertake specialist training 40 miles away in Bristol for a higher salary. Trainees tend to take up consultant posts in the region in which they train, so this is highly detrimental in the long term



as well as the short term. We have raised this with Senedd members over the last five years and have not yet received a commitment to a policy change. This issue needs to be urgently addressed.

- The COVID-19 crisis has highlighted pre-existing problems facing rural trusts in Wales. Our members tell us that this means patients wait longer for a diagnosis in rural areas. It can be hard to recruit and retain doctors and nurses who are willing to work in smaller hospitals, which means health boards rely more heavily on agency staff to fill gaps in rotas. This has a knock-on effect on patient care, with patients travelling long distances.
- The [Single Cancer Pathway](#) is being implemented to improve outcomes and deliver better experience for patients. Innovations such as this and the appointment of increased numbers of consultants in other disciplines requires parallel investment in pathology and the College calls for a proportional contribution to invest in new pathology staff for all new consultant appointments in other disciplines.

IT and infrastructure for better patient care

- Pathologists need IT for day-to-day work, including modern, functional laboratory information systems, voice-recognition support, electronic patient records and remote-working software for multidisciplinary teams. We applaud the current initiative to replace the ageing Laboratory Information Management System, but the supporting IT hardware in both laboratories and clinical settings remains under-powered and slow.
- Digital pathology – the collection, management, sharing and interpretation of pathology information in a digital environment – will improve patient care and support the pathology workforce by making the diagnosis and monitoring of disease much more efficient. It will bring faster and easier access to expert opinion and advice, with the rapid referral of cases between pathology networks or between organisations.

The College's call for the next executive:

- Further capital investment is needed to fully roll out digital pathology so staff can work more efficiently and flexibly. The move to digital pathology needs to be completed and followed through with the right infrastructure. There needs to be a capital investment in improving the IT resource nationally and on individual clinicians' desks.

Improving public health and ending health inequalities

- Health screening programmes are vital to finding out if people are at higher risk of a health problem, so that early treatment can be offered or information given to help them make informed decisions.



- Inequities in screening participation have been shown across Wales, with participation in all of the adult screening programmes decreasing as deprivation increases. For example, according to [Public Health Wales](#), in 2018–2019 breast screening uptake decreased slightly by 0.3%.²
- Recruitment issues in some key diagnostic disciplines, such as pathology, limit capacity and have an impact on the timeliness of programmes.

The College’s call for the next executive:

- Equal access to screening must be prioritised. Our members tell us that there is a need to reduce inequalities, especially in lower socio-economic status groups or high-risk groups, e.g. homeless women. There are transport issues, issues of poverty and larger older populations face particular problems in rural areas. Communication should be in easy-to-understand language with simple explanations of what is involved. This would help demystify the procedures.

COVID-19 and pathology services

- Workforce pressures are being compounded by the pandemic. There have been reductions in patients seeking help for general symptoms, including a huge decline in referrals from primary care and substantial delays in diagnosis due to interruption of some services. A recent UK study predicted that for four common types of cancer (breast, bowel, lung and oesophageal cancers), delays in diagnosis due to the COVID-19 pandemic will result in approximately 3,500 avoidable cancer deaths, equating to 60,000 years of life lost, reflecting the younger age profile of many cancer patients.³
- Many district general hospitals have been unable to fill microbiology posts over recent years, and workforce pressures are keenly felt. This is important as these members work on infection control and diagnostic testing, including for COVID-19. Throughout the COVID-19 pandemic our microbiology, virology and infection control team members have continued to support patients, the public and College members. This will not be the last pandemic – capacity will always be needed for major incidents and disease outbreaks.
- The COVID-19 pandemic has revealed the vital importance of managing infection, which has often been overlooked when compared to cancer and cardiovascular disease. It is also critical to have good stewardship of antibiotics, and clear leadership on vaccination and disease prevention. The College is ideally placed to contribute to this, as shown in the last year.

The College’s call for the next executive:

- The College calls for a minister in the Senedd to be given specific responsibility for infection, antimicrobial resistance and stewardship and for prevention of infectious disease.



References

1. The Royal College of Pathologists. *Meeting pathology demand: Histopathology workforce census*. 2018. Available at: <https://www.rcpath.org/discover-pathology/news/college-report-finds-severe-staff-shortages-across-services-vital-to-cancer-diagnosis.html>
2. Public Health Wales. *All-Wales Annual Report Screening Division Public Health Wales 2018–19*. 2020. Available at: <https://phw.nhs.wales/files/screening-division-reports/screening-division-annual-report-jan-2020/>
3. Maringe C, Spicer J, Morris M, Purushotham A, Nolte E, Sullivan R *et al*. The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study. *The Lancet Oncology*. 2020;21(8):1023–1034.

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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. 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.

