

Guidance for cellular pathologists on reporting at home (3rd edition)

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Comments	<p>This dataset supersedes the 2006 publication entitled <i>Guidance for histopathologists/cytopathologists on reporting at home</i>, created by Professor Claire du Boulay and amended by Professor Peter Furness. In accordance with the College's pre-publications policy, this document was placed on the College website for consultation from 9 January to 5 February 2014. One hundred and twenty eight items of feedback were received and the authors considered them and amended the document as appropriate. Please email publications@rcpath.org if you wish to see the responses and comments.</p> <p>Dr Suzy Lishman Vice-President for Advocacy and Communications</p>

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Purpose

This guidance aims to describe the practice of home-working, i.e. carrying out work-related duties whilst physically based at an employee's place of residence. It applies to both medical and clinical scientific staff who provide a pathology service. The College has produced a document on telepathology (*Telepathology: Guidance from the RCPATH*, October 2013, available at www.rcpath.org/publications-media/publications), which looks at digital microscopy, but the implications of its use in routine reporting is still to be fully assessed.

The policy defines different types of home-working and when these might be applicable.

It also lists general considerations, an application procedure and the health and safety factors affecting home-working.

Background

The College recognises that home-working can bring advantages both to the employee and to the employer. These may include flexibility around issues such as reduced costs, better use of time, convenience, freedom from transport problems and ecological benefits.

It is NHS policy to introduce more flexible ways of working and, in the context of network approaches to service provision and access to digital systems, working at home may provide part of a solution for some aspects of the service. Initiatives in the NHS are linked to developing seven-day working and flexible use of staff resources will be required. Some consultant radiologists and cardiologists already provide an on-call service by looking at images transmitted to their home. Increasing sub-specialisation may mean that working at home becomes a particularly appropriate method of evaluating urgent specimens in fields where suitably trained pathologists are not numerous, such as in transplant pathology. It is also understood that some pathologists engage in private practice and would seek to deliver this from home.

'Minor home-working' is where an employee uses part of their time to complete ad-hoc tasks on a regular basis. This may include delivering activities for continuing professional development (CPD) or logging into NHS computer systems remotely to complete work such as authorising typed reports. This may also include using a microscope at home to report histological material.

'Major home-working' is where an employee works substantially from home for a significant part of their employment. While it is not currently common practice, this document anticipates that with the adoption of digital microscopy, opportunities to deliver a histological diagnostic service from home will present themselves. (Note that all quality standards for validation of service must apply to any such work.)

The following safeguards should be applied to ensure the highest quality of work from home.

Governance

The organisation for which the work is being delivered should be informed that the work is being delivered from home premises and should include the anticipated quantity of work being undertaken in this manner. Those working from home should ensure that structured clinical discussion, e.g. at MDTs, is not prejudiced by working at home. Many organisations have a home-working policy and any agreements required by the employer in respect of home-working should be complied with.

For the purposes of appraisal, it should be specified that work is being delivered from home as part of the portfolio of work being delivered, such that the appraiser can discuss any relevant issues.

Pathologists working from home should ensure that their working environment will be safe and adequate for the purpose and have systems in place to ensure that all steps are taken necessary for safe working and a safe environment for all occupiers of the home. Where clinical material is being taken home for reporting, a risk assessment should be performed and discussed with a line manager before work is started.

Those working at home must inform their manager in the event of accidents, incidents or dangerous occurrences related to their work, as part of the incident-reporting systems specified by the organisation for which they are providing a service.

Human Tissue Act

Those reporting work that is for a scheduled purpose under the Human Tissue Act should ensure that the oversight of work is compliant with statutory requirements and seek agreement from the Designated Individual overseeing work in their organisation.

Confidentiality

Pathologists must ensure that only those with legitimate access to patient-identifiable information have access to diagnostic material and reports, and this should be maintained by a system of timed-out computer passwords, as occurs on most NHS computers. There will inevitably be a need for trust in individuals' professionalism not to share sensitive information with family, etc.

The professional behaviour of pathologists is governed by requirements in the General Medical Council's *Good Medical Practice*. Issues of confidentiality relating to reporting at home are no different to those relating to other aspects of clinical paperwork or examination marking that is done at home.

Pathologists should fully comply with information-governance procedures specified by the organisations for which they are providing a service. This includes, for example connecting into the NHS network, security of the premises where pathology material and records are stored and ensuring that any relevant paper waste is shredded.

Record-keeping and transmission of results

Pathologists should have records and standard operating procedures (SOPs) for the receipt and transmission of material, images, reports, etc. Ideally, a system of real-time tracking should be available, as well as a fail-safe mechanism to ensure that results are received and acted upon.

Cases reported at home should be annotated in such a way that the laboratory can include this information in an audit trail.

Audit

Home-working and diagnosis can and should be audited, and anyone taking part should agree to this. Audit could include turnaround times, accuracy of reports generated from home working and return of slides and clinical request forms.

Working conditions

Pathologists should ensure that the environment in which the reporting is done is suitable, i.e. quiet, free from interruptions and properly resourced with equipment equivalent to the normal workplace. This might include a live-video/telephone link. Conditions should meet acceptable standards of occupational health and safety requirements

The equipment used for reporting should be fit for purpose. Equipment used at home for reporting should be regularly serviced and records provided to the employer for purposes of accreditation. Liability for loss or damage to equipment should be clarified and documented, including details of the responsibility for insurance. Where a service is being delivered for a provider organisation, this should be included in risk assessments around service provision for the organisation.

Transport and storage of diagnostic material

If slides are being transferred between locations, precautions must be taken to ensure their safety.

- a) Pathologists should comply with systems for tracking and tracing material as specified by those for whom a service is being provided
- b) Material that is irreplaceable, e.g. conventional cervical smears, non-gynaecological cytology preparations and small diagnostic biopsies requiring multiple levels, should be sent by tracked carriage, e.g. by courier, Royal Mail recorded/special delivery or by personal delivery by staff.
- c) Other diagnostic material should ideally be sent by courier rather than routine mail services.
- d) If material is transported by the pathologist using their own transport, integrity of material, security and confidentiality should be ensured by written procedures that have been risk assessed. Transport of material on public transport is discouraged because of risks of loss of material. However, if this is not practicable then the pathologist's organisation should be informed of the need to carry material by public transport and should form part of any risk assessment.
- e) Microscope slides reported at home including any clinical request forms or other accompanying paperwork taken from the laboratory, and forming part of the patient's record, should be returned at the earliest possible opportunity to the appropriate laboratory, for storage. In the case of post-mortem specimens, storage at home for longer than is necessary for the examination would incur the need for a Human Tissue Authority licence.