Best practice recommendations

Workload management in laboratory medicine: patient safety and professional practices

December 2019

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<td>Document name</td>
<td>Workload management in laboratory medicine: patient safety and professional practices</td>
</tr>
<tr>
<td>Version number</td>
<td>3</td>
</tr>
<tr>
<td>Produced by</td>
<td>Dr Adrian Bateman and Professor Keith Hunter, on behalf of the Specialty Advisory Committee on Cellular Pathology</td>
</tr>
<tr>
<td>Date active</td>
<td>December 2019</td>
</tr>
<tr>
<td>Date for review</td>
<td>December 2022</td>
</tr>
<tr>
<td>Comments</td>
<td>In accordance with the College’s pre-publication policy, this document was be on the Royal College of Pathologists’ website for consultation from 12 August to 9 September 2019. Responses and authors’ comments are available to review at: <a href="http://www.rcpath.org/profession/publications/documents-in-development.html">www.rcpath.org/profession/publications/documents-in-development.html</a></td>
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Dr Lorna Williamson
Clinical Director of Publishing and Engagement
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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 three years. The College asks the authors of the BPR to consider whether or not 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 two weeks for members’ attention. If members do not object to the changes, a short notice of change is incorporated into the document and the full revised version replaces the previous version on the College website.

This BPR has been reviewed by the Publishing team. It was placed on the College website for consultation with the membership from 12 August to 9 September 2019. All comments received from the membership have been addressed by the authors to the satisfaction of the Clinical Director of Publishing and Engagement.

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 Publishing 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

**Background**

Shortfalls in the pathology and clinical scientist workforce may result in practitioners being asked to manage workloads 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 out 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

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.

Practitioners managing services must follow GMC guidance in relation to acting on concerns. This responsibility overlaps with NHS England advice regarding whistleblowing.

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 by July 2020). Available from: [www.rcpath.org/resourceLibrary/g107guidelinesstaffingworkloadsep15-pdf.html](http://www.rcpath.org/resourceLibrary/g107guidelinesstaffingworkloadsep15-pdf.html)


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.

Professional practice

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

Under no circumstances should a practitioner take on a workload that may place a patient in danger of coming to harm. Such 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, such that there is an increased chance of making an error. 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

• reporting cases outside the normal area of expertise

• delegating duties or tasks to other staff who do not have adequate supervision

• 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.

**Taking action**

If a practitioner’s workload becomes potentially unsafe, they should promptly take the following action:

• Inform their accountable manager via a letter, which specifies the areas in which there is concern. Reference may be made to College documents on workload in such a communication and advice may be obtained from the College in cases of uncertainty.

• Log the issue of unsafe working in the incident reporting system used by the employer.

• 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.

• Implement a scheme, in close consultation with relevant clinical colleagues, clinical users and service managers, to reduce activity to a safe level based on a risk assessment of the situation.

• With service managers and users, regularly review the situation and control measures implemented following the risk assessment.

• 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.
3. References


3. For example, Coulter A. What do patients and the public want from primary care? *BMJ*. 2005; 331. Available from: [https://doi.org/10.1136/bmj.331.7526.1199](https://doi.org/10.1136/bmj.331.7526.1199)