



Best practice recommendations

Reporting cellular pathology samples at home

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Foreword

Best practice recommendations (BPRs) published by the Royal College of Pathologists should assist pathologists in providing a high standard of care for patients. BPRs are systematically developed statements intended to assist the decisions and approach of practitioners and patients about appropriate actions for specific clinical circumstances. They are based on the best available evidence at the time the author prepared the document. 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 will ask the author of the BPR to consider whether or not the recommendations need to be revised. A full consultation process will be undertaken if major revisions are required. If minor revisions or changes are required, a short note of the proposed changes will be placed on the College website for two weeks for members' attention. If members do not object to the changes, a short notice of change will be incorporated into the document and the full revised version will replace the previous version on the College website.

This document has been reviewed by the Publishing team and placed on the College website for consultation with the membership from 4 September to 2 October 2019. All comments received from the membership will be addressed by the author to the satisfaction of the Clinical Director of Publishing and Engagement.

This document has been 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 author of this document has declared that there are no conflicts of interest.

1. Introduction

This best practice recommendations (BPR) document aims to describe the practice of home working, i.e. an employee carrying out work-related duties while physically based at their place of residence. It applies to both medical and clinical scientific staff who provide a pathology service.

This document relates to both digital and conventional cellular pathology reporting, and histopathology and cytology services. It complements the following College documents: *Best practice recommendations: For pathologists participating in remote reporting of histopathology or cytopathology* and *Best practice recommendations: For implementing digital pathology*.^{1,2}

The document defines different types of home working – major and minor – 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 is aware of the increasing pressures on the cellular pathology workforce, with the increasing use of additional programmed activities (PAs) and remote reporting agencies to ensure the workload is reported. The College is also keen to support a reasonable work-life balance in the profession and believes flexible working practices will improve recruitment and retention. There is also a responsibility to reduce unnecessary transport where possible. As a result, the College recognises that home working can bring advantages to both the employee and the employer. These may include reduced costs, better use of time, convenience, freedom from transport problems, and ecological benefits. The College endorses the use of reporting from home where these recommendations and local transport guidelines are followed. With appropriate secure remote access to the trust laboratory information management systems (LIMS; currently enjoyed by the majority of pathologists undertaking on-call work and easily rolled out to cellular pathologists) the College understands there is no anticipation of any increase in risk related to the 2018 General Data Protection Regulation.

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 is increasingly part of the solution for some aspects of the service. Initiatives in the NHS are linked to developing seven-day working, which requires flexible use of staff resources. Many consultant radiologists already provide on-call services 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 remote locum work and seek to deliver this from home.

The digital pathology committee welcomes revised guidance from the College on home reporting, a topic of particular significance given the escalating interest in digital reporting and flexible working. This highlights the need for those reporting digital specimens, regardless of location, to complete and document a period of training and a personal validation procedure in digital reporting. For remote reporting the validation process should be completed using the display that the pathologist intends to use remotely.

With regard to the practice of digital pathology from home, it is also important that the reporting pathologist and their employer understand and document the specifications and limitations of the hardware used for home reporting (particularly in terms of display screen). It is not yet clear what minimum specifications are required for primary diagnosis with digital pathology, and more

research is needed in this area. Pathologists should be aware that the brightness and resolution of the display can affect the quality of the image, as well as ease of use. More challenging diagnoses can be difficult on lower-quality displays. The scope of home digital reporting should be clearly defined, with particular differentiation made between primary diagnosis, secondary review/multidisciplinary team (MDT) review and immunohistochemistry/auxiliary test review, which bear different levels of risk. A risk evaluation should be performed to determine the types of case suitable for home reporting, and those that should be reported on-site, or deferred to glass.

All hardware should be subject to regular review, including specific aspects of the reporting environment, such as ensuring the best background/ambient lighting to optimise display screen use. Prolonged use of display monitors can result in fatigue, and home reporting pathologists should exercise their judgement in deciding when screen breaks and rest periods are required.

'Minor home working' is where an employee uses part of their time to complete ad-hoc tasks at home. This may include delivering activities for continuing professional development 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 from home for a regular part of their employment. This BPR anticipates that, with the adoption of digital microscopy, opportunities to deliver a histological diagnostic service from home will present themselves. In the absence of any other formal definition of 'major home working' it would be reasonable to regard this as taking place where a PA involving the reporting, review or authorisation of cellular pathology samples is scheduled on a regular basis to take place at home. This differentiates between ad-hoc home working and a more regular commitment, irrespective of the amount. Note that all quality standards for validation of service must apply to any such work.

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

2. Recommendations

Governance

The organisation for which the work is being delivered should be informed that the work is being delivered from home premises – this 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 MDT meetings) 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 necessary steps are taken for safe working and a safe environment for all occupiers of the home.

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 2004 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 to trust that individual pathologists will maintain their professionalism and they will not share sensitive information with anyone living in or visiting their home.

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 from 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, keeping premises where pathology material and records are stored secure, and ensuring that any relevant paper waste is shredded.

Record keeping and transmission of results

Pathologists should have records and standard operating procedures 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.

Audit

Cellular pathology reporting, including 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, and return of slides and clinical request forms.

Working conditions

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

The equipment used for reporting at home should be fit for purpose. It should be regularly serviced and records provided to the employer for the 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, the organisation should include this service provision in its risk assessments.

Transport and storage of diagnostic material

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

- Pathologists should comply with systems for tracking and tracing material as specified by the organisation for which a service is being provided.
- Material that is irreplaceable (e.g. non-gynaecological cytology preparations and small diagnostic biopsies requiring multiple levels) should be sent by tracked carriage (e.g. by a courier, Royal Mail recorded/special delivery) or personally delivered by staff.
- Other diagnostic material should ideally be sent by courier rather than routine mail services.
- If material is transported by the pathologist using their own or public transport, integrity of material, security and confidentiality should be ensured by written procedures that have been risk assessed.
- Microscope slides reported at home that include 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.

3. References

¹ Liebmann R. *Best practice recommendations: For pathologists participating in remote reporting of histopathology or cytopathology*. Second edition. Unpublished; in consultation at: www.rcpath.org/profession/publications/documents-in-development.html

² Cross S, Furness P, Igali L, Snead D, Treanor D. *Best practice recommendations for implementing digital pathology*. RCPATH, 2018. Available at: www.rcpath.org/resourceLibrary/best-practice-recommendations-for-implementing-digital-pathology-pdf.html