

A day in the life of a Histopathology reporting scientist

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A bit about me

- Registered Biomedical Scientist since 1998
- Registered Clinical Scientist since 2017
- BMS1 -> BMS2
- Work in a large acute teaching hospital
 - regional centre; links with university
- DExp in Histological Dissection 2009
- Advanced Practitioner post since 2010
- ASD in GI histopathology reporting in 2015
- Stage D end of training portfolio submitted
- Next step – consultant post

Drivers for change

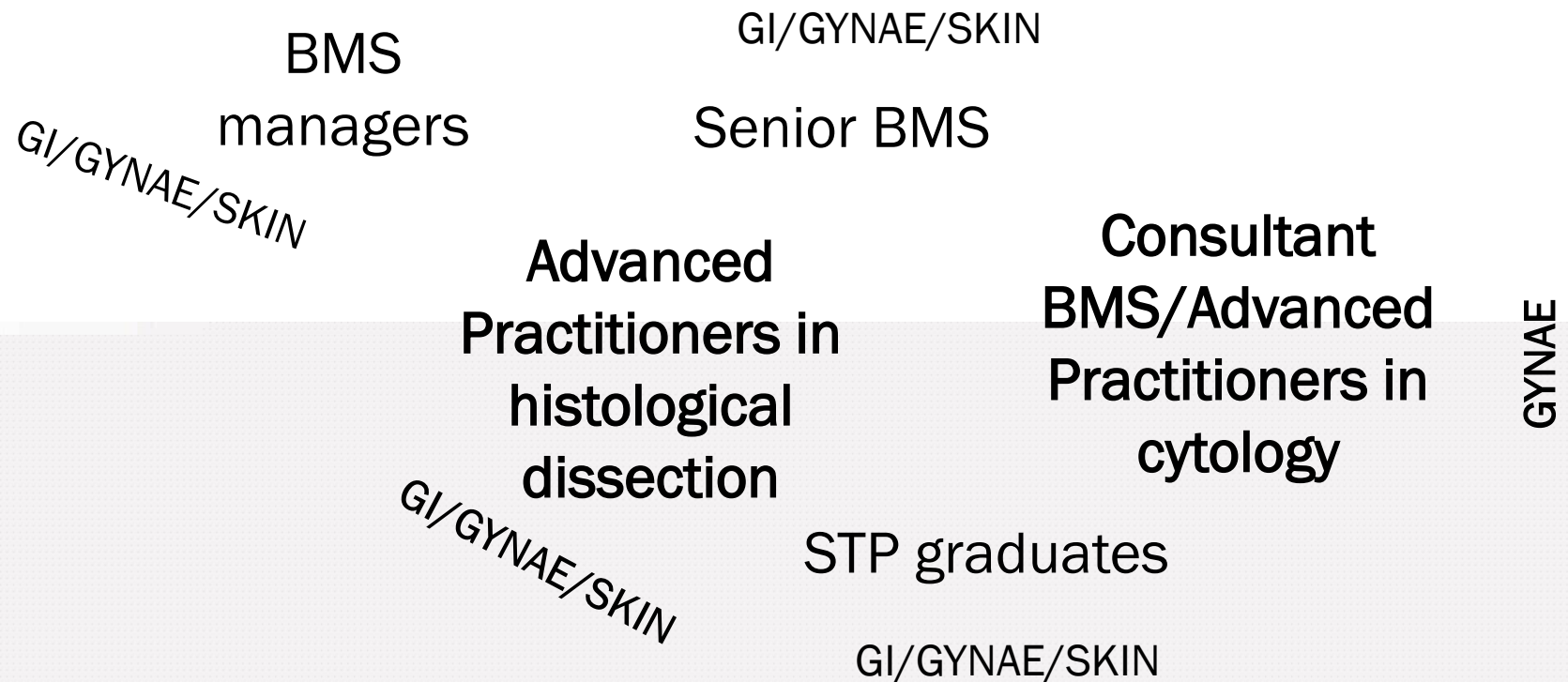
- Increasing workload
- Consultant Histopathologist shortage
- Decreased numbers of pathologists in training
- Extended roles for Biomedical Scientists
- Extended roles for other professions
- New entry routes (e.g. STP)
- Financial problems
- Pathology modernisation (e.g. 5YFV / NHSi)
- New models of service delivery

Experience of other healthcare professionals

Histopath	Pathology (other)	Nursing	Radiography	Endoscopy	Pharmacy/optometry	Surgery
Advanced practitioner in cervical/ diagnostic cytology	Clinical scientist	Consultant nurse	Advanced practitioner radiographer	Nurse/clinical endoscopist	Independent prescriber	Advanced anaesthetic practitioner
Advanced practitioner in histological dissection	Consultant biomedical/ healthcare scientist	Clinical nurse specialist	Consultant radiographer	Advanced endoscopy practitioner		Nurse anaesthetist
		Nurse practitioner				Advanced scrub practitioner

- Don't reinvent the wheel!
- Network with other groups in advanced practice

Routes to histopathology reporting



Structure of the training and assessment

- Four stage training programme mirrored on medical histopathology training
- Minimum training time is 48 months
- Each stage takes a minimum of 12 months (full time)
- Develop your *clinical*, rather than *biomedical* practice (but don't forget about it!)

Entry criteria

- HCPC registered biomedical/clinical scientist working in a UK laboratory with UKAS/CPA accreditation
- Minimum 7 years post-registration experience
- Member/Fellow of the IBMS
- DExP HD (recommended)
- Support to become part of the reporting team
- Commitment to provide appropriate educational and clinical supervision during training

Application

- Annual online application via IBMS website
- Completed expression of interest form
- Evidence of commitment from Educational/Clinical supervisor/Director
- Job plan indicating support/protected time
- Letter of support from Clinical Director, counter-signed by member of Trust Executive team
- 250 word personal statement detailing current role/experience
- Interview for short-listed candidates

Stages

Stage	A	B	C	D
Minimum numbers	750	1000	1000	1500
My numbers	1500	1623 specimens 1044 cases	2020 specimens 1236 cases	>3500 cases
Curriculum	Biopsies Simple resections	Biopsies Bigger range of resections	Biopsies All resections	Development of independent practice
Portfolio	Yes	Yes	Yes	Yes
End of stage exam	Yes	No	Yes	No
Award	-	-	ASD histopathology reporting	RCPATH qualification

Portfolio

- Dissection and reporting numbers
- Evidence of training and review
- Case study
- Work based assessments (DOPS, CBD, ECE)
- Clinical audits
- Evidence of MDT attendance & involvement
- Evidence of EQA
- Evidence of learning
- Multisource feedback
- Educational supervisors report
- Reflection

Exams

Stage A (Spring)

- Competency exam (0.5 day)
- Microscopy; macroscopy; management scenario

Stage C (Autumn)

- Final exam (0.5 day + 0.5 day)
- 20 short cases
- 4 long cases
- 4 macros (face to face)
- Management scenario OSPEs (one face to face)

Annual Stage A (January) and Stage C (August) exam preparation courses @ NEPSEC, Wakefield

Fundamental principles of training

Follow principles of practice for dissection

- review and report dissected cases

Treat like any other histopathology trainee

- adapted training pathway
- different educational background
- do not detract from training of histopathologists

Organisational support

- educational/clinical supervisors & manager
- departmental colleagues
- evolving job plan/description

Experiences of training

- Continue to dissect all specimens but focus on reporting specialty (GI)
- Review and report all dissected complex GI specimens
- Continue to report dissected workload for other specialties to add to experience
- Teach less experienced colleagues
- Receive biopsy and simple resection cases like any other histopathology trainee
- Write draft reports before consultant review
- Order additional work before consultant review

Training and teaching from consultant supervisors

- Indirect supervision of histological dissection
- Independent slide review followed by joint reporting and formulation/checking of final report
- Internal training and teaching
 - one to one discussions
 - senior trainee teaching / black box
 - clinical education days
 - regional meetings (e.g. EQA)
- External training and teaching
 - release for courses and conferences

My changing role during training

- Dissection – scope; supervision
- Reporting – time; supervision; independence
- Old management roles removed
- MDT interaction
- Clinical interaction and confidence
- New leadership roles
- Publication and dissemination
- Teaching and training

My developing role and responsibilities

- Stage D portfolio submitted
- Independent practice
- Clinical role
- MDT representation
- Relationship with wider professional groups
- Networking, leadership and teaching opportunities
- Job plan / description submitted
- Leadership roles

Opportunities/Benefits

DEPARTMENT/TRUST

- Less expensive, but continued high quality service provision
- Improved staff morale
- In line with national policies
- HCS representation

TRAINEE

- Extension of role
- Responsibility
- Personal/career development
- Networking opportunities
- Leadership opportunities
- Better pay
- Teaching and training opportunities
- Outreach opportunities

COLLEAGUES

- Teaching/training of junior colleagues
- Expansion of specialty team
- Support for consultants to perform other roles
- Strong laboratory expertise
- Good point of contact between clinicians, MDT co-ordinators

PATIENT

- High quality service
- Faster turnaround of results

Challenges

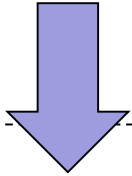
BEFORE

Champion

Department vision

Staff shortages

Other trainees



DURING

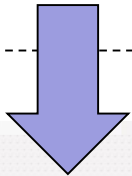
Mergers/restructuring

Support during training

Workload

Backfill

Existing commitments



AFTER

Fear of change

Acceptance of the qualification

Lack of awareness

Consultant job creation

Bullying

Indemnity insurance

Feeling threatened

Small numbers

Private work

0530

A day in the life?



Dissection
(mostly GI/HPB)
(1-3 hours daily)



Reporting
(1-2 hours daily)

Management /
leadership roles
(30 mins daily)

Clinical audit /
effectiveness role
(15 mins daily)

CPD
(variable)

WISE
fellowship role
(variable)

Communications
role
(15 mins daily)

Education &
training lead role
(30 mins daily)

GI/HPB/CUP MDTs
(4 hrs per month)

EQA
(variable)

Work related
social media
(variable)

Auditing my
workload
(30 mins daily)

Answering
e-mails
(1-2 hours daily)

MDT prep
(2 hrs per month)

Peer
review
(variable)

Professional
duties

Feedback role
(15 mins daily)

Educational
supervision of me
(30 mins daily)

Marking
(variable)

2200

Presenting/
teaching (variable)

Educational
supervision of
others (variable)

Meetings
(30 mins daily)



Where are we going?

- The development of clinical skills in the non-medical histopathology workforce is underdeveloped in comparison to other healthcare professions

- Look at where others have already been
- Follow them and take others with you

Reasons you should develop the role

WORKFORCE TRANSFORMATION – KEY THEMES

SERVICE DELIVERY

- Maintain high quality service
- Management of increasing workload
- Potential decrease in turnaround times
- Better use of staff skill, experience and expertise
- Flexibility in workforce
- Team building
- Meet the workforce/training gap

EDUCATION

- Development and retention of the scientific workforce
- Enhanced career opportunities for the scientific workforce

COST

Less expensive clinical service delivery

Reasons you should develop the role

WORKFORCE TRANSFORMATION - POLICIES

NHS5YFV – Fit for the future modern workforce: “with the right skills, right number and behaviours”

NHS5YFV - Greater investment in training the pathology workforce of the future: “*with recognition of the increasing volume and complexity of the workload*”

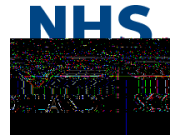
STP - Workforce: “ensure we have the right people, skills and capabilities to support the transformed health and care system– e.g. flexible workforce across geographical and organisational boundaries; increasing the time our spend staff making the best use of their skills/expertise”

NHSI - Pathology networks: “patients should receive quicker, more advanced and reliable screening test results for illnesses including cancer”

NHSI - Pathology networks: “enhance career opportunities for staff, whilst being more efficient, delivering recurrent projected annual savings to the NHS of at least £200m”

Reasons you should develop the role

WORKFORCE TRANSFORMATION - POLICIES

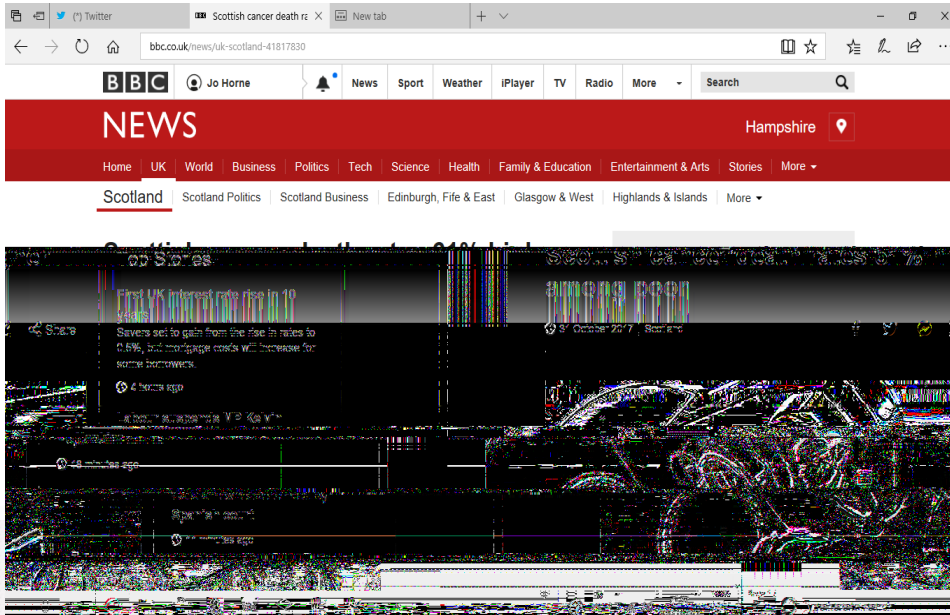


“We anticipate a challenging position in diagnostic capacity. By 2039, the number of people in Scotland aged 65 or over is expected to increase by 53% to 1.5 million people. Given the incidence of cancer amongst older people, this will have **considerable impact on NHS Scotland diagnostics capacity** and suspected cancer referrals.”

“Many NHS professions provide cancer services, and having **sufficient staff** is vital to providing any high quality service. But numbers alone will not meet the constantly shifting challenges. That means we must **maximise the contribution** from the whole healthcare workforce, and deliver high quality services as flexibly as we can to those who need them. It means **considering the wider characteristics of the workforce** required to provide high quality services - drawing on the **full range of professional skills** offered, for example, by allied health professionals such as Radiographers, **and/or by those who work within the Healthcare Sciences.**”

Reasons you should develop the role

IN THE NEWS (31.10.17)



“Health Secretary Shona Robison said the Scottish government was taking action to increase awareness of screening in deprived areas. She added: "I recently announced a new performance delivery group to **improve waiting times for cancer diagnosis and treatment**”

“Gregor McNie, of Cancer Research UK, said the report highlighted the devastating toll taken by "Scotland's biggest killer". He added: "**Cancer** must remain an **urgent priority** for the NHS. An **early diagnosis**, followed by speedy treatment, is key to improving a patient's chances of beating the disease.”

SUMMARY: How to develop the role and make it work

Pre-training	Mid-training	End of training
(DExpHD)	Educational/clinical supervision and support	New job plan
Find your champion	Backfill	Facilitate independent reporting
Shared vision	Clinical experience	Develop and encourage others
Engage consultants/ Management	Education and training opportunities including secondments	Publish and disseminate
Job plan	Study leave	Join EQA scheme
Backfill	Publish and disseminate	Develop a consultant post
Apply!	Interact with clinical team	Engage colleagues and senior management

OUR PHILOSOPHY

The aim of a histopathology department should be to deliver a safe, high quality service to the patient

This should be measured against quality standards rather than the education or the background of the team members who provide it

Thank you for listening!

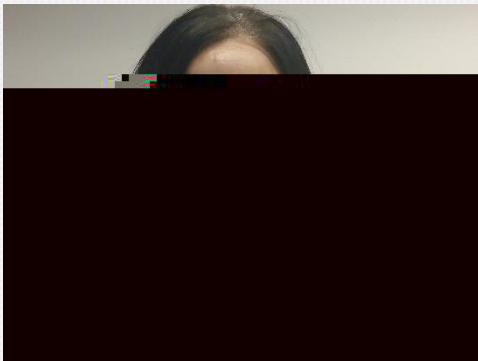


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If there is no way,
create one
(@Banksy)

