



BMS reporting

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A bit about me



- DExP in Histological Dissection 2009
- Advanced Practitioner since 2010
- ASD in GI histopathology reporting in 2015
- CCT in 2017
- Independent dissector and reporter in gastrointestinal histopathology
- Dissection + Reporting + MDTs + other roles
- National IBMS Council member since 2019
- Biomedical Scientist of the Year 2019!



The need for change



Interim NHS People Plan (2019)



RCPath: Meeting Pathology Demand (2018)

- Increasing workload
- Consultant Histopathologist shortages
- Decreased numbers of pathologists in training
- Financial problems
- Changes in policy/strategy
- Pathology networks/consolidation

The need for change

CURRENT SITUATION

Skill-mix requirements for many diagnostic teams require team members to take on new and sometimes expanded roles: this has been embraced to varying extents across NHS boards. There is a need to develop a sustainable clinical team model that focuses on shifting role responsibilities in the healthcare science workforce, freeing-up medical capacity and relieving service pressures.



Scottish Government's National
Delivery Plan for Healthcare
Science 2015-2020 (2015)

Healthcare Scientist reporting

Structure of training/assessment

- Four stage training programme
- Mirrored on medical histopathology training
- Available in GI, gynae, dermatopathology
- Minimum training time in 4.5 years
- Stage A takes a minimum of 18 months
- Stages C-D take a minimum of 12 months
- Exams at the end of stages A and C
- Portfolios at the end of every stage
- Stage D is stepping stone to independent reporting practice

Thinking about applying?

- HCPC registered biomedical/clinical scientist working in a UK laboratory with UKAS/CPA accreditation
- Minimum 5 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
- Applications open once a year, starting in Autumn

Structure of training/assessment

Stage	A	B	C	D
Minimum numbers	750	1000	1000	1500
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	CCT Histopathology reporting diploma
Nominals	-	-	-	DipRCPath

Work involved - training

- Dissection of increasing complexity of cases
- Reporting of increasing range and complexity of cases
- Reviewing slides, writing reports, reviewing cases with education supervisor
- Attending and contributing to MDTs
- Clinical attachments
- Pathological and clinical education and training
- Background reading and revising
- Completion of portfolio and other assessments

Work involved - 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

Work involved - exams

Stage A exam (spring)

1/2 Day

Microscopy (7)

Macros (4)

Oral OSPE (2)

Written OSPE (2)

Stage C exam (autumn)

Day 1 (1/2 day)

Short cases (20)

Day 2 (1/2 day)

Long cases (4)

Macros (4)

Oral OSPE (1)

Written OSPE (1)

Work involved - commitment

- Commitment required is big, but rewards are worth it
- Time commitment depends on support from department
- Best scenario = backfill
- Approx 1-2 hours during the working day for reporting needed

During the working day

Dissect cases

Review slides

Write reports

Review cases with consultant supervisors

Attend MDTs

During your own time

Portfolio

Reading

Revision

Professional/personal development

- Training to perform a highly specialised and expert role
- Fundamental changes in roles and responsibilities
- Increased clinical responsibility for cases
- Responsibility for leadership within the MDT
- Changing dynamic with colleagues
- Serious development of self-organisation skills
- Developing the confidence to practice independently
- Leadership development
- Understanding strategy, policy and politics
- Development into wider roles –
teaching/training/leadership/research/audit/mentoring

Challenges around the qualification

- Shared vision required
- Pockets of excellence spread across the UK
- No national funding for training
- Lack of backfill in some departments
- Lack of support during training
- Mergers, restructuring, loss of services
- Pull from existing/previous laboratory roles
- Acceptance of the training and qualification
- Restricted practice in some departments
- Lack of awareness from pathologists, management
- Some difficulties creating consultant posts after training

Reasons to develop roles - people

DEPARTMENT/TRUST

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

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

TRAINEE

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

PATIENT

- High quality service
- Faster turnaround of results

Reasons to develop roles - strategic

COST

Less expensive clinical service delivery

EDUCATION

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

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

How to 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
Funding	Interact with clinical team	Engage colleagues and senior management

Ambitions

Scottish Government's National
Delivery Plan for Healthcare
Science 2015-2020 (2015)



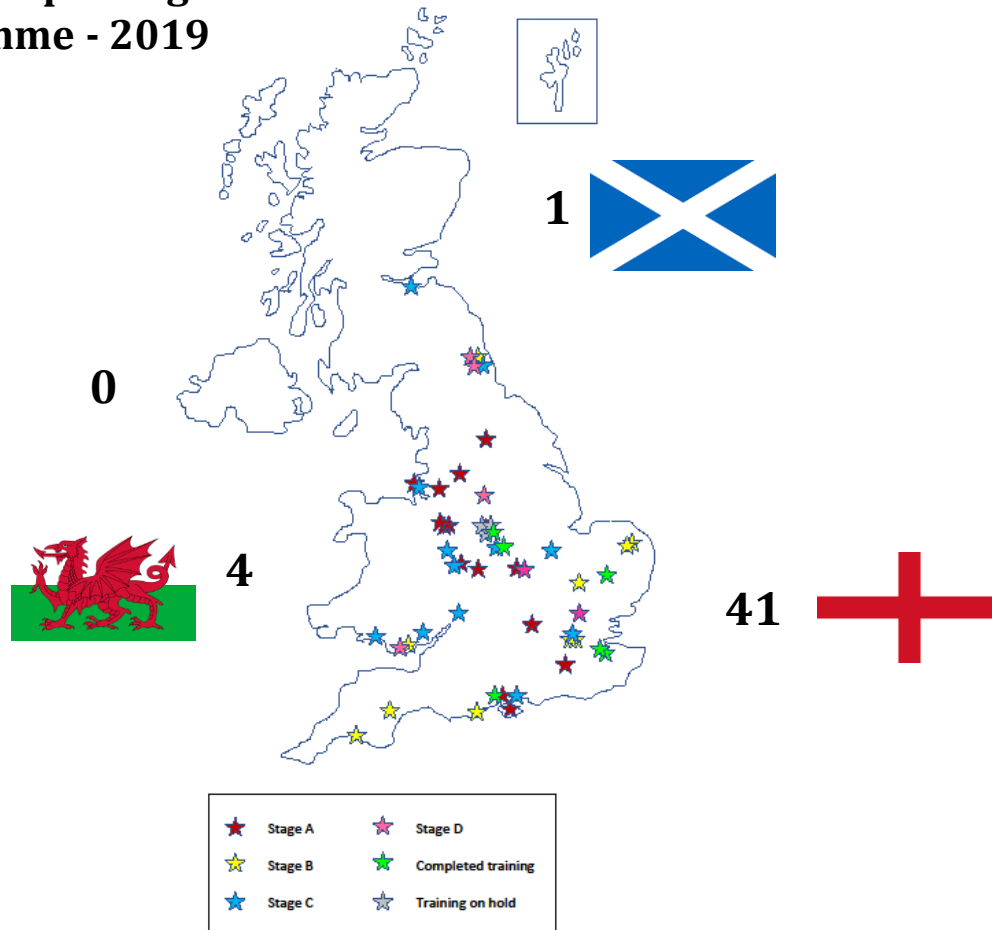
OUR AMBITIONS

We want to:

- create sustainable teams ✓
- improve patient pathways and experience ✓
- free-up medical capacity ✓
- reduce diagnostic turnaround times. ✓

The current UK picture

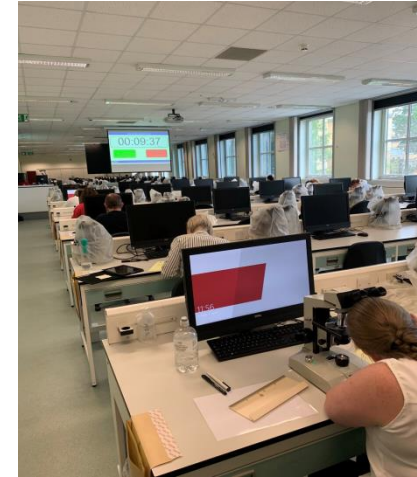
Healthcare Scientists in the histopathology reporting training programme - 2019



Developments since my last visit

- Entry criteria changed from min 7 years to 5 years experience
- Dermatopathology module launched
- Numerous consultant scientists appointed around the UK
- RCPATH model job descriptions launched
- Workforce crisis in histopathology clear
- Wider stakeholder engagement
- Scientist examinations embedded into medic examinations
- National histopathology working party established to address issues around workforce and scientist reporting

The current UK picture



Future developments

- Working party addressing the challenges on a national level
- Working party: IBMS, RCPATH, NSHCS, HEE
- Looking to develop an improved training pathway for scientists working within histopathology who wish to specialise in dissection and reporting
- Looking towards funded models of training
- Access to all training, for all healthcare scientists
- Consideration of modular, shorter training programmes to meet specific service needs and deliver impact more quickly

Future developments

LAYING THE FOUNDATIONS

- Utilising apprenticeships towards HCPC registration
- Reviewing PTP pathways across Healthcare Science
- Reviewing and updating the STP histopathology curriculum
- **Collaborative approach** – e.g. NSHCS to now have representation on the existing conjoint RCPATH/IBMS reporting board



Possible future developments

- Explore funding opportunities for training scientists in histopathology
- Consider increasing the number of speciality modules available
- Introduce an alternative modular approach, e.g. cervical biopsies, placenta
- Utilise existing NSHCS 'Accredited Expert Scientific Practice' qualification to build a modular approach
- Shared (and funded) training opportunities alongside medical histopathology trainees

Possible future developments

- Create an HSST for histopathology, with access for all (not just STP graduates / registered clinical scientists)
- Embed the current conjoint reporting programme into the HSST – combine with leadership development & DClinSci, with the IBMS/RCPATH retaining ownership of the reporting qualification component
- Current specialty conjoint reporting programme will continue independently of HSST, with the IBMS/RCPATH retaining ownership
- Open up FRCPath for all scientists within histopathology
- Look at clinical scientist equivalence options if required

Possible future developments

WHY ONLY POSSIBLE?

- National working party have met twice in 2019
- Shared vision
- Discussions ongoing
- All developments require high-level strategic discussion and decision making
- Nothing is guaranteed at this point

- **Widespread agreement that scientist reporting works and more is needed, with more support for escalation and development of training programmes**

Q&A

Any questions?

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