

## POSITION PAPERS OF THE COLLEGE OF PATHOLOGISTS, ACADEMY OF MEDICINE MALAYSIA

*Council, College of Pathologists, Academy of Medicine Malaysia*

### Introduction

The 3<sup>rd</sup> Scientific and Annual General Meeting of the College of Pathologists, AMM held at the Riviera Bay Resort, Malacca from 21 to 23 June 2002, was a very successful one with 90 registrants from all over the country. Most participants felt that it was a meeting with the right blend of science and fellowship, very much in the tradition of the annual scientific meetings of our predecessor, the Malaysian Society of Pathologists. Of particular importance during the meeting was the forum on “Important Professional Issues in Pathology”. This saw a good turnout of members and trainees. The stimulating discussion led by Professor Cheong Soon-Keng culminated in position papers, which were adopted by the College of Pathologists at the Annual General Meeting. These position papers are reproduced here.

### POSITION PAPER 1: WHO CAN SIGN A PATHOLOGY REPORT?

#### *Background*

With the current surge of new services offered by laboratories in the country, the Council of the College of Pathologists, AMM felt that it was opportune for the College to develop a position as to who is qualified to sign reports emanating from the laboratory, bearing in mind the implications that these may have on patient care. A working committee comprising Professor SK Cheong (Chairman), Professor PL Cheah, Dr Halimah Yahya, Professor Leslie Lai and Professor KE Lim was formed to study the matter. Their recommendations were circulated to members of the College of Pathologists before the Forum. The following were discussed and accepted at the Forum.

#### *General Principles:*

Reports from the laboratory can be categorized into those issued

- without clinical interpretation (objective)
- with clinical interpretation (interpretative)

#### *Examples of Objective and Interpretative reports:*

<i>Pathology discipline</i>	<i>Objective reports</i>	<i>Interpretative reports</i>
Histopathology	None	All reports which carry a clinical interpretation of the objective result
Cytopathology	None	
Forensic Pathology	None	
Haematology	FBC	
Cytogenetics	Stating the chromosomal aberration	
Medical Microbiology	C&S	
Virology	Viral Ab titres	
Chemical Pathology	BUSE	

#### *Persons qualified to sign Report:*

- a) Qualified Medical Laboratory Technologists or Scientists can sign an objective report without clinical interpretation. The clinical interpretation of the result is the responsibility of the medical practitioner who uses this result for patient management.
- b) A report with clinical interpretation can only be signed by a medically-qualified pathologist. An exception is the gynaecological smear report in Cytopathology, where reports can be signed by

- well-trained cytoscreeners if the smear shows no abnormality. Nevertheless, the supervising Pathologist is accountable for such reports.
- c) Suitably trained and qualified scientists who run more technically-sophisticated tests such as DNA profiling, PCR analyses and drug testing can sign the objective interpretation of the test. If the test requires clinical interpretation, a Pathologist should be consulted.
  - d) Point-of-care test results are considered objective reports. The doctor who orders the test will be responsible for the interpretation of the results. It is desirable that Pathologists are proactive in recommending these point-of-care testing devices to be suitably monitored through regular QC checks by the Pathology laboratories.
  - e) Medical Officers or trainees can sign reports. However, the supervising Pathologist is ultimately responsible for such reports.

*Clinical Consultations on Pathology Reports:*

Clinical consultations and advice on results generated by the laboratory should only be provided by medically-qualified Pathologists.

**POSITION PAPER 2: IS PATHOLOGY A CLINICAL SERVICE?**

*Background*

There has been a recent move by the Ministry of Health to re-structure the administrative organisation of Ministry of Health hospitals in Malaysia. In this process, Clinical Directorates, which consist of various disciplines considered to have similar functions, activities, facilities and resources, have been created. The 4 Clinical Directorates that have so far been created are: (1) Medical Services, (2) Surgical Services, (3) Women and Children Services and (4) Diagnostic and Clinical Support Services (Table 1).

**TABLE 1: CLINICAL DIRECTORATES OF MINISTRY OF HEALTH HOSPITALS**

<p><b><i>MEDICAL SERVICES</i></b></p> <p>General Medicine Dermatology Psychiatry Nephrology Neurology Cardiology Other subspecialties</p>	<p><b><i>SURGICAL SERVICES</i></b></p> <p>General surgery Orthopaedic surgery Otorhinolaryngology Ophthalmology Anaesthesiology Urology Neurosurgery Cardiothoracic Surgery Plastic Surgery Oncology &amp; Radiotherapy Emergency Medicine Other subspecialties</p>
<p><b><i>WOMEN AND CHILDRENS SERVICES</i></b></p> <p>Obstetrics and Gynaecology Paediatrics Other subspecialties</p>	<p><b><i>DIAGNOSTIC &amp; CLINICAL SUPPORT SERVICES</i></b></p> <p>Pathology Diagnostic Imaging Nuclear Medicine Blood Transfusion Medical Rehabilitation (Physiotherapy &amp; Occupational Therapy) Medical Social Work Health Education Pharmacy</p>

While this move is laudable for its intentions and objectives, it has also created anxiety and uncertainty among the Pathologists for the following reasons. With this new organizational structure, Pathology is now assigned to a Directorate which includes other dissimilar, non-clinical, allied health disciplines including Medical Rehabilitation, Pharmacy and Medical Social Work. This has serious implications as it will ultimately erode the position of Pathology as a Clinical discipline and service. Furthermore, since the Ministry of Health is the country's main provider of health care services, its philosophies and directions will inevitably affect that of all other health care service providers in the country and will have far-reaching, long-term effects.

The Pathologists in the country therefore foresee this move by the Ministry of Health as a step backward for the Profession. Perception of Pathology and Pathologists is bound to suffer. Funding, career opportunities, involvement in clinical decision-making will probably be affected by this new alignment but worst of all; the future of the Profession will be at stake. Which keen, intelligent young medical graduate in the right mind will still consider joining such a lacklustre specialty which at its present crossroads is taken to be as "clinical" as Physiotherapy or Medical Social Welfare but in the future may join the ranks of the hospital launderette and kitchen!

The Council of the College of Pathologists was therefore concerned over this issue and sought the views of its members in an open forum.

It was agreed at the Forum that Pathology is a Clinical Service because:

- a) Pathologists are medical specialists who are gazetted as such.
- b) Pathologists work closely with other doctors in the diagnosis, monitoring and treatment of patients.
- c) In some areas, Pathologists carry out diagnostic and therapeutic procedures as well as manage patients. For example:
  - Cytopathologists performing FNAC
  - Hematologists performing apheresis procedures
  - Chemical Pathologists managing hyperlipidemia patients.
- d) Pathologists are medical practitioners governed by the Medical Act of Malaysia and regulated by the Malaysian Medical Council. They are equal members of the National Medical Specialists' body, the Academy of Medicine of Malaysia.

The Forum recommended that:

- a) In the organizational structure of a hospital, Pathology Laboratories should be classified as a separate clinical directorate called "CLINICAL DIAGNOSTIC SERVICES" rather than be classified together with other non-clinical services under the "Diagnostic and Clinical Support Services" Directorate. The proposed Clinical Diagnostic Services Directorate should also include the Department of Diagnostic Imaging.
- b) Departments of Pathology should be renamed "Department of Laboratory Medicine". It was felt that no other medical discipline is more qualified than Pathology to use the word "Laboratory" and "Medicine" and it reflects that Pathology is a clinical discipline.
  - There was some concern that the Forensic Pathology and Forensic Medicine divisions may not fit under the proposed directorate. However, it was generally felt that Forensic Pathology and Forensic Medicine are diagnostic disciplines with enough laboratory work to be justifiably amalgamated into this directorate.
  - Concern was also raised that Transfusion Medicine may similarly not fit into this directorate, especially with this sub-discipline moving towards more therapeutic work. It was however felt that transfusion practice was still very laboratory-based and should fit into the umbrella of the proposed Clinical Diagnostic Services directorate.
  - It was also recommended that in centres where a sub-discipline has become a major entity, separation from the Department of Laboratory Medicine should be possible. These new departments can then be renamed more precisely e.g. Department of Forensic Medicine, Department of Forensic Pathology, Department of Transfusion Medicine etc. Notwithstanding they should still be classified under the "CLINICAL DIAGNOSTIC SERVICES" directorate.

### **POSITION PAPER 3: DO WE NEED A PROFESSION-DRIVEN QUALITY ASSURANCE SCHEME?**

#### *Background*

Quality assurance, both internal and external, is vital for ensuring that medical laboratory results/reports are accurate and precise and, therefore, reliable. Around the world there are external quality assurance schemes run by professional bodies as well as laboratory diagnostic companies such as Randox and Wellcome. In Malaysia, there are external quality assurance schemes run by the Ministry of Health of Malaysia and the Laboratory Quality Assurance Scheme (LABQAS), which is a joint venture between the College of Pathologists, Academy of Medicine of Malaysia, and the Malaysian Institute of Medical Laboratory Sciences (MIMLS). Diagnostic companies who offer external quality assurance programmes usually tailor their programmes solely for their equipment.

The Council of the College of Pathologists felt that the views of members should be sought as to the role of the profession in the provision of external quality assurance programmes. The questions posed at the Forum were:

1. Should quality assurance programmes should be profession driven or diagnostic company driven?
2. Should the Ministry of Health run quality assurance schemes for pathology laboratories?
3. Should the College of Pathologists continue its efforts under LABQAS?
4. What will happen in Malaysia if the profession does not take the lead in offering an external quality assurance programme?
5. Subscription to overseas colleges' QA schemes and some of the problems encountered.

#### Recommendations from the Forum:

1. It was agreed by the members that QA programmes should be profession-driven rather than vendor-driven.
2. It was felt that in view of the possibility of a conflict of interest, it is better for QA programmes to be provided by an independent body rather than the Ministry of Health.
3. The members unanimously supported the CPath's effort to run LABQAS, a QA programme jointly run with MIMLS. However, certain deficiencies were identified which should be communicated to the LABQAS Committee. The main problems highlighted were:
  - The lack of clear delineation of the role of the CPath in this programme.
  - The lack of clarity of the status of LABQAS. While the programme is a not-for-profit venture, it was sometimes marketed as a commercial enterprise to clients. The members felt that the true status of LABQAS should be explained clearly to clients.
  - For LABQAS to be credible, it should be accredited.
  - The low number of subscriptions leading to LABQAS running at a loss currently was reported by the Chairman of the LABQAS committee. The members felt that it may be useful to have more active dissemination of information about LABQAS and what it offers to potential clients.
4. The CPath will explore the possibility of collaborating with the Royal College of Pathologists of Australasia on a joint venture basis to offer the Australian QAP programme to medical laboratories in Malaysia at lower subscription rates.