Institute of Biomedical Science
12 Coldbath Square, London EC1R 5HL
Tel: 020 7713 0214
E-mail: mail@ibms.org
Website: www.ibms.org

Chief Executive
David Wells
MSc CSci FIBMS FRCPath (Hon)

Welsh Parliament Endoscopy services: follow up inquiry

Institute of Biomedical Science statement

The Institute of Biomedical Science (IBMS) is the UK professional body for biomedical science professionals employed mainly in NHS pathology laboratories, NHS Blood and Transplant, Public Health services, private laboratories and research. Biomedical scientists are regulated by statute with the Health and Care Professions Council (HCPC) and most work in UK pathology laboratories that are accredited to ISO 15189 standards and whose services may also be regulated by the Human Tissue Authority and/or the Medicines and Healthcare Products Regulatory Agency.

The programme for transforming and modernising planned care in Wales is a visionary document with the potential to make significant improvements to patient care, particularly in respect to cancer diagnosis and treatment. With the stated objective of the National Endoscopy Plan to develop sufficient endoscopy capacity necessary to optimize the Bowel Cancer Screening Programme (BCSP), the issue of the diagnostic workforce is of paramount importance to its success. Aside from the reporting of endoscopically generated biopsies, the reporting of all gastro-intestinal samples is limited by the availability of medically qualified consultants to report surgically removed samples. The biomedical scientist workforce has had access to a qualification run jointly between the IBMS and The Royal College of Pathologists (RCPath) for almost 10 years that enables those that qualify from this highly exacting training programme to work alongside medical pathologists to report both upper and lower G.I biopsy samples and well as samples taken during endoscopy procedures and major surgical resections. This highly skilled and trained scientific workforce is key to enabling the delivery of diagnostic services as part of the National Endoscopy Plan.

The IBMS is now pleased to be able to inform the Health and Social Care Committee that approval has just been given from the RCPath Cellular Pathology Advisory Panel and also the BCSP for an accelerated training programme for biomedical scientists to independently report biopsies generated as a result of the BCSP. This has the potential to significantly aid the delivery of the hot reporting services operating on a 7 day a week extended hours basis envisaged in 'Transforming and modernising planned care in Wales'. Without the ability to train and qualify scientific staff to report biopsies the current medical workforce would be unable to accommodate any increase in volume and turnaround times required by the BCSP. The need to move towards a more sustainable diagnostic workforce has already been identified and better use of trained and qualified scientific staff offers a means to achieve this objective.

The faecal immunochemical test (or FIT) is a highly sensitive laboratory test used in the bowel cancer screening programme for the rapid detection of blood in stool samples in the 'normal' i.e non-symptomatic population that falls within a defined 'most at risk' age range for colorectal cancer. FIT testing can also be used diagnostically in symptomatic patients, and those in long term follow-up for conditions such as Lynch syndrome (an inherited genetic condition which increases the risk of developing cancers such as bowel cancer) – this can be used to triage who in this group require endoscopy.

The sensitivity of the test (>90%) demonstrates its value as the front-line programme screening test. The analysis of the sample is fully automated and can accommodate an expansion of the parameters of the BCSP. However, any increase in the screening population will generate an increase in referrals for endoscopic examination and hence an associated increase in biopsies for laboratory analysis and reporting. This leads to the issue of diagnostic workforce and capacity which is the rate limiting factor in any planned expansion of endoscopic services; unless a simultaneous workforce revision strategy is devised to supplement the already limited medical reporting workforce. It is worth noting that an RCPath histopathology workforce study undertaken in 2018 identified a 22% pathologist capacity gap between numbers of pathologists in post and workload, with a vacancy rate of 20% on average across the UK. It is therefore recommended that a planned expansion and increased adoption of the reporting biomedical scientist workforce in histopathology should be a key consideration as part of the inquiry into endoscopy services.