Subspecialisation as a system in Anatomic Pathology Unit in District General Hospital setting

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**Background.** Mayor changes have taken place in working practice for surgical pathology from the mid to late nineties. Particularly has come a trend towards subspecialisation in surgical pathology with perceived higher standards of diagnosis and reporting. In Italy, besides university teaching hospital, there is a need for subspecialisation as a system in surgical pathology also in district general hospital setting.
Methods. Literature review.

Results. Clinical specialties have been quick to respond to the demand of increasing complexity of diagnosis, technological advances and treatment with moves away from the generalist to the specialist. Following on from this, the pathology report has an increase demand for diagnostic accuracy and prognostic information on tumours, including immunohistochemical results and molecular biology (1-2).
As well as in terms of clinicians satisfaction (3) and patient safety and error reduction in surgical pathology (4). With this has come a trend towards subspecialisation (5-6), conversely the reasons for retaining general pathologist has been debated. First of all, what define subspecialisation in surgical pathology? The time a pathologist dedicates to a specific site of surgical pathology. This is underlined also by guidelines in screening program as breast for example (7).
Moreover, in all countries where the majority of anatomic pathology unit have subspecialisation as a system, pathologists define their professional activity in terms of time dedicated to specific subspecialties. This system can be extreme if a pathologist is dedicated only to one site (super specialisation) but in general implies reporting of a limited range of grouped site in teams, two or three sites.
This is different from taking part to rotations on the general sign-out service and to have one site of subspecialty. We are speaking of subspecialisation as a system in an organization. To have this in Italian district general hospitals we need in general larger-size of anatomic pathology unit to have a broad range of cytology and histopathology specimens.
On the other side we have to ensure equitable workload distribution between colleagues reporting different specimen types of different complexity (8). At the same time, to promote the subspecialisation system we need to communicate the advantages for individual career progression and last but not least auditable measures of improved pathologist performance (5-6).
Subspecialisation as a system in surgical pathology requires also a workforce modification introducing the use of physician extenders in surgical pathology practice in gross examination as the pathology assistant (9-10). We need to respond to increasing complexity of diagnosis, to time for multidisciplinary meetings, to ever-increasing workloads, to future problems in recruitment and retention of pathologists.
References:


