

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwasanaethau endosgopi](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Endoscopy Services](#)

EN 16

Ymateb gan: | Response from: Institute of Biomedical Science





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.

The programme for transforming and modernising planned care in Wales is a visionary plan 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 capacity and availability is of paramount importance to the plan's 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 process 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 samples taken during endoscopy procedures and major surgical resections. This highly skilled and trained scientific workforce is key to creating additional capacity and therefore enabling the delivery of diagnostic services as part of the National Endoscopy Plan.

The need to create a more sustainable diagnostic workforce that can deliver the levels of service required by the bowel cancer screening programme (BCSP) has already been identified. More efficient use of a trained and qualified scientific staff offers a mean to achieve this objective. The IBMS can now confirm that approval has been jointly given from the RCPATH Cellular Pathology Advisory Panel and the BCSP for an accelerated training programme which will qualify biomedical scientists to independently report biopsies generated through 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 this additional ability to train and qualify scientific staff to report biopsies, the current medical workforce would be unable to accommodate any increase in volume and improvement of turnaround times required by the BCSP.

The faecal immunochemical test (or FIT) is a highly sensitive laboratory test used in the BCSP 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 additionally presents the opportunity to triage 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).

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.

As a result, the capacity of the existing diagnostic workforce will be a limiting factor in any planned expansion of endoscopic services. Therefore, it is necessary to devise a simultaneous workforce revision strategy 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.