Recommendations for the Supervision of Pathology Assistants

Association of Directors of Anatomic and Surgical Pathology*

DOI: 10.1309/BJKJ9PRF6NM7VE09

As part of the changes in health care in the United States, there have been decreases in federal support for graduate medical education programs and hospital reimbursement. These decreases have resulted in a perceived decrease in the pathology workforce and increased use of nonphysician patient care providers in teaching hospitals to help cover positions and/or perform tasks normally performed by resident and attending physicians.

Concomitant with this increased pressure, academic pathology practices are being asked to expand and improve resident education and to increase the workload per physician. A new group of physician extenders has emerged to assist in patient care, variously labeled physician assistants, nurse practitioners, and so forth, with each of these extenders functioning to allow physicians to focus on other, often more complex tasks. In pathology, the outgrowth has resulted in the evolution of a pathologist’s assistant (PA), whose role is to facilitate the practice of medicine by pathologists.

PAs function to provide services, particularly in anatomical pathology, under the direction and supervision of a licensed, board-certified (or appropriately qualified) anatomic pathologist. Recently, the American Society for Clinical Pathology agreed to confer certification on PAs, provided that these individuals fulfill certain eligibility requirements, including a baccalaureate degree from a regionally accredited college or university and successful completion of a National Accrediting Agency for Clinical Laboratory Sciences–accredited PA program within the last 5 years or a baccalaureate degree from a regionally accredited college or university with 20 semester hours of biology and 3 years of full-time acceptable experience as a PA within the last 10 years under the supervision of a board-certified pathologist. The latter route of certification would be available only until 2007.

The Association of Directors of Anatomic and Surgical Pathology (ADASP), functioning in its role as a leader of academic anatomic pathology, offers these guidelines for the purpose of defining the function and scope of PA practice. A core component to these guidelines is that the diagnosis or treatment of human disease is multifaceted and can be practiced only by a qualified and licensed physician. One component of this process is the technical processing and diagnosis of biologic materials.

Although PAs are adequately trained to provide technical assistance, it is emphasized that it is the pathologist, and the pathologist alone, who possesses the necessary education, training, and expertise to integrate and interpret the complete set of patient findings into a coherent and appropriate diagnosis and possible treatment plan. These findings might include clinical history, gross pathologic examination, histopathologic and microscopic examination, and appropriate use and interpretation of ancillary studies such as histochemistry and immunohistochemistry, cytogenetics, and molecular diagnostics. PAs can assist in achieving this goal, but the medical judgments and decisions that relate to diagnosis and treatment are those of the pathologist alone. This is a significant differentiating feature between the functional capacity of PAs and other physician extenders such as physician assistants and certified midwives.

PAs are specially trained in the processing of pathologic material. Such training is required by laboratory accrediting agencies, such as the College of American Pathologists and the Joint Commission on Accreditation of Healthcare Organizations, which require proven competency of laboratory staff, often without specific details, for the dependent practitioners of anatomic pathologists. In the setting of anatomic
pathology, the College of American Pathologists, American Society for Clinical Pathology, and the American Society of Pathologist Assistants have extensively defined the roles of PAs under the supervision of a pathologist and defined departmental rules and protocols. Such roles involve 5 major areas (more detailed duties are summarized at http://www.pathologistsassistants.org):

1. Gross description and dissection and/or examination of surgical tissues with submission of samples for histologic and other laboratory testing, including photographing gross specimens and microscopic slides as directed
2. Obtaining elements of the patient’s medical history, including clinical history, radiographic data, and other laboratory information
3. Assisting with postmortem examinations with the subsequent dissection of tissues and dictation of case information
4. Obtaining biologic specimens such as blood, tissue, and toxicologic material for analysis
5. Having a complete knowledge of laboratory informatics, billing codes, federal and state mandated laboratory requirements, laboratory administrative and quality assurance duties, and supervision of other personnel in the anatomic pathology laboratory

Competency in these 5 areas has been shown to have a significant positive effect in the work environment when the PA’s abilities, training, and experience are defined and supervised by an attending pathologist within accepted standards of medical practice and departmental operating policies.

Ensuring such competency requires that the PA work under the direct supervision of the pathologist. Defining the key aspects of the gross specimen, identifying pertinent lesions and portions of lesions to sample histologically, evaluating staging elements of the resection specimen, harvesting lymph nodes, and making judgments with regard to special processing of material are activities that require intimate oversight. Oversight can be accomplished if protocols established by pathologists are followed and monitored by the attending pathologist of record, and such activities should not normally be left to the PA exclusively. This relationship would include regular performance evaluations of the PA by the pathologist(s) to ensure quality and fulfill state and national regulations. Supervision, leadership, and systematic quality review by the pathologist are essential to good patient care and enhanced performance by the PA.

What elements are vital to the pathologist’s role as a supervisor? In addition to the PA fulfilling the requirements defined by the American Society for Clinical Pathology and American Association of Pathologists’ Assistants, pathologists must be actively involved in creating and maintaining professional standards for the PA in the form of competency testing and maintenance of certification. With error reduction as a national focus of the Institute of Medicine, pathologists must establish formal quality assurance in gross dissection performance for the PA, focusing not only on adequate gross descriptions but also on minimum levels of specimen misidentification or mishandling, cassette mislabeling, and protocol errors, among others, that may impact on patient care. Ensuring quality performance by the PA is an ongoing, continuous process of education, evaluation, and quality improvement for which only the pathologist is uniquely trained. Although anatomic pathology managers and hospital personnel can judge administrative performance, only the board-certified (or appropriately qualified) anatomic pathologist can grade performance in the technical aspects of surgical and autopsy pathology. Any personnel evaluation of a PA must involve a report from the medical supervisor of the PA to avoid regulatory and medicolegal complications surrounding competency issues.

Potential benefits of monitoring PAs in the laboratory environment include lower professional and hospital costs, decreased turnaround time for case processing, and increased productivity. In an academic setting, resident education also is enhanced. PAs allow residents to prioritize activities and reduce their hours (as required to pass American Medical Association Graduate Medical Education guidelines), provide teaching of gross dissection to pathology trainees, and assist in preparing materials for teaching conferences. These activities allow the resident who has demonstrated proficiency in gross examination to focus more on teaching conferences, microscopic signout, intraoperative consultations, and other academic and learning endeavors. Most significant, however, is that PAs provide practical continuity and consistency in the gross room as resident turnover occurs.

In the current health care environment, physician extenders are becoming a ubiquitous and essential element of patient care. In pathology, we have witnessed and encouraged the evolution of the pathologist assistant, and the ADASP strongly supports the development of this new role in anatomic pathology. Although these individuals certainly will have special expertise in gross pathology and laboratory management, the diagnostic and medical judgments of the practice of medicine are the province of the pathologist. The integration of all steps in the pathologic evaluation of a specimen is essential to the generation of a pathologic diagnosis and cannot be intellectually or functionally divided into isolated components for diagnostic or reimbursement purposes. By ensuring this separation of responsibility and the direct monitoring of PA performance by board-certified (or appropriately qualified) pathologists, ADASP can feel comfortable that quality medical practice, without negative legal or patient care ramifications, will be maintained in the field of anatomic pathology.

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