

COVID-19 and potential redeployment of pathologists

March 2020

We are entering extraordinary times with the growing outbreak of COVID-19. As NHS services come under increasing pressure, exacerbated by staff shortages due to illness, it will be important to adapt, work flexibly and provide assistance across our hospitals and communities in whatever way we can. This may include retraining and redeploying staff into different roles.

The four UK chief medical officers have [written to all doctors](#) providing support and reassurance about working outside their normal area of practice.

For pathologists, the situation will be different across the different pathology specialties and individual circumstances.

Clearly our members in microbiology and virology are extremely busy at the current time and wouldn't be expected to be redeployed.

Similarly, autopsy pathologists may see a large increase in workload. While for many, coroners' autopsies and public mortuary activities are outside NHS duties, these should be recognised as important public health activities and pathologists should be supported in carrying out such duties.

In some other specialties there may be less demand than normal, or routine work may be lower priority than helping with the acute demand and pathologists should expect to play a part in helping wherever required. We should be prepared that such assistance is likely to mean 'acting down', or working at a lower level than one is used to.

It is important that no one works beyond their clinical competence. Some people will be used to working with acutely unwell patients in a ward setting, others will be many years from such a role. If staff are asked to work in a new environment, local induction from someone familiar with that placement and relevant training must be provided ahead of time. Some people may have individual circumstances that might affect any redeployment. These should be taken into account while trying to be of most help.

Some ideas where we can help include:

- local training with phlebotomists can help re-skill pathologists for tasks such as blood taking and cannulation
- providing training to enable prescribing of medications for discharge (TTOs)
- confirmation of death and death certification
- in mortuaries, bereavement services, or laboratories.

Trainees

Trainees may also be asked to work outside their normal environment. This should happen in line with guidance from education bodies (HEE, HEIW, NES, NIMDTA) and would typically only be for a short period of time. The impacts on normal training should be monitored so that educational opportunities missed can be replaced later.

Trainees must have a proper induction and access to a clinical supervisor. Good practice would include matching a less-experienced trainee with someone more experienced. It would be sensible to vary the intensity of placements in order to safeguard wellbeing.

Wellbeing

The wellbeing of staff needs to be a priority during these extraordinary times. If staff are redeployed this is likely to increase the stress encountered, judgements might be affected, decision making may be slowed. It is important that we take time to look out for ourselves and for our colleagues. Taking regular breaks, eating healthy food and taking exercise are important. Unwinding when at home, getting plenty of sleep and ensuring time for leave will help keep staff healthy and safe when at work.

Importantly, we must all follow the guidance from the departments of health in our respective countries to ensure we minimise risks to others if we become unwell ourselves. Presenteeism is not helping and may put vulnerable groups at risk.

Take-home messages:

- We can and should help when required.
- No one should be expected to work beyond their competence.
- Wellbeing is important – take care of yourself and look out for your colleagues.