

I am writing this article fresh from a meeting that the Institute held jointly with the British Association for Cytopathology. The reason for the meeting was to support members in cytology through the extremely difficult and stressful transition from cytology microscopy to HPV testing as the primary test in cervical screening. A consequence of this change will be a reduction of around 80% in the number of laboratories across the UK currently undertaking cervical cytology screening. This in turn means a corresponding reduction in the number of individuals required in cytology.

There are many ways to handle change and the provision of open, honest information is usually a good starting point to best enable preparation and planning for that eventuality. By this I mean mental and emotional preparation, as well as the more practical elements of CV updating and evaluation of career options. An enforced career rethink can be as traumatic as bereavement and leave those affected with a similar sense of loss, grief and anger.

Unfortunately, the words "open and honest" have not been associated with this transition and the affected workforce is experiencing all of the uncertainties of job loss or change accompanied by the very real grieving process for a profession that they have loved and, which for many, is about to disappear forever.

Let me be clear, this is not a workforce of Luddites opposed to change or progress,

CHANGE FOR CYTOLOGY



The dedicated and passionate workforce deserves the care and respect it gives patients.

this is a workforce that is dedicated, professional, passionate about their science and one that, I think, has not been afforded the care and respect that they have so fully given to their patients.

Despite the difficult situation, I know this workforce is better equipped than many to adapt or redirect their career according to the opportunities they find; the qualities that make a good cytologist will make them a valuable asset in many other roles. My concern is that there is a lack of joined-up thinking, the value of this workforce is not recognised outside of cytology and consequently good people become disillusioned and will leave our health services. This would be nothing short of a tragedy, particularly in the light of a recent Public Health England

consultation that proposed a 10 year workforce strategy. Its basis was that if demand continues to grow at the present rate we will require an additional 190,000 new posts by 2027, but if recruitment continues at the current rate there will be only 72,000 additional staff.

I have just read a PHE screening blog that states "Nurses and doctors carry out cervical screening in primary care". Am I being over sensitive?

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