

It is almost twenty years since biomedical scientists started to report abnormal cervical smears, an issue that divided medical opinion at the time, but which has proved to be a highly successful approach to managing a staffing and workload problem. From a biomedical scientist perspective, it was a development that has provided a valuable career extension to a small group of highly-qualified, competent and motivated individuals and which has opened the door to other individuals to take on roles that had previously been solely the preserve of medical pathologists.

The training of biomedical scientists to report histopathology samples is slowly gathering traction, although it still rivals Brexit in terms of division of opinion. I respect those in the RCPATH who can see the staffing and workload cliff edge we are motoring towards; a recent histopathology survey that showed 25% of pathologists are over the age of 55 and the number of trainees entering the profession and completing training is dropping. Against the backdrop of a well-anticipated increase in the number of over 65s, many with multiple complex health needs, we have a situation that requires urgent action and also change.

I know I have written on many occasions about the opportunities for developing the biomedical scientist workforce but I am hearing more and more high-level discussions, both from within the professions and also at

EQUALITY OF OPPORTUNITY



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government department levels, about the need to be more flexible and creative. This is not coincidence, this is the dawning recognition that professional protectionism is not the solution. I have been aware for some time that the division between biomedical and clinical scientists in pathology is becoming less political and more practical. I am aware that language is softening and the collective term “scientist” is being used to denote an openness of opportunity that is based on merit and ability. Small but highly significant steps.

Biomedical and clinical scientists are professional groups with both distinction and overlap between their respective roles; while there is also a significant knowledge sharing between scientists and pathologists, the roles of the scientist workforce are not, and never will be, synonymous with those of the medically

qualified. If pathology is to accommodate an increasing medical workload then a degree of pragmatism must be applied and the potential for the biomedical scientist workforce must be recognised – across all disciplines, not just within histopathology. I passionately believe that if pathologists accept that there are some aspects of their workload that could be undertaken by a scientist, there must be equality of opportunity where equality of ability and achievement can be demonstrated. There should be no place for outdated professional prejudice if there is a serious desire for change.

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