

ROSE training in the UK

From RCR to IBMS to points beyond

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2019 – European Congress of Cytology, Malmö

- Demonstration of mannequin for FNA practice - FioNA
- Role for dual training of aspiration and preparation

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Diagnostic Cytopathology. 2019;47:297–301.

ORIGINAL ARTICLE

WILEY

A novel simulator model and standardized assessment tools for fine needle aspiration cytology training

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A bit later in 2019...



The Royal College of **Pathologists**

Pathology: the science behind the cure

Tissue pathways for diagnostic cytopathology

October 2019

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“The most cost-efficient method of providing such a laboratory service to head and neck clinics with no compromise to quality is to have trained biomedical scientists attend these clinics to provide on-site assistance and specimen adequacy assessment (ROSE).”

Also later in 2019 – Birmingham...

- Some discussion at BAC Executive regarding a competency framework for Rapid Onsite Evaluation (ROSE) for
 - Thorax/EBUS
 - Pancreas/EUS
 - Head and neck/FNA
- Initial document drawn up and circulated for comments

2020 – difficult year for face-to-face meetings

- However, other important developments:
 - The necessary expansion of internet-based meetings
 - New members of BAC Executive
 - Initial discussion with Royal College of Radiologists regarding some form of joint training with BMSs regarding improving Head and Neck FNA services
- These led to:
 - Updated ROSE competency framework based on original draft + previous guidance on Eurocytology – circulated around IBMS/RCPATH conjoint board, then IBMS Special Advisory Panel (SAP)
 - Further meetings with RCR Medical Director for Training and submission of formal proposal for webinar(s) to be provided by BAC

2020 – new guidelines from BAHNO



- BAHNO guidelines 2020
- ALL ultrasound guided fine-needle aspiration cytology should be subject to rapid on-site evaluation/assessment (ROSE/ROSA). Fine needle aspiration or biopsies should be interpreted by a cyto-pathologist with head and neck interest and reported within 7 calendar days.

2021 - RCR

- April - formal proposal to RCR for ROSE webinar for radiology trainees
- Also agreement to perform survey of head and neck radiologists:

- ▶ 42 responses widespread across the UK
- ▶ 57% limited or no knowledge of ROSE
- ▶ Majority of responses that utilised ROSE found it a very valuable tool for patient pathway improvements

Challenges of implementing ROSE:

- Lack of expertise
- Lack of funding
- Lack of resource / time
- Not viewed as necessary by the local team



The Royal College of Radiologists



Other surveys...

- ▶ Targeted at Lead cytologists / Cellular pathology leads
- ▶ 55% response rate – 73 labs across the UK
- ▶ **38% of labs provide a ROSE service**
- ▶ **Equal split of ROSE performed by BMS staff and Pathologists.**
- ▶ **Head and neck FNAs (71%)**
- ▶ FNA lymph nodes (65%)
- ▶ Lung EBUS (38%)
- ▶ Other body sites/systems seemed less often supported for this service.
- ▶ **Practically all FNAs were taken by a clinician or radiologist, with very few (7%) being taken by a pathologist.**
- ▶ If a pathologist, they were mostly freehand without the use of ultrasound (75%).



The Royal College of Pathologists
Pathology: the science behind the cure

BAC

British Association
for Cytopathology

BAC

British Association
for Cytopathology

Other surveys...

- ▶ Difficulty to implement ROSE

Resource

Funding

Training / expertise

9% Not viewed as necessary by the local team / lack of managerial support

ROSE is available only for H&N – lack of trained BMS staff for other areas and lack of managerial support

ROSE is in use in a very limited fashion, mainly head & neck.

Limited to senior biomedical scientists and pathologists

Staffing and expertise – finance

Clinic set up but a bit hit and miss with patients. No dedicated time in job plans.



And a 2019 survey from the USA...

Results from the 2019 American Society of Cytopathology survey on rapid on-site evaluation—Part 1: objective practice patterns

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Meredith A. VandeHaar, BS, SCT(ASCP)^k,
Annemieke van Zante, MD, PhD^c, Jennifer L. Sauter, MD^l on behalf of
the American Society of Cytopathology Clinical Practice Committee

Journal of the American Society of Cytopathology (2019) 8, 333–341

ASC survey - 2019

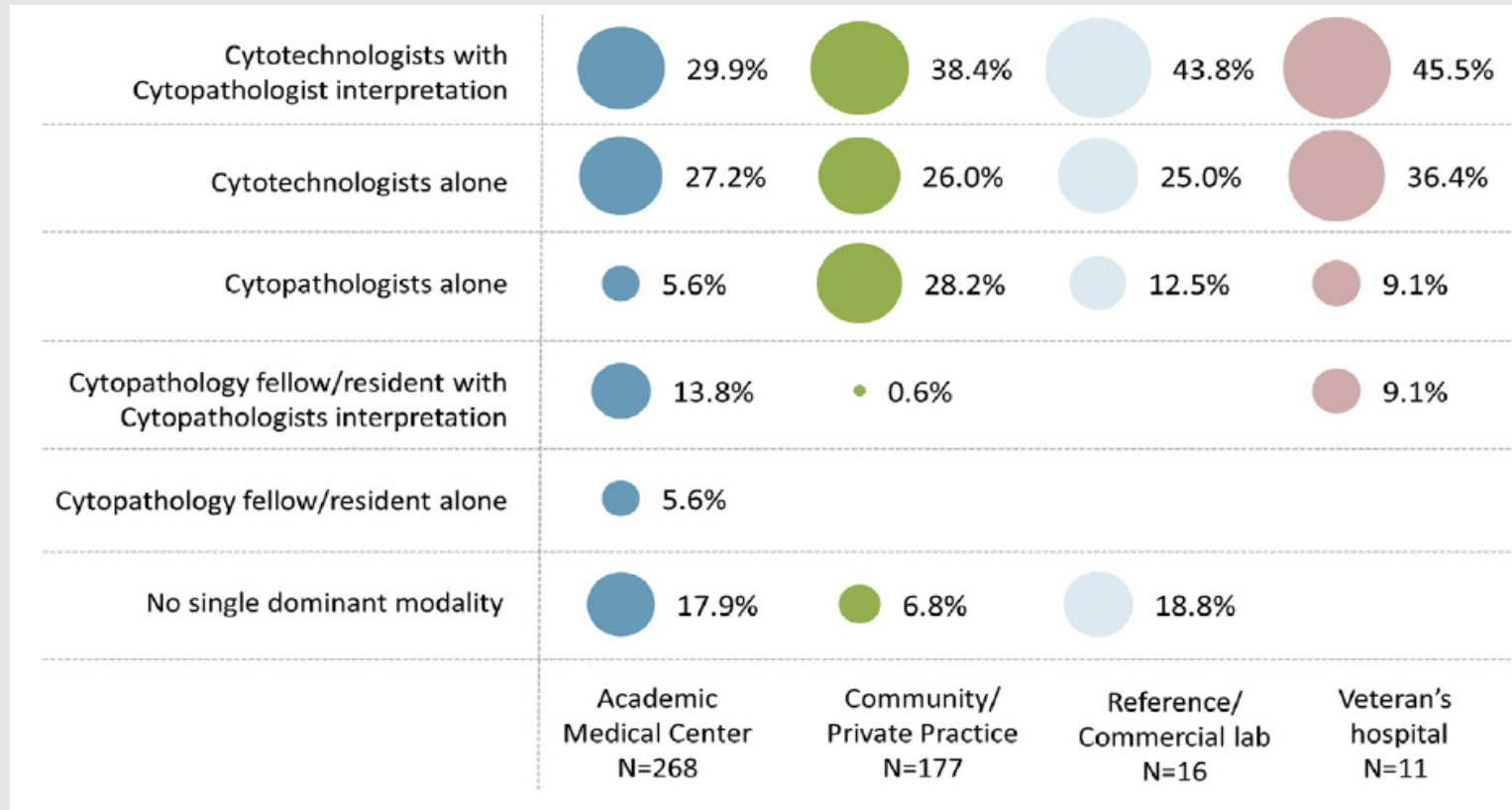
Role of respondent	n	%
Cytopathologist/pathologist	255	47.1
Cytotechnologist	261	48.2
Trainee pathologist	19	3.5
Other	6	1.1
Total	541	100

19.5% of ASC membership (2778)

ASC survey – 2019. ROSE offered?

Practice Setting	Yes	No	Total
Academic Medical Centre	295 (97.0)	9 (3.0)	304
Community Hospital/Private	189 (95.9)	8 (4.1)	197
Other	32 (80)	8 (20)	40
Total	516 (95.4)	25 (4.6)	541

ASC survey 2019. ROSE service models



Dedicated ROSE service:

- 8.7% <1000 cases pa
- 36.6% >15000 cases pa

July 2021 – 1st RCR webinar

Main content


- ▶ Discuss background including
 - ▶ Guidelines
 - ▶ Evidence
 - ▶ Key papers
- ▶ What is ROSE?
- ▶ What is possible with ROSE and Cytology
- ▶ Trainee radiologist personal account
- ▶ BSHNI survey results
- ▶ Overview of next sessions



 **RCR** The Royal College
of Radiologists
Defining standards in imaging and cancer treatment

BAC British Association
for Cytopathology

2nd and 3rd RCR webinars – Dec 21 and Jan 22



Learning outcomes

- ▶ Provide trainee radiologists with an insight how to optimally preserve cytology FNA samples
- ▶ The importance of relevant clinical / radiological information
- ▶ Pathologies in head and neck

3rd webinar contained live clinician contributions

RCR feedback...

- **Feedback summary**

- There were 65 participants in the live webinar, 44 completed the evaluation form (67% response rate).

- **Feedback results**

- *(5 = strongly agree, 1 = strongly disagree)*
- The content of this webinar was relevant to my needs:
 - Average 4.4
- I found the webinar enjoyable:
 - Average 4.5
- Overall I was satisfied with this webinar:
 - Average 4.5

- **Comments**

- • Excellent presentation
- • Great, really great insight and introduction.
- • Thank you for showing us how ROSE works. It was useful to think about how we could implement the system to our centre.

Job role:

Trainee: 41%

Consultant: 37%

Other: 22%

Subsequent steps...

- Presentation to Cancer Alliance Share and Learn session March 2023
 - Follow up meeting with Wessex Cancer Alliance
- IBMS:



RECORD OF LABORATORY
TRAINING FOR THE
IBMS SPECIALIST DIPLOMA
RAPID ONSITE EVALUATION



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Where next?

- Discussion as to how and where to provide training (supply)
 - Cytology training schools
 - Radiology academies
 - Online
- Also needs consideration as to how to encourage clinical teams (demand)

Thank you

