



Guidance for the reporting of ophthalmic pathology specimens

February 2015

Unique document number	G053
Document name	Guidance for the reporting of ophthalmic pathology specimens
Version number	3
Produced by	Dr Fiona Roberts on behalf of Joint Working Party of The Royal College of Ophthalmologists and The Royal College of Pathologists
Date active	February 2015
Date for review	February 2018
Comments	<p>In accordance with the College pre-publications policy, this document was put on The Royal College of Pathologists' website for consultation from 20 June – 18 July 2007 and 8 pieces of feedback were received. The author considered the feedback and amended the document accordingly. Please email publications@rcpath.org if you wish to see the responses to the feedback received.</p> <p>This document was first published in October 2007, revised in March 2008 when Section 3 was added, and reviewed in February 2015.</p> <p>Dr David Bailey Vice-President for Communications</p>

The Royal College of Pathologists
Fourth Floor, 21 Prescott Street, London, E1 8BB
Tel: 020 7451 6700
Fax: 020 7451 6701
Web: www.rcpath.org
Registered charity in England and Wales, no. 261035

The Royal College of Ophthalmologists
18 Stephenson Way, London, NW1 2HD
0207 935 0702
Fax: 020 7383 5258
www.rcophth.ac.uk

© 2015, The Royal College of Pathologists

This work is copyright. You may download, display, print and reproduce this document for your personal, non-commercial use. Apart from any use as permitted under the Copyright Act 1968 or as set out above, all other rights are reserved. Requests and inquiries concerning reproduction and rights should be addressed to The Royal College of Pathologists at the above address. First published: 2015.



1 Background

This document has been written to address the best practice for the reporting of ophthalmic pathology specimens in the United Kingdom. It was produced following consultation with members of the Joint Working Party of The Royal Colleges of Ophthalmologists and Pathologists and was ratified by both these Royal Colleges.

Ophthalmic pathology encompasses specimens originating from the eyelid, conjunctiva, cornea, sclera, all intraocular sites, extraocular muscles, orbital tissues, optic nerve and sheath, optic chiasm, lacrimal gland and drainage apparatus and bony wall of orbit. Whilst some pathologists will regularly see the full range of ophthalmic pathology specimens, other pathologist will be exposed to a much narrower range of specimens.

Currently there are several supra-regional services in the United Kingdom offering a specialist ophthalmic pathology service, including ocular oncology. In other areas ophthalmic pathology specimens are reported by neuropathologists and/or by general pathologists who have developed a special interest in ophthalmic pathology.

A significant number of specimens are still reported by pathologists with no special interest in ophthalmic pathology.

The Royal College of Pathologists' document, *The recognition and roles of specialist cellular pathologists* (June 2006, now archived), acknowledged that diagnostic pathology is increasingly being provided by specialist pathologists. This document also suggests standards of practice for general and specialist pathologists stating that "general and specialist pathologists will work to the same standards, as defined by guidelines and satisfactory performance in external quality assurance (EQA) schemes".

As in all other specialties, consultant ophthalmic surgeons have a right to have the specimens they submit reported by pathologists with appropriate expertise in the area.

2 Who should report ophthalmic pathology specimens?

Pathologists reporting ophthalmic pathology specimens should participate in an appropriate external quality assessment (EQA) scheme (such as the National Ophthalmic Pathology EQA Scheme). In addition, pathologists reporting ophthalmic pathology specimens should be encouraged to participate in the annual meeting of the British Association of Ocular Pathology, where the cases used in the National EQA scheme are discussed. The intention is not that this EQA scheme should set standards appropriate to a specialist ophthalmic pathologist, but rather that anyone participating in the scheme will necessarily become aware of the full range of problems which may present to an ophthalmic pathologist, and will be empowered to recognise cases which need to be referred on to a specialist.

However, it is recognised that there is significant overlap of ophthalmic pathology with other areas of pathology. For example:

- eyelid with dermatopathology
- lacrimal gland and drainage apparatus with ENT pathology
- optic nerve, sheath and optic chiasm with neuropathology
- orbital tissues and bony wall of orbit with soft tissue and osteoarticular pathology.

Pathologists reporting samples exclusively from these sites will not invariably be ophthalmic pathologists and will not necessarily participate in the ophthalmic pathology EQA scheme. However, they should have appropriate experience and should participate in an EQA scheme which is relevant to the samples they report. They should also be aware of appropriate ophthalmic pathology referral routes and use them when the need arises.

Pathology laboratories and ophthalmic surgeons should collaborate as necessary to establish local protocols which ensure that this guidance is satisfied.

3 National Specialist Ophthalmic Pathology Service

A list of laboratories that constitute the National Specialist Ophthalmic Pathology Service (NSOPS), centrally funded by the National Commissioning Group, is maintained by NSOPS at: http://eyepathuk.co.uk/pathology_specialist.html