

### ***Which points are particularly significant or surprising from the presentations and Summit?***

*The following summary statements were gathered during discussion of the preceding question over the duration of all Summit activities, including the Future of Cytopathology Summit on November 12, 2009*

- Primary concern is the general problem of the perception and lack of awareness of our profession by others
- Need for improved public image and better collaborative advocacy efforts.
- We must come together as the full pathology specialty and determine what to “do”; one size will not fit all.
- There is significant frustration with the current environment by those in cytotechnology
- Major players are here to work together
- “We” need to face the music that numbers of GYNs will decrease
- Increasing the role of pathology in direct patient care is hard to do.
- If it involves a cell it should be ours
- The biopsychosocial approach to healthcare as it relates to cytology is surprising and new
- PA’s doing FNA’s for radiology and surgeons
- Need to take control of the new technologies and the data
- Need to market the new and exciting possibilities in the field as we promote our programs for new applicants
- The work to be done is our own – we must look to ourselves.
- Pathology at the center of patient care, not the periphery. How do we emphasize this to our stake holders and convince them of this reality. We need granular solutions.
- Increase patient contact.
- Pathologists/laboratorians as educators.
- Team member role rather than self-created isolation and over-specialization.
- Need for accreditation redesign.
- Lack of growth potential in adjunct fields, at least perceived by our clinical colleagues and the public.
- Need for aggressiveness in defining our scope of practice (not only to keep what is already under our purview, but to gain evolving technology).
- Courage to change our mindsets; open-mindedness.
- Courage to be vocal on our own behalf – to our clinical colleagues, administrators, and most importantly, the patients we serve.
- Our strength is our ability to translate highly technical test results into

- meaningful, understandable and clinically-useful information: we must continue to be active and aggressive in this role.
- Surprising: How long we have realized these issues – and nothing has changed.
  - State variability in regulations.
  - Redefining our roles broadly and innovatively based upon the needs of stakeholders – particularly as it applies to CT schools.
  - Training should be based on mechanism of disease (laboratory sciences) – with options or modules for specialization.
  - Mechanisms for sharing of innovative education and training (best practices).
  - Willingness to share in CT/MD education – but structural barriers need to be overcome.
  - Similar market forces are being faced by our colleague groups (histotechnology, MT's, PA's, etc.) and our reaching out may not necessarily be welcomed if it is done in the wrong way (musical chairs analogy).
  - Every group is trying to expand their scope of practice.
  - Timely movement needed
  - CT involvement molecular testing adds benefit of flexibility in coverage.
  - Teaching and mentoring a missing skill set.
  - Change, or else!
  - We need to get out of our little “silo.”
  - We need to be concerned about attracting and keeping people in the profession.
  - Greater visibility of pathologists to patients will help us – how??
  - Reduction in Pap testing
  - Increase in molecular testing, adjunctive, co-testing; Some molecular testing will displace cytology
  - In vivo/imaging testing
  - Shortage of histotechnologists
  - Every lab program is hurting, not just cytology
  - Morphologic excellence is key to the current and future skill set of the CT
  - Most recent grads are doing traditional cytomorphology.
  - Schools are responsible for providing entry-level competence for their grads (and defining what that is)
  - Individuals, employers and vendors are responsible for providing the training CTs need that goes beyond what they learn in school.
  - We CAN control how we react to things if we are forced to change.
  - Economics will drive all changes
  - The cell is ours
  - Healthcare model will drive future

- Need to be more visible at all levels
- Change is coming- multiple drivers economics, technology, patient-centric, must be visible
- Be proactive not reactive
- Gyn screening will change but will not go away in short term
- Pathology is not taking in new ground
- Morphology may be replaced with some other non-morphology based test
- 4 separate speakers all recognized the same issue and yet we are all still in different silos.
- Susan B. Komen advocating on our behalf
- Visiting with the patients, behaving like a real doctors, establishing a patient-physician relationship. CT actively involved in patient care,
- Poor representation of pathology to specialties and away from patient care-has backfired: should we have a different name, should we be one group of diagnostics?
- 25% + of cytotechnologists will leave the field (run AP labs, administrative, IT, biotech and pharma)
- Only 20% of practitioners follow guidelines; will they be capable of understanding the complexity of diagnosis?