

FROM THE PRESIDENT



Professor Peter Furness
College President

A new bum on the hot seat...

In his first report since becoming President, Professor Peter Furness looks at some of the opportunities and challenges facing the specialty, tries but fails to avoid mentioning National Pathology Week and encourages fellows to contact him to help define the targets that he will strive to meet during his term of office.

The Editor has kindly granted me an extension to the deadline for writing the regular President's contribution to the *Bulletin*. Had he not done so, I would have been typing this before I took up the office, which would have been a deception. As it is, at the time of writing I have been in post for just three days, which is hardly sufficient time for me to feel entirely familiar with my new role. So this first article will, of necessity, reflect my initial perceptions of the College from the President's Office, along with an invitation to you to communicate, to participate, to tell me what you think the College should be doing.

My emails (to president@rcpath.org) are not previewed by College staff; they arrive direct on my computer screen and I am happy for you to fill my 'Inbox' – as long as your messages are concise and logically argued. Please bear in mind that I may receive lots of them on the same subject. I will let you know if, after a few months, I start to regret that invitation. I hope and believe that I will not.

A new President has a lot to assimilate. The diversity of College work is largely invisible to most of the membership. Its extent was emphasised to me by my post-installation tour of the departments at 2 Carlton House Terrace, asking the staff to summarise their problems to me. Membership, Finance, IT and Website, Examinations and Assessments, Professional Standards, Communications, Workforce¹, Conference and Facilities Management, Press and Public Relations, not to mention the secretariat managing committees and communicating with our numerous specialty groups and the outside world; all have their own complex problems to solve. The diversity of our College is remarkable. We run 19 different routes to Fellowship by examination, and that number is set to increase. Our diversity is one of our strengths; the whole is undoubtedly more effective than the parts would be if they stood alone. But diversity also produces complexity. For the last six years, as a member of Council then Vice-President, I have had to grapple with sections of this complexity, but now I am expected to understand it all. I will do my best, but if you think I am missing something important in your own specialty or region, please don't just complain to your friends. Let me know.

Pathological politics

The business of the various College departments is not, however, the main day-to-day concern of a President; thankfully, the College staff usually see to that. No, the President spends rather more time dealing with the outside world, coping with what Harold Macmillan famously described as "Events, dear boy, events". Events blow Colleges off course as well as Governments, especially if we don't see them coming.

Our past President, Adrian Newland, dealt magnificently with Lord Carter's review of pathology services. It is easy to forget that at the start of his presidency, a Government enthusiastic for privatisation had asked a man who had close historical links with a private medical laboratory to set out his vision of our future. We were worried. Behind the scenes, Adrian Newland persistently and logically set out the arguments. Contrary to our expectations, the first report of Lord Carter was generally welcomed by pathologists – perhaps less so by the Government? Lord Carter had understood the dangers of for-profit companies 'cherry-picking' the profitable parts of laboratory medicine, thereby destabilising the rest. He understood the disadvantages of 'factory laboratories' that appear efficient but actually achieve this by omitting the crucial pre-analytical and post-analytical phases. We may not have liked everything he said, but by the time he reported we were convinced that he understood pathology well. The second 'Carter Report' has been so welcomed by Ministers that, at the time of writing, it has still not been published...²

Now, however, the talk is all of a different Lord. Lord Darzi's initial publications on NHS reform barely mentioned laboratory medicine, nor did it mention other diagnostic services such as radiology. Will the warnings in Lord Carter's reports be heeded?

Lord Darzi's *Next Stage Review* says much about quality, but the omens are not all favourable. Last week, I heard a presentation from an employee of Collinson Grant, a company involved in data analysis for Lord Carter. He predicted that pathology in the UK was heading towards "the perfect storm". Rhetoric chosen for impact, no doubt, but his point was that we face a combination of adverse forces.

The global financial crisis will inevitably limit Government spending, at the same time as NHS commissioning is obliging primary care trusts to commission things they don't understand – such as pathology. They are being told to test whether their purchases can be obtained more competitively elsewhere. Will they make wise decisions? How can a market in laboratory services function properly if the purchasers do not recognise quality beyond turnaround time and price? We have recently seen cervical smears from the Republic of Ireland being flown to the USA for reporting, geographically separating the analytical process from the provision of advice, correlation with histology, follow-up and training.

How should the College respond to such challenges? Should we stamp our feet, shout loudly and expect the Government to come to heel? We would merely be dismissed as a self-serving trades union, smaller and much more easily ignored than the British Medical Association. Such actions would also be contrary to our Charter and the charitable status of the College.

What political power the College does have results from a broad public acknowledgement of expertise, rather than self-interest and 'industrial muscle'. Here, Lord Darzi may have presented us with an opportunity. The initial phase of his *Next Stage Review* emphasised the need to develop meaningful 'metrics' to assess the quality of a service. ('Targets' are no longer fashionable – 'metrics' are in). Medical Royal Colleges are expected to contribute to the development of these metrics. But the initial work concentrated almost exclusively on patient outcome and experience in specific disease pathways, which is not too helpful if your work involves the initial diagnosis of disease. The neglect of diagnostics has now been recognised, and we are being invited to discuss appropriate 'metrics' for laboratory medicine. In doing so, we will emphasise the 'end-to-end' laboratory service – that's partly currently fashionable jargon for pre-analytical and post-analytical services, but it also extends the concept beyond the walls of the laboratory, right to the patient at the beginning and the end of our work. We must have metrics for sustainability (i.e. training and keeping up to date, and not leaving a whole country de-skilled in cervical cytology). My hope is that we can use this process to give commissioners a set of 'laboratory metrics' that will force even the more predatory commercial companies to compete on an equal basis with current NHS providers. But this is a complex task, and our proposals need to be evidence-based.

We all understand what quality is in our own area of work; but can you be sure that the College Officers understand your work as well as you do? To ensure that, please get involved. Feed ideas and evidence on how quality should be measured through your Regional Councils, College Tutors, Specialty

Advisory Committees, whatever. I can't guarantee the outcome that we want. But I can guarantee that not trying is the most certain route to failure.

Dodgy doctors?

The proposals for medical revalidation are moving forward at a ponderous pace. Like it or not, they will reach their target eventually. Watching progress has convinced me of both the importance and the problems of the Academy of Medical Royal Colleges. I hope that the experience will leave the Academy better able to provide leadership for the whole profession, rather than weakened.

Our focus-group study of members' attitudes to revalidation, described elsewhere in this *Bulletin*, has left us in no doubt about the strength of feeling amongst College members on the prospect of obligatory competence testing. My own view (with which you may disagree) is shaped by the experience of introducing interpretive external quality assessment in histopathology across the UK in the 1990s. College *Bulletins* from that time contained numerous communications fulminating about how perfectly competent histopathologists would be unfairly stigmatised by the workings of chance. It hasn't happened, largely because the system was based on each individual's routine practice, provided frequent confidential feedback to pathologists and only acted on 'persistent' sub-standard performance. That allowed pathologists to correct (or challenge) any adverse results. We all quietly sorted out any problem areas by additional continuing professional development (CPD), or perhaps by changing our practice, referring rare and difficult cases we didn't do well to those more expert in the relevant organ system. So when 'judgement day' came, almost all the problems had already been sorted out. Isn't that what being a professional should mean? So my aim here is not to fight the Government – we would lose – but to mould recertification into a tool that will give confidential early warnings of any problems, to help us to perform better. With as little pain as possible. You can quote that back to me in three years' time.

National Pathology Week(s)

I started this article thinking it should be a National Pathology Week Free Zone, because I knew that most of the rest of this issue of the *Bulletin* would be full of it. But it has been so big and so successful that I just can't ignore it. What's more, it is relevant to the political problems we all face, including the ones discussed above. As long as the public (i.e. voters) do not realise that we are involved in diagnosis of cancer, infection control, 'blood tests', transfusion, transplantation, allergy and all the other things that we do for patients, we will be easier to push to the political sidelines. We all need to do our best, all year round, to make sure that the public understand the central role of pathology in modern healthcare.

So the enthusiasm shown by members all over the UK to tell the population what we do is very heartening. Amazingly, Suzy Lishman and the team responsible for central coordination ended the week not in an exhausted heap, but fired with enthusiasm by the positive public reaction, keen to do it again next year. So there will be another National Pathology Week. Its form will be heavily influenced by the resources available, as I am reluctant to commit significant amounts of your hard-earned College subscriptions to this. But success begets success. I am delighted that Adrian Newland, having chaired our Campaign Board for the new Education Centre, has volunteered to continue the good work in support of the ongoing Outreach Programme. External (i.e. paid) bookings for use of the new Education Centre in the lower ground floor of 2 Carlton House Terrace are coming in at a gratifying rate. National Pathology Week will happen again, and outreach events will continue throughout the year. If you didn't get involved yourself, please listen to the enthusiasm of those who did. Might you be missing something? The website will publicise lots of ideas that we now know to work, and will provide useful material for you to use.

The next three years...

The diversity problem reappears; I approach the limit of my allotted space in the *Bulletin* conscious of all the weighty matters facing the College that

I have not yet discussed. All the other issues will be revisited, in the *Bulletin* and in other College communications and committees. I have not set out a list of measurable targets against which you will judge me in three years, because my targets should be defined by you. I hope I have indicated my approach. One specific aim I will spell out: I intend to improve communication between you and your College, in both directions. You will see an increase in College emails; if you don't receive any, you need to give us your correct email address. You will, I hope, reciprocate, communicate and get more involved in College business. We know that many members of the College see the President and Officers as distant figures. It will take effort on both sides to fix that.

Professor Peter Furness President

Footnotes

1. Please check the accuracy of your entry in the College Workforce database, at www.canceruk.net/rcpworkforce.htm. If you don't, our arguments to Government will not be credible. If you can't remember your College website username and password, there's a link to help you.
2. But see page 80 for the preliminary response.

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