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The NHS turns 60

In Professor Adrian Newland's article, he brings us up to date on the 'hot topics' currently facing pathology: standards and delivery of service and training, recruitment, IT and the reports from Lord Carter and Lord Darzi. He also looks forward to our new Education Centre and National Pathology Week, and introduces the new President-elect.

When this *Bulletin* appears, the NHS will have celebrated its 60th year at the beginning of July, with much fanfare for the achievements of the Service. We can be truly proud of what the NHS has come to represent, especially when compared with many alternate systems, particularly that we maintain a service that is free at the point of access. This is not to be complacent about the challenges that face us; it is hard to think of a time when the service and the profession have faced so many challenges. The major review of the configuration of services, the redesign of training, changing working patterns, the changing patterns of disease – and all allied to a much greater expectation from the public. Our response to these challenges will rely on defining the role of the doctor in the developing NHS and, as I have said previously, the importance of senior clinicians developing and leading the quality agenda.

Consultants and training

While individual colleges have a crucial role in supporting the standards and delivery of service and training in their specialties, the importance of an over-arching body to pull together a coherent message from the colleges has never been more apparent, and at this time support for the Academy of Medical Royal Colleges from the individual colleges has never been more important.

The Academy and the British Medical Association constitute the Joint Medical Consultative Committee, which meets regularly to discuss important issues of healthcare provision. An important recent document was on projected consultant expansion over the next five years. It is clear from the survey carried out that many Trusts and NHS employers have frozen or radically reduced consultant expansion in many specialties over the last year or two. This has been largely driven by financial pressures and we must make all efforts to reverse this trend, which has important implications on career progression for trainees and in the availability of training opportunities, with the risks to the care and safety of the patients.

Medical Education in England

The ramifications of the Tooke Report on training are still being debated and, in particular, the development of NHS Medical Education in England (NHS: MEE). There was unanimous support for this new national organisation to oversee funding and the provision of medical educational training. Whilst this was not immediately accepted by the Secretary of State, Lord Darzi, in his role of Health Minister, did say in the House of Lords that funding for medical education and training will now be ring-fenced, although he did later appear to qualify this by saying that the Department should focus on output and accountability rather than having a fixed amount of money to be spent on a particular purpose. It is clear that we will need to keep the pressure up on this although comments from the Select Committee on the MMC debacle do not bode well.

Recruitment

The current round of recruitment is now well under way and it is clear that many of the locally based processes have overcome the problems seen last year, although many consultants have reported difficulties in getting time off for recruitment and selection work. The ratio of applicants to places remains highly competitive and many trainees will be unsuccessful in the most competitive specialties. This will, of course, force them to look more widely and be more imaginative in their career aims, and this can only benefit the smaller specialties, as was intended with the significant increase in medical student numbers. It does, however, reinforce the need for good workforce planning, both at consultant and trainee level.

European Working Time Directive

Preparations for the introduction of the European Working Time Directive are coming on apace and compliant rotas will need to be introduced by August 2009. The Royal College of Physicians has recently published a study from their Workforce Unit,¹ showing the major impact on training

opportunities of reducing from 56-hour to 48-hour working. The rotas must be designed to ensure 24-hour cover which – by emphasising overnight working – will considerably reduce the opportunity for training during the working day. This has significant implications for overall training, but more importantly, has appalling implications for the continuity of patient care and the efficiency of inpatient services. One would like to think that common sense should prevail, but this is, of course, not always the case.

The lack of training time has significant implications. Through a College survey, we are aware that most medical school curricula have reduced the amount of time available for teaching of pathology, despite that fact that the junior staff in the early stages of their training are responsible for requesting the majority of pathology tests on acutely ill patients. The implications of this lack of specific training means that test requesting may be poorly performed and results are ill-understood. This has been clearly supported by a review of the learning needs in clinical biochemistry in Foundation by Dr Trevor Gray, Director of Examinations.² This puts more pressure on consultant staff to interpret the results and we find this at a time when many Trusts are trying to reduce the on-call rotas and, in some cases, abolish them in some of the pathology specialties. The College is particularly keen to learn of any examples where this is occurring, so that we can challenge it. We are also working with the General Medical Council, who are revisiting the document, *Tomorrow's Doctors*, with a view to increasing the pathology input into the undergraduate curriculum.

Professor Adrian Newland receiving the British Society for Haematology Medal from Dr Brenda Gibson, BSH President, after giving the Sir John Dacie Royal College of Pathologists' Lecture at the BSH Annual Scientific Meeting in Glasgow in April



The difficulty that consultants have found in finding time to become involved in training appointments and the pressure to abolish on-call rotas is symptomatic of a wider trend that we are seeing by Trusts to deny members the opportunity to engage in activities outside their Trusts, and also to reduce the supporting programmed activities (PAs) as part of their job plan. Although it is stated that these should take up on average 2.5 PAs in the job plan, we are aware of many circumstances where only one has been offered. Although this may be suitable for a newly appointed consultant, with the enthusiasm to undertake as much direct clinical care as possible, this can only happen if the balance of PAs within the department allows others to take up a supporting role. One supporting professional activity (SPA) is clearly barely adequate to fulfil CPD, and again the College is keen to look at examples of where this is happening. Sir Liam Donaldson, the Chief Medical Officer, has clearly stated the importance of external activities to the greater good of the NHS, and this has been reiterated at a meeting the Academy had with the Chief Executives of the Strategic Health Authorities (SHAs) in England, and we must therefore challenge instances where we see these activities occurring.

The Carter Report

When I wrote my last statement for the *Bulletin*, I had assumed that Lord Carter's Report would have been presented to the Secretary for State and would now be open for debate. This is not the case, reflecting, I suspect, internal discussion on how the recommendations are likely to be implemented and how they dovetail with the other changes that we are currently seeing in the configuration of the service. I certainly hope that we will see some movement before the summer, and of course it will be important for the Department of Health to receive it soon, so that any action needed can occur early in the next Parliamentary session.

The delay in the Carter Report has helped us engage more fully in the implications of the likely changes and their relationship to Lord Darzi's Next Stage Review of the NHS. The English SHAs will finalise their vision documents for publication in early June and we await their national impact. There has been an increasing realisation of the lack of input of diagnostics to the review and I have been asked to sit on a Clinical Advisory Group for Healthcare for London and we will also continue the drive in the regions to put our points across. I am grateful for the efforts of the Regional Chairmen who have also worked on this.

Pathology information

An important area that Carter highlighted and is integral to the success of any reconfiguration is information technology (IT). Again, I am pleased that Connecting for Health recognised their lack

Dr Tim Wreghitt with the Gold Medal at the Chelsea Flower Show



of involvement in diagnostics and have appointed a Pathology Information Czar, Gifford Batstone, a recently retired clinical biochemist. He has an excellent understanding of the problems and of the potential opportunities and has closely consulted the College and our allied bodies. We would enthusiastically support his attempts to achieve the IT connectivity that we know will be needed.

An initial project is to develop a pathology catalogue that will build on the work that the College has put in with the Department of Health on the introduction of new tests, and we hope that this will develop along the lines of the British National Formulary for drugs. This will provide authoritative information on diagnostics and fits well with our support for Lab Tests Online and the current discussions we are having with NHS Choices, to highlight pathology. The College's work will be greatly aided by Ian Bailey, our new Director of Informatics, who is revitalising the old Informatics Committee and is keen to identify interested clinicians to input into that. He has advertised in the e-newsletter and I encourage interested persons to contact him directly.

Annual Conference

Lord Carter has agreed to come and talk to the College at our Annual Conference on 5 November about his report and the implications of change, and we welcome that. The Conference will take place during National Pathology Week and will cover the diversity of pathology, looking at developing practices and diagnostic processes; developments in molecular and stem cell technology and their implications for patient care and the problems raised for pathologists by modern life, cheap travel, better understanding of drugs and increased access to medical knowledge.

Chelsea Flower Show and National Pathology Week

The College had a display at the Chelsea Flower Show again this year and we are delighted to have won a Gold Medal once again! The stand had the theme of global warming, which was again imaginatively and energetically developed by our Treasurer, Tim Wreghitt. If you attended the show in May, I hope we will have seen you and I hope we will also see you at the Annual Conference and at the events planned for National Pathology Week. As I write, almost 80 events have been planned at the College and in the regions, and I hope that you will all give this your enthusiastic support.

Education Centre

By the time the *Bulletin* appears, the College staff will have moved back to Carlton House Terrace and, although the work on it is not complete, we are on track for completion in the early Autumn, in time for our activities in November. The architects' plans look splendid and the Centre will be a significant addition to the Colleges' resources, allowing us to expand our educational activities. The Appeal has gone well but we are still some way short of the required amount, and I would encourage those who have been thinking of supporting us but have not yet contacted us to consider doing so. We have raised over £200,000 from our Fellows, which is magnificent, but as we have nearly 9000 members it could be better.

The President-elect

The election process for my successor also recently been completed and I am very pleased that Professor Peter Furness, one of the current Vice-Presidents and a histopathologist from Leicester, has been elected as my successor. I approach the final six months of my Presidency realising how quickly the time has gone and the many spheres in which the College is involved. I wish Peter all the best in his role, and know that he will be a staunch supporter of the College and will provide wise counsel for the many stakeholders with whom we deal.

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References

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2. Khromova V and Grey TA. Learning needs in clinical biochemistry for doctors in foundation years. *Annals of Clinical Biochemistry* 2008;45:33-38.