

# FROM THE PRESIDENT



Professor Adrian  
Newland  
College President

## Looking back, looking forward

**I**n his final *Bulletin* article as President, Professor Adrian Newland looks back over the last three years and focuses on current issues facing pathology including the publication of Lord Darzi's *Next Stage Review* and the need for all members to actively engage with the College.

### Get involved

I am aware that the College often appears quite remote to many of its members but I hope that I have continued the progress started under my predecessor, Sir James Underwood, in making the College much more accessible. The Regional Councils all now function well and have excellent and committed Chairs who put in considerable effort to involve the membership locally. This effort is not always reciprocated. Although regional minutes and other papers are available on the College website, I hope to develop Regional Newsletters for local issues to complement the central communications that come from 2 Carlton House Terrace. My monthly e-newsletter highlights current important issues, supplemented by publication on the website and, for anything of pressing importance, I send out an individual email to all relevant members. Supplementing this by important local information and news of events within the College with a local perspective is a further way of bringing the College to its members.

Lord Ara Darzi's  
*Next Stage Review*



Although the Regional Council elections usually attract sufficient applicants, there is never an overabundance and it would be good to see much more committed involvement from the membership as a whole. Although Committee minutes, both national and local, are available on the College website, I am always surprised at the number of people who do not know their password and username and rarely access the website for news of College current affairs. This has been highlighted by the very poor input into the Electronic Workforce Database, which has still been updated by less than 10% of members, and is crucial in producing accurate data for our discussions with the Workforce Review Team. Communication is important but it must be two-way, and there are now many opportunities for members to contribute to College business and influence College thinking.

### Lord Darzi's review

We welcomed the publication of Lord Ara Darzi's *Next Stage Review* in July and were pleased to see the focus on clinical quality and the emphasis on assessing this by measuring performance rather than sterile targets. The lack of mention of pathology was disappointing and we have spoken to Lord Darzi about this. Our analysis of the regional consultation documents and our correspondence with Lord Darzi, including his reply, are on the College website. His report acknowledged the presence of Lord Carter's *Independent Review of Pathology* and the importance of pathology in the diagnostic process. It is interesting that, although not part of the *Next Stage Review* there is now considerable activity centrally that will develop many of the issues that we have identified as problematic, including standards and accreditation, workforce, information technology, point-of-care testing, and the development and introduction of new tests and investigations.

### Clinical leadership

We were pleased to see the emphasis in the review on clinical leadership in delivering the long-term vision for the NHS, and this is certainly a point

that I have stressed on a number of occasions in the past. The Leadership Training Programme, developed by the Academy of Medical Royal Colleges in conjunction with the NHS Institute of Improvement and Innovation, has now been launched and once the Postgraduate Medical Education and Training Board (PMETB) has signed it off, it will be incorporated into the curricula for undergraduates, postgraduates and will also be part of continuing professional development.

I am aware that pathology – quite uniquely as a specialty – has many members who take on managerial roles within the NHS, both at clinical and medical director level, and I think it may be valuable to develop a group within the College whereby they can meet, talk to each other and share problems. I would be pleased to hear from any managers reading this who think this is a good idea and one in which they would like to be involved.

### **Ensuring quality**

The *Next Stage Review* highlighted the importance of standards in the pursuit of a quality service and at the College we have always been at the forefront of this, with the development of CPA (UK) Ltd, our quality assurance programmes and our widely admired Continuing Professional Development (CPD) programme. A similar importance in quality was also emphasised by Lord Carter in his initial review in discussing accreditation, and we have had meetings with CPA, of which the College is a major shareholder, in how we can enhance the accreditation process by extending it and making it more flexible. UK Accreditation Service (UKAS) is the recognised body in Europe for accreditation in the UK and it is important that for its development that CPA establishes closer links with UKAS. We have seen some welcome improvements in CPA recently, particularly as the cadre of professional inspectors settle in and many of the grumbles over visits that we have previously had have been much less prominent.

However, we still consider the issue of Standard B1, regarding the professional management of laboratories, to be crucial. Around the country, we are increasingly aware of the drive to have an administrator as the laboratory manager and as a College we consider the loss of clinical involvement at the managerial level as a major issue and one that we should steadfastly oppose.

### **Clinical audit and revalidation**

The College's clinical audit scheme is developing well and is accessible on the website. It is one of the elements of CPD, but as it develops we hope it will also become one of the planks for revalidation. It is considered innovative and effective by other Colleges, who have been impressed by our ability to revitalise the audit process.

The work of this College on revalidation continues apace, supported by funding through

the Academy of Medical Royal Colleges, but it is clear that full funding will not come centrally and doctors, like other professions, will have to fund it in part themselves, as part of the process to maintain recognition to continue in active practice.

I have asked Lance Sandle, our Director of Professional Standards, to write a further short report on the development of revalidation within the College, as there is still much confusion on the process and underlying strategy. We do not see revalidation as requiring intermittent examinations as a test of knowledge; rather we envisage it as a scheme that becomes part of ongoing work. It can be recorded in an electronic portfolio that can be evaluated by the College every five years. We will then notify the General Medical Council that standards have been met. The building blocks should be part of everyday practice and not 'one-off' isolated exercises. Having an ongoing cumulative record should allow us to pick up a deteriorating performance early, which can then be rectified. We believe very strongly that the scheme must be part of normal practice and not an additional imposition on what is already a busy work schedule.

### **International pathology**

Over the last three years, we have revamped the College's International Committee and now have six committed International Advisors covering areas of the world where we have significant numbers of members. We are keen not only to support those areas where we traditionally have had strong links – such as the Gulf, India and the Far East – but also to develop our links with the developing world and to provide a forum for our international members. To this end, we have developed a number of initiatives in Africa, supporting training and the practice of pathology in a manner that is suitable for local use, and we have a number of worldwide initiatives to establish links in America, Europe and the Far East.

I hope that in this way we can enhance training, our historic links with members and perhaps also export the introduction of standards for local use that we have developed in the UK. I hope that we can regenerate a scheme for clinical placements for overseas doctors that has been severely constrained by the changes in UK immigration regulations. We want to foster the long-established training links that we have all over the world and through the International Committee I hope that we will again be able to develop suitable placements for members who want to come here for brief periods to top up their training. It would be tragic to dissipate the many years of goodwill and the important clinical links and friendships that we have all developed in this way.

While accepting the needs to develop a self-sufficient workforce in the UK, we must still

continue to fulfil our obligations to the countries with whom we have longstanding links. I hope that we will see it evolve during the next Presidency and that the College can develop a suitable service for the 20% of our members who are based overseas.

#### Looking back, looking forward

As I reach the end of my Presidency, I look back on my three years and ponder what, if anything, has been achieved. It is clear that in three years it is difficult to complete much, apart from those projects started under the previous Presidency, but I hope we have also started many initiatives that will help strengthen the College in years to come. It is not for me to decide whether I have personally been successful, but I have been privileged to steer the College through a major period of upheaval in society, in the NHS and in the specialty, which will continue with my successor. I feel we are in for exciting and challenging times, which will give us tremendous opportunities if we are able to grasp them.

I seem to have predicted the publication of the Carter Report in virtually every *Bulletin* for the last year, but as it sits with the Secretary of State undergoing an impact analysis, we do not know yet when and in what form we will see it. However, it has had the importance of stimulating us to look at the delivery of pathology in a very detailed way and, whatever the outcome, it will have a profound impact on the delivery of the pathology diagnostic service for years to come. Many of the problems that Lord Carter identified in his initial review are being addressed and I hope that his report, if accepted, will provide the icing on the pathology cake that will allow us to provide a service that complements Lord Darzi's reconfiguration of clinical services and continues to put NHS pathology at the centre of the diagnostic process.

I am of course delighted (and relieved) to leave the development of the lower ground floor of 2 Carlton House Terrace as a completed Education Centre, which will be a major resource and asset for the College. We will open officially in November, to coincide with our first National Pathology Week. We will use the new Centre as the hub for the Week, with events planned on each day and we aim for maximum publicity for pathology. There are now more than 100 events planned nationally and I am delighted that so many of you have put significant efforts into organising local activities.

It would, of course, be a mistake if the creation of the Centre was the sole aim of our efforts, which of course it is not. We wish to continue to publicise what pathology is, what it does and its critical importance in the diagnosis and treatment of the majority of patients in the NHS and beyond. To do this, we are developing an outreach programme that will continue the excellent work of National Pathology Week and many of the local events will, I hope, become the bedrock of our future activities in keeping pathology in the forefront of the media and public eye.

As I step down, I can look with genuine pride at the assets that the College now has and I know that the College will continue to evolve under the safe stewardship of my successor, Professor Peter Furness. He has already shown his deftness in dealing with the problems raised by the Human Tissue Act and Coronial reforms and I know he will cope with whatever else comes his way.

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## Workforce database: win Marks & Spencer vouchers!

**We all know how important it is to complete our details on the Workforce Database but now there is an added incentive: £100 of Marks & Spencer vouchers!**

All you need to do is register and check your details on the workforce database by 31 December 2008. One lucky person will be selected at random in January and the vouchers will be posted to the winner by the end of January. The winner will be named in the April 2009 *Bulletin*.

This offer is open to UK individuals only. Please visit the Workforce database at [www.canceruk.net/rcpworkforce.htm](http://www.canceruk.net/rcpworkforce.htm) to update your records. You will need your existing College website username and password. If you need a username and password, please press 'Register' on the College homepage. (NB Changes of address should still also be notified to membership@rcpath.org). For assistance, contact the Database Helpdesk on 0870 840 8033 (open 9am – 5pm Monday to Friday).