

THE ROYAL COLLEGE OF PATHOLOGISTS ANNUAL REPORT

2011-2012



The Royal College of Pathologists
Celebrating 50 years 1962–2012

OUR MISSION STATEMENT IS TO PROMOTE EXCELLENCE IN THE PRACTICE OF PATHOLOGY AND TO BE RESPONSIBLE FOR MAINTAINING STANDARDS THROUGH TRAINING, ASSESSMENTS, EXAMINATIONS AND PROFESSIONAL DEVELOPMENT, TO THE BENEFIT OF THE PUBLIC.

The Royal College of Pathologists is a professional membership organisation with charitable status, concerned with all matters relating to the science and practice of pathology. Similar medical royal colleges exist for other specialists, such as surgeons, physicians and anaesthetists. We are not, as is sometimes supposed, a teaching college with students.

The College was founded in 1962 and received its Royal Charter in 1970. The total membership is 10,500, of which almost 9,000 are based in the United Kingdom. Fellowship (denoted by the letters FRCPath) is obtained either by examination, by submission of published research work or by invitation of Council. College Fellows work mostly in hospitals, universities and industry. Our Fellowship includes several Nobel Laureates. There are currently 40 members of staff working in different departments at the College.

The main specialties of pathology that the College represents are clinical biochemistry, cytopathology, dermatopathology, clinical embryology, forensic pathology, genetics, haematology, histocompatibility and immunogenetics, histopathology, immunology, medical microbiology, metabolic medicine, neuropathology, oral pathology, paediatric pathology, toxicology, transfusion medicine, veterinary pathology and virology.

Our objectives

As indicated in the Royal Charter, the aims of the College are to:

- ▶ advance the science and practice of pathology
- ▶ further public education in the field of pathology
- ▶ promote research in pathology and disseminate the results.

The ways in which we do this include:

- ▶ setting standards for and overseeing the education and training in pathology
- ▶ setting standards of practice and organising workplace-based assessments and examinations
- ▶ monitoring workforce statistics and the appointment of pathology consultants
- ▶ updating our members via scientific meetings and symposia
- ▶ ensuring and monitoring a programme of continuing professional development for members and non-members
- ▶ developing and publishing guidelines on aspects of best practice
- ▶ maintaining standards of practice by promoting audit and quality assurance in pathology disciplines, and supporting accreditation for all pathology laboratories
- ▶ funding research, in association with industry and other partners in science
- ▶ advising Government departments, national organisations, medical and academic bodies on all matters relating to pathology
- ▶ promoting public understanding of laboratory-based medicine
- ▶ striving to increase public engagement and awareness of pathology.



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Credits

Editors: Edward Hulme, Annabel Ries
Design: Bradbury and Williams
Photographs: George Brooks, John Goodman, College Fellows and staff

The timeline has been compiled by Annabel Ries, with the assistance of
WD Foster's 1970 book, *Pathology as a Profession in Great Britain and The
Early History of The Royal College of Pathologists*



There is no need to summarise the reports from the College's many committees and departments that follow this one. They speak for themselves as evidence of an effective organisation meeting radical external changes with intelligence and energy. In the interests of saving some space, I am not going to name any of the many colleagues and staff who make my job both possible and worthwhile, but I thank all of them.

The turmoil created by the passage of the Health and Social Care Act and the consequent reorganisation of the NHS could occupy the whole of

PRESIDENT'S REPORT

this report. The history of its genesis is already being rewritten and the predictions of its consequences have filled plenty of column inches in the medical and general press already, so I am not going to repeat much of that. The sudden presentation and

unexpected extent of the reforms, however, took all Colleges by surprise. This more than justifies our pre-existing view that in our 50th year we needed to reorganise how the College works.

Here are a few examples of the work that I and other Honorary Officers have dealt with since taking up office in November.

Health and Social Care Act This Act was bound to be the business that dominated my time and inbox. There was never any doubt amongst the many politicians (in the Commons and Lords alike) and civil servants to whom I spoke and wrote that it would go through, whatever the protests. These were understandably vigorous. I replied in person to every member who emailed or wrote to me to explain Council's decision on how to respond to the Bill. Some were supportive of the College's stance to criticise it constructively, but many were fairly disgusted that Council would not join the British Medical Association and The Royal College of General Practitioners to demand the withdrawal of the Bill.

The protests dissipated eventually, however, in an Extraordinary General Meeting (EGM). This was the first the College has had in its history and an experience I found unsatisfactory, despite the majority at the EGM supporting Council's stance. At least it provided yet more evidence of the need to reform the College. The implications of this Act were always going to be more problematic than its passage and are unlikely to include the clinical freedom originally intended by the Secretary of State. However much you may dislike this uncomfortable new NHS, he certainly did not get what he wanted and it's just possible that the level of central command and control will be far greater than before and out of his hands. That is not a very satisfactory conclusion for a senior politician. It is also clear that the private sector is watching and waiting warily, nervous about taking risks as yet with an unstable commissioning process that is reliant on far less money. We need to watch it just as carefully for evidence of actual or potential damage to any aspect of clinical pathology.

Reorganisation of pathology This reorganisation had already started before the Bill was announced. It seems inevitable in retrospect that the Department of Health (DH) would push reconfiguration of pathology labs in line with the proposals in Lord Carter's two reports, but the scale of the intended savings is still difficult to understand. The creation of hubs and spokes or other forms of networking might produce more efficient and flexible clinical pathology, but much of the saving demanded could be achieved by demand management. It has proved very difficult to penetrate the confusion and uncertainty of commissioning, either from the centre or via local representation. RCPATH Consulting (RCPC) has attracted more work from commissioners and providers (including commercial) than anticipated, but far less than it could. I have experienced at first hand, and I understand others' accounts of, how difficult it has been to influence managers' decisions here. That is all the more reason that we should try harder to do just that. Local promotion of the professional objectivity of RCPC could help.

The emphasis on cost-cutting at the expense of quality and community orientation of the Pathology Commissioning Toolkit, issued by the DH, threatens the effectiveness of clinical pathology and therefore potentially the safety of patients. The College will continue to try to influence the work of the National Commissioning Board, although its senior representatives have been remarkably silent of late as they struggle to meet the April 2013 deadline for authorisation of Clinical Commissioning Groups (CCGs). One way into this problem is the possibility of the creation of Quality Surveillance Groups, which will be watchdogs of the CCGs and providers with whom they contract. Monitor and the Clinical Quality Commission are also acquiring increasing powers of control. Colleges have been told that they can expect to contribute to the work of these bodies.

A new service was established late in 2011 for providing independent authoritative clinical advice to commissioners and providers. RCPATH Consulting is part of the wholly owned trading subsidiary, 2 Carlton House Terrace, and is overseen by its Directors, the College President, Treasurer and Chief Executive. The day-to-day running is by the RCPATH Consulting Lead, Dr Rachael Liebmann.

Appointed by competitive interview, RCPATH Consulting advisors have been sought from the College Fellowship and now the Fellowship of the Institute of Biomedical Science. Initial feedback from clients and advisors has been positive and, after a marketing drive in Spring 2012, activity is growing. Expressions of interest in becoming an advisor are welcomed and these and any other enquiries should be directed to RCPATH Consulting at Maxine.Mantle@rcpath.org

Dr Rachael Liebmann, Registrar and RCPATH Consulting Lead

Training It was not long into this reorganisation before the College was warned of the first example of dislocation of service provision from training needs. The Chief Executives of a number of adjacent Trusts using a network of one pathology specialty came close to deciding to move the service hub for that specialty to the smallest hospital at the periphery of the network, while leaving the training hub at its centre. You could not make this up. The College was fortunate in having vigilant Fellows who reported this risk early, and even more fortunate in finding key allies within the central teaching Trust who were able to stop it happening. The speed of this process and its relative secrecy were equally alarming. The College needs to know early and quickly of any further examples.

Local Education and Training Boards (LETBs) are still in interim form and all of their decisions can be challenged and reversed until their authorisation, also scheduled for April 2013. The Chair and Chief Executive of Health Education England have told the Academy of Medical Royal Colleges (AoMRC) and individual Colleges that there will be no automatic assumption of acting chairs, many of whom are Chief Executives of Foundation Trusts with financial distractions that do not lend themselves easily to rational decisions about postgraduate education. They are all also capable of making the same sort of decisions in isolation, as described above. There is still some uncertainty about the place of Deaneries and the function of Deans in the LETB, but there is still hope that Colleges will have influence in this area.

There has been great progress with the production of new FRCPath curricula and exams for clinical scientists as the highest level of training available to them through Higher Scientific Specialist Training. The emerging dependence of the Modernising Scientific Careers programme and of the new Academy for Health Care Science on the College seems to be accepted by all. This business has been an object lesson in why Colleges are needed, including our firm opposition to a parallel, simultaneous taught doctorate during this training.

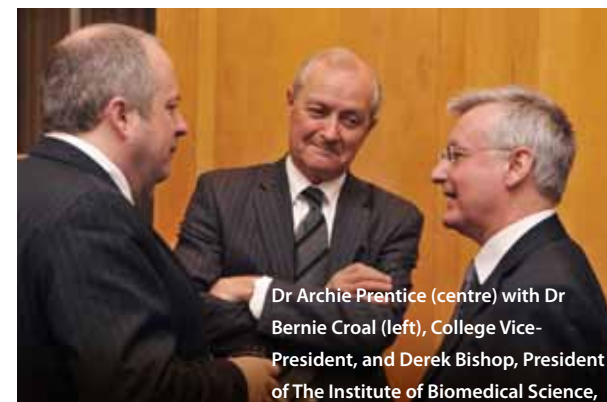
Local representation There has been a patchy but an increasing tendency for Foundation Trusts (FTs) to dispense with the services of College Advisors on job descriptions and as members of Advisory Appointments Committees. This is contrary to the concordat agreed between the FTs Network (FTN) and the AoMRC. Aggressive stripping out of SPAs, study leave and funding is likely at some point to impact on the quality of service and training. The Chief Executive of the FTN has just stepped down as I write this, so I cannot tell you more at this time how discussions will progress. Executive has instructed me to ask to meet any FT Chief Executive with the regional Postgraduate Dean if there is evidence that a FT's management of consultants' time could compromise SPA time and postgraduate training. Such meetings will certainly be interesting if they are allowed to happen, although they may not be productive initially. I sense that we are losing ground too rapidly in our local influence, as do other Colleges' Presidents.

Reorganisation of the College In the devolved administrations, Regional Councils seem to be effective in this last respect but this is less the case in England. The fit of the English Regional Councils with the structure and function of the English Regional Health Authorities was a great idea,

but it did not last long before yet more NHS restructuring and in the face of aggressive managerial suppression of professional influence. FTs' variable persistence with such aggressive behaviour, along with the latest radical reorganisation of the English NHS, the advent of competitive tendering and the reformatting of postgraduate education, all mean that it is time to reconsider whether there are better ways to represent Fellows locally. A Governance Implementation Working Group (GIWG) is about to report to Executive about this and will use Fellows' views. The GIWG's proposals will be radical and possibly unpopular. But if Colleges are to avoid becoming glorified livery companies, we need to find a way back into effective influence at the local level, not just nationally.

The College has worked closely with the AoMRC and the General Medical Council for some time on revalidation. It does not wish to support any body that seeks to slow down its introduction. But I am increasingly worried that there is insufficient shared understanding about the potential workload for Colleges in this and about their capacity to handle it. The hoped-for prophylactic continuum of appraisal, revalidation and remediation is quite unlike the traditional activity of Colleges, used to sorting out things once they have gone wrong through their professional standards units.

E-matters Two e-activities merit some mention because they illustrate the latent power of the College as much as the other issues described above do. The first is the decision to break with the DH's e-learning for Health initiative and to develop e-learning in partnership with Wiley-Blackwell. This was a difficult decision and was not taken lightly, but it was unavoidable after a prolonged period of unproductive and frustrated attempts to be cooperative. It was made easier by three things. We had not signed a contract with DH, by chance rather than design, but that was certainly fortuitous. It meant that we could successfully claim the intellectual property rights on any material already produced, even if we had no claim on the methodology of production. Lastly, with amicable DH support, we were able to release the valuable knowledge-based sessions already created. The next step in this is to create a RCPATH portal, which could open access to much parallel existing e-learning material. There will be some sensitive negotiations with kindred societies about this.



Dr Archie Prentice (centre) with Dr Bernie Croal (left), College Vice-President, and Derek Bishop, President of The Institute of Biomedical Science, at the launch of National Pathology Year in January 2012

The second e-matter is the need to develop the National Laboratory Medicine Catalogue. This work has been progressing intensively but quietly in the background, so that its potential has not been fully recognised. It could help to unlock access to a huge wealth of hidden NHS data linking the definition of disease by pathology tests to therapies and thus to outcomes. We are working closely with the DH's Connecting for Health team. It will not be difficult to persuade NCB to remove this initiative from DH, but it may be harder to get them to understand its full potential and to invest in it adequately. Two recent audits of pathology lab outputs suggest we have a major task ahead of us to improve our performance if we are to make this initiative deliver its full potential.

This sort of work takes us well outside the black box of pathology in which too many of us have dwelt for too long. There has never been a greater need to explain the extent of other health professionals' dependence on our skills.

Pathology Alliance There has been an unexpected but very welcome opportunity for much closer working between kindred bodies in clinical pathology, some of which have been around a lot longer than the College. There was a previous attempt in 2000 to set up a Pathology Alliance, but it disappeared after a short life for reasons I cannot find. The College could not work without a great deal of cooperation with specialty societies, much of it hidden and unrecognised. I have never quite understood why some find this relationship uncomfortable; some of our advisory committees just would not work without it. Work on this will recommence in the autumn. United we represent 10% of the NHS workforce, therefore we have a stronger voice if we stick together.

International The internal UK focus of the College on the creation of new curricula to satisfy PMETB/GMC and the constraints imposed on non-EU graduates in recent years distracted the College from its international relations. This had to change. In all my visits as Vice-President to non-EU nations with whom we used to have much closer relations, I met the same warm allegiance to the College and regret that we seemed to have deserted them. The expansion in our international activities appears at last to be putting this right. We have a long way to go to encourage the return of trainees from these countries to our training programmes and to expand our training and examining abroad. But, in collaboration with other Colleges, we won a small battle to persuade a deeply divided Cabinet not to scrap the two-year visa for non-EU trainees through Tier 5 of the Medical Training Initiative.

Things don't look so rosy for EU business where the harmonisation agenda is picking up momentum, now being encouraged by the European Union of Medical Specialists, an organisation not to be under-estimated as it seeks ever greater influence with EU technocrats. I haven't yet heard from any Fellow in any specialty who thinks that any EU organisation offers a training programme and exams superior to those of this College. If you are out there and you think I'm missing something, please let me know. I have a biased experience of European harmonisation through my involvement, until last year, with the European Haematology Association (EHA). EHA studied diversity of training with an EU Da Vinci grant, with a view to gaining recognition as an EU monospecialty. This aim succeeded but the study revealed such enormous differences in duration, content, intensity and

Five recent College Presidents at the 50th anniversary House Dinner, held in June 2012. L-r: Professor Peter Furness (2008–2011), Dr Archie Prentice (2011–present), Professor Sir Roddy MacSween (1996–1999), Professor Adrian Newland (2005–2008) and Professor Sir James Underwood (2002–2005)



quality of postgraduate study that harmonisation will inevitably lead to a dumbing down of the training of those nations like the UK with the highest standards. Despite these findings and risks, EHA has pursued harmonisation of training in haematology. The College has refused to support this initiative. This is essentially the GMC's problem though, and at the moment it is not clear how they intend to deal with harmonisation.

Precision pathology I could not finish without mentioning the College's awareness of the impact of molecular studies on how we practise and teach. Those who lead in molecular pathology in the UK are rightly concerned that we have fallen well behind our advanced EU neighbours and the US in this aspect of our work. There is a wake-up call here for all those who think that continued proliferation of sub-specialties is the way forward for clinical pathology. The College has to investigate and promote the potential in the commonality of molecular investigations across all sub-specialties in pathology. Watch this space.

Summary I have written for more than I intended, which is a reflection of how much business the College has to handle. I'm sure I have missed some, so I apologise if anyone feels neglected by my account. I hope that you will enjoy the reports of that business that follow. I welcome any questions or comments you may have.



DR ARCHIE PRENTICE
PRESIDENT

1

SETTING AND MAINTAINING STANDARDS

Training and Educational Standards



Our mission The Training and Educational Standards Department is responsible for setting the standards for pathology training in the UK. Much of the Department's work is regulated by the General Medical Council (GMC). The Department is supported by the College Advisory Training Teams (CATTs) in Chemical Pathology, Histopathology, Medical

Microbiology and Medical Virology, which oversee pathology specialty training. We also work with the Joint Royal Colleges of Physicians Training Board (JRCPTB) regarding allergy, immunology and haematology (see over).

Key achievements

► New CCT specialties

Diagnostic neuropathology, forensic histopathology and paediatric and perinatal pathology are now on the Postgraduate Medical Education and Training (Amendment) Order of Council 2012, which came into force on 16 March 2012. The applications for new CCT curricula were submitted to the GMC with a Curriculum Panel meeting held in March. It is hoped the new CCT specialties will have met all the GMC standards shortly.

► Create and manage transitional arrangements for new and existing CCT specialties

There have been over 70 applications in histopathology to date.

► Infection training

Together with The Royal Colleges of Physicians, the RCPATH is continuing to move forward with proposals for a model of infection training that comprises core medical training (CMT) with MRCP for two years, core infection training for two years (combining laboratory and clinical aspects of infection) and two

years of higher infection training, leading to separate CCTs in medical microbiology, medical virology and infectious diseases. This follows a favourable response to the Spring infection training survey of the microbiology and virology Trainees and Fellows. The Infection Training Deliverability and Workforce Sub-group met for the first time during June; its remit is to analyse implications of the new infection curriculum and address generic issues such as recruitment and delivery of training.

► Development of healthcare scientist training curricula

The Clinical Scientists FRCPath Curriculum Committee is in the process of coordinating the development of six curricula for senior scientists as part of the larger 'Modernising Scientific Careers' project run by the Department of Health. These curricula – clinical biochemistry, genetics, haematology, immunology, microbiology and virology – will be completed by the end of the year. Four new curricula in the second phase of development will be in embryology and reproductive science, histocompatibility and immunogenetics, molecular pathology of acquired disease and toxicology.

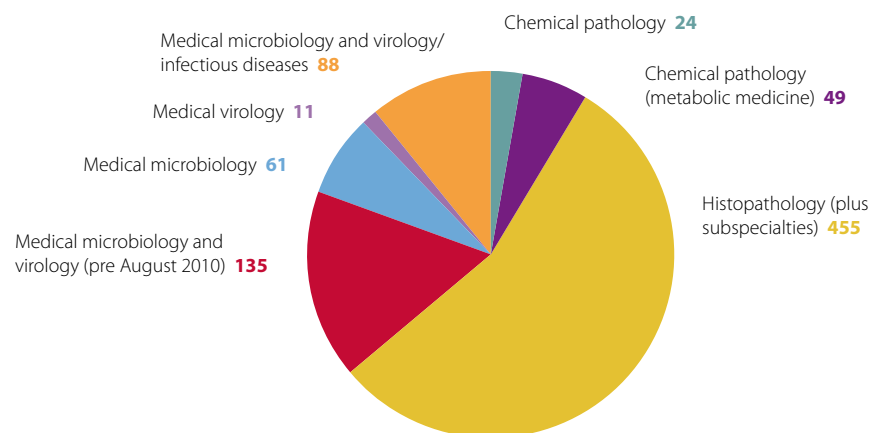
Looking forward

- Approval of specialty programmes in diagnostic neuropathology, forensic histopathology, paediatric and perinatal pathology.
- The Annual Specialty Report (ASR) for the General Medical Council, for the year August 2011 to July 2012.
- The application for dermatopathology to become a registered subspecialty (to be completed by the end of 2012).
- The third College 'Trainees' Welcome Day' (12 September 2012).
- The newly established LEPT Development Focus Group, formed to receive users' suggestions for improving the LEPT system.
- Ongoing work with smaller specialties such as veterinary pathology to produce curricula.

DR DAVID BAILEY

DIRECTOR FOR TRAINING AND EDUCATIONAL STANDARDS

Registered trainees by specialty



Registered trainees by ethnic groups

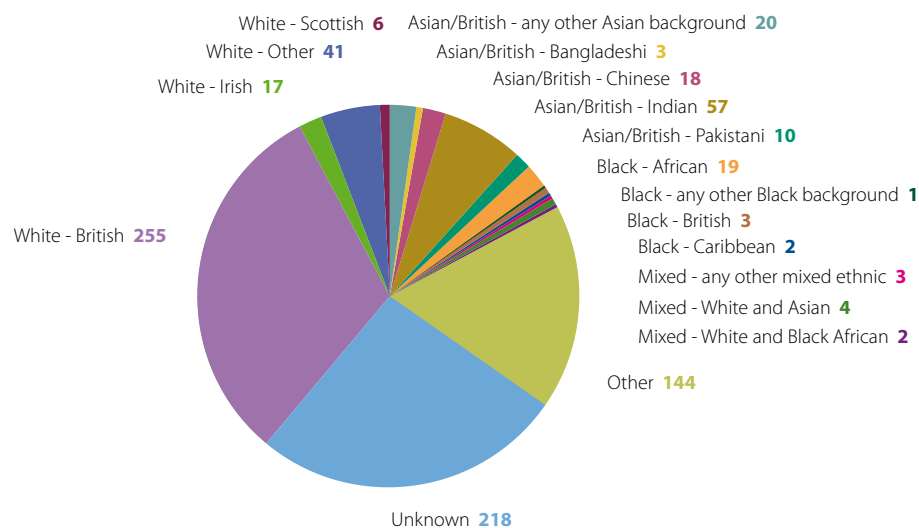


Table 1

Number of CCT (Certification of Completion of Training) applications recommended to the GMC between 1 July 2011 and 15 June 2012

CCT specialty	Applications
Chemical pathology	5
Chemical pathology (metabolic medicine)	7
Haematology	65
Histopathology	41
Histopathology (forensic pathology)	0
Histopathology (neuropathology)	1
Histopathology (paediatric pathology)	1
Immunology	2
Medical microbiology and virology	15
Total	137

Table 2

Number of CSER (Certificate of Eligibility for Specialist Registration) applications recommended to the GMC between 1 July 2011 and 15 June 2012

CSER specialty	Applications
Chemical pathology	0
Medical microbiology	0
Medical virology	0
Histopathology	6
Subspecialties' applications	0
Total	6

1960



21 June 1962

The first meeting of subscribers, attended by 300 out of the total of 754 who sent in subscriptions, costing £25



October 1962

Priscilla Chater is hired as Secretarial Assistant, then College Secretary. She left in 1975 to marry Sir Theo Crawford, the third President



November 1962

The establishment of the College of Pathologists, with Roy Cameron elected as the first President

JRCPTB SAC on Allergy and Immunology



Our mission The Committee is composed of lead allergy and immunology practitioners and trainers, trainee representatives, lay persons and a Deanery representative. Our mission is to:

- ▶ define and continuously update the knowledge, skills and attitudes required to practise independently in the specialities of allergy and immunology and to incorporate these into a training curriculum of appropriate depth, breadth and duration
- ▶ define and validate in-training formative and summative assessment techniques for trainees, which can be used as evidence of appropriate progression in training at annual assessments of trainees' progress that are required by the Deaneries, and to provide external, expert referees for such assessments
- ▶ scrutinise training centres for their ability to deliver the curricula with appropriate educational supervision
- ▶ troubleshoot issues with individual centres or national issues revealed, for example by the General Medical Council's annual national trainers' and trainees' surveys
- ▶ promote local support for trainers
- ▶ liaise with the Deaneries to organise recruitment and improve awareness of the specialities, lobby for new posts and training centres and increase feedback from existing trainees for prospective new recruits.

Key achievements We have developed a knowledge-based assessment tool for allergy trainees, which informs their clinical knowledge and ability to problem solve, and a training curriculum for immunology clinical scientists with the aim of aligning their training with that of physician immunologists. We are refining a curriculum mapping exercise to delineate the capacity of

individual training centres to meet the content of the training curriculum.

Working together We work alongside other organisations, for example The Royal College of Pathologists, which is responsible for setting some items of the immunology curriculum assessment such as the FRCPath examination and laboratory practise logbooks, and in concert with Allergy UK, Asthma UK and other public organisations.

Looking forward We look forward to embracing new challenges, not least the proposed reorganisation of the UK Deaneries, the centralisation of immunology services, the expansion of allergy services where none exist at present in the UK and the logistics of recruitment into the specialties.

PROFESSOR CHRIS CORRIGAN
CHAIR

JRCPTB SAC on Haematology



Haematology as a specialty continues to occupy its unique position in crossing the boundaries between a physician and pathology-based practice.

Mission

- ▶ To review, maintain and develop the haematology curriculum in line with GMC standards, including methods of performance assessment and criteria.
- ▶ To work closely with specialist societies and other relevant bodies to determine the competence of haematologists in the future.
- ▶ To work with Deaneries and other stakeholders to ensure the quality of training and appropriate support for trainees.

- ▶ To make recommendations to GMC for the award of CCT for specialist trainees.
- ▶ To assist with the evaluation of doctors' applications for direct entry to the specialist register (CESR) as required by the GMC.

Key achievements

- ▶ Successful national recruitment process, with haematology training numbers maintained for 2011–2012, although this position is not guaranteed in future years.
- ▶ Continued awards for out-of-programme training opportunities for haematology trainees.

Looking forward To continue working closely with the Intercollegiate Haematology Committee, The Royal College of Pathologists, the British Society of Haematology, government bodies and trainees to:

- ▶ review haematology training aligning competencies for a future workforce
- ▶ promote the advancement and profile of haematology at all levels: school, undergraduate and postgraduate
- ▶ review revalidation and annual review of competencies for trainees.

DR DEEPTI RADIA
CHAIR



1962

Humble office space at 12 Grosvenor Crescent is rented from the British Red Cross Society, with annual rent of £300



April 1963

First meeting of the elected Council is held – the President has to send his apologies!



November 1963

The third Council meeting, at which Dr James Howie and Professor Dan Cappell signed the Memorandum and Articles of Association; this formed the basis of the College's constitution until 1970

Examinations and Assessment



Under new management, the Examinations Department has continued to provide a large number of examinations across the breadth of pathology disciplines.

The Assessment Department has offered considerable support to users in the use of the Learning Environment for Pathology Trainees (LEPT) system, in addition to organising the Year 1 specialty assessments.

Key achievements The new examinations appeal system is in place. It has been tested and lessons have been learned. New guidance for candidates applying for further attempts at College examinations has been published and is now in use. An external audit of the Examinations Department has been successfully completed. The Certificate of Higher Autopsy Training and the Certificate of Cervical Cytopathology Training examinations were successfully run for the first time. Joint meetings with The Royal College of Physicians are now taking place regularly to discuss the examinations strategy for the new core infection curriculum.

The Assessment Department has delivered LEPT and workplace-based assessment training at several Deaneries, in addition to contributing to the College-based 'New Trainee Welcome Days'. The first of a series of focus group meetings allowing trainees to discuss their concerns regarding the LEPT system has been held and further sessions are planned.

The future During the next year we will be implementing the changes recommended by the external audit. We will also continue to evaluate and improve feedback to candidates. Discussions will continue with the College's International Department regarding overseas examinations.

We will use the outcomes from the focus groups to develop and enhance the LEPT system for the benefit of trainees and trainers.

Following changes in the Foundation Programme curriculum, we will be making changes to our workplace-based assessments, expanding the formative components and reducing the summative components.

DR KEVIN WEST
DIRECTOR OF EXAMINATIONS AND ASSESSMENT

Professional Standards Unit



Our mission High-quality patient care is dependent on high standards of clinical practice in all the pathological specialties. Setting and maintaining standards is a core function of the College. This is enabled through the work of the Professional Standards Unit (PSU). We facilitate high standards by producing guidelines, running a

continuing professional development (CPD) scheme, encouraging high-quality clinical audit and addressing concerns about performance.

Revalidation The agenda of the PSU throughout the past year has been dominated by preparation for the start of medical revalidation. We have worked with the Academy of Medical Royal Colleges, the General Medical Council and other bodies to provide supporting information for revalidation, develop training programmes for revalidation advisors and plan for remediation. The PSU is committed to establishing a revalidation advisory service before the end of 2012.

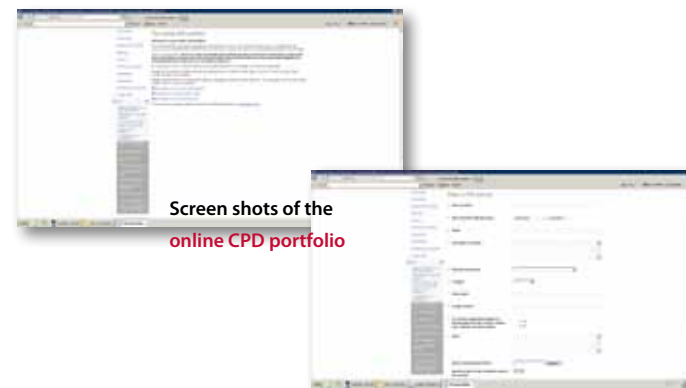
CPD The PSU runs a CPD scheme for 4845 College Fellows and other members. Demonstrating participation in CPD is a core requirement for successful medical revalidation. The last paper portfolio has been issued and an online CPD portfolio is now the

only option for 2013 returns. We are continuing to develop the scheme to facilitate revalidation.

Clinical audit Clinical audit is the key to demonstrating high standards of clinical performance. Participation in high-quality clinical audit will become necessary to ensure successful medical revalidation. The PSU certifies high-quality audits submitted to the College and maintains an electronic database. In the last year we have commissioned audit templates relevant to all the major pathology specialties. Some have now been published on the College website and we intend to expand the scheme to include the smaller specialties.

Professional Performance Panel Over the past year, we have administered one new clinical service review, carried out at the request of employing organisations. We also provided advice on potential performance issues that did not proceed to formal review. We monitor progress on our recommendations and are becoming increasingly proactive in ensuring action in the interests of patient safety.

DR ANDY BOON
DIRECTOR OF PROFESSIONAL STANDARDS



Screen shots of the
online CPD portfolio

1960



1963

The College becomes a limited company and is recognised by the Charity Commissioners as a charitable trust



Autumn 1963

Dr Norah Schuster, a retired clinical pathologist and former ACP President, gives the College £3000 to establish a library (part of the current collection shown here)

1964

The establishment of the Executive Committee, the governing body of the College

Joint Working Group for Quality Assurance in Pathology



Our mission The Joint Working Group for Quality Assurance (JWG) is a multidisciplinary group accountable to The Royal College of Pathologists for the oversight of performance in external quality assurance (EQA) schemes in the UK. Membership consists of the chairs of the National Quality Assurance Advisory Panels, the Institute of Biomedical Science,

the Independent Healthcare Sector, the Department of Health and CPA (UK) Ltd.

Key achievements In the last 12 months, the Group has:

- ▶ managed several cases of unresolved instances of persistent poor or substandard EQA performance
- ▶ finalised arrangements with the Care Quality Commission (CQC) for reporting unresolvable persistent poor performance; labs will now be reported to CQC and CPA
- ▶ agreed to write a series of articles for the College *Bulletin* explaining EQA monitoring and the role of the Panels and the JWG
- ▶ begun looking at total error and accuracy in clinical chemistry analysis; the Chemistry Panel has launched a project called MAPS, which sets minimum analytical performance criteria.

Looking forward In the coming year we will continue to build on the achievements of the last year: the relationship with the CQC will continue; further work will progress on definition of minimum analytical standards; more articles will be published in the *Bulletin* and we hope to begin to discuss with CPA/UKAS the importance of the correct ISO standard for laboratory and EQA scheme accreditation.

PROFESSOR TIM REYNOLDS
CHAIR



April 1964

The first Primary Examination is held, attracting an entry of 81 candidates, of whom 34 are successful

Medical Examiners Committee



Medical examiners (of the cause of death) do not yet formally exist, but they will be appointed to implement the reform of death certification set out in the Coroners and Justice Act 2009. As a result, all causes of death will be subjected to independent scrutiny, either by a coroner or a medical examiner. The RCPATH has been identified as the Lead College for this new group of doctors.

The Committee membership covers multiple disciplines, including Coroners, bereavement officers and representatives of several medical royal colleges. Its tasks so far include advising on the process of implementation, production of a document on service quality standards and the development of training materials to deliver the curriculum that has already been agreed. An online training package has been produced by e-Learning for Health and the Committee has developed a programme of face-to-face training.

Unfortunately, the Secretary of State for Health recently delayed implementation until 2014, so the work of the Committee has been suspended until it is again needed.

PROFESSOR PETER FURNESS
CHAIR



October 1964

67 candidates sit the first Final Examination, held in 11 different centres across the UK. Some of the 29 graduates are pictured here, photographed in 1987

May 1964

Council sets up a Standing Advisory Committee on the Training of Pathologists

PATHOLOGY IN PRACTICE

THE COLLEGE REPRESENTS
ALL THE DIFFERENT
AREAS OF PATHOLOGY
THROUGH ITS MANY
SPECIALTY ADVISORY
COMMITTEES (SACS) AND
SUB-COMMITTEES. IT
ALSO DEALS WITH CROSS-
SPECIALTY MATTERS SUCH
AS ETHICAL ISSUES IN
PATHOLOGY.

Clinical Biochemistry SAC



Our mission The SAC in Clinical Biochemistry provides advice to Council, Executive and the President on all matters relating to the practice and development of clinical biochemistry. It also provides expert input for guidelines and other documents from the Department of Health, NICE and several other important professional bodies.

Key achievements The SAC has undergone significant changes and had altered its membership to streamline its functionality. It continues to contribute to the College's national key performance indicators, specialty revalidation standards and NICE guidelines, appraisals and health technology assessments, and have representation on the Medical and Technologies Assessment Committee.

We have redefined the core content of the undergraduate curricula for both scientist and medically qualified graduates.

Working together We continue to work closely with the Association for Clinical Biochemistry (ACB) and the Department of Health's 'Modernising Scientific Careers' team to ensure appropriate development of the training of all clinical scientists. We work with our colleagues on the Joint Royal Colleges of Physicians' Training Board to ensure adequate training, supervision and career development of medically qualified graduates. We contribute to the Pathology Harmonisation Project with the ACB and the Institute of Biomedical Science (IBMS) on harmonisation of reference intervals and standardisation of units for many adult and paediatric clinical biochemistry analytes. The recent 'Tumour Marker' bookmark has been approved and supported by the SAC. We collaborate with the ACB in national audits and are producing standard proformas to ensure consistency in audit performance and reporting in future.

Looking forward Our members continue to be actively involved in their Strategic Health Authorities, working on the pathology reconfiguration agenda. We will work with our other specialty colleagues in the production of College-based, high-quality e-learning material for our Trainees and Fellows. We continue to work with the British In-Vitro Diagnostic Association, Association of Clinical Pathologists, ACB and IBMS on 'Labs Are Vital', continuing to raise the profile of laboratory professionals, particularly targeting healthcare commissioners. Continuing strong support was given by the SAC for 'Lab Tests Online', which supplies important information on all aspects of pathology tests, including clinical biochemistry, to both professionals and members of the public.

We have made a major contribution to the success of National Pathology Year with many members, particularly Trainees, organising local and national events in conjunction with the ACB throughout the UK.

**PROFESSOR WILLIAM FRASER
CHAIR**



November 1964

First award of Membership by Published Works, with an entrance fee of £10 and registration fee of £40

November 1964

First AGM, attended by about 160 Fellows and Members. Sir Roy Cameron gives the first Foundation Lecture, entitled 'The twilight land of change and decay'

1964

There are 1181 subscribers and applicants for College membership



1960

Genetics and Clinical Embryology SAC (including Metabolic Biochemistry)



Key achievements

- Development of a College HSST (Higher Scientific Specialist Training) curriculum in genetics (expected completion date October 2012).
- A diploma-level genetics examination with The Royal College of Physicians (RCP) for medically qualified trainees entering the RCP specialty of clinical genetics.

RCP specialty of clinical genetics.

Working together The convergence in the UK of cytogenetics and molecular genetics as laboratory disciplines continues, with the recent creation of a single professional body, the Association of Clinical Genetics Science. The SAC has anticipated this trend in its work on a single genetics HSST curriculum (see above). In addition, the advent of a combined genetics pilot training scheme for Modernising Scientific Careers (from 2009) provides the basis for a target date for an FRCPath in genetics by Spring 2015.

Other work in progress at the College and elsewhere, with SAC involvement, includes:

- an HSST curriculum and indicative FRCPath in molecular pathology of acquired disorders
- advice and guidance and responses to EU directives to regulate the use of in-vitro diagnostic devices, led by Dr Ian Frayling
- the National Laboratory Medicine Catalogue, designed to provide a catalogue of tests that meet key quality criteria. Gail Norbury has recently been appointed as Genetics lead
- Map of Medicine, providing guidance as to use of tests in selected patient-care pathways.

Looking forward The integration of genetic testing (and more broadly, genomics) into mainstream clinical practice continues to gather pace. The SAC will continue to contribute and advise where necessary on the development of this process, in the best interests of patients.

DR JONATHAN WATERS
CHAIR

Histopathology SAC



This committee is responsible for all matters relating to cytopathology and histopathology, with a number of Sub-committees. A College Advisory Training Team for Histopathology is active in developing training and assessment. Approximately 41% of Fellows of the College are in one of the specialty groups of histopathology.

Key achievements The Committee is working on revising its terms of reference, linking to the 50-year review of the College. There has been the publication of tissue pathways and datasets specifying standards for clinical service delivery, working with its sub-committees, national subspecialty advisors and other College committees. An important focus has been the review of the requirement for double reporting, following issues raised in relation to reliability of diagnoses and patient safety. A major achievement has been production of guidance on workloads now linking to implementation of key performance indicators for service delivery.

Working together The SAC works closely with national specialty societies in pathology. Members are contributing to the development of clinical scientist and biomedical scientist roles in service delivery, especially with the Institute of Biomedical Science.

An initiative with The Royal College of Radiologists has proposed standards for imaging as a component of the forensic post mortem. Regular meetings with the Human Tissue Authority help shape the approach to regulation in this sector.

Looking forward A working group on the autopsy will review College guidance and propose key performance indicators for this aspect of work. A working group on digital microscopy and reporting will start to propose standards for this important area. The SAC is contributing to developments in molecular pathology through the Interspecialty Committee on Molecular Pathology.

PROFESSOR JAMES LOWE
CHAIR

Dr Suzy Lishman
performing a 'virtual
autopsy' during a
National Pathology

Year event at the Old
Operating Theatre,
London



1965

Council debates the admission of non-medical candidates by examination



1965

The first annual Roy Cameron Lecture is given by Professor CL Oakley

1965

Council sets up a Standing Advisory Committee on Academic Activities

Working Group on Cancer Services (WGCS)



Our mission To maintain high standards of histopathology reporting through the production of cancer datasets and tissue pathways.

Key achievements We published six datasets on head and neck pathology (oral cavity, pharynx, nodal excisions and neck

dissection, larynx, nasal cavities and paranasal sinuses, salivary gland), a revised GIST dataset and a revised liver dataset. Five skin cancer datasets (squamous, basal cell carcinoma, melanoma, skin adnexal and Merkel cell tumours), and revised sarcoma and gastrointestinal endocrine datasets are being prepared for consultation. Endocrine and placental tissue pathways were also published.

The College has successfully achieved NHS Evidence accreditation and is now able to display the Accreditation Mark in relation to cancer datasets and tissue pathways. These will be accessible through the NHS Evidence website as well as through our website. A document on double reporting is under review by Council and the Lay Advisory Committee.

Working together Our work continues with the National Cancer Intelligence Network in the development of the Cancer Services and Outcomes Dataset, and the National Collaborating Centre for Cancer in the development of NICE Cancer Guidelines. The International Collaboration on Cancer Reporting (ICCR) produced endometrial, prostate, lung and melanoma datasets. Development of a renal dataset is planned and will include pathologists from Europe, China, India and South America. The basis of a partnership between the ICCR and the International Agency for Research on Cancer has been agreed. This is important for the international expansion of the ICCR project. Professor David Ellis, ICCR Chair, will

be seeking the support of the European Society of Pathology for the project.

Looking forward The annual revision cycle of datasets and tissue pathways is in progress. New datasets (anal and thymic carcinoma) have been commissioned and are awaited.

DR LYNN HIRSCHOWITZ
CHAIR

Cytopathology Sub-committee



Our mission The Cytopathology Sub-committee provides expert advice on all aspects of cytology and continues to respond to the changes in cytology provision and practice.

Key achievements In response to a request from the Director of the NHS Cervical

Screening Programme (NHSCSP), the Sub-committee produced a statement entitled *Clinical Responsibility for Cytology Services*, reaffirming that a medically qualified consultant pathologist must take responsibility for the issue of all cervical and diagnostic cytology results and that at least two medically qualified consultant pathologists who actively practise cervical cytology are involved in the service provided by a Trust or other service provider.

Working together Members of the Sub-committee made a major contribution to the third edition of the NHSCSP document, *Achievable Standards, Benchmarks for Reporting and Criteria for Evaluating Cervical Cytology*, published in June 2012, which gives expanded performance indicators for evaluating cervical cytopathology, updated management guidance in relation to HPV

testing for triage of low-grade cytological abnormality and test of cure, and recommends adoption of the revised BSCC terminology for reporting cervical cytology. The Sub-committee has also been involved with the IBMS in the development of an Advanced Specialist Diploma in Diagnostic Cytology for biomedical scientists.

Looking forward There are ongoing concerns about the low overall pass rate in the cytopathology component of the FRCPath Part 2 examination and in particular the standard of diagnostic cytology. Nationally it would appear there is variable access to cytopathology exposure, and solutions will be sought in consultation with the College Advisory Training Team and the relevant specialty society.

DR JOHN SMITH
CHAIR

Joint Sub-committee in Dermatopathology



The Joint Sub-committee, with members from The Royal Colleges of Pathologists and Physicians and the British Association of Dermatologists, promotes dermatopathology in the UK. It has dermatologists and pathologists working together for the good of dermatology.

Meetings Dermatopathology has many meetings and courses within the UK. A successful study day was held in dermatopathology at The Royal College of Pathologists in December 2011 and we plan to hold a similar meeting in 2013.

EQA The specialist dermatopathology EQA scheme continues to grow, with increasing numbers of members. The review

1960



January 1965

College leases three rooms in Chandos House, Queen Anne Street, belonging to the Royal Society of Medicine. £2500 is spent on furniture and equipment



July 1965

The first ever College News Sheet, the precursor to the *Bulletin*, is produced, filling seven pages of A5 paper

Winter of 1965/66

The first courses of post-mortem technique training are held, followed by the first written and oral examinations in April

meetings and educational days are well attended, usually with an international speaker attending the meeting.

Examination The Diploma in dermatopathology continues to attract both dermatologists and pathologists, with a number of overseas candidates sitting the examination.

Subspecialty of recognition We are currently working with the GMC to get dermatopathology recognised as a subspecialty in the UK, which would be open for applications from dermatologists and histopathologists with the appropriate qualifications.

We hope to achieve subspecialty recognition in the next year, and to continue to promote dermatopathology within the UK.

DR MAUREEN WALSH
CHAIR

Forensic Pathology Sub-committee



The Sub-committee works closely with the British Association in Forensic Medicine (BAFM) and key stakeholders in the criminal justice system, including the Home Office, National Policing Improvement Agency (NPIA) and the Coroner's Society.

Key developments In the last year the focus has remained mainly on two areas. Work continued on the application for specialty status for forensic pathology and developing its curriculum. The new specialty required a different name and in March of this year the Department of Health approved forensic histopathology as a CCT specialty in its own right. The curriculum incorporated Stages A and B of the histopathology curriculum and was based on the existing subspecialty curriculum. A consultation took place towards the

end of 2011. The agreed curriculum was submitted to the GMC and presented to an Approvals Panel in March. Further information requested by the Panel is in the process of being submitted and we await their final decision.

The other main work has been in continuing to develop the process of revalidation for forensic pathologists, including piloting, and this is nearing completion.

Working together We continue to work with other groups to set standards for medico-legal practice. The Code of Practice document that has been undergoing revision in conjunction with the Home Office, Forensic Science Regulator and Department of Justice is awaiting final approval.

Lookin forward A key element of the coming year will be ensuring that all elements of the transition to the new specialty are in place.

DR MARJORIE TURNER
CHAIR

Neuropathology Sub-committee



Key achievement The Neuropathology Sub-committee has been successful in its application for full specialty status in law. This amicable separation from histopathology enables the specialty to:

- ▶ open recruitment to trainees in neurology and neurosurgery who might feel drawn to a career in neuropathology, having discovered it through clinical practice, multidisciplinary team work or research
- ▶ radically revise the curriculum for training neuropathologists in a way that strengthens the basic and clinical neuroscience

knowledge base and emphasises clinico-anatomical and clinicopathological correlation

- ▶ develop a national recruitment process
- ▶ introduce an academic module into every training programme.

The new specialty will be known as diagnostic neuropathology (to distinguish the new curriculum from the old one, whilst the transition process takes effect). The new curriculum and assessment scheme are almost through the General Medical Council's scrutiny process and we expect endorsement before the autumn.

Working together The Neuropathology Sub-committee works closely with the British Neuropathological Society in advising on aspects of clinical practice and developing standards. The Sub-committee will work with other College sub-committees, particularly those for paediatric pathology and forensic pathology, and professional societies such as the British Association for Ocular Pathology and the British Myology Society, to open up new training opportunities in neuropathology.

The Sub-committee is also involved with national developments in post-mortem brain banking. It has links with the Neuropathology and Brain Banking Clinical Studies Group in the NIHR Dementias and Neurodegenerative Diseases Research Network (NIHR DeNDRoN) and the UK Brain Banks Network.

Looking forward The principal challenges are to:

- ▶ encourage and guide the development of new training centres, the implementation of the new curriculum and assessment scheme for training neuropathologists, and the establishment of a national competitive recruitment and selection process for new trainees in the specialty
- ▶ inform and engage with national commissioning of specialty neurosurgical and neurological services in the UK.

DR JOHN XUEREB
CHAIR



November 1966

Bacteriologist James Howie is elected as the second College President, following the death of Sir Roy Cameron



1966

Diploma of the College of Pathologists is first awarded to candidates passing the Primary Examination in all four subjects

1966

The first symposium is held, entitled 'Tissue and organ transplantation' and attended by 207 people, of whom 66 are members

Immunology SAC



Our mission To achieve excellence in clinical and laboratory immunology care by:

- ▶ promoting the practice of immunology within the NHS
- ▶ supporting professional standards and training at all levels
- ▶ interacting with and informing external bodies, e.g. Department of Health

- ▶ working with other professional bodies and societies
- ▶ inputting into consultations and reviews of new developments and therapies within the field.

Key achievements We have contributed to:

- ▶ College reviews, including the 50-year review, revalidation documentation and key performance indicators
- ▶ College examination and professional performance activities
- ▶ National Laboratory Medicine Catalogue development
- ▶ the College's molecular pathology initiative
- ▶ national commissioning service specifications for immunology and allergy
- ▶ national benchmarking and CPA activities
- ▶ workforce planning, including responses to the Centre for Workforce Intelligence
- ▶ consultations from NICE and other external bodies
- ▶ RCPATH Consulting.

Working together SAC members have worked with a number of partner organisations, including The Royal College of Physicians, British Society for Immunology, British Society for Allergy and Clinical Immunology, UK Primary Immunodeficiency Network and Association of Clinical Biochemists, to:

- ▶ implement allergy centre registration and accreditation standards
- ▶ develop an updated medical higher specialist training curriculum

- ▶ develop higher specialist training curricula for clinical scientists in immunology
- ▶ deliver training assessments at Deanery level
- ▶ continue the development of national tariffs for primary immunodeficiency and allergy services.

Looking forward Activities will include:

- ▶ the continued development of specialty-specific audit templates, revalidation documentation and support
- ▶ the development of service models for nationally commissioned primary immunodeficiency and allergy, and the development of national tariff structures
- ▶ the allergy centre registration and accreditation scheme
- ▶ laboratory specialty-specific key performance indicators.

DR PHILIP WOOD
CHAIR



Rapid throughput immunology platform

Histocompatibility and Immunogenetics Sub-committee



Our mission To discuss and advise on all matters relating to the practice and development of histocompatibility and immunogenetics (H&I) with particular focus on issues related to transplantation and immunogenetics.

Key achievements Work over previous years

to support higher specialist trainees and changes in the format of the examinations have been successfully implemented. In Spring 2012 there were a record number of candidates (11) entering the Part 1 examination in H&I.

We contributed to the Human Tissue Authority's consultation on the *Documentary Framework for the Quality and Safety of Human Organs for Transplantation*.

Working together Working with colleagues from five other professional bodies, including the British Society for Histocompatibility and Immunogenetics (BSHI) and Institute of Biomedical Science (IBMS), we have produced *Guidelines for Selection and HLA Matching of Related, Adult Unrelated Donors and Umbilical Cord Units for Haematopoietic Progenitor Cell Transplantation*, which were published in 2012.

We are currently working with colleagues from the BSHI and IBMS on the development of the H&I Higher Specialist Scientific Training (HSST) Curriculum for Modernising Scientific Careers (MSC).

Looking forward We aim to finalise the HSST curriculum in line with the timetable of the College's MSC Curriculum Development Committee.

The forthcoming year will see the implementation of the EU Directive on Organ Donation from Deceased Donors and also work on the implementation of the NHS Blood and Transplant

1960

1967

The first annual Kettle Lecture is given by Professor Carl Browning, entitled 'Pathology in Britain in the first half of the twentieth century, with a glance forward'



1968

The College moved its offices into temporary rented accommodation at 16 Park Crescent, London W1



1968

Cancer Research Campaign and the College jointly receive a gift of £500,000 from Sir Michael Sobell, enabling them to rent new offices from the Crown Commissioners on a 99-year lease at 2 Carlton House Terrace, London SW1

Living Kidney Donor Strategy. We will provide input and support as required in relation to these developments in transplantation.

DR ANDREA HARMER
CHAIR

Medical Microbiology SAC



I took over as SAC Chair in the autumn of 2011 and I thank my predecessor, Professor Stephen Gillespie, for all of his hard work.

My first task was to redefine the membership of the Committee, in response to the College's 50-year review. Every member of the committee will eventually have some delegated responsibilities

and closer working arrangements will be forged with specialist societies to minimise overlap and forge synergies.

The last six months has been a busy time for the SAC. The Blue Skies document has been completed and will soon be freely available. This piece of work has already generated a lot of interest and will be a useful resource for colleagues.

In early 2012 a small working party was set up to provide specialist comment on the College's key performance indicators. This work is now complete and has been submitted to the College Registrar for further discussion.

Finally, the SAC was involved in the decision to consult with all Fellows and Trainees about important changes to training that will affect the future direction of the specialty. The engagement of the microbiologist and virologists in College activity was reflected by the high turnout of responses. This is something I wish to build on.

PROFESSOR KATE GOULD
CHAIR

Virology Sub-committee



Mission The Sub-committee has been restructured to reflect a changing laboratory medicine scene, but remains committed to supporting and developing the specialty of virology, both clinical and academic, while fostering relations with the other infection specialties.

Key achievements The Sub-committee developed guidance for CPA in the assessment of virology testing in both specialist virology laboratories and non-specialist laboratories. This is increasingly important with regard to quality in testing and interpretation and reporting of results, as more virology is done on automated platforms in a 'blood sciences' environment.

Members of the Sub-committee continue to make significant contributions to both the virological and the generic content of new College curricula, including the infection training and the higher scientific specialist training curricula.

Working together The Sub-committee continues to work with the Clinical Virology Network in promoting virology and addressing its new challenges. It has been involved in key performance indicator development and is contributing to a dialogue on incorporating quality and performance indicators into CPA (UK) Ltd. Members have contributed to the NHS 'Connecting for Health' initiative on standardisation of reporting in virology and serology. Discussions with cytology around HPV testing are being held.

Looking forward The Sub-committee recognises the coming requirements for revalidation. It will aim to develop relations with private providers of virology and to encourage training opportunities in such laboratories. Training is a challenge given the increase in 'black box' technology and the Sub-committee

will help construct policy to deliver appropriate education. The need for additional virology capacity for infection training will be a major consideration.

DR KEN MUTTON
CHAIR

Prenatal, Perinatal and Paediatric Pathology SAC



Mission The purpose of this SAC is to advise the College on service provision and training in paediatric pathology and to consider the impact of developments in other fields on the specialty. It is a cross-discipline Committee, with representatives from microbiology, chemical pathology and haematology, reflecting the unique nature

of pathology in children.

Key achievements The most significant achievement in the last year was submission of the curriculum for training in perinatal and paediatric pathology. It was considered by the GMC in March 2012 and only minor suggestions and comments were received. The final version has been re-submitted for the final approval. If approved, the new curriculum will be introduced on 1 January 2013.

Working together We have been participating in The Stillbirth and Neonatal Death Society's development of the national consent form for post-mortem examinations of fetuses, stillbirths and children. The SAC provided a representative to sit on the joint Histopathology Working Group of the Human Tissue Authority, a group with the aim of facilitating discussion and cooperation.

1968

The College is granted a place on the high-powered Central Committee on Postgraduate Medical Education

January 1969

The Finance Committee decides that the annual subscription must be doubled to £10

1969

Credentials Committee grants recognition to 274 laboratories throughout Great Britain and the Republic of Ireland



Looking forward We hope that confirmation of paediatric and perinatal pathology as a separate subspecialty will attract more trainees into the discipline, since we are heading for a major shortage of trained people. A number of existing consultants will be retiring in the near future and very few trainees have been trained at the moment, which means that many well established services will be under threat.

PROFESSOR GORDAN VUJANIC
CHAIR

Toxicology SAC



In popular terms, toxicology is usually defined as the 'science of poisons'. However, it's not as simple as that since, as Dr Paracelsus said 400 years ago, "...it's all in the dose...". What he meant was that every living thing is continually exposed to potentially toxic chemicals and that medicines, recreational stimulants, workplace contaminants,

domestic materials, environmental pollutants or even components of our diet (including water) can damage living cells if taken in excess.

A supplementary issue is the discovery that some people are more susceptible than others to the toxic effects of certain chemicals. This is particularly true for many medicines and quite often one dose really does not fit all. So for many clinicians, 'personalised medicine' is now becoming an important aspect of drug therapy. Actually, these differences between people are not due just to their age or gender; recent studies have shown clearly that genetics and inheritance also play a role in toxicology.

So the science of toxicology is about defining how our bodies interact with drugs and chemicals, why some of these can cause damage even after quite minimal exposure, whether a person's

current health problem is indeed due to chemical exposure and also, how can we reduce chemical risk to the population at large. That is why professional toxicologists come from a wide variety of educational backgrounds. Not just chemistry or biology, but also physics, computing, statistics, environmental studies, medicine and even the law. Because not only do we need to understand completely the effects of (say) a new medicine on our cells as it cures its target disease, but we also need to define and assess the risk of any side effects. In fact this goes for all the chemicals we might encounter during our lives and indeed for contaminants of the environment that surrounds us.

Recently a number of issues have come to the fore in toxicology including:

- ▶ advances in therapeutic drug monitoring
- ▶ novel synthetic 'designer' recreational drugs
- ▶ the continuing replacement of experimental animals in drug development
- ▶ new approaches to the detection of sporting performance enhancing drugs (particularly in this Olympic year)
- ▶ progressing REACH, the European Community Regulation on the safety of all industrial chemicals to which the public might be exposed.

Over the past year, the College has continued to be the professional home for many UK toxicologists, providing career enhancement and practice development opportunities through its examination system and CPD scheme. It is our intention to maintain this association.

PROFESSOR PETER GOLDFARB
CHAIR

Veterinary Pathology SAC



The SAC is concerned with all matters relating to veterinary pathology including specialisation, training and examinations in veterinary pathology, continuing professional development and representation of the discipline of veterinary pathology within the scientific and wider communities, and advises Council, Executive and the President on these issues.

Key achievements We continue to collaborate on promoting the pivotal role of veterinary pathology in new and emerging disease surveillance:

- ▶ veterinary Fellows of the College are leading the development of a European Pathosurveillance Network to facilitate knowledge transfer for new and emerging livestock diseases throughout Europe.
- We are exploring ways of increasing engagement with the veterinary pathology community and with the public:
- ▶ the first issue of a regular SAC e-newsletter was sent to all veterinary Fellows
 - ▶ the SAC has appointed a Public Engagement Co-ordinator.

Keynote speaker,
Professor Shivaprasad,
from the University of
California



1960



1969

Sir Theo Crawford, main architect of the College's structure and ethics, is elected as the third College President. He helps to establish medical microbiology, chemical pathology and haematology as discrete specialties

End of 1969

The College appoints Regional Advisers in Postgraduate Education in Pathology

1969

Admission fees rise to £75 and promotion to the Fellowship is £50



Working together

- ▶ Professor HL Shivaprasad, from the University of California, led a two-day seminar on avian pathology. Hosted jointly by the College and the European College of Veterinary Pathologists, this was the first specialist avian pathology seminar of this nature to be held in the UK.
- ▶ The College made submissions to The Royal College of Veterinary Surgeons' consultation on specialisation in the veterinary profession and to the independent review by the Surveillance Advisory Group on possible future structures for surveillance of livestock disease in England and Wales.

Looking forward The challenges ahead include adequate provision of CPD in all specialist areas in veterinary pathology. The continued lack of funding for training posts in veterinary pathology is of great concern.

DR SANDRA SCHOLES
CHAIR

Standing Committee on Clinical Science



The Standing Committee for Clinical Science is a multidisciplinary committee of clinical scientists from each of the disciplines of pathology. Its role and function is to:

- ▶ develop and promote the contribution of clinical science and the clinical scientist to pathology and laboratory medicine
- ▶ act as effective channels of communication

to various professional bodies and specialist societies that are active in pathology and laboratory medicine

- ▶ be a forum for the College Fellowship who are clinical scientists in any of the disciplines
- ▶ support workforce planning in healthcare science
- ▶ facilitate the use of National Assessors in the appointment of consultant clinical scientists.

The College has always had amongst its Fellowship those with an initial qualification in science. Modernising Scientific Careers (MSC), the Department of Health's revised training programme

for healthcare science staff, will introduce more structured higher specialist scientific training (HSST). FRCPath curricula are being revised and new assessments devised to meet the needs of HSST.

Working together Activities of the Committee and/or its members have included:

- ▶ working with MSC team to prepare FRCPath curricula in each of the disciplines to meet the needs of HSST
- ▶ supporting the development of the Academy of Healthcare Science (AHCS)
- ▶ participation in the Centre for Workforce Intelligence's project on healthcare science workforce.

Looking forward Future work of the Committee will include

- ▶ finalisation of FRCPath curricula in 10 disciplines
- ▶ integration of higher specialist scientist trainees into College processes
- ▶ development of assessment tools for higher specialist trainees
- ▶ workforce planning.

MR JEFF SENEVIRATNE
CHAIR

Delegates and lecturers
at the College's two-day
avian pathology seminar



1970



February 1970

The Royal Charter is granted to the College.

1970

The College first publishes a pamphlet for the benefit of would-be pathologists entitled 'Pathology as a Career'



1970

The College moves into 2 Carlton House Terrace; the cost of moving is £8000

Interspecialty Committee on Molecular Pathology



Our mission The Interspecialty Committee on Molecular Pathology was formed to bring together all pathology specialties to advance and coordinate molecular pathology within the profession. The techniques involved are relevant to the investigation of inherited disease, cancer and infectious disease, yet practitioners in

each of these fields have too often planned developments in isolation. This Committee attempts to bring coordination and mutual understanding between these areas.

Key achievements

- ▶ formation of the Committee, with representatives from each of the SACs and the Trainees.
- ▶ representation of the College's views to Department of Health on the development of molecular pathology within the NHS, in response to its paper, *Ensuring equitable access to complex molecular diagnostic testing for cancer patients*.
- ▶ setting up a 'Molecular Pathology and Diagnosis of Cancer' course (George Vassiliou) and organising the 50th anniversary symposium on molecular pathology (30–31 October 2012 at the College).

Working together Molecular pathology is becoming part of life for most pathologists, though often for different reasons. There are, however, many commonalities and this means that the different specialties have much to learn from each other. Service configuration continues to appear on the agenda, and it is becoming clear that one size or shape does not fit all. There are differences in needs and capabilities across the country and, of course, there are new local commissioning arrangements, as well as national initiatives, so the situation is far from clear.

Looking forward Pathology is perhaps changing faster now than it has in the past 50 years, and the impact of molecular pathology techniques for diagnosis is probably one of the main drivers for this. This Committee is one of the newest within the College, but is well supported and has an expert group representing all specialties. It is well placed to guide the developments as they occur in this rapidly changing field.

PROFESSOR IAN CREE
CHAIR

Ethics Committee



Our goals The goals of this Committee are to consider matters referred to it concerning the ethics and practice of pathology, but we deliberately do not cover issues that Research Ethics Committees consider. We take a proactive approach on emerging issues, aiming to gain representation on key groups deciding public policy and best practice.

Issues related to consent, probity and confidentiality are common themes for the Committee.

Major achievements and collaborations Perhaps the major issue for the Committee this last year was to revise the policy concerning the ethics of which tests could be performed on retained pathological samples (guideline GO35). This involved a detailed discussion of whether samples should be 'reversibly anonymised'. We also revised the part of the document concerning the use of samples for histopathology teaching and discussed the practicalities of anonymising samples within a department. This still requires ratification by College Council.

One of the Chair's major roles is representing the College on the Intercollegiate Ethics Committee. This Committee debated whether patients who have a low (<1%) risk of acquiring variant CJD should be informed. We also contributed to developing a more protocolised approach to dealing with incidental findings that are discovered during research imaging. We concluded that research subjects should be given the option (or not) of being informed of incidental findings.

The Committee fed into a new document produced by the Advisory Committee on the Safety of Blood, Tissues and Organs, concerning consent for blood transfusions via Dr Galea. Next year we will revisit the issue of assisted dying, as previously decided.

1970



December 1970

The College's new offices are formally opened by Her Majesty The Queen. "The Queen unveiled a plaque to commemorate her visit, doing it with such vigour that the whole curtain and curtain rail collapsed."

1971

It is agreed to allow complete exemption from the Primary Examination to holders of the MRCP who had completed the training requirements for the Primary of the MRCPPath



November 1972

John Dacie, an illustrious academic and haematologist, is elected as the fourth College President

The future The challenge of this Committee is to continue to reflect broadly the concerns and views of the RCPATH membership, whilst taking into account lay views and understanding the legal implications of taking certain stances.

PROFESSOR DAVID MARKS
CHAIR

National Quality Assurance Advisory Panel for Histopathology incorporating the Steering Committee for Interpretive EQA



Our mission Our Committee exists to facilitate the smooth running of external quality assessment schemes in histopathology and promote their use in education and quality improvements. We do this by asking for regular updates on their proceedings and review any changes in their operating protocols. It combines the roles of

the previous Steering Committee for Interpretive External Quality Assurance (EQA) and the NQAAP for Histopathology.

Key achievements Beyond the continued support for and monitoring of schemes, we have worked to continue formalisation and uniformity in the approach to persistent poor performers. We have assisted specific schemes in their support for poor performers and investigated the circumstances around episodes of persistent poor performance.

We have clarified the procedures involved in incorporating non-UK pathologists in EQA schemes. We have worked to clarify the relationships between funding for EQA and more traditional study-leave sources.

EQA schemes improved their educational aspects and assisted both participants and non participants. They are developing computer software to assist all EQA schemes, improving the ways in which they use the web to ease the work of participants and scheme organisers.

Looking forward Future challenges include the upgrade of our computer systems and improving the ways in which participants can use EQA schemes for revalidation and education.

DR NIC MAPSTONE
CHAIR

**EQA scheme
participants vote
on the diagnosis
of a case**



November 1975

Robert Williams, a distinguished bacteriologist, is elected as the fifth College President



February 1977

The College sends HM The Queen its congratulations on the 25th anniversary of her accession to the throne



November 1978

John Anderson, an eminent immunopathologist, is elected as the sixth College President

3

THE COLLEGE WORKS
CLOSELY WITH OTHER
MEDICAL ROYAL COLLEGES
AND PROFESSIONAL
ASSOCIATIONS VIA MANY
WORKING GROUPS AND
INTERCOLLEGIATE AND
JOINT COMMITTEES.

WORKING IN PARTNERSHIP

Intercollegiate Committee on Haematology



The Committee met twice in 2011 and once so far in 2012.

Quality outcomes in haematology NICE has produced a neutropenic sepsis guideline, which has been open for consultation.

Ten audit templates related to guidelines from the British Committee for Standards in Haematology have been produced and are available on The Royal College of Pathologists' website.

Workforce planning Haematology remains a shortage specialty, as reported in the latest RCP Census of Consultant Physicians and by the Centre for Workforce Intelligence, and in our report here last year. The Centre's planning figures do not yet include any assessment of the impact of the switch from a predominantly male workforce to a predominantly female workforce (70:30) that will happen in the next ten years in haematology. The impact of this switch relates to the increasing number of consultants who will work less than full time (the male:female ratio of this group being 1:4) and the trend for women to have children later in their careers as consultants.

Haematology training Recent College haematology exams have indicated some shortcomings in the level of knowledge of laboratory aspects of the subject. This finding is mirrored by the increased emphasis on clinical rather than laboratory aspects of training.

Some consultants are also now finding that their job plans minimise, or omit completely, any laboratory activity. A committee has been set up to look at the future of haematology training in the UK.

Transfusion medicine A statement from the Advisory Committee on the Safety of Blood, Tissues and Organs has advised that for patients having bone marrow transplants there is no need for CMV negative blood products to be provided, as the risk of CMV transmission has been minimised by leucodepletion of transfused blood products. However, there is at present no change in the policy for pregnant women and neonates.

Pathology Harmony Project We are working with the British Society for Haematology and the National External Quality Assurance Scheme for Haematology on this project. By 1 April 2013, all laboratories in the UK should be reporting haemoglobin concentration and the mean cell haemoglobin concentration (MCHC) as g/L and not g/dl. Bulletins have been issued by The Royal Colleges of Physicians and Pathologists highlighting this change.

'Improving Outcomes Guidance in Haematological Cancers' This document, first issued in 2003, has been republished this year. There is a requirement for a centralised review of the pathology of all haematological malignancies. This has caused some concern but the guidance is strongly supported by this College and the ICCH.

DR TIM LITTLEWOOD
CHAIR

1980



June 1980
The *College News Sheet* becomes the *Bulletin* and runs to 27 pages of solid text



November 1981
Professor Robert Curran, one of the first in the country to develop immunohistochemical techniques, is elected as the seventh College President



January 1983
The *Bulletin* is redesigned in A4 format and runs to 16 pages

Transfusion Medicine Sub-committee



I took over the Chair this year from Derek Norfolk. One key decision of the rest of the Committee in 2011 was to award Derek the Percy Lane Oliver Award for services to transfusion. He is a worthy winner and will be a hard act to follow as Chair.

The focus of the Committee's work remains transfusion training, and in

particular how to ensure that all haematology trainees receive comprehensive transfusion training, such that they readily meet the requirements of the FRCPath. The latest exam results, along with trainee feedback and threatened reductions to Deanery funding for transfusion courses, suggest that concerted action is urgently needed, and this will be pursued in the next few months.

A further area of work is the impact of 'Modernising Scientific Careers' on scientific training and staffing of both hospital and Blood Service transfusion laboratories. There are opportunities to bring molecular techniques into more routine transfusion practice, in order to pre-emptively provide blood matched for a wider range of antigens. Again, a joined-up approach is needed to develop the right curriculum for the molecular era, while developing the best career pathways for service delivery and research.

Members of the Committee have been involved in National Science Week, with a transfusion stand, and in providing transfusion input to The Royal College of Surgeons' *Standards for Emergency Surgery*.

The Transfusion 2012 educational event will take place on 29 and 30 November.

DR LORNA WILLIAMSON
CHAIR

Joint Committee on Medical Genetics



Our mission The Joint Committee on Medical Genetics (JCMG) is a multi-professional committee with patient representation. It aims to promote and maintain the highest standards of practice in both clinical and laboratory applications of genetics in medicine. It is a joint committee of The Royal College of Physicians (RCP), the

British Society for Human Genetics (BSHG) and The Royal College of Pathologists. The committee has representatives from the Royal Colleges of Obstetricians and Gynaecologists, General Practitioners and Paediatrics and Child Health; Genetic Alliance UK; Public Health Genetics Foundation; NHS National Genetics Education and Development Centre and UK Genetic Testing Network.



Professor Peter Farndon,
Professor Ron Zimmern

and Dr Ian McDowell at
the 'Genomics in Medicine'
workshop, 2011

Key achievements The JCMG provides advice on service development, standards for clinical care, education, consent and confidentiality and delivering genomics through clinical practice. In 2011, this included contribution to the Human Genomics Strategy Group.

Working together A major piece of work was a multi-specialty workshop organised by the JCMG for the RCP on 'Genomics in



Medicine, Delivering Genomics in Clinical Practice'. A summary report was published by the Public Health Foundation in June 2012.

A joint working group of the RCP and BSHG produced a second edition of *Consent and Confidentiality in Clinical Genetic Practice*, replacing the 2006 report.

Looking forward The JCMG looks forward to contributing to debate and discussion around how the

transformational potential of new genomic technologies on clinical practice can be delivered rapidly and efficiently, for the benefit of those with rare diseases and for improved health outcomes in the British population.

DR BRONWYN KERR
CHAIR



1983

Dr WD Foster, a pathologist, historian and College Librarian, publishes *Pathology as a Profession in Great Britain and The Early History of The Royal College of Pathologists*



July 1983

The 100th meeting of College Council



November 1984

Professor Dame Barbara Clayton, a renowned chemical pathologist, is elected as the eighth College President

Joint Committee on Immunology and Allergy



The Royal College of Physicians' (RCP) and The Royal College of Pathologists' (RCPa) Joint Committee on Immunology and Allergy (JCIA) acts as a forum for immunologists and allergists (the two main disciplines involved in delivering allergy services in the UK), to foster effective communication and collaboration in a neutral environment.

Over the last 12 months, as well as conducting the day-to-day business involved in delivering high-quality allergy services, it has focussed on two strategic areas: accreditation and commissioning.

Accreditation The JCIA has led the development of a process for standard setting for allergy services in the UK. This was launched in October 2011 as a registration scheme managed by the accreditation unit of the RCP, funded by the RCP with additional support from RCPa, the British Society for Allergy and Clinical Immunology (BSACI) and the British Society for Immunology. Over 30 services have applied for registration, most of whom have either met the standards or need only minor changes to do so. A Phase 2 process for a full accreditation process is currently underway.

Commissioning The JCIA has been closely involved in the debate about how to take advantage of the new commissioning environment. Through the Chair and members (particularly Bill Egner, who has chaired the group developing the bid for national commissioning), the JCIA has fully engaged in the process to obtain national commissioning of some allergy services. In collaboration with the BSACI, the JCIA is also helping to shape the approach to local commissioning for services not commissioned nationally.

PROFESSOR ANDY WARDLAW
CHAIR

Joint Committee on Infection and Tropical Medicine



The Joint Committee on Infection and Tropical Medicine (JCITM) is the forum at which The Royal Colleges of Physicians (RCP) and Pathologists meet, along with representatives from the Department of Health (DH) and the Health Protection Agency, to bring together the different specialties working in the field of infection.

The main topic of discussion in the past year has been the change in training programmes designed to bring the two disciplines of infectious diseases and medical microbiology closer together. After much debate in the JCITM, the individual Colleges and the Academy of Royal Medical Colleges, it has been agreed that a 'common stem' infection training should be established from 2013. This will still lead to separate specialty certification for the time being, although there is strong support for a move to a single consultant accreditation in 'infection' in the future.

The JCITM continues to support the 'Map of Medicine' project, and coordinates the expert review of their infection-related guidelines on behalf of the RCP. It has also responded on behalf of both Colleges to numerous other consultation requests from the National Institute for Health and Clinical Excellence, the DH and others.

The importance to both Colleges of JCITM has been highlighted by attendance at recent Committee meetings by both College Presidents, and the Committee provides an important link as the two main infection specialties move closer together. However, the Committee will also seek over the coming year to strengthen external representation on JCITM, to ensure that the DH and other national bodies are fully engaged with the important discussions around healthcare-associated and other infections.

DR PETER MOSS
CHAIR

Intercollegiate Group on Nutrition



The College has hosted this Group since its inception in 1996. The Group comprises representatives of 12 medical royal colleges and the Faculty of Public Health, with observers from the British Dietetic Association, the British Dental Association and the nursing and pharmacy professions. Our objectives are to set standards for knowledge, competencies

and skills in human nutrition, and to deliver training to doctors to ensure their safety and competence to practise.

Undergraduate education We formed a coordinating group open to all UK medical schools, which has:

- ▶ developed a core nutrition curriculum for undergraduate doctors (freely accessible from aomrc.org.uk/committees/intercollegiate-group-on-nutrition)
- ▶ secured commendation for this undergraduate curriculum from the Heads of Medical Schools and the General Medical Council
- ▶ ensured that the curriculum is signposted in *Tomorrow's Doctors*
- ▶ developed a preliminary strategy for the development and sharing of e-learning resources
- ▶ initiated research across UK medical schools into the quality of nutrition education for medical students.

Postgraduate education The Intercollegiate Course on Human Nutrition continues to be held once or twice a year in Southampton and Scotland. We have initiated a review of the course to ensure it continues to meet the needs of doctors in training and fulfil the requirements of Colleges into the future.

Work is under way to develop e-learning materials based on the curriculum and the Intercollegiate Course.

PROFESSOR PAT TROOP
CHAIR

1980



June 1987

The President, Dame Barbara Clayton, cuts a cake to celebrate the College's Silver Jubilee at a staff party



June 1987

Silver Jubilee commemorative goods are produced, including College wines, lead crystal decanters and glasses, silk scarves and ties



November 1987

Professor Sir Dillwyn Williams, who discovered that the medullary cancer of the thyroid develops from the C-cells, is elected as the ninth College President

THE COLLEGE DIVIDES
THE UK INTO ELEVEN
ADMINISTRATIVE REGIONS,
EACH WITH A REGIONAL
COUNCIL. THERE ARE ALSO
INTERNATIONAL ADVISORS
COVERING DIFFERENT
REGIONS OF THE WORLD.

UK AND INTERNATIONAL REGIONS

Scotland



At the November meeting of the Scottish Regional Council, held at the Edinburgh Royal Infirmary, the Committee congratulated Dr Bernie Croal on his election as Vice President of the College.

The Spring meeting was held at the Glasgow Royal Infirmary, where the terms of reference and membership of Council was reviewed and agreed. In line with the review of meetings being held throughout the College, it was agreed that Council would hold three meetings a year and that we would explore increased use of teleconference facilities. The issue of revalidation as it will apply to Scotland was debated, as well as the use of point-of-care testing. The current controversy of key performance indicators was discussed, as these are not required for commissioning in Scotland prompting concern about the need for jurisdiction specific CPA standards.

Council has provided responses to range of consultations, including the management of rare diseases in the UK and workforce planning.

Future meetings will take place in Aberdeen and Edinburgh.

PROFESSOR STEPHEN GILLESPIE
CHAIR

Wales



Our mission We aim to provide a multidisciplinary forum for pathologists across Wales, representing the College and addressing all aspects of pathology in Wales via interaction with key partners.

Local engagement Council meets four times a year across Wales, aiming to engage

with as many Fellows and Trainees as possible. We contribute to workforce planning, CPD, job description appraisal and advisory committees, supported by the network of College Tutors and other Fellows.

National engagement We are well represented on the laboratory advisory committees and the Chair sits on the Laboratory Services Sub-committee, the National Pathology Programme Board and the Academy of Royal Colleges in Wales, ensuring that the College has a strong voice via multiple routes to provide professional advice on high-quality pathology services, training and education to the Chief Scientific Officer, Chief Medical Officer, Deaneries and Welsh Government as pathology reconfiguration evolves across Wales. The Chief Scientific Officer sits on our Council.

National Pathology Year Fellows in Wales have been busy organising local events for NPY. Council organised an event for almost 90 people in May entitled 'The Breadth of Pathology Excellence in Wales'. It marked the visit of the College President as part of the College's 50th anniversary celebrations and to celebrate NPY in Wales.

1990



November 1990

Professor Sir Peter Lachmann, immunologist and Founder President of the UK Academy of Medical Sciences, is elected as the tenth College President



1991

First College Medal is awarded for distinguished service



1992

Development of the international role of the College and interaction with European and worldwide colleagues

Looking forward Council aims to build on the momentum gained from its committed membership with continued constructive engagement with the Welsh Government via the networked advisory committee structure, to ensure continued delivery of quality pathology services and training as it embarks on a redesign of clinical services across Wales.

DR DAVID CASSIDY
CHAIR

Northern Ireland



Council is active and meets three times a year, plus the Annual Symposium. Ongoing work of Council includes workforce planning, CPD monitoring and the future requirements of revalidation, public engagement, specialty monitoring, job planning monitoring, liaising with the Pathology Network and working to maintain standards in education, quality, organisation and professional activities.

Annual symposium and Presidential visits Attendance at this year's symposium was high, with excellent talks on bio-banking and molecular diagnostics, the state of laboratory medicine in the Republic of Ireland, commissioning of services, Network update, update on work for National Pathology Year and a report from the President. Afterwards, the President met with Trainees to hear their concerns.

Pathology Network A manager has at last been appointed. The Network has taken on a new specialty forum for molecular diagnostics to give strategic and operational overview to the Board of the Network.

Public engagement Dr Vicky Wishart, NI Public Engagement Regional Coordinator, has held monthly events with school children at W5, the Belfast Science Centre – with over 300 children attending on one occasion. Several laboratory open days have been held and more are planned.

Future aspirations We hope to assist in a smooth introduction of revalidation, develop molecular diagnostics and forge stronger links with the Republic of Ireland.

DR THOMAS TRINICK
CHAIR



Dr Rachael Liebmann
and Dr Archie Prentice

at the East of England
Regional Council's
annual scientific meeting

East of England



Transformation of pathology in the East of England as a consequence of the changes to commissioning of 'direct access, general practice pathology' by the East of England Strategic Health Authority (SHA) has been the issue highest in the minds of most Fellows in the region in the past year. Apart from the routine administration of Council business,

this subject has occupied most of our time. It has been a source of much anxiety and some disruption to existing services.

The SHA has not directly contacted the Regional Council or sought our advice about the provision of pathology in the East of England, but has contracted with RCPATH Consulting.

Council has met three times during the year, including our Annual Scientific Meeting, which was addressed by the College's President, Dr Archie Prentice; Vice-President, Dr Suzy Lishman, and Registrar, Dr Rachael Liebmann. Their lectures were very stimulating and, in the current very challenging environment, Fellows found the frank discussions about the likely future political turns of events very informative, if a little worrying.

Council has co-opted three Fellows to strengthen the committee and improve the inter-specialty balance. However, pressure on Fellows' time with respect to professional leave from the NHS has meant that some meetings have not been very well attended.

The onset of revalidation and the changes to the College's regional structure, brought on by the 50-year review, will add to our challenges in the forthcoming year.

DR IAN SEDDON
CHAIR



November 1993

Professor Alastair Bellingham, a well-known haematologist, is elected as the eleventh College President

January 1992

CPA was established as a joint initiative by the College, the ACP, the IBMS and the ACB

1992

Renovation work begins on the offices at 2 Carlton House Terrace, with generous assistance from Dr Jean Shanks, The Wellcome Trust and College members



1990



London



The London Regional Council (LRC) is multi-disciplinary, has a full and dynamic membership and meets twice a year. Members include trainee and clinical scientist representatives and the Pathology Dean of the NHS Postgraduate Deanery for Kent, Surrey and Sussex.

The main areas of discussion over the past year have been regarding pathology restructuring across London, training (both medical and biomedical science staff) and professional issues arising from this. The LRC is represented in the Pathology Clinical Expert Panel, which has produced recommendations to NHS London on this matter.

In addition, core housekeeping tasks such as job description reviews and CPD continue, including grappling with the decay in SpA (supporting professional activity) time.

DR MALLIKA SEKHAR
CHAIR

Northern England and Yorkshire



We have had two meetings in person and two teleconferences in the last year. In the winter, the President spoke at a Haematopathology Study Day, arranged in conjunction with our first face-to-face meeting for some time. The meeting also included publicity of York's online training, the only postgraduate training programme of haematopathology in the UK.

Plans are advancing well for events related to National Pathology Year and two Public Engagement Regional Coordinators are in post.

DR MARK HEATLEY
CHAIR

North West England



Our achievements North West Council continues to act as a link between the College and its Fellows. Our four meetings per annum have been well attended. There has been a review of membership, whereby non-attending observers have been replaced by new Fellows who have either expressed interest in contributing or have a potential to

help in the work of the College.

There has been close involvement with the three Public Engagement Regional Coordinators. Many activities for National Pathology Year are now registered, thus repeating the success of this region during previous National Pathology Week events.

46 people attended the educational meeting organised in March with the new President, Dr Archie Prentice, as the keynote speaker. The meeting covered topics such as medical education,

tissue banks, 'SHOT' (the scheme to reduce hazards of transfusion), as well as medical examiners and how they might affect the medical certificate of the cause of death. The meeting was followed by a dinner attended by the President and many local Fellows. The meeting was funded through sponsorships and some support from the Greater Manchester Pathology Network.

In collaboration with the Manchester Medical Society, a meeting entitled 'The future is immunology' took place in May.

Reconfiguration of pathology services has been high on the agenda of each Council meeting. The variable and continually changing plans have proven difficult to follow.

Council's Job Description Review Panel has kept a close eye on job descriptions, ensuring a balance between clinical and supporting programmed activities in line with guidelines of the Academy of Medical Royal Colleges.

Looking forward In the coming year we will be:

- ▶ organising further educational and public engagement events
- ▶ considering further changes in line with the 50-year strategic review.

DR BUSHRA HAMID
CHAIR



A meeting of the
**North West Regional
Council**



1994

The Patron, HM The Queen, visits the College to open the refurbished premises



1995

Continuing Medical Education scheme is launched (later to become Continuing Professional Development)



January 1995

The *Bulletin* is redesigned, with a full-colour cover; this issue is 44 pages plus 11 'pink pages' of symposia reports in the centre

South East England



What do we do? We represent College members in the South East Region, a large region covering two SHAs from Kent in the east, to Oxfordshire and Hampshire in the west. We hold two Council meetings per year in the hope of facilitating two-way communication between members and the College.

National Pathology Year We are looking forward to organising various local events to celebrate the 50th anniversary of the College and National Pathology Year.

Appointments A number of College Tutor posts in the region have been filled in the past year and there are now no vacant posts.

Challenges for the future We are aware that more needs to be done to engage College members in the South East. The size and shape of the region does not form a naturally cohesive area in terms of pathology organisation.

The major challenge for this and other regions is reconfiguration of services. The final configuration of networks in this region is still in flux, with proposed networks both forming and dissolving. This Council must help to ensure that the quality of pathology services is maintained, no matter what the final pattern of networks take.

DR JEREMY QUINEY
CHAIR

South West England



Simon Davies, consultant haematologist in Taunton, was elected as Chair to replace Simon Knowles in November 2011, following the latter's appointment as Assistant Registrar of the College.

Council met four times in the year to the end of June 2012. Under its new chair, Council has agreed to refocus efforts on:

- ▶ undergraduate and postgraduate education in pathology
 - ▶ trainee representation at regional level and beyond
 - ▶ facilitating broad representation of pathologists by offering teleconferencing at all subsequent Council meetings.
- The Job Description Review Group refreshed its membership and a new chair has been elected.

College Tutor gaps across the region have been filled and encouragement to transfer to electronic recording and submission of CPD activities was promoted by a bulk email to all Regional Fellows.

A number of public engagement events have been arranged to mark National Pathology Year, and the 50th anniversary of the College will be marked by a luncheon and educational meeting on 10 October 2012, attended by the President, Dr Archie Prentice.

DR SIMON DAVIES
CHAIR

Trent



This Council is a forum for representatives from all branches of pathology to discuss issues related to all aspects of pathology, to share best practice and to represent the College in pathology departments in all Trusts in the area.

We have had two meetings by telephone conference and one face-to-face meeting

in Nottingham. Unfortunately, increasing NHS pressures on pathologists has resulted in poor attendance.

Over the next year, we plan to have a meeting about revalidation, perhaps with a dinner afterwards. We will be examining ways in which College Tutors can work more effectively with the Regional Council so as to reinforce the presence of the College at the workplace, and better serve College members in the region.

PROFESSOR CARROCK SEWELL
CHAIR

West Midlands



Key achievements

The Fellowship in the region has been particularly active this year. We have had a number of Council meetings and a joint clinical meeting with the Association for Clinical Biochemistry, in which a Robert Gaddie Fund-sponsored prize was awarded to Hannah Tanner for her work on 'Respiratory

virus infections during the 2009 influenza A (H1N1) outbreak in the West Midlands'.

We are involved in discussions regarding the future of pathology in the region and are actively engaged in ensuring

1990



November 1996

Professor Sir Roderick MacSween, world-renowned liver expert, is elected as the twelfth College President



1997

N'Kosi Sikelele Africa, the painting in the Watson and Crick Room, is donated to the College by the artists, Beryl and Rex Jackson



1998

The College website is launched

continuing high-quality services are provided throughout the West Midlands.

Key challenges The future of pathology provision in the West Midlands is under a great deal of scrutiny at the moment, with plans for the tendering of pathology services currently being discussed. The College will try and influence this process to ensure that service quality and patient service are at the forefront of any future service reconfigurations.

MR CRAIG WEBSTER
CHAIR

International Committee



Our mission The International Department was established in 2011 to develop and coordinate the international activities and affairs of the College. The Department's role includes promoting the College's expertise, standards, qualifications and examinations as well as advocating for quality laboratory medicine training, research and services

around the world.

Key achievements

- ▶ Attended a planning meeting in Nairobi, Kenya to support the development of a five-year strategic plan for the College of Pathologists of Eastern, Central and Southern Africa.
- ▶ Coordinated 13 visits to Ghana and Malawi by College Fellows to support postgraduate training in microbiology, haematology and transfusion medicine.
- ▶ Submitted a response to the European Commission's Green Paper on modernising Directive 2005/36 on the mutual recognition of profession qualifications.

- ▶ Organised a seminar on 'Delivering pathology and laboratory medicine services in West Africa: Addressing the challenges' at the Annual General and Scientific Meeting of the West African College of Physicians (WACP) in Banjul, The Gambia.
- ▶ Exhibited at the Arab Health 2012 conference in Dubai, United Arab Emirates.
- ▶ Signed a memoranda of understanding with WACP, and with the College of Pathologists of the Colleges of Medicine of South Africa.
- ▶ Revised the terms of reference for the International Committee and the remit for College's International Advisors.

Looking forward Over the next year, we will be recruiting new members for the International Committee and additional International Advisors. We will also launch the College's five-year international strategy.

DR KENNETH FLEMING
DIRECTOR OF INTERNATIONAL AFFAIRS



Members of the Inter-

**Collegiate Iraq Liaison
Group's Pathology
team in Kurdistan**



**Supporting pathology services in
Kurdistan, Iraq. We worked in partnership
with the Pathology Committee of the Inter-
Collegiate Iraq Liaison Group to host a
meeting and UK visit of Dr Noel Al-Sakkal
(Kurdistan Board for Medical Specialties),
Dr Saran Nouruldeen (Kurdistan Regional
Government) and Professor Nasir Al-Allawi
(Azadi Teaching Hospital, Dohuk)**



**International visits:
Dr Kenneth Fleming
and Dr Archie**

**Prentice welcome Dr
Bronwen Ross, Deputy
Chief Executive of
The Royal College
of Pathologists of
Australasia**



1998

Staff party is held to mark the retirement of Liz Fearn, Deputy College Secretary for some 20 years



1999

First meeting of the Patient Liaison Group (later to become Lay Advisory Committee)



November 1999

Professor Sir John Lilleyman, an international authority in paediatric haematology, is elected as the thirteenth College President

5

COLLEGE ACTIVITIES

Lay Advisory Committee

Our mission The Lay Advisory Committee (LAC) works to provide to the College the views, interests and concerns of patients and the public on any matter relating to the practice or study of pathology.

Key achievements The past year brought significant change, with the appointment of a new Chair and a majority of new lay members. Graham Donald, the outgoing Deputy Chair, was the first lay member of the Examinations Committee and successfully challenged the age restriction for the award of Fellowship through published works. Guidance on the use of clinical samples for purposes outwith the remit of Research Ethics Committees was referred to the LAC by our lay member of the College Ethics Committee, thus enabling the histopathologists to incorporate their needs into the guidance.

Working together The Committee participates in many consultations in its own right and on behalf of the College. For example, the Medicines and Healthcare products Regulatory Agency appreciated our comprehensive response to their consultation, *Guidance for Notified Bodies: Regulation of IVDs for self-testing*, and subsequently provided a guest speaker. We also contributed to the Nuffield Council for Bioethics' report, *Human Bodies: Donation for medicine and research*. Following her book review in the *Bulletin*, the Chair was asked to be a contributor to the 2011 edition of *Testing Treatments: Better Research for Better Healthcare*. She was also an invited speaker at the 2012 London Deanery Pathology Trainees Conference.

The Committee recognises the value of effective patient input and is focussed on establishing links with relevant patient groups.

MS KAREN SANDLER
CHAIR

Mat Hill, new lay member of the LAC and an Olympic torchbearer on Day 1. He was nominated for his years of voluntary work and for co-founding a not-for-profit company that helps disabled and disadvantaged people set up their own business. Now disabled himself, Mat continues with his work



and volunteer mentoring and is still a committed sportsman, in training for the 2016 Paralympics in wheelchair fencing.

2000



2000

First Flynn Lecture at Pathology 2000 Conference, given by Sir David Weatherall



January 2001

The *Bulletin* design is again developed, with full-colour cover and two colours throughout; symposia reports are now in a sister publication, *Education in Pathology*



2001

A range of College wines and memorabilia is produced, including ties, heraldic shields, paperweights and bone china mugs

National Pathology Year



Following the phenomenal success of the three National Pathology Weeks in 2008 to 2010, an ambitious project was chosen to mark the College's 50th anniversary. 2012 was designated National Pathology Year, with a year-round programme of public engagement events taking place across the country. Hundreds of events have been

held as part of National Pathology Year, involving pathologists and scientists in all specialties, aimed at a wide range of audiences.

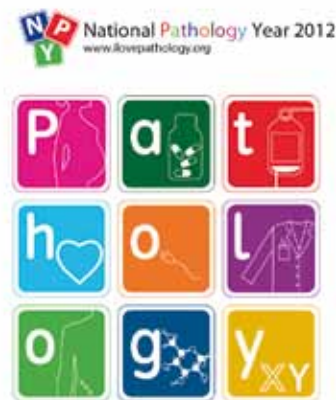
Our mission The aim of National Pathology Year is to highlight the central role that pathology plays in modern healthcare by holding events in hospitals and communities throughout the year.

Key achievements New information for the public and resources for pathologists have been developed and are provided on the College's public engagement website, www.ilovepathology.org. An average of over 50 events have been held each month throughout the year, inspired by 12 monthly themes, including 'Healthy lungs' and 'Happy holidays'.

Working together Collaboration has been the key to the success of National Pathology Year, between teams of pathologists, among different professional groups, with specialist societies and in association with science centres and museums. Members have also worked closely with established science festivals, maximising impact and building networks of contacts for future collaboration.

Looking forward National Pathology Year has demonstrated that public engagement is a year-round activity for everyone working in the specialty, not just something that happens one week a year. The College's Public Engagement team has developed a strategy to ensure that public engagement remains a core activity in 2013 and beyond.

DR SUZY LISHMAN
VICE-PRESIDENT
LEAD FOR NATIONAL PATHOLOGY YEAR



Public Engagement



Our mission The Public Engagement (PE) Department continues to strive for better public understanding of pathology through its wide range of public-facing activities and support services for Fellows. It encourages dialogue between pathologists, other healthcare professionals, schools, funders, lay adults and other audiences and aims to embed PE as part of the professional culture within pathology.

Key achievements This year saw the first Public Engagement strategy passed before Council, as well as the continuing implementation of key services. These included the provision of science communication training for pathologists, schools workshops and resources to encourage life-long interest in pathology, public-friendly web content and a range of prizes to encourage medical students, trainee pathologists and the public to get involved in PE.

A selection of the stands on offer

for students at the Schools Science Conference 2012, hosted by the College



April 2002

'A snapshot of pathology' project is launched to mark the College's 40th anniversary, where members volunteer to photograph their colleagues and workplaces



November 2002

Professor Sir James Underwood, renowned histopathologist, is elected as the fourteenth College President



2003

The College wins a prestigious Silver Medal at its first Chelsea Flower Show exhibition, with a 'Pathologists and plants' stand

Working together This year has seen many collaborations with other organisations, including the Cheltenham Science Festival, Chelsea Flower Show, Westminster Council, University College London, Schools Science Conference, The Association for Clinical Biochemistry, The Institute of Biomedical Science, The Old Operating Theatre, The Hunterian Museum, Florence Nightingale Museum, Lizzie Burns and 'I'm a Scientist Get Me Out of Here!' Our Public Engagement Regional Coordinators (PERCs) and other Fellows around the country have organised hundreds of events in schools, hospitals, museums, science centres and other venues.

Looking forward Following National Pathology Year 2012, the emphasis will be on successful legacy and keeping momentum. Changes in staffing have provided extra challenges this year, but the PE Department and the College will be working even harder to stimulate and support innovative, educational and high-quality PE throughout the College's Fellowship and beyond.

PROFESSOR PAOLA DOMIZIO
DIRECTOR OF PUBLIC ENGAGEMENT

Samantha Jayaram and Lucie Houghton, members of the College's Public Engagement team, at the Schools Science Conference facilitating

a discussion with students on the issues surrounding blood transfusion



Conferences and Academic Activities



The overall number of meetings and symposia this past year has been on the low side, but the events that have taken place have been very well attended and successful. The quality of the meetings and events remains high as we strive to meet the demands requested by the Fellowship on what topics should be covered.

The Committee is very active in planning and approving meetings and has a well-structured process in place to enhance the value of meetings. Feedback has been very good on the whole and all comments, constructive and/or negative, are scrutinised in detail and processes modified, to make events even more rewarding and value for money.

We have had some successful mono-specialty meetings as well as multidisciplinary events in the past year. We welcome the interaction between the College and specialist societies, not only to achieve higher attendance at joint events, but also to ensure that the programme includes a high calibre of topics that are of interest to many in the current environment. There have also been some events dedicated to trainees.

The introduction of mid-monthly emails has helped to inform the Fellowship of current and future meetings and hence improve attendance.

We continue to utilise the College's audiovisual equipment flexibly and have now embarked on podcasting some lectures. This venture should take off in future meetings and will probably become a fixed feature.

The year's highlights

- ▶ Molecular diagnosis on tissues and cells – the first ever meeting to present aspects of molecular pathology. This was a very successful event and will be repeated later in 2012 as a two-day conference.



A recent seminar

held at the College

- ▶ A multidisciplinary meeting on lymphoma.
- ▶ Further successful meetings in histopathology, some of which are almost annual or biannual features (liver pathology and dermatopathology).
- ▶ Microbiology trainee day – this introduced a new meeting format with workshops and breakout sessions.

The future The Committee itself is being disbanded, but meetings, symposia and events will continue to take place under the guidance of the Vice-President responsible for learning, Professor Wells, with support from the College's Specialty Advisory Committees. There will be further and regular use of podcasting where appropriate.

If you have any ideas for symposia or wish to run an event, please contact the Events and Facilities Manager, Michelle Merrett.

DR SANJIV MANEK
DIRECTOR OF CONFERENCES AND ACADEMIC ACTIVITIES

2000



2004

Sudden Unexpected Death in Infancy is published, the high-profile report of a cross-collegiate group led by this College and the RCPCH, chaired by Helena Kennedy QC



2005

College Assessment Department is established for overseeing workplace-based assessment



2005

The College receives its Investors in People award, which has since been reissued every three years

Functions and Facilities



Facilities We have seen a huge change in how clients manage events this past year, due to financial cuts within their organisations. Companies are no longer opting for large conferences but rather smaller networking events, and reducing the amount of board meetings they host. The increased demand for internal space has also meant that we have

not had as much room to hire out to external bookings, but we have tried to keep the enquiries within the Royal Colleges network, in the hope that clients come back to us on other occasions.

We were delighted to open our facilities for our Fellows and their families during the Diamond Jubilee celebrations, giving them access to the proceedings along the Mall on 5 June 2012.

College ceremonies and dinners These activities have mainly been geared towards our 50th anniversary and we celebrated this in style on 21 June with a dinner. These activities will continue throughout 2012.

We were delighted to welcome Dr Sarah Furness as a Friend of the College in 2011, for all her hard work and support for the College during her husband's presidency.

We have noticed a drop in the number of people coming to New Fellows' Ceremonies over the past year and we think this is due to the time of year they are held and the cost of travelling into London during the day. We have therefore implemented some changes: scheduling a ceremony date closer to exam results so individuals do not have to wait long to receive their Fellowship certificate, introducing a free crèche facility, hosting the ceremony later in the evening to enable new Fellows to come after work, causing less of a disruption to their already busy schedules, and finally we have done away with formal dinners and introduced a more relaxed, networking buffet.

The future Our future is focused very much around budgets; we need to be able to work within specific clients' budgets, ensuring that they can still use our facilities and get value for their money. We also have to be very conscience of the Olympic and Paralympics Games to ensure that the disruptions to travel networks do not restrict or put pressure on the current level of service we currently offer to our visitors.

MICHELLE MERRETT
EVENTS AND FACILITIES MANAGER

The syndicate rooms
in the Education
Centre on the lower-
ground floor



The Watson and Crick
Room, laid out for a
formal dinner



November 2005

Professor Adrian Newland, leading haematologist, is elected as the fifteenth College President

2006

The Human Tissue Authority is established



2006

Publication of Lord Carter's independent *Report of the Review of NHS Pathology Services in England*



Publications



Tissue pathways and cancer datasets

As well as publishing all general documents of the College, the Directorate also publishes tissue pathways and cancer datasets, which are technical guidance documents written by the Cancer Services Working Group. These facilitate a standardised approach to histological diagnosis in accordance with the best available evidence base. The entire process – from first draft, through consultation, to publication – is to AGREE standards and is governed by the Directorate. Last year we published four datasets and two tissue pathways. A major objective of the Directorate was to achieve NHS Evidence accreditation of the processes used to develop these documents and I am delighted to report that the College has now been awarded this accreditation. This is testimony to the rigour of guideline production process within the College and to the hard work and due diligence of the Working Group.

The Bulletin The College *Bulletin* is produced by us and we are delighted to work with the new Editor, Dr Laszlo Igali, who follows an excellent predecessor in Professor John Croall. The *Bulletin* continues to have a fresh and vibrant feel about it.

Other roles The Directorate assists external organisations in their document production, for example by facilitating consultation responses on behalf of the College.

In our gatekeeper role, we vet all bulk emails, logo endorsements and copyright permissions.

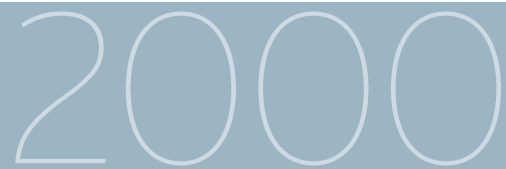
Working together Collaborative work on public engagement, including National Pathology Year and the College's 50th anniversary, continues.



Looking forward We look forward to the restructuring of the College and its continued success in maintaining the highest standards of pathology. Whatever shape the College takes in the future, it is certain that the hard and complex tasks undertaken by the Directorate will always be with us. The considerable expertise within the Directorate will ensure the continuing improvement of communication and publication processes and play its part in the future accomplishments of the College.

DR PETER COWLING
DIRECTOR OF COMMUNICATIONS

COMMUNICATIONS



2006

A photographic exhibition, *Identified*, is commissioned to celebrate the diversity of pathologists and give a fresh perspective on pathology



2007

The College *Bulletin* gets a design make-over and goes to full colour throughout



2007

The College wins a Gold Medal at the Chelsea Flower Show exhibition, for the category of 'Lifelong Learning in the Garden'

Press and Communications



Media relations The press office dealt with enquires throughout the year from regional, broadcast and print media such as *Cambridge News*, *Casualty* and the *Daily Mirror*.

Other work included managing media interest in the College's position on the controversial Health and Social Care Bill, which gained Royal Assent in March 2012,

generating media coverage for the College's award-winning exhibit at the Chelsea Flower Show and National Pathology Year activity, and working in collaboration with the Department of Health to launch the National Laboratory Medicine Catalogue.

New College website The Communications Department worked as part of the College's Website Development Project Team on the launch of the new College website in February 2012. The aim of the new website was to provide members with more integrated functionality, as well as a simpler improved search function. Part of the project also included the development of in-house training for staff members to be able to use the website's content management system to make their own changes to webpages, allowing staff greater flexibility in adding new content and keeping the website updated.

Online resources and activity We published a series of podcasts of presentations given at the 'Molecular Diagnosis on Tissue and Cells' conference, held at the College in November 2011. It was created as a pilot and it is planned to be the start of a series of podcasts from the College's Conferences and Academic Activities programme. We also continued to grow the Public Engagement Department's online interactive programme, including working with College members to participate in 'I'm a scientist, get me out of here', an online *X Factor*-style competition for scientists where students are the judges.

National Pathology Year and 50th anniversary The College started preparations for National Pathology Year (NPY) early in 2011. Whilst continuing to develop the www.ilovepathology.org website, we also created new online resources that NPY event organisers could download, including a NPY booklet, a Powerpoint quiz on pathology and a schools resource, 'Pin the Organ on the Teacher'.

2012 also commemorated 50 years since the founding of the College. A number of events were organised to celebrate the anniversary, including 'Frontline Medicine' at the Cheltenham Science Festival. This event included College Fellows who have also served in Afghanistan and Iraq as Ministry of Defence pathologists,

talking about their experiences of delivering pathology services in a war zone.

Going forward Plans for the coming year include working with the Public Engagement team to create a sustainable legacy from National Pathology Year and the three National Pathology Weeks that were held from 2008 to 2010, and developing more online web resources and a social media strategy for the College.

SAMANTHA JAYARAM
PRESS AND COMMUNICATIONS MANAGER



2007

College staff temporarily move to Euston while building works are carried out at Carlton House Terrace – Fellows are blissfully unaffected!



2008

Development of the new College visual identity, with the new logo and strapline: 'Pathology: the science behind the cure'



2008

The Education Centre opens at 2 Carlton House Terrace, with top-of-the-range audiovisual and conference facilities



FUTURE OF THE PROFESSION

Trainees Advisory Committee



Our mission The Trainees Advisory Committee (TAC) is embracing the new technology in the College, and we are using its teleconferencing facilities to ensure consistent attendance at meetings. We are currently revising our Terms of Reference to streamline our activity, and are constantly looking for ways to improve the communication between Trainees and the College.

Membership Our membership includes representatives of all the specialties in the College, including the new CCT specialties of diagnostic neuropathology and paediatric and perinatal pathology. With the current developments in Modernising Scientific Careers, it is more important than ever for us to ensure that there is Trainee representation on committees discussing such matters. We communicate electronically with the representatives from Regional Councils, and members are invited to participate in meetings via teleconference if they are unable to attend in person. We are also rationalising the election procedures for representatives, to ensure that all Trainees who wish to participate in the Committee have the chance to become a rep.

Working together The TAC has worked with the College to help facilitate a LEPT (Learning Environment for Pathology Trainees) Focus Day, at which Trainees had the opportunity to discuss the LEPT system with the IT company who designed it. Trainees found this extremely useful and hopefully it will help to improve the system. We also continue working with the Academy of Medical Royal Colleges' Trainee Doctors' Group.

Key achievements A Trainees' page in the *Bulletin* has been started, which will include work contributed by Trainees. The Trainee section of the website is currently undergoing revision, and is to include sections such as a frequently-asked-questions page.

Looking forward The Trainee Welcome Day continues to be very well received, and we will be involved in the third of these days in September 2012. We are also planning to pilot Regional Trainee Councils, consisting of representatives of all specialties being trained in a region, to facilitate two-way communication between Trainees and the College.

DR JUDITH FOX
CHAIR

Research



It has become clear that pathologists play a pivotal role in academic research and training for the next generation of pathologists.

However, the number of academic posts has fallen in the last year, as the pressure on the public finances increases for both the educational and Health Service sectors. Part of the issue is that the academic

research for disease requires true definition of the disease and this is not fully recognised. With greater sophistication including molecular, immunological and pathological analysis, the need for the pathologist with a broader spread of technology has become essential. Without this form of definition, much of the breakthrough research would not be possible. While the pathologist does not get all of the recognition of this important role in research, the issues of poor funding for academic posts remains an important barrier.

The Research Committee has been exploring a number of

2000



2008
First National Pathology Week is held, a major series of public engagement events



November 2008
Professor Peter Furness, renal pathologist, is elected as the sixteenth College President



2009
The first College Research Medals are awarded for outstanding work undertaken by pathologists or scientists in training

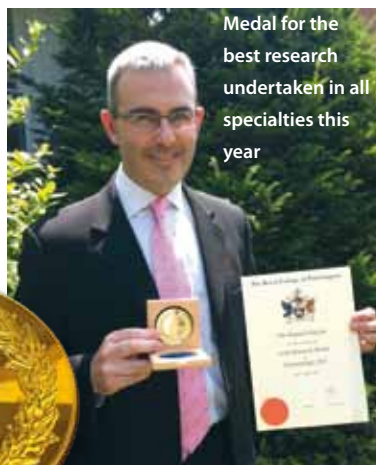
avenues to improving the profile and increase awareness of the importance of supporting academic pathology, both practically with funding and with appropriate recognition within the employing academic institutions. Interactions with charities, Government and industry have been initiated and we are actively seeking 'champions' within the current academics to support more junior pathologist and trainees. In the current financial climate, this is difficult – but important if we are to see the benefits as funding improves.

It has also been encouraging that the Research Medal winners for the best research within our junior ranks this year were outstanding. The Gold Medal was won by Daniel Hodson in the field of immunological haematology.

I hope that the approach of the Committee to ensure that there is a deliverable plan going forward will pay real dividends for academic pathology in the next decade.

PROFESSOR FINBARR COTTER DIRECTOR OF RESEARCH

Dr Daniel
Hodson with his
Gold Research
Medal for the
best research
undertaken in all
specialties this
year



Workforce



Our mission To enable the College to plan appropriate staffing levels for the future and to monitor the current status of vacant posts and job descriptions.

Key achievements Good lines of communication have been established with the Centre for Workforce Intelligence (CfWI), leading to regular meetings between the CfWI and the College. The Director has attended CfWI workshops concerning the future of the consultant workforce and predicted medical/dental student numbers.

The Director has produced articles for the College *Bulletin* regarding the CfWI plans in order to keep members informed of the possible developments in workforce.

The Director has established an escalation pathway for job descriptions that do not meet College guidelines and where it is not possible to reach agreement with the representatives of the employing body.

Working together We facilitated a meeting between professional bodies representing healthcare scientists with the CfWI and await publication of the CfWI's report.

We continue discussions with Moira Livingston, its Director of Commissioning, to ensure pathology is kept on the agenda.

The Director attended a meeting at the Academy of Medical Royal Colleges, where the CfWI predictions were actively discussed.

Looking forward We are monitoring the direct clinical care/supporting professional activities (SPA) split within proposed job descriptions and job plans, and encouraging employing bodies to comply with the terms of the Academy's SPA advice.

In view of the changes taking place and also predicted to occur following the passage of the Health and Social Care Bill, the Workforce Department views the maintenance of the present terms of the consultant contract to be a potential area of difficulty, particularly with the status of Foundation Trusts.

The Workforce Department will continue actively to monitor job descriptions and take appropriate measures to ensure as far as possible that the number of SPAs is maintained.

DR TERRY JONES DIRECTOR OF WORKFORCE



2010

The inaugural Furness Prize for Science Communication is awarded



Nov 2011

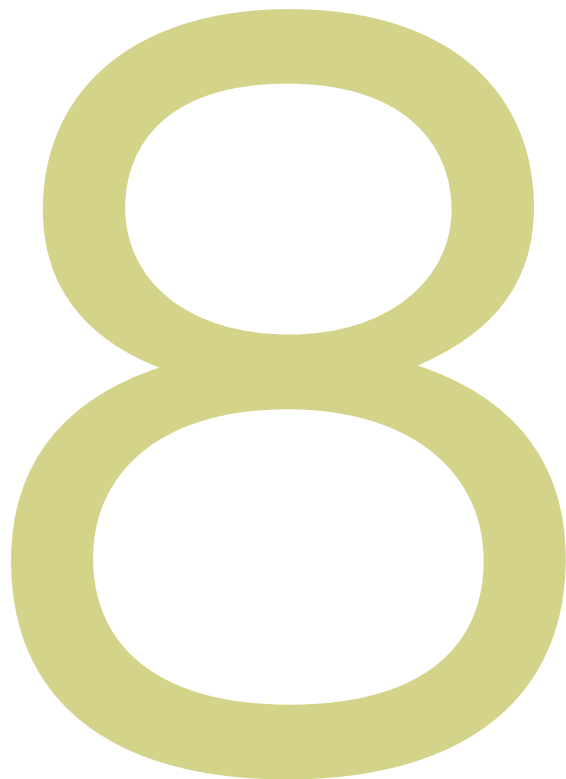
Dr Archie Prentice, consultant haematologist, is elected as the seventeenth College President



Jan 2012

A new range of 50th anniversary College memorabilia is produced, including 'Bertie the Pathologist' bears, mugs, notebooks, pens and badges

2010



FINANCE AND ACCOUNTS

Treasurer's report



The College's income for the year amounted to £4,167,575. Subscription income of £2,309,667 still represents the largest single source of income. The number of College members has increased marginally, from 10,321 at the beginning of the financial year to 10,535 at the year end.

During the year the College received £68,401 from the Jean Shanks Foundation and £70,000 from Baxter BioScience to support Research Fellowships. Council are most grateful to those that have given so generously to these appeals.

The College has been fortunate to receive project grant funding during the year for the continuing development of the National Laboratory Medicine Catalogue and for the death certification project. Work commenced this year on the Clinical Leadership in Pathology programme to ensure that pathologists are equipped to manage NHS service as an essential requirement for improving the quality of patient services, with expenditure of £278,500 from funding received in prior years.

Income from the Education Centre amounted to £213,125, which was a small decrease over the prior year. Forward bookings are not as strong as in prior years, firstly due to the recession with clients looking at ways to reduce the number of meetings they hold, and secondly the effect of the Olympics where organisers are avoiding holding events in London over the first quarter of the new financial year. This area of activity is carried out by 2 Carlton House Terrace Limited, the College's wholly owned subsidiary company.

During the year, the College established RCPATH Consulting, a trading division of the subsidiary company, to provide consultancy services where an authoritative independent view is required on the provision of high-quality pathology services, advice on the commissioning or tendering of pathology services, advice on the reconfiguring of pathology services or advice as part of an

option appraisal process. Income for the year was £31,053, with expenditure of £17,309. Through a marketing initiative, the College is in discussions with a number of potential clients for this service.

In early 2012 we successfully launched the new College website with a facility to automatically link with the main College database, allowing more efficient changes of an individual's contact information, payment of subscriptions and the ability to book attendance at College symposia. This will be enhanced over the coming months to allow examination candidates to book directly online too.

The performance of the College's investment portfolio is independently benchmarked by the WM Company against their unconstrained charity universe. This universe represents the performance of UK charity funds with discretionary mandates. The portfolio returned a negative 1.4% in the calendar year to 31 December 2011 compared to the benchmark negative return of 2.9%, and placed the College in the top 41% of funds measured by WM for that year and the top 47% of funds over a time weighted five-year basis.

Council has established a reserves policy, whereby the unrestricted funds not committed or invested in tangible fixed assets, or designated for specific purposes (the 'free reserves') held by the College, should normally be sufficient to allow the College to operate without income for up to 18 months. This level of reserves is essential, because our income is not guaranteed and can be subject to significant fluctuations year on year. The College's reserves ensure that short-term changes in revenue will not materially affect the College's activities, secures the long-term funding of the College and enables the College to meet its duties under statute and its Royal Charter to promote standards of education and practice of pathology. This level of reserves would also enable the College to address any unforeseeable ad-hoc expenditure arising from topical issues in pathology, which the College feels should be addressed. At 30 June 2012, the level of free reserves of £3.7 million equated to just over 11 months' income cover.

Finally, I would like to thank Daniel Ross, Eugene Coyle, Deva Wijeyesekera, Sue Beckford and Lien Voong, the in-house financial team, for their stewardship of College finances.

I demit office in November and feel privileged to have been able to serve The Royal College of Pathologists as Treasurer. The College remains in robust health and has a critical role in maintaining the standards of the profession of pathology, in all her branches, for the future and remains in good hands. I wish my successor much success.

The accounts published overleaf are not the statutory accounts, but a summary of information relating to both the statement of financial activities and the balance sheet. The full financial statements have been audited and contain an unqualified audit report. They were approved by Council on 6 September 2012 and have been submitted to the Charity Commission. Any member may request a copy of the full accounts by writing to the Chief Executive.

DR CHARLES SINGER
TREASURER

Independent Auditor's Statement to the Trustees of The Royal College of Pathologists

We have examined the summarised financial statements for the year ended 30 June 2012.

Respective responsibilities of Trustees and Auditors

Council are responsible for preparing the summarised annual report in accordance with applicable United Kingdom law and the recommendations of the charities SORP.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the summarised annual report, with the full annual financial statements and the Trustees' Annual Report.

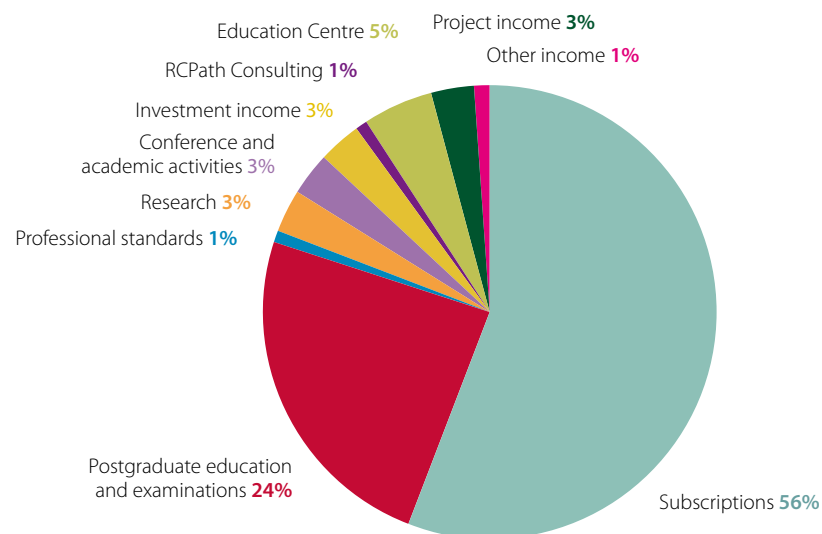
We also read the other information contained in the summarised annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

We conducted our audit work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board.

Opinion In our opinion the summarised financial statements are consistent with the full annual financial statements and the Trustees' Annual Report of The Royal College of Pathologists for the year ended 30 June 2012.

Coulthards Mackenzie
Chartered Accountants and Registered Auditors
9 Risborough Street, London SE1 0HF
6 September 2012

The Royal College of Pathologists Income 2011 – 2012



The Royal College of Pathologists

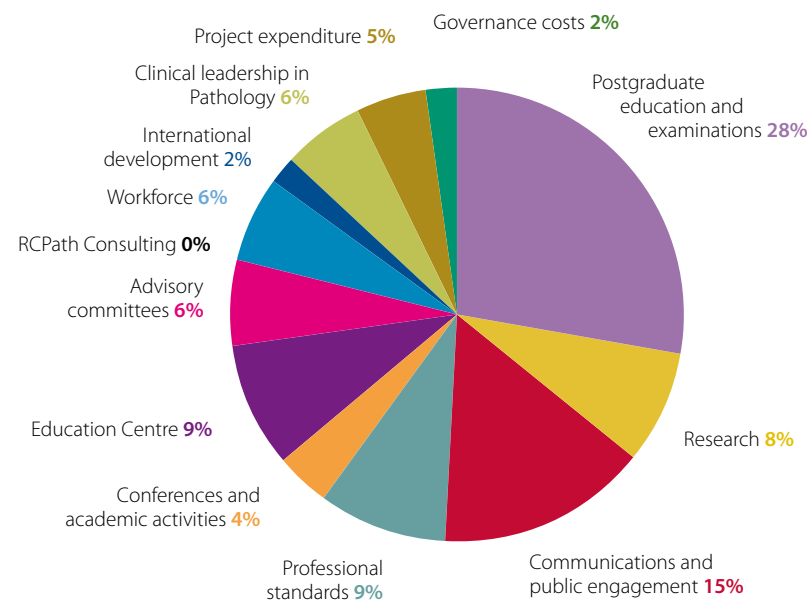
Consolidated statement of Financial Activities for the year ended 30 June 2012

	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2012 £	Total 30 June 2011 £
Incoming resources					
Incoming resources from generated funds					
Investment income	127,122	-	10,791	137,913	111,937
Donations and legacies	16,521	-	-	16,521	41,418
Trading operations	244,177	-	-	244,177	223,885
Other income	29,560	-	-	29,560	18,214
Incoming resources from charitable activities					
Subscriptions	2,309,667	-	-	2,309,667	2,296,579
Postgraduate education and examinations	1,000,782	-	-	1,000,782	923,474
Conferences and academic activities	141,501	-	-	141,501	158,553
Research	-	-	138,401	138,401	164,217
Professional standards	32,497	-	-	32,497	49,451
International development	1,400	-	-	1,400	-
Intercollegiate Human Nutrition Course	-	-	2,000	2,000	24,858
Project income	-	-	103,700	103,700	274,400
Clinical leadership in pathology	-	-	-	-	373,264
Communications and public engagement	9,456	-	-	9,456	19,121
Total incoming resources	3,912,683	-	254,892	4,167,575	4,679,371
Resources expended					
Cost of generating funds					
Fundraising trading: cost of goods sold and other costs	1,033	-	-	1,033	-
Trading operations	230,009	-	-	230,009	192,772
Charitable activities					
Postgraduate education and examinations	1,206,812	-	11,039	1,217,851	1,218,067
Research	-	-	329,074	329,074	218,896
Communications and public engagement	638,115	-	1,400	639,515	598,605
Professional standards	399,742	-	14,777	414,519	381,710
Conferences and academic activities	160,780	-	-	160,780	173,799
Education Centre	188,721	-	-	188,721	176,942
Advisory committees	274,705	-	-	274,705	266,602
Workforce	268,858	-	-	268,858	249,354
International development	89,107	-	2,921	92,028	-
Intercollegiate Human Nutrition Course	-	-	14,566	14,566	17,544
Clinical leadership in pathology	-	-	278,580	278,580	-
Project expenditure	-	-	202,756	202,756	199,709
Governance costs	92,008	-	-	92,008	70,849
Total resources expended	3,549,890	-	855,113	4,405,003	3,764,799
Net incoming/(outgoing) resources before transfers	362,793	-	(600,221)	(237,428)	914,572
Gross transfers between funds	(209,557)	273,977	(64,420)	-	-
Net incoming/(outgoing) resources before other recognised gains and losses	153,226	273,977	(664,641)	(237,428)	914,572
(Losses)/Gains on investment assets	(95,192)	-	(2,488)	(97,680)	398,461
Net movement in funds	58,044	273,977	(667,129)	(335,108)	1,313,033
Total funds brought forward	9,594,445	2,124,795	1,656,855	13,376,095	12,063,062
Total funds carried forward	9,652,489	2,398,772	989,726	13,040,987	13,376,095

The Royal College of Pathologists
Consolidated balance sheet as at 30 June 2012

	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2012 £	Total 30 June 2011 £
Tangible fixed assets	6,002,698	-	-	6,002,698	6,253,417
Investments	1,273,847	2,111,162	144,576	3,529,585	2,056,980
Total fixed assets	7,276,545	2,111,162	144,576	9,532,283	9,310,397
Current assets					
Stocks	22,971	-	-	22,971	11,082
Debtors	247,652	-	22,617	270,269	237,548
Cash at bank and in hand	3,993,467	287,610	993,526	5,274,603	5,724,621
Total current assets	4,264,090	287,610	1,016,143	5,567,843	5,973,251
Creditors					
Amounts falling due within one year	(1,863,146)	-	(141,649)	(2,004,795)	(1,907,553)
Net current assets	2,400,944	287,610	874,494	3,563,048	4,065,698
Total assets less current liabilities	9,677,489	2,398,772	1,019,070	13,095,331	13,376,095
Creditors:					
Amounts falling due after more than 1 year	-	-	(29,344)	(29,344)	-
Provisions for liabilities and charges	(25,000)	-	-	(25,000)	-
Net assets	9,652,489	2,398,772	989,726	13,040,987	13,376,095
The funds of the College					
Unrestricted funds	9,652,489	2,398,772	-	12,051,261	11,719,240
Restricted funds	-	-	989,726	989,726	1,656,855
Total College funds	9,652,489	2,398,772	1,989,726	13,040,987	13,376,095

The Royal College of Pathologists Expenditure 2011 – 2012



The financial statements were approved by Council on 6 September 2012 and signed on behalf of Council by

Dr Archie Prentice
President

Dr Charles Singer
Treasurer

Honorary Officers

President

Dr Archie Prentice

Vice-Presidents

Dr Bernie Croal

Dr Suzy Lishman

Professor Mike Wells

Registrar

Dr Rachael Liebmann

Assistant Registrar

Dr Simon Knowles

Treasurer

Dr Charles Singer

College appointments

Director of Conferences and Academic Activities

Dr Sanjiv Manek

Director of Examinations and Assessment

Dr Kevin West

Director of Professional Standards

Dr Andy Boon

Director of Communications

Dr Peter Cowling

Director of International Activities

Dr Ken Fleming

Director of Public Engagement

Professor Paola Domizio

Director of Research

Professor Finbarr Cotter

Director of Training and Educational Standards

Dr David Bailey

Director of Workforce

Dr Terry Jones

Editor of the *Bulletin*

Dr Laszlo Igali

Honorary Librarian

Dr Mike Addison

Council 2011–2012

Dr David Cassidy

Dr Simon Davies

Professor William Fraser (co-opted)

Professor Stephen Gillespie

Professor Peter Goldfarb (co-opted, shared with Dr Scholes)

Professor Kate Gould

Dr Bushra Hamid

Dr Mark Heatley

Dr Tim Helliwell

Professor James Lowe

Dr Tim Nokes

Dr Jeremy Quiney

Dr Lance Sandle

Dr Sandra Scholes (co-opted, shared with Professor Goldfarb)

Dr Ian Seddon

Dr Prema Seetulsingh

Dr Mallika Sekhar

Mr Jeff Seneviratne (co-opted)

Professor Carrock Sewell

Professor Tim Stephenson

Dr Thomas Trinick

Dr Jonathan Waters (co-opted)

Mr Craig Webster

Dr Philip Wood

College staff

Daniel Ross	Chief Executive
Elspeth Evans	Deputy Chief Executive
Fiona Addiscott	Workforce Planning Manager
Adobea Akuffo	Training and Educational Standards Assistant
David Ayre	Examinations Coordinator
Charlotte Balazs	Committee and Regional Councils Coordinator
Mimi Barrett	Assessment Coordinator
Sue Beckford	Membership and Finance Officer
Anne Boxill	PA to President and Honorary Officers
Alex Brinded	Examinations Coordinator
Joanne Brinklow	Head of Educational Standards
Eugene Coyle	Membership and Finance Manager
Sandra Dewar	Acting Head of Educational Standards/Assessment Manager
Rosemary Emodi	International Manager
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