

## Specialty Advisory Committee on Cellular Pathology

A meeting of the Specialty Advisory Committee on Cellular Pathology was held on Thursday  
12 June 2025 at 2:00 pm – 4:00 pm via MS Teams

Professor Sarah Coupland  
Registrar

### Minutes

- Present:** Professor Adrian Bateman, Chair  
Mr Andrew Usher, Chair, RCPATH IBMS Histopathology Reporting Conjoint Board  
Dr Paul Barrett, Chair, NQAAP in Cellular Pathology  
Dr Newton Wong, Specialty Member  
Professor Sebastian Brandner, Chair, SAC on Neuropathology  
Dr Katie Hawkins, RCPATH Trainee Representative  
Dr Bipin Mathew, Chair, Dermatopathology SC  
Dr Laszlo Igali, RCPATH Vice President for Professionalism/Pathology Informatics representative  
Dr Muhammad Gill, Chair of the Histopathology Panel of Examiners
- In Attendance:** Miss Shelaine Kissoon, Governance and Committee Services Officer (*minutes*)  
Mrs Thadcha Retneswaran, RCPATH Professional Guidelines Officer  
Mr Reece Carfrae, RCPATH Senior Professional Guidelines Officer
- Apologies:** Dr Gareth Rowlands, Chair, Cellular Pathology Workload Scoring Group  
Ms Diane Gaston, RCPATH Director for Communications  
Dr Edmund Cheesman, Chair, Histopathology CSTC  
Ms Katherine Kean, RCPATH Workforce Administrator  
Dr Neelaveni Duhli, The Association of Clinical Pathologists representative
- Absent:** Dr Sian Morgan, Chair, Genomics and Reproductive Science SAC  
Professor Sarah Coupland, President, Pathological Society (Observer)  
Dr Anthony Maddox, Interim Chair, Cytopathology SC

- CP.13/25 1. Welcome, introductions, declarations of conflict of interest and apologies for absence**
- 1.1 The Chair opened the meeting by welcoming all members, and extended a particular welcome to Dr Bipin Mathew, the newly appointed Chair of the Dermatopathology Subcommittee. Introductions then followed.
- 1.2 Apologies for absence was received and noted above.
- 1.3 There were no declarations of conflict of interest.
- CP.14/25 2. Review and approve minutes of the previous meeting**
- 2.1 The minutes of the meeting held on 11 February 2025 was reviewed and approved as a correct record.
- 2.2 Matters Arising from the previous minutes  
There were no matters arising that were not already covered on the agenda.



### 2.3 Action log

The action log was reviewed, and the following updates were noted:

- **CP.20/21** Suggestion for College to make the guidance available as web-based  
As part of the College Digital Transformation project, the College website is currently being re-developed and re-platformed. It was noted that the suggestion to make the guidance web-based will be proposed for inclusion on the new platform, which is expected to support such functionality by 2026. **Action remains pending.**
- **CP.13/24** Seeking representative to join the 'Expert Reference Group for Histopathology Transformation and Recovery'  
It was noted that Dr Gill had volunteered to act as the representative on the Group. Action declared closed.
- **CP.21/24** Proposal for the RCPATH to drive subspecialty cellular pathology groups for genomics and genomics test directories  
Professor Brandner informed that he had contacted a member of the pharmacogenomics component of the Genomics Test Directory Evaluation Group on two occasions but received no response. He queried whether an alternative pathway exists to join the group as he is keen to participate in its discussions.

The SAC discussed the lack of pathology representation within the National Genomic Test Directory Test Evaluation Group, noting that it is currently oncology-focused and predominantly prioritises therapeutic testing rather than diagnostic applications. Dr Mathew confirmed that the directory is being digitised and aligned with WHO publications, although timelines for completion remain unclear. Structural changes within NHS England have added uncertainty regarding responsibility for test evaluation. It was agreed that the RCPATH should take a stronger role in ensuring pathology input into genomics policy and test directory development. Dr Igali undertook to raise the issue at the upcoming RCPATH Council meeting and to explore alternative pathways for engagement. **Action: Dr Igali**

### CP.15/25 3. **Reports**

#### 3.1 RCPATH IBMS Histopathology Reporting Conjoint Board

Mr Usher provided a brief report noting that scientists are continuing to complete the training scheme and are being ratified. Dr Srinivas Annavarapu is working on the placental reporting programme, which remains under review by the Paediatric Pathology SAC for approval. At least three to four individuals are currently undergoing bowel cancer screening training; and Wales was an early adopter due to the introduction of bowel screening. The programme has national approval, with participants expected to complete training in approximately 18 months.

#### 3.2 Working Group on Cancer Services'

Professor Brandner reported that the Working Group on Cancer Services discussed the feasibility of establishing a centrally funded subscription to the WHO Blue Book series for histopathologists, trainees, and related specialists. Professor Brandner outlined that the estimated cost would be approximately the equivalent of one consultant's salary for consultants and one trainee salary for trainees, totalling around £140–180K per year. Funding via NHSE was considered, but technical and access issues made this approach challenging. Funding through the College was suggested, potentially through membership fees, though concerns were raised about fairness and financial impact on all members. The technical implementation of the subscription was also discussed. While an API interface between the College website and the WHO Blue Book was proposed, a simpler solution might be possible, allowing members to access the

resource directly through the College portal without complex integration. Issues relating to NHS email addresses were noted, with College-based access seen as more practical and controllable.

The SAC emphasised the benefits of a centralised subscription, including improved equality of access, support for smaller departments, enhanced reporting quality, and operational efficiency. Participants noted that some Deaneries already fund subscriptions for trainees, which could offset costs. Challenges identified included potential technical costs, other budget priorities for the College, and the inflexible nature of current WHO subscription models.

The consensus was that the idea is valuable and worth pursuing. The next steps involve presenting the proposal to the College Council to gather institutional support, clarify financial implications, and explore practical technical solutions for implementation.

### 3.3 NQAAP for Histopathology Incorporating the Steering Group for Interpretive EQA

Dr Barrett presented a report from the scheme organisers annual meeting which is held to confirm registration of all EQA schemes, and annual reports are requested via SurveyMonkey.

The following highlights were provided:

- Schemes include large national programmes, super-specialised schemes for niche areas, and generalist schemes, covering nearly 8,000 encounters annually with 250+ members per scheme.
- EQA results are primarily educational, not punitive; performance is measured against consensus answers rather than absolute correctness.
- First action points address minor underperformance, with participant notification and local governance involvement. Second action points are more significant, requiring sensitive handling and prioritising patient safety.
- Operational challenges include digitised slides, participant registration, and scheme accreditation, with information being consolidated on an RCPATH hosted website.
- Meetings are currently virtual for efficiency, though in-person meetings allow better networking and engagement.
- Ground-truth scoring is increasingly applied in some schemes to avoid unfair penalisation of minority correct answers.
- Thresholds may differ between super-specialists and generalists to reflect real-world practice.
- Two schemes are mandatory: skin pathology and bowel cancer screening; other schemes are optional.
- EQA schemes aim to support learning, professional development, and early identification of potential performance issues.
- Scheme organisers retain discretion to apply broad principles and guidance to ensure fair, educational, and patient-safety-focused outcomes.

### 3.4 Pathology Informatics Group

Dr Igali informed that a Pathology Informatics Committee meeting took place on 21 May 2025, and the following was discussed and highlighted:

- Focus has been on NHS restructuring, which has affected the pathology informatics budget, creating challenges for ongoing operations.
- The core informatics team remains, now led by Jeremy Rogers, who brings both informatics expertise and healthcare insight.

- The previous Digital Pathology Committee has been dissolved and will be replaced by a renewed committee led by Professor Darren Treanor.
- New committee priorities include integration of AI and inclusion of non-histopathology digital pathology, such as haematology schemes. The aim is to create a broader, more representative group of digital pathology experts nationwide.
- Pathology representation in policy discussions, particularly regarding shared patient records, is essential, as current outreach focuses on suppliers rather than clinicians.
- Efforts have been made to include pathology perspectives in college and national consultations.
- The ongoing Pathology Informatics Committee work plan was reviewed; no major new items emerged, and existing projects will continue.
- Emphasis on lobbying to ensure pathology is represented in national digital pathology and shared record strategies.
- Despite challenges, the team is positioned to maintain progress on key initiatives and strengthen digital pathology governance.

### 3.5 Cancer Genomics Focus Group

Dr Sian Morgan was not in attendance, and therefore, there had been no update.

### 3.6 Dermatopathology Sub-committee

Dr Mathew provided the following report:

- Revisions to the skin cancer datasets, including basal cell carcinoma, squamous cell carcinoma, and melanoma, are progressing, with members of the Dermatopathology community leading the updates and thanks was extended to Dr Barrett for his contributions. TNM 9 is confirmed for publication on 25 August 2025, and dataset revisions will be timed to align with this; Dr Bateman will pursue named UICC contacts to facilitate communication.
- In relation to the Diploma in Dermatopathology Examination, it was reported that one candidate recently sat the examination, with the result pending. The current Lead Examiner will step down this year, and the Examination Committee will initiate the process to appoint a successor.

The SAC discussed the challenges faced by overseas-trained dermatopathologists seeking CESR, including the lack of assessors and the absence of a modern dermatopathology curriculum. The SAC suggested developing an updated curriculum and to explore alternative recognition routes (IBMS pathway, GMC portfolio flexibility, use of FRCPATH).

The ongoing shortage of UK histopathology training posts was noted. Some Trusts are appointing overseas-trained specialists to consultant roles without full specialist registration, which presents potential risks. The SAC discussed solutions including College guidance on safe appointments, potential industry support for training, and structured alternative pathways to CESR to integrate skilled practitioners safely.

## **CP.16/25 4. Trainees'**

Dr Hawkins reported on the feedback she received from trainees in relation to training and examinations and the following was noted:

### Part 1 examination feedback:

- Trainees feel they receive very limited feedback: only pass mark and average pass mark are given.
- No breakdown by specialty area (renal, GI, infectious disease, etc.), unlike MRCP.
- Trainees who repeatedly fail struggle to identify areas to improve.

- Current example questions are outdated and not representative.
- Some questions (e.g., molecular letter strings) are challenging for neurodiverse trainees.
- There is interest in tagging questions by specialty/domain to give better feedback and track consistency across exam sittings.

Part 2 examination feedback:

- High failure rate (72% in the latest sitting) predominantly due to short surgicals.
- Variation in exam difficulty and slide quality has caused frustration.
- Moderation tools help ensure safety, but trainees still question fluctuations in pass rates.
- From a positive perspective, trainees felt supported locally when they failed.

Non-Examination Training:

- Overall trainee engagement and satisfaction remain good. Independent reporting expectations vary between deaneries, highlighting the need for clearer College guidance.

The SAC had a discussion and recognised the importance of enhanced feedback mechanisms, up-to-date resources, and consistent standards across training programmes to support trainee development and examination performance.

**CP.17/25 5. Examinations**

Dr Gill provided the provided the following report on the examinations:

- The Part 1 exam, taken online by 332 candidates globally, achieved a 67% pass rate. The question bank is actively maintained, and plans are in place to provide more detailed, system-focused feedback to support candidate development.
- The Part 2 exam was conducted across 11 centres, including new centres in Sri Lanka and Singapore, with a pass rate of 28%, lower than in previous years. This is likely attributable to COVID-era training and reduced hands-on experience. Robust marking processes, including quad marking and comprehensive quality checks, were applied, and candidate feedback on the new condensed format has been positive. Collaboration with Training Programme Directors will continue to enhance local training and support for unsuccessful candidates. Plans are also underway to transition to a digital exam, subject to GMC approval.
- The autopsy exam had 15 candidates, with a 93% pass rate. Statistical review indicates no significant variation in assessment outcomes across centres.

Dr Hawkins highlighted that most candidate failures occurred on Day 2 of the examinations of the new condensed format, which includes short surgical cases. Dr Gill confirmed that overall candidate feedback on the format has been positive. While the format will continue to be monitored, particularly for cohorts trained during COVID, no immediate changes are planned.

**CP.18/25 6. Workforce**

Katherine Kean was not in attendance; however, the following report was submitted by email:

Workforce census 2025:

- Overall response rate: 31%
- Cellular Pathology response rate: 33%
- First spotlight (covering response rate, retirements, key issues) to be released later this month.

- Additional spotlights on morale and wellbeing, training, and recruitment challenges to follow, with a full detailed census report expected by year-end.

#### NSHE Medical Training Review

- The College Workforce team led organisational response using census data and input from the training directorate. Full response available on the website.
- Cellular Pathology CSTC submitted a separate response.

#### Direct-to-service surveys

- Collection of headcount/WTE and vacancy data across pathology services underway.
- Paediatric & Perinatal Pathology survey completed, report in final draft.
- Forensic Pathology and Neuropathology surveys currently live.
- Cellular Pathology survey planning:
  - Horizon scanning of challenges completed
  - List of UK Cellular Pathology leads compiled
  - Early draft of survey questions prepared
- SAC to be contacted in due course, including Chairs of Cytopathology and Dermatopathology subcommittees.

Further updates to be provided as work progresses.

### **CP.19/25 7. Best Practice Recommendations**

The SAC received and noted the document outlining the status of the best practice recommendations. Mrs Retneswaran provided an overview of the progress in developing the guidance documents.

The efforts of contributors were acknowledged, with recognition that delays are primarily due to workload pressures rather than a lack of willingness to participate. NHS England guidance encouraging trusts to allocate SPA time for College activities was noted, although uptake varies due to financial and staffing pressures. The SAC emphasised the importance of regular progress tracking, clear communication, and maintaining a pool of potential authors. It was agreed that long-delayed tasks could be reassigned to ensure timely completion, and updates on overall guideline progress would continue to be provided. Appreciation was expressed for contributors' voluntary work and the challenges of balancing this with other professional commitments.

### **CP.20/25 9. College committee minutes**

#### 9.1 Cytopathology Sub-committee

None to note.

#### 9.2 Dermatopathology Sub-committee

None to note.

### **CP.21/24 10. IBD Standards Update 2025: Consultation**

The SAC were asked to ratify the infantry part of the IBD Standards 2025 document. It was noted that the document contains minimal pathology content. It was reported that Professor Roger Feakins, Gastrointestinal Subspecialty Advisor and co-author, has reviewed and confirmed his support for the document. The Chair mentioned that he had also reviewed the section and recommended ratification.

The committee unanimously agreed to ratify the infantry component of the standards document.

**CP.22/25 11. Any other business**

11.1 Guideline on Staffing and workload for histopathology and cytopathology departments  
Dr Rowlands was not in attendance; however, he provided the following update on the guidelines by email:

- The Working Group met in April after a prolonged delay.
- It was decided not to make changes to the draft published last year, as reassessing based on 2024 feedback would have caused further delays.
- The document will be published soon with 2024-generated content.
- A 12-month feedback period will open immediately, incorporating all 2024 comments to ensure they are considered.
- Substantial updates will be made 12 months after publication based on real-world implementation feedback.
- Not addressing last year's comments immediately may generate some controversy, but this approach avoids another 6-to-12-month delay.
- The baseline document is essential to enable progress.

Formal publication is expected this summer.

**CP.23/25 12. Date of the next meeting**

The next meeting is scheduled to take place on Tuesday, 3 February 2026, at 2:00 pm for a duration of 2 hours.