



The Royal College of **Pathologists**
Pathology: the science behind the cure

Scotland Regional Symposium 2019

Wednesday 20th November 2019

Held at

The Rox Hotel
17-23 Market Street
Aberdeen
AB11 5PY



20112019



#rcpathscotland



General Information

Certificates of attendance

Certificates of attendance will be emailed to all attendees, within a fortnight of the conference. This conference is eligible for 3 CPD credits.

Speaker presentations

Where permission has been given, speaker presentations will be available after the conference.

Feedback

A link to an online feedback form will be emailed to you after the conference, please do complete. All comments are confidential, and will be taken into consideration in an effort to improve future conferences.

Mobile phones

For the benefit of other delegates and speakers, please ensure your phone is on silent mode



Twitter

Feel free to use the below hashtag to tweet your experiences from today's event. Please be careful if taking photos make sure to ask and get consent, not everyone wants to be on social media.

#rcpathscotland



Scotland Regional Symposium 2019

Wednesday 20th November 2019
To be held at The Rox Hotel, 17-23 Market Street,
Aberdeen, AB11 5PY
CPD Credits: 3

- 10.30 Registration
- 11.00 Welcome and Introduction – **Professor Peter Johnston, RCPATH Scotland Regional Council**
- 11.05 RCPATH Update - **Prof Jo Martin, RCPATH President**
- 11.35 New perspectives in Pathology curricula – **Joanne Brinklow, RCPATH Director of Learning**
- 12.00 VALUED strategy - **Professor Keith Gardiner, Northern Ireland Medical & Dental Training Agency (NIMDTA)**
- 12.30 Lunch
- 13.30 The impact of extending the cervical screening age to include women 60-65 years - **Dr Joanna Round, Aberdeen Royal Infirmary**
- 13.45 Melanoma Sentinel Lymph Node audit - **Dr Guy Conlon, Aberdeen Royal Infirmary**
- 14.00 Scottish National Laboratory workforce – **Dr David Stirling, Director of Healthcare Science at NHS National Services Scotland**
- 14.25 Scottish National Laboratories Programme - **Dr Bill Bartlett, NHS National Services Scotland**
- 15.00 Close



Presenters

Professor Peter Johnston

Professor Peter Johnston is a Consultant Histopathologist (NHS Grampian) and Depute Postgraduate Dean (Scotland Deanery, North Region). Diagnostic work includes cellular pathology with a special interest in haematopathology.

An Aberdeen graduate, he has a long commitment to undergraduate and postgraduate medical education, coordinating and innovating in undergraduate teaching over many years. Current postgraduate roles include Chair of the Scotland Regional Council, Director of Medical Education Research in the Scotland Deanery, Chair of the Scottish Diagnostics Specialty Training Board, Co-Director of the Centre for Health Education Research and Innovation in the University of Aberdeen. He has responsibilities in the Scottish Medical Education Research Consortium involving the Deanery and the five Scottish Medical Schools. Prof Johnston is a member of the GMC Curriculum Advisory Group. Pedagogic research is in medical careers decision making, including novel methods to study how students and trainees value generic characteristics of training posts. Clinical learning environments, educational culture and human factors in educational and clinical settings are other areas of study.

Professor Jo Martin

Professor Jo Martin MA MB BS PhD MA FRCPath

Professor Martin Qualified Cambridge University and London Hospital Medical College 1984, MRC Training Fellowship 1988, MRC Fellowship 1990, Wellcome Trust Advanced Research Training Fellowship 1991. PhD London University 1997. Kings Fund programme MA in Leadership in 2005.

Jo has over 130 published papers including Nature group and Science journals and is Professor of Pathology at Queen Mary University London. She is a founding Director of Biomoti, a drug delivery platform technology company, and app creator, including an e-learning platform, e-CPD, with over 46,000 modules completed by health staff.

She has very broad experience in healthcare management ranging from running clinical departments and divisions to acting as Medical Director, and subsequently Chief Medical Officer at Barts Health NHS Trust. As Director of Academic Health Sciences she is responsible for CRN North Thames, hosted by Barts, and has led research across the Trust and the training and education of 16,000 staff across Barts Health. Her clinical specialist expertise is in the pathology of gastrointestinal motility disorders.

National Clinical Director of Pathology for NHS England April 2013-16, Jo has worked across a broad range of programmes and projects in all the pathology disciplines including genetics, transfusion, digital pathology, data, networks and working with the diagnostic professional bodies, including the Academy of Medical Royal Colleges.

She is involved in a range of bodies as a board member, including chairing the Research Advisory Board of the Motor Neuron Disease Association and chairing the Strategic Clinical Reference Group of the National Information Board.

Jo became President of the Royal College of Pathologists in November 2017.

Joanne Brinklow

Jo has worked at the College since 2001 when she was appointed to establish what is now the Training Department. At the time, there was very little regulation of College curricula and examinations. Training



Committees were soon established, curriculum development began and the College was asked to pilot histopathology as a run-through curriculum under Modernising Medical Careers which was introduced in 2005. Curricula for the other specialties were also developed and Jo also worked on the 'infection project' bringing together the medical microbiology, medical virology, infectious diseases and tropical medicine curricula for an initial combined infection training period. In 2008, Jo became Head of Educational Standards (now Director of Learning) and since 2010 has overseen the training, examinations, assessment and international work streams of the College; most recently overseeing the update of the curricula in to meet Shape of Training principles and new GMC standards.

Professor Keith Gardiner

Keith Gardiner, MD, MCh, MSc, FRCS (Edin), FRCS (Gen) PGCert QI (Dundee)

Postgraduate Dean and Chief Executive, Northern Ireland Medical and Dental Training Agency; Honorary Professor, Centre for Medical Education, Queen's University Belfast

Professor Gardiner, graduated from Queen's University and trained in Northern Ireland, West of Scotland and Oxford. Previously a Research Fellow in Johns Hopkins, Baltimore, he has been a Wellcome, Surgical Research Society and James IV Association of Surgeons Travelling Fellow. He was Senior Lecturer in Surgery (Queen's University) 1995-1999 and Honorary Senior Lecturer 1999-2013.

He was a Consultant General Surgeon specialising in colorectal disease and intestinal failure from 1995 -2014.

Prior to becoming Postgraduate Dean in 2012, he was Chair of Basic Surgical Training Committee (1997-2002), Programme Director in General Surgery (2000-2008) and Associate Dean - Specialty Training (2007-2012). He has led a DoH-commissioned Review of Medical School Places in NI and chairs the Education and Training Recommendation Implementation Group of the Inquiry into Hyponatraemia-Related Deaths.

Dr Joanna Round

Dr Joanna Round graduated from Aberdeen University with an MBChB in 2012. She is enjoying her histopathology specialty training in the North of Scotland and is based at Aberdeen Royal Infirmary.

Dr Guy Conlon

Dr Conlon graduated from the University of Edinburgh in 2015 and completed his foundation training in the West of Scotland. He is now an ST3 in Histopathology in the North of Scotland Deanery, working at Aberdeen Royal Infirmary.

Dr David Stirling

David is currently the Director of Healthcare Science for NHS National Services Scotland and a Consultant Clinical Scientist for NHS Lothian. Prior to this he was the Scottish national professional lead for Healthcare Science.

He has over 28 years' experience as a clinical scientist and led the introduction of Haematology Molecular testing in NHS Lothian, leading to a National service for genetics of bleeding disorders, and the introduction of molecular pathology testing. Prior to specialising in Haematology, David was involved in research at the University of Texas, and the Imperial Cancer Research Fund.

David was previously a member of the Academy for Healthcare Science Regulation Council and a Director of the Association of Clinical Scientists. He now sits on the Council of HCPC.



Dr Bill Bartlett

Dr Bill Bartlett trained as a Clinical Biochemist is currently the Clinical Lead for Scotland's National Laboratories Programme (NLP). He retired in 2018 as Joint Clinical Director of the Diagnostics Group, within NHS Tayside. He has worked as a Clinical Scientist within the NHS laboratories since 1979 in London, Birmingham and Dundee. Roles have included that of Lead Clinician for the Scottish Clinical Biochemistry Managed Diagnostic Network and Subject Matter Expert for the laboratories element of NHS Scotland Shared Services Health Portfolio. Since May 2018 he has occupied the Clinical Lead position for Scotland's National Laboratories Programme. He is currently an Honorary Senior Lecturer in the Division of Medicine in Dundee and has held honorary academic appointments at the Universities of Birmingham and St Andrews.

Dr Bartlett has had many interests in a career spanning some 40 years within the NHS. Those have included a specific interest in the development of models for delivery of laboratory services that will see them viewed as an investment that underpins delivery of healthcare rather than a cost to healthcare. He has had extensive involvement in a range of IT initiatives and developments during his career and has developed an interest in the user laboratory interface and how this can be managed to add value to services.

Abstracts

New perspectives in pathology curricula

Joanne Brinklow, The Royal College of Pathologists

- To understand the regulation, process and implementation and around approval of curricula and programmes of assessment.
- To understand the new format of curricula (e.g. outcomes-based, Capabilities in Practice, Generic Professional Capabilities etc.) and any notable changes for the specialties.
- To understand the plans for any changes to the programme of assessment.

The process of developing new curricula and programmes of assessment, and seeking regulatory approval, can be long and involved. Proposals for changes to postgraduate medical education come along every 10 years or so with the most recent, Shape of Training, taking longer than most to be implemented. At the same time, the GMC have revised their standards (now called Excellence by Design) which require the Colleges to produce curricula that are outcomes based, incorporate the Generic Professional Capabilities framework and seek approval in a two-stage application process. All of the pathology curricula are now under review and scheduled for submission. Each specialty has carefully considered how they can implement Shape and the new GMC standards as well as how their curricula need to change to meet the needs of the UK population and respond to changes in healthcare provision and technology, amongst other things. With the exception of cellular pathology, all other pathology specialties will recruit trainees from the new Internal Medicine curriculum and this has also affected curriculum design. With any curriculum change, the programme of assessment also has to be reviewed as well as implementation and transition for trainees and trainers. This session aims to give an overview of the process and plans of the College over the coming 2-3 years with regard to the implementation of new curricula.



VALUED Strategy

Professor Keith Gardiner, Northern Ireland Medical & Dental Training Agency (NIMDTA)

It is necessary:

- To meet the needs of the workforce as well as the workforce needs of the service
- To engage the whole system in planning and implementation
- To review, respond and report progress on implementation

VALUED is a NI-wide strategy to enhance the care of patients by attracting, welcoming, developing, celebrating, supporting and encouraging high calibre doctors to train and remain in Northern Ireland

This strategy was introduced to address the concern of trainees that there was insufficient focus on training and their work-life balance in their training posts and the concern of the service regarding reduced applications for specialty training and an increased number of vacant training posts.

There are 6 components to the VALUED Strategy:

V- to ensure the Voice of trainees is listened to

A – to Acclaim and Applaud the success of trainees

L- to promote Life-work balance and support for trainees

U- to provide Up-to-date high quality training

E – to offer Enhanced learning opportunities for trainees

D – to present a Distinctive training experience

Progress and challenges in implementing the VALUED strategy will be discussed.

The impact of extending the cervical screening age to include women 60-65 years

Dr Joanna Round, Aberdeen Royal Infirmary

Introduction

On 6 June 2016 the age range of cervical smear screening in Scotland changed from 20-60 years to 25-64 years to be in line with rest of the UK. These changes were promoted as CARAF; Change in Age Range and Frequency 2016.

Aim

The aim of this study was to assess the impact of this age change in women 60 years and over; in particular assessing significant pathological diagnoses whilst also considering impact on women with unsatisfactory smears requiring repeat investigations.

Methodology

A retrospective analysis of data from all cervical smears processed by Aberdeen cytology department during 6 June 2016- 4 June 2017 was undertaken (68 065 smears in total). A comparison was made of the percentage of cytological diagnoses made in two age brackets (women under 60 years versus women 60 and over).



Findings

It was shown that the finding of cervical abnormalities is considerably lower in patients 60 and over. However, the unsatisfactory rate was proportionally higher in patients 60 and over; with 25% of all unsatisfactory smears belonging to this age group.

Conclusion

In Aberdeen's annual cohort of smears in women 60 and over, there was not a high pick up of significant abnormalities. However, there was a high level of unsatisfactory results, which meant women needed repeat smears adding anxiety and discomfort to a cohort of women who previously would not have been tested in Scotland.

Melanoma Sentinel Lymph Node audit

Dr Guy Conlon, Aberdeen Royal Infirmary

Audit of Radical Lymph Node Dissection Involvement by Metastatic Melanoma in Patients with a Positive Sentinel Lymph Node

Radical lymph node dissection (RLND) is advised in patients with metastatic melanoma in a sentinel lymph node (SLN). This audit analysed characteristics of the primary melanoma, SLN, or patient associated with a negative RLND.

Retrospective analysis was performed of data from all patients with melanoma, a positive SLN, and subsequent RLND between 2006 and 2018 (n=38) in our centre. 66% of patients with a positive SLN had a negative RLND. 88% of patients with subcapsular metastatic melanoma only in their SLN and 79% of patients with metastatic melanoma measuring 1mm or less in their SLN had a negative RLND.

Mean Breslow thickness of the primary melanoma in patients with a negative RLND was less than that for patients with a positive RLND (3.11mm v 4.99mm, p=0.04). The mean age of patients with a negative RLND was significantly lower than that of patients with a positive RLND (47 vs 63, p<0.002).

Scottish National Laboratory workforce

Dr David Stirling, Director of Healthcare Science at NHS National Services Scotland

- Description of current workforce challenges across Scotland
- Recommendations to address challenges
- Initiatives currently underway across the UK

Laboratory medicine is a unique partnership between medical staff, healthcare scientists and support staff. This partnership highlights some of the challenges, but also points to some potential solutions. More than a quarter of our laboratory medical staff are likely to retire in the next 7 years; 10% in the next 2-3 years. This is in the context of a vacancy rate of nearly 12%. Current specialty training numbers are insufficient to fill existing and near future vacancies, and there is no pool of trained staff internationally from which we can recruit. Even if we were to increase training numbers immediately, the training takes a minimum of 5 years, so while more medical staff is a key requirement, it cannot be the only solution. We need to be able to better support this portion of the workforce to focus on those roles which require their clinical licence and expertise.



Scottish National Laboratories Programme

Dr Bill Bartlett, NHS National Services Scotland

- A changing operating environment, service risks and technological developments combine to deliver a need for transformation of laboratory services to Scotland
- A whole system perspective of value is required by service users, service providers and other stakeholders to enable co-production of high impact services identify the benefits of investing lab testing
- An understanding of the term, “Value Proposition” and how this focus favours delivery of a form follows function distributed laboratory service with functional consolidation as opposed to a centralised model.

The Scottish National Laboratories Programme (NLP) was established in April 2018. This followed approval of a business case by NHS Scotland’s Chief Executives to support the development of a Distributed Service Model (DSM) for laboratory services. A national blueprint for future services and guiding principles for DSM delivery were also approved (<http://www.labs.scot.nhs.uk>). The background to the development was reported in the RCPATH Bulletin in October 2018([No 184.p 249](#)).

The aim of the programme is to facilitate the design and delivery of a form follows function laboratories service model focussed on delivering the value proposition of, “Right test, right place right time”. This value focus delivers a requirement for whole system thinking and co-production by many stakeholders to enable delivery of a high impact DSM that meets the needs of emerging models of care within NHS Scotland. This view enables identification of triple value benefits that will validate the model and enable a common focus to encourage co-production of high quality health care.

(<https://www.phc.ox.ac.uk/research/value-based-healthcare>)

The operating environment is complex and challenging with many drivers for change delivering pressure as well as opportunity for transformation. Incremental change is being promoted to enable design and safe delivery of the DSM under the direction of the National Laboratories Oversight Board and regional structures. The national programme is addressing key enablers identified in the business case and others emerging as priorities. Workstreams are now addressing DSM design, IT connectivity (NPEx), LIMS procurement, standardisation, the development of a national laboratories information and intelligence platform to deliver business and clinical intelligence and exploring potential opportunities for innovative solutions to problems through experimental developments involving industry and university partners.





The Royal College of Pathologists

Pathology: the science behind the cure

NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

20112019



#RCPathScotland



The Royal College of Pathologists

Pathology: the science behind the cure

NOTES

[illegible]

20112019



#RCPathScotland



The Royal College of Pathologists

Pathology: the science behind the cure

NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. The overall appearance is that of a clean, unused piece of stationery.

20112019



#RCPathScotland