

## **Training and education**

### **Courses and meetings**

The main discussion forum for UK GI pathologists remains the Pathology Section of the British Society of Gastroenterology (BSG). At the annual meeting in 2014 there were educational talks and a slide seminar, as well as joint sessions with clinical groups (endoscopy section; small bowel and nutrition sections; pancreatic section). The UK GI Pathology EQA Scheme meeting also took place. RF was co-opted to the Pathology section committee, strengthening links with the RCPATH.

The European Society of Pathology meeting in London included a strong GI pathology contribution. The Gloucester GI pathology course and the BSG/ACP (Association of Clinical Pathologists) two day GI and liver pathology update remain popular. Bowel cancer screening programme (BCSP) pathologists attend a minimum number of relevant meetings, although some uncertainty remains as to which meetings are accredited for this purpose.

### **EQA**

The national GI pathology EQA scheme remains very successful. The BCSP EQA is required for those reporting BCSP histology.

### **Other educational matters**

Two experienced GI pathologists (Dr M Rodriguez-Justo and Dr A Cairns) have agreed to support the institute of biomedical scientists' (IBMS) Advanced Practitioner examination.

## **Research and clinical trials issues**

For the first time, the BSG Pathology Section awarded a prize in memory of Bryan Warren to the best abstract submitted under the heading of Pathology at the BSG annual meeting. Typically, relatively few abstracts are submitted, and it is hoped that the prize will encourage more.

## **New developments and issues affecting service delivery**

### **Bowel cancer screening programme (BCSP)**

Age extension (70-75) has now been rolled out. One-off flexible sigmoidoscopy at age 55 is being extended. Its ultimate impact is difficult to estimate but will probably equate to one consultant histopathologist per million population. BCSP standards have also had a wider impact, e.g., a requirement to use reporting proformas for cancer resections. RF was appointed in April 2014 to the national Bowel Screening Advisory committee, which advises ministers about the programme.

### **Other cancer work**

The burden of pancreatic and upper GI cancers in the UK continues to rise steadily, partly because of an ageing population.



### **Service configuration and profile (local vs. regional vs. national)**

Consolidation of cancer surgery into fewer centres has progressed nationally, particularly for upper GI cancer and hepatopancreatobiliary (HPB) services. This has implications for histopathology.

### **Barrett's oesophagus**

BSG guidelines for Barrett's oesophagus were published in 2014, including a histopathology reporting proforma. Consolidation of services has been proposed in some regions, requiring "central review" of pathology, with implications for departments' case mix and workload.

### **Meetings**

Anal cancer meetings and Cancer of Unknown Primary (CUP) meetings continue to increase in number, often within GI MDTMs. Additional resources for pathology are often not considered. National clinical guidelines emphasise the importance of maintaining clinicopathological meetings for discussion of inflammatory bowel disease and other non-cancer pathology.

### **Turnaround times**

These remain a demand in many Trusts, not necessarily matched by adequate resources.

## **Overview of College documents; datasets, pathways, other standards documents**

### **Pathology documents - RCPATH**

- A revised RCPATH colorectal cancer dataset was produced in 2014.
- The oesophagogastric cancer dataset revision is nearing completion.
- A new anal cancer dataset is close to completion.
- A new appendiceal cancer dataset is in progress.
- The GI/pancreatobiliary tissue pathway is being revised and will be completed in 2015.
- Revision of the pancreatic cancer dataset will soon commence.
- An inflammatory bowel disease pathology guideline is being developed, based partly on the 2013 BSG IBD biopsy guidelines. A proforma will be included.

### **Other guidelines and standards**

- NICE is now developing national quality standards for inflammatory bowel disease (IBD). RF is representing the College as adviser.
- BSG guidelines for endoscopists have been published in Frontline Gastroenterology in 2014. They include guidance on providing adequate clinical details and samples.
- NICE appraisals lead to frequent requests for RCPATH input..

## **Workforce planning and recruitment to the specialty**

Concern has been expressed nationally about the validity of the College workload guidelines for GI biopsies and resections. Attempts by managers to impose these guidelines literally may be detrimental to GI pathology. Feedback was received from the BSG Pathology section committee in February 2014; collation of the comments is attached as a separate document.

Professor Roger Feakins

Sub Specialty Advisor for Gastrointestinal Pathology