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

Special Advisory Committee on Clinical Biochemistry (SAC)

Minutes

A meeting of the Clinical Biochemistry SAC was held on Wednesday 28 January 2026 at 11:00am – 13:00pm via Microsoft Teams conferencing

Professor Sarah Coupland
Registrar

Minutes

Present:	Professor Eric Stephen Kilpatrick	Chair
	Dr Ian Godber	ALM President
	Dr Bernie Croal	RCPath President
	Dr Kevin Deans	Chair, Panel of Examiners
	Prof Dimitris Grammatopoulos	Genomics and Reproductive Science SAC
	Dr Agnieska Jakubowska	RCPath trainee representative
	Dr Matthew Waite	RCPath trainee representative
	Dr W S Wassif	Chair, ALM National Audit Committee
	Dr Larissa Pais	Vice Chair, ALM Trainee Committee
	Dr Martin Myers	GIRFT (Get it right first time) representative
	Dr Vinita Mishra	Senior Examiner, CSCT Panel of Examiners
In attendance:	Shelaine Kissoon	Governance and Committee Services Officer *(minutes)*
Apologies:	Dr Claire Meek	Chair, ACP Chemical Pathology Committee

CB.01/26 **1. Welcome, declaration of conflict of interests and apologies for absence**

1.1 The Chair welcomed all members to the meeting. It was noted that Dr Larissa Pais is the new ALM trainee representative.

1.2 Apologies for absence had been received and noted above.

1.3 There were no declarations of conflict of interest.

CB.02/26 **2. Minutes of the previous meeting**

2.1 The minutes of the meeting held on 8 October 2025 were reviewed and approved as a correct record.

2.2 The following matters arising were discussed:

a) Examinations

Dr Deans reported that the Autumn 2025 examination statistics are available and would be presented at the next SAC meeting. He noted that the primary focus had been the development of a revised Part 2 examination. Consultation with the Chemical Pathology College Specialty Training Committee (CSTC) had been completed, and a

meeting with the College examination team is scheduled to finalise the proposal. Once agreed, a near-final version would be shared with the SAC as a confidential "for information" document, subject to GMC review and approval.

b) G158 The communication of critical and unexpected pathology results

Dr Godber provided an update on the new version of the document. He noted that while the biochemistry section was completed 12 months ago, the document required further review. He advised that he and Dr Croal recently met to discuss the remaining content, and the review is now largely complete, with only a few outstanding specialty comments. Once these are incorporated, the document will be ready for publication.

c) G027 Code of practice for clinical biochemists/chemical pathologists and clinical biochemistry services

It was noted that a preferred candidate to support the Code of Practice for Chemical Pathology had been identified, but engagement with the candidate had not yet progressed. Professor Grammatopoulos agreed to follow up with Thadcha Retneswaran from the College Professional Practice Team regarding the matter.

d) EQA scheme

Dr Croal confirmed that the College run QAPC and NQAAP activities remain paused, noting that these panels had been stepped down and activity has largely quietened. He explained that the histopathology personal EQA, previously part of the panels, had been separated, and discussions are ongoing with the relevant schemes to re-establish a College run oversight system funded by the schemes.

Dr Myers supported the suspension of the current EQA groups, noting it provides an opportunity to review the framework and develop a national quality framework for diagnostics. He outlined a proposal for the MHRA to host UK wide post market surveillance of IVDs, with the College and other stakeholders participating, and the MHRA assuming legal, regulatory, and financial responsibility. He added that persistent poor performance at local laboratories remains outside the MHRA remit, with escalation only possible via UKAS or College notification. Dr Myers noted that two pathways are emerging: MHRA led oversight for IVD manufacturers and College led oversight for laboratory performance, strengthening accountability and quality assurance in diagnostics.

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

a) Reliability of workforce data for Clinical Biochemistry

The SAC discussed challenges in establishing accurate national workforce data for clinical biochemistry and chemical pathology. The Chair reported that the College workforce survey response had improved to 60%, but gaps remain due to outdated contact lists and misclassification of roles, highlighting the need for targeted follow-up.

Dr Godber noted that changes to the ALM/membership database have resulted in the loss of historical departmental information and emphasised that centralised College data is likely to be more reliable than local records. Dr Croal added that College membership data is incomplete and NHS England workforce data is inaccurate, citing the Scottish experience where manual departmental-level data collection produced comprehensive datasets. Professor Grammatopoulos outlined plans to collect academic workforce data via regional RDNs, starting in the West Midlands. Dr Jakubowska and Dr Waite highlighted that trainee and registrar data is incomplete but partially available through training day records and national recruitment processes. Dr Myers suggested that NHS Improvement/Pathology Transformation quarterly returns

and Model Hospital data could provide additional information, although data quality is imperfect.

The SAC agreed that, while significant gaps remain, the workforce survey provides a valuable tool, and continued follow-up, triangulation, and manual validation are required to develop a clearer national picture.

b) National Analytical Performance Specifications (APS)

The Chair noted that nominations had been received from UK NEQAS, WEQAS, the ALM, and the EFLM to develop a national analytical performance specification (APS) and expressed hope that GIRFT would also participate. He highlighted that initial meetings would likely be challenging, as the group needs to define objectives, scope, and reporting format, and raised international considerations, including Mauro Panteghini's ISO initiative.

Members then discussed the topic, and several points were highlighted. Members of the SAC confirmed their support for broad engagement. Dr Myers emphasised the critical importance of APS in defining what is "good enough," citing examples such as haemoglobin A1C, PSA, folate, calcium, and faecal elastase, and recommended focusing on decision-critical diagnostics rather than attempting to cover all analytes. Both the Chair and Dr Myers agreed that APS would provide practical tools for laboratories, supporting informed decisions, investigation of poor performing assays, and escalation to regulators such as the MHRA. The Chair also noted the value of international perspectives, including the Australian EFLM representative.

The discussion concluded with consensus that APS are essential for laboratory quality, patient safety, and regulatory compliance, with early efforts focused on high-priority diagnostics under a structured, UK-led approach.

c) Managing demand for interpretative comments

The Chair explained that the document circulated to the SAC was intended to provide laboratories with options for managing demand, encourage reflection on current practices, and support prioritisation of clinically useful comments rather than attempting to address every request. The aim was not to set prescriptive standards but to explore practical approaches in a rapidly evolving workload landscape.

The SAC had a detailed discussion on current practices, risks, and potential strategies for managing interpretive comments, highlighting challenges, variability, and opportunities for improvement, and the following was noted:

- There is significant variability across the UK in the use of interpretative comments, ranging from rare or selective use to routine inclusion for specialist or high-risk cases.
- Inappropriate commenting can create risks, including delays, incorrect guidance, potential patient mismanagement and patient distress, particularly when reports are accessed directly via patient facing apps.
- Evidence on the benefit of interpretative comments is limited and mixed; some studies show improvement in patient management, while others show no measurable difference.
- Automation and clinical decision support systems could reduce workload. Routine comments could be automated, with manual input reserved for specialist or high-risk cases; however, fully functional, widely adopted systems likely remain years away.
- The role of clinical scientists and chemical pathologists may need redefining to ensure core responsibilities such as analytical work, troubleshooting, and quality assurance are maintained while managing clinical authorisation workload.

- Guidance or SOPs were recommended to clarify when automated versus manual comments should be applied, complemented by a national survey to capture current practices and examples of good practice.
- A national re-audit was considered timely to benchmark current practices against the last audit in 2011 and to support demand optimisation strategies.
- Direct communication with clinicians and patients is critical; interpretative comments should support decision making rather than replace clinical judgment. Educational links were suggested to encourage independent interpretation of results.

The Chair noted that the process for taking the document forward had not yet been determined, but if approved, it would likely be shared for wider consultation to gather additional feedback. He invited members of the SAC to review the document and submit any suggestions or corrections.

d) Laboratory interaction with patients

It was noted that discussion on this topic was deferred, as a full review of the ethics, policies, and implications would require additional SAC time.

CB.3/26 3. Pertinent Issues requiring Committee Discussion

3.1 Minimum Retesting Intervals

The Chair introduced the agenda item on minimum retesting intervals, explaining that a new guidance document had been prepared by Tim Lang and circulated to the committee. He outlined that members were asked to review the document, provide their opinions, and nominate a representative from the discipline to act as a contact for the final development of the guidelines. He noted that Tim Lang was already familiar with the chemistry requirements and suggested that potential nominees could include registrars or trainee clinical scientists. He reminded the SAC that nominations were requested by the end of the month.

Dr Croal, co-author of the guidance, explained that the purpose of widening participation was to involve a broader pool of contributors. He emphasised that no prior experience was required, and that involvement offered a valuable professional development opportunity. He noted that the guidance is internationally recognised and widely used, and that minor refinements could still be suggested by the committee. The Chair commented that input from SAC members would be useful, particularly to review areas that might benefit from minor adjustments, while acknowledging that the biochemistry content is largely stable. Dr Croal added that the guidance is intended as flexible advice, with local implementation depending on discussions with clinical teams and the capabilities of IT and LIMS systems, highlighting that many laboratories do not currently implement Minimum Retesting Intervals electronically.

It was agreed that Dr Jakubowska would approach registrars to gauge interest in reviewing the document, with Dr Pais assisting in coordinating volunteers. The SAC aims to provide feedback and nominate a lead contact to Tim Lang by the end of the month, with a potential follow up to confirm the nominated individuals.

3.2 Carter 4 update

Dr Croal informed that he and Dr Godber are members of the partner board, which has had limited input on the Carter 4 review due to embargo restrictions. He highlighted efforts to influence the process, including a one-to-one meeting with Lord Carter, and noted that the report is expected to be published in early 2026.

CB.4/26 4. Any other business

4.1 College Involvement in SNOMED CT and FHIR Pathology Messaging Transition

Dr Myers highlighted concerns regarding the transition to SNOMED CT and FHIR based pathology messaging, emphasising the need for College representation. Dr Croal outlined NHS Grampian's digital strategy, including the Digital Strategy Board and the College Pathology Informatics Group, chaired by Dr Karen Mitchell, which engages with NHS Digital. It was agreed that Dr Myers would share relevant correspondence to align stakeholders and ensure the College's input, with strong implementation mandates recognised as essential for successful adoption.

4.2 NHS Procurement and IVD Consultation

Dr Myers updated the SAC on planned changes to NHS procurement and delivery of in vitro diagnostics (IVDs). The NHS aims to ensure regulatory compliance (CE marking), device fitness for purpose, and linkage with post-market surveillance. A recent consultation meeting involved around 500 participants, including representatives from chemical pathology, clinical pathology, point-of-care, and pathway specialties, to gather input on procurement and deployment of devices. Dr emphasised that his focus is on patient safety rather than contractual matters and will forward the relevant email to the SAC for awareness.

CB.5/26 **5. Next meeting dates**

Thursday, 28 May (11:00am – 13:00pm)
Wednesday, 18 November (11:00pm-13:00pm)