



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

RCPATH Northern Ireland Symposium 2026

From Diagnosis to Recovery: Pathology Improving Every Step of the Patient Journey

Tuesday 20th October 2026

The Postgraduate Medical Centre,
Belfast City Hospital, 51 Lisburn Road, Belfast BT9 7AB



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General Information

Thank you for registering to attend the in-person RCPATH Northern Ireland Symposium, which will be held at the Postgraduate Medical Centre, Belfast City Hospital, 51 Lisburn Road, Belfast BT9 7AB on Tuesday 20th October 2026 at 9.30am.

We look forward to welcoming you at the symposium!

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 the development future conferences.



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RCPATH Northern Ireland Symposium 2026

From Diagnosis to Recovery: Pathology Improving Every Step of the Patient Journey

Tuesday 20th October 2026
Postgraduate Lecture Theatre, Belfast City Hospital

- Meeting opens**
09:30 Dr Alison Watt, *Chair, RCPATH Northern Ireland Regional Council*
Professor Sir Michael McBride, *Chief Medical Officer*
- A genome a day keeps Infection at bay**
09:50 Dr Tanya Curran, *Regional Virus Laboratory, Belfast Health and Social Care Trust*
- POCT in Northern Ireland – a Regional Approach**
10:15 Dr Jenny Hamilton, *Southern Trust*
- From 28 days to 28 minutes, exploring long read sequencing for the diagnosis of adult and paediatric brain tumours in Northern Ireland**
10:40 Dr Estelle Gillian Healy, *Belfast Health and Social Care Trust*
- College President update**
11:05 Dr Bernie Croal, *President of the Royal College of Pathologists*
- Coffee Break**
11:30
- Safe Handling of HCID risk samples, using simulation to enhance patient safety, laboratory safety and system performance**
11:50 Dr Louise McCorry, *Belfast Health and Social Care Trust*
- The Future of Genomic Medicine in Northern Ireland: A 10-Year Programme for Transformation**
12:15 Dr Caoimhe McKenna, *Belfast Health and Social Care Trust*
- 3 Award winning poster presentations**
- Regional implementation of germline-focused analysis of tumour sequencing using the ESMO framework: prospective results from 4,140 tumours**
12:40 Sianan MacParland, *Northern Ireland Regional Genetics Service, Belfast Health and Social Care Trust*
- Lipoprotein(a): an overlooked risk factor in patients considered for a genetic cause of hyperlipidaemia**
12:50



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The Royal College of **Pathologists**

Pathology: the science behind the cure

Sean McGeown, *Department of Clinical Biochemistry, Belfast Health and Social Care Trust*

13:00 **Evaluation of Adherence to Guidance on Biopsy Sampling During Upper Gastrointestinal Endoscopy**
Kemba Abdul-Hakim, *Department of Cellular Pathology, Institute of Pathology, Royal Victoria Hospital*

Blueprint update

13:10 **Pathology Blueprint Programme and Pathology Transformation**
Karin Jackson, *Programme Director, Pathology Blueprint Programme*

13:20 **Meeting closes**
Dr Alison Watt, *Chair, RCPATH Northern Ireland Regional Council*

13:30 - 14:00 **Lunch**
(to be held in the Lobby area of the Postgraduate Centre)

14:00- 15:30 **Trainee Forum with the President**
(to be held at the Larkin Room, Postgraduate Centre)



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Presenters

Dr Alison Watt

Dr Alison Watt PhD FRCPath is a Consultant Clinical Scientist in Virology at the Regional Virus Laboratory, Belfast, and Chair of the Royal College of Pathologists (RCPATH) Northern Ireland Regional Council, representing the pathology profession in Northern Ireland within the College's UK-wide structures.

Alison has over 20 years' experience within Belfast Health and Social Care Trust, with a career spanning academic research, diagnostic virology, clinical science, and professional leadership. A graduate of Queen's University Belfast, she completed a PhD and postdoctoral research in infection and immunity in chronic lung disease before training as a Clinical Scientist in Microbiology. She has worked as a Consultant Clinical Scientist since 2017.

Her professional leadership extends across the UK. Alison chairs the UK Standards for Microbiology Investigations Virology Working Group, contributing to the development of nationally recognised standards for microbiology practice. She is also a Senior Examiner in Virology for the Royal College of Pathologists.

Within Northern Ireland, Alison has contributed to strategic service development and public health initiatives, including co-chairing the Testing and Diagnosis Workstream of the Department of Health's Hepatitis C Elimination Programme. Her work has a particular focus on diagnostic innovation, workforce development and the transformation of pathology services to deliver resilient, high-quality services for patients.

Through her clinical, professional and College roles, Alison brings extensive experience spanning front-line laboratory medicine, UK professional standards, public health and the strategic transformation of pathology services.

Professor Sir Michael McBride

Prof Sir Michael McBride was appointed to the post of Chief Medical Officer for the Department of Health, in September 2006.

Prior to joining the department he had been Medical Director at the Royal Group of Hospitals from August 2002.

Prof Sir Michael McBride graduated with Distinction from Queen's University Belfast in 1986 and completed his undergraduate and postgraduate training in Northern Ireland. In 1991 he attained a Research Fellowship at St Mary's Medical School and Imperial College London, where he carried out research into new drug treatments for HIV.

Prof Sir Michael McBride has been a Consultant in the Health Service since 1994 when he was appointed Consultant Physician in HIV medicine at the Royal Group of Hospitals and has more than 10 years health service management experience.

He has a longstanding interest in continuing medical education and was Postgraduate Clinical Tutor in the Royal Group of Hospitals between 1996 and 2000 and Director of Education in the Royal Hospitals from 2000.



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As Medical Director at the Royal Hospitals, he contributed to strategic change at trust, regional and national level. As the Trust lead for clinical and social care governance, he had responsibilities for all aspects of clinical quality and patient safety.

Prof Sir Michael McBride took up the post of Chief Medical Officer during a time of significant change for Health and Social Care in Northern Ireland with responsibilities for Policy and Strategy in relation to Public Health, Quality and Safety and Research and Development. He also provides strategic advice to Minister and other Government departments on health related matters. He has been closely involved in the development of the new Health and Social Care structures, post Review of Public Administration, including the establishment of the Public Health Agency. Prof Sir Michael McBride currently leads in the work to transform health and social services in Northern Ireland in line with Health and Wellbeing 2026 – Delivering Together.

At the request of the Health Minister Prof Sir Michael McBride took up the post of Chief Executive of Belfast Health and Social Care Trust from December 2014 to February 2017. He combined this role with Chief Medical Officer. As Chief Executive Prof Sir Michael McBride was head of an integrated health and social care Trust which provided hospital-based and social care services to the population of Belfast, as well as most of Northern Ireland's regional specialist services. He had responsibility for key Ministerial priorities, corporate responsibility for the Trust's 20,000 employees, and overseen the Trust's annual budget of almost £1.3bn.

Prof Sir Michael McBride was knighted in Her Majesty's 2021 Birthday Honours for services to public health in Northern Ireland. He was awarded a Professorship in Public Health Practice from Queens University Belfast in 2021 for services to Public Health.

Dr Tanya Curran

Dr Tanya Curran is a Consultant Clinical Scientist and Clinical Lead in the Regional Virus Laboratory, Belfast Health and Social Care Trust. She completed her PhD in Molecular Microbiology at Queen's University Belfast in 2006 and became a Fellow of the Royal College of Pathologists in 2011.

Dr Curran has extensive experience in the development, evaluation and implementation of novel diagnostic technologies to improve the diagnosis and management of infectious diseases. Her work has been published in international peer-reviewed journals, and she previously served as an Editor of the Journal of Medical Microbiology.

In 2015, Dr Curran was awarded the Ebola Medal for Service in West Africa in recognition of her contribution to the UK response to the Ebola outbreak. During the COVID-19 pandemic, she was a member of both regional and national advisory and expert groups. She currently chairs the Northern Ireland Respiratory Pathology Network Group and is a member of several national groups, including the Pathogen Diagnostics Assurance Group and the H5 Emergence Diagnostics Subgroup. She has a particular interest in pathogen genomics and is a leading advocate for the development of a sustainable pathogen genomics strategy and service for Northern Ireland, supporting diagnostic equity, patient care and public health surveillance.

Dr Jenny Hamilton

Jenny is a Consultant Clinical Scientist in Biochemistry and POCT in the Southern Trust and is the current Chair of the NI POCT Specialty Forum.

Dr Estelle Gillian Healy



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Estelle Healy works as a Consultant Neuropathologist at the Belfast Trust where she joined the staff in 2014. She is a graduate of Queen's University Belfast School of Medicine where she developed an interest in pathology as an undergraduate, pursuing an intercalated BSc (Hons) in Pathology, funded by the Wolfson foundation in the department of Professor Peter Hamilton.

Estelle trained in Neuropathology in Belfast and at the National Hospital for Neurology and Neurosurgery, Division of Neuropathology, UCL Institute of Neurology, London. During this time, Estelle also undertook training at the Queen Square Brain Bank for Movement Disorders, and gained experience in the molecular reporting of brain tumours. She was awarded fellowship of the Royal College of Pathologists in 2010 and is a member of the British and European Societies of Neuropathology.

In 2011, Estelle undertook a Fellowship at the MRC Neuromuscular Centre, Queen Square, London, to pursue her special interest in neuromuscular disorders, funded by a grant from the NIHR, leading to publications with the international IBM consortium and work in education for the Joint Neurosciences Council, UK.

Estelle currently serves as the Training Programme Director for Histopathology and Forensic pathology in Northern Ireland and is the Deputy Lead for Training in Neuropathology at the Royal College of Pathologists. She is a member of the European Society of Pathology Teaching Faculty and has the honour of being President of the Meryon Society.

Estelle is an honorary consultant at the Highly Specialised Service for Limb Girdle Muscular Dystrophies at The John Walton Muscular Dystrophy Research Centre, Newcastle upon Tyne Hospital NHS Foundation Trust.

She works with the genomics laboratory of Professor David Simpson at the Wellcome-Wolfson Institute of Experimental Medicine, Queen's University Belfast and with the Charity Brainwaves NI to develop services for brain tumour patients in NI, collaborating with colleagues involved with the CNS applications of long read sequencing in the British Neuropathological Society.

Dr Bernie Croal

President, The Royal College of Pathologists

Dr Bernie Croal is the current President of the Royal College of Pathologists. He is a Consultant Chemical Pathologist working in Aberdeen, specialising in intravenous nutritional support. He has spent a long career in various leadership roles within NHS Scotland, including clinical director and regional lead for pathology, NHS Scotland demand optimisation lead and chair of the Scottish Clinical Biochemistry Network. He is also a past President of the Association for Laboratory Medicine (known as LabMed) and is a fellow of the Royal Colleges of Physicians and Surgeons of Glasgow, Physicians of Edinburgh and Ireland, Academy of Healthcare Science and the Institute of Biomedical Science.

Within RCPATH he has chaired many committees, been Scotland Regional Council Chair for 9 years and a Trustee for 15 years. He served as Vice-President from 2011-14 and is now President until November 2026.

Dr Louise McCorry

Dr Louise McCorry is a Consultant in Infectious Diseases and Medical Virology.

Dr McCorry completed her undergraduate degree at University of Dundee, moving to Northern Ireland in 2009 to complete Foundation and Core Medical training.



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She was the first trainee in Northern Ireland to be appointed to a joint National Training Number in Combined Infection training taking up a post in Infectious Diseases and Medical Virology.

She completed her certificate of Training in 2021 having achieved both Membership of the Royal College of Physicians, Fellowship of Royal College of Pathology and a Diploma in Tropical Health and Hygiene.

She was the first Infectious Diseases and Medical Virology consultant on the Island of Ireland.

At present, she works for the Belfast Health and Social care Trust as an Infectious Diseases and Medical Virology Consultant alongside a joint position with the Department of Health where she is seconded to the Role of Senior Medical Officer in Health Protection.

She continues to hold the lead HCID role within Infectious Diseases and is the current lead educator/training programme director in Infectious diseases Higher specialist training.

Dr Caoimhe McKenna

Dr Caoimhe McKenna is a clinical genetics consultant in the NI Regional Genetics Service and an Honorary Senior Lecturer at Queen's University, Belfast. She is also lead for Clinical Genetics teaching at Queen's medical school. Dr McKenna has played a leading role in the development of the Northern Ireland Genomic Medicine 10-Year Programme.

Sianan MacParland

Sianan MacParland is Lead Genetic Counsellor for the Northern Ireland Regional Genetics Service. She provides clinical leadership within cancer genetics and contributes to regional service development, education and research. Her interests include genomic medicine, hereditary cancer, molecular tumour profiling and the translation of genomic advances into improved patient care.

Sean McGeown

Sean McGeown is a foundation doctor currently on rotation with the chemical pathology team at RVH for 4 months. Sean graduated from QUB medical school in July 2025. Sean plan to apply for IMT training in the coming year and is interested in a career in endocrine or renal medicine.

Kemba Abdul-Hakim

Kemba Abdul-Hakim is a Clinical Fellow in Cellular Pathology at the Institute of Pathology, Royal Victoria Hospital, Belfast. She has interests in autopsy and gastrointestinal pathology and is engaged in pathology education, research, clinical audit and quality improvement. Her work focuses on strengthening diagnostic practice and enhancing patient care.

Mrs Karin Jackson

BEng (Hons) MSc MBA LLM CEng FIMechE FIBMS(Hon)

Karin Jackson has been the Chief Executive for the Northern Ireland Blood Transfusion Service (NIBTS) since 2016. NIBTS supplies blood and components to the health service in Northern Ireland, tests all antenatal blood samples and is the regional blood grouping reference laboratory.



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Following a manufacturing engineering career with Ford Motor Company in Belfast and her native Wales, Karin joined the health service in 2002 undertaking a number of operational roles with responsibility for local and regional adult and paediatric services at the Belfast Health and Social Care Trust.

Karin is Senior Responsible Owner (SRO) for two regional digital projects:

- the Core LIMS digital project that has replaced seven disparate laboratory information systems with a single system for all laboratories in Northern Ireland Trusts and NIBTS
- the Blood Production and Tracking (BPAT) project that will introduce a digital solution that will track blood and platelet donations from donor through to recipient

In addition, she is Programme Director for the Pathology Blueprint Programme that is developing arrangements for a single management and governance structure – most likely a pathology agency - for pathology services (including NIBTS) in Northern Ireland.

Karin is currently studying for a DBA at the University of Liverpool.

Abstracts

A genome a day keeps Infection at bay

Dr Tanya Curran, *Regional Virus Laboratory, Belfast Health and Social Care Trust*

Learning points:

1. The importance of diagnostic equality
2. The case for Pathogen Genomics
3. The risks for NI without a Pathogen Genomics Strategy & Service

Advances in pathogen genomics are transforming the diagnosis, surveillance and management of infectious diseases. NI remains the only UK region without a Pathogen Genomics strategy.

This presentation will explore the growing case for pathogen genomics as a core component of modern Infection services. It will demonstrate how genomic approaches can enhance diagnostic accuracy, support public health interventions, improve infection prevention and control, and strengthen healthcare system resilience against emerging infectious threats.

The presentation will also examine the current position in NI and consider the risks associated with the absence of a coordinated Pathogen Genomics Strategy and Service. These risks include reduced diagnostic capability, delayed outbreak recognition, inequalities in access to advanced diagnostics, and missed opportunities to support clinical decision-making and public health responses.

POCT in Northern Ireland – a Regional Approach

Dr Jenny Hamilton, *Southern Trust*

Learning points:

1. POCT in NI is now a regional service with the same devices, training, and governance in place across all Trusts.
2. When introducing new POCT services, users need to be aware of the costs associated with the service, particularly with regards to the staff required within the POCT teams, governance



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- requirements, and the IT connectivity costs to ensure results reach Encompass. Users need to understand that the result generated from a POCT device can have the same impact as a result generated in the lab, so the same governance requirement applies.
3. Trust POCT services are currently understaffed and underfunded. There is no capacity to expand to cover the Neighbourhood Programme. A Community POCT team is required for this project.

POCT in NI is now a regional service across all Trusts. We have developed a regional POCT Policy, a 5-year strategy for POCT in Secondary Care in NI, and work collaboratively to provide the best service for our users.

Regional procurement has been integral to this process as we now have the same POCT devices across all Trusts with the same training and SOPs in place, meaning that staff can move easily between Trusts without having to retrain. It has also produced significant savings as we have much more buying power as a region. In terms of IT, where before we had 5 instances of a middleware for each POCT device (one per Trust), we now have a central regional IT server with a connection to each of the 5 Trusts. This has saved the DoH several £million per contract in IT costs alone. The development and introduction of initiatives such as mandatory EQA compliance, and QI projects around use of the correct patient identifiers when using POCT devices has greatly improved patient safety and the flow of accurate patient data into Encompass.

Challenges facing POCT provision include a lack of staff for POCT teams, and lack of recognition of the requirement for these teams which, up until now, have been Biochemistry based, to become more multidisciplinary as POCT Microbiology and Haematology POCT expands. POCT services in NI are also not accredited. There is no other Pathology Service in NI that is allowed to operate unaccredited. There is a significant challenge in POCT being able to achieve UKAS accreditation when starved of resources. The DoH Neighbourhood programme presents another challenge as Trust POCT teams do not have the capacity to take on more work. A community POCT team would be best placed to provide this service and could link in with the Trust POCT SF to make use of the knowledge base already there.

From 28 days to 28 minutes, exploring long read sequencing for the diagnosis of adult and paediatric brain tumours in Northern Ireland

Dr Estelle Gillian Healy, *Belfast Health and Social Care Trust*

Learning points:

1. An understanding of the CNS tumour landscape.
2. Current tools for diagnosis and the concept of 'the classifier'.
3. New horizons - the potential of long read sequencing and data analysis using ROBIN.

CNS tumours cause substantial morbidity and mortality worldwide.

Current standard practice relies on pre-operative imaging and intraoperative histological analysis to determine the surgical strategy, but these are not always conclusive and are occasionally wrong.

The importance of molecular and genetic features in tumour classification has been increasingly recognised. The 2021 World Health Organisation (WHO) Classification of Tumours of the Central Nervous System now mandates molecular, genetic, and epigenetic analyses for a substantial proportion of tumour types. However, the current model of molecular analysis for CNS tumours is suboptimal – the standard-of-care diagnosis obtains molecular information in a timeframe that does not always match the needs of the patient or the post-operative planning required by the oncology team.



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The classification of CNS tumours relies upon identification of DNA methylation, which occurs in distinct patterns that vary between tumour types. A new 'nanopore technology' has recently become available with the potential to reduce the time needed to perform methylome profiling to days or even hours. The ability of nanopore sequencing to transform the diagnosis of CNS tumours has been demonstrated in multiple academic publications and is now being implemented in several neurosurgical centres in the UK and Europe.

The feasibility of this approach has been established in other Centres and we explore the unquestionable patient benefits in Northern Ireland. Our project has enabled us to have immediate experience with the generation and analysis of nanopore sequencing data within the local healthcare environment. This provides a step towards routine adoption in the region. Further research is discussed, exploiting the potential of nanopore sequencing to enhance molecular diagnosis and the understanding of CNS tumours.

College President update

Dr Bernie Croal, *President of the Royal College of Pathologists*

Safe Handling of HCID risk samples, using simulation to enhance patient safety, laboratory safety and system performance

Dr Louise McCorry, *Belfast Health and Social Care Trust*

The safe management of patient specimens in cases suspected or confirmed of High consequence infectious Diseases (HCID) presents a challenge across clinical and laboratory pathways.

The Human factors involved in the high stress scenario of sampling, labelling, packaging, transporting and then processing samples in a HCID setting can result in delays in patient management as well as risk to the staff by the very nature of the high consequence risk.

In Belfast, we have looked at multidisciplinary simulation to evaluate the end-to-end pathways for handling of HCID samples. This begins with the clinical assessment and specimen collection, to the laboratory receipt and testing.

The simulations are designed not only to assess compliance with established protocols and communication pathways, but also to clarify roles and responsibilities, to allow a psychologically and physically safe learning environment, and perhaps most usefully to assure the pathways. Put simply- do they work?... And if they don't how can we change? We use simulation to continually learn and develop our service to be the safest it can be.

Our experience is that simulation is an effective quality improvement tool for enhancing preparedness for HCID incidents. By strengthening patient safety, protecting clinical and lab personnel and improving system performance, simulation provides a more resilient and coordinated response to high risk infectious disease events.

The Future of Genomic Medicine in Northern Ireland: A 10-Year Programme for Transformation

Dr Caoimhe McKenna, *Belfast Health and Social Care Trust*

Learning points:



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1. Genomics has the potential to transform the health service; shifting from a reactive, inefficient model to a proactive, more efficient model.
2. Genomics is no longer niche diagnostics, it is central to modern health care. It is estimated by 2035, that 50% of all healthcare interactions will be informed by genomics.
3. A phased, coordinated, system wide transformation programme is required for NI to catch up with other UK regions, and to lay the groundwork for a genomics population health service.

Genomic medicine is rapidly reshaping healthcare worldwide, moving beyond its traditional role in rare disease diagnostics to become a fundamental component of prevention, diagnosis, treatment selection and population health management. While significant advances have been made across the UK through national genomics strategies, research investment and large-scale infrastructure programmes, Northern Ireland has yet to realise the full benefits of this transformation. The Northern Ireland Genomic Medicine Programme has developed a 10-year vision and delivery plan to address this gap and establish genomics as a core component of a sustainable, equitable and data-driven health and care system.

This lecture will outline the strategic case for genomic transformation in Northern Ireland and describe a phased programme of change spanning clinical services, laboratory infrastructure, workforce development, digital systems, data integration, research and innovation. The programme aims to move beyond a fragmented and reactive model of care towards an integrated genomics ecosystem that supports earlier diagnosis, personalised treatment, disease prevention and population health approaches.

Key priorities include the development of a Northern Ireland Genomics Centre of Excellence, implementation of a unified genomics data and digital infrastructure, expansion of genomic testing across multiple specialties, strengthened collaboration with academia and industry, and establishment of a genomics-ready workforce across health and social care. The lecture will also explore the economic and service benefits of genomic medicine, highlighting its potential to improve patient outcomes, reduce unwarranted variation, increase diagnostic efficiency and support long-term sustainability of healthcare services.

This presentation will describe how Northern Ireland can build on international best practice and position itself as a leader in precision medicine. It will demonstrate that achieving the benefits of genomic medicine requires not isolated projects, but a coordinated, system-wide transformation programme delivered over the next decade to create the foundations for a future genomics population health service.

3 Award winning poster presentations

Regional implementation of germline-focused analysis of tumour sequencing using the ESMO framework: prospective results from 4,140 tumours

Sianan MacParland, *Northern Ireland Regional Genetics Service, Belfast Health and Social Care Trust*

Tumour-only next generation sequencing (NGS) is increasingly used to guide cancer treatment, but can also identify variants suggestive of germline origin in cancer susceptibility genes (CSGs). The European Society for Medical Oncology (ESMO) has proposed a framework to prioritise tumour-detected variants for germline follow-up.

Between October 2024 and April 2026, NGS was performed on 4,140 tumour samples as part of standard clinical care. A bioinformatics pipeline identified candidate variants in CSGs, which were



reviewed by a molecular tumour board (MTB) using a modified ESMO intermediate-conservative approach to determine eligibility for germline testing. Outcomes assessed included germline testing uptake, germline conversion rate (GCR) and cascade testing activity.

Lipoprotein(a): an overlooked risk factor in patients considered for a genetic cause of hyperlipidaemia

Sean McGeown, *Department of Clinical Biochemistry, Belfast Health and Social Care Trust*

Familial hypercholesterolaemia (FH) is an inherited lipid condition causing raised LDL cholesterol and increased risk of early cardiovascular disease (ECVD) if untreated. The majority of those who have suspected FH and undergo genetic testing have a negative result, suggesting other factors explain their increased CVD risk. Raised lipoprotein(a) (Lp(a)) levels are a risk factor for CVD, and levels are thought to be genetically determined.

This service evaluation reviews Lp(a) testing in patients undergoing FH genetic screening.

Evaluation of Adherence to Guidance on Biopsy Sampling During Upper Gastrointestinal Endoscopy

Kemba Abdul-Hakim, *Department of Cellular Pathology, Institute of Pathology, Royal Victoria Hospital*

Recent joint guidance has been issued by the British Society of Gastroenterology, Association of Upper Gastrointestinal Surgery of Great Britain and Ireland and Royal College of Pathologists on recommended biopsy sampling during upper gastrointestinal endoscopy, following a Delphi consensus process.

We aimed to assess local adherence to this guidance by retrospectively evaluating a cohort of specimens submitted for histopathology assessment, against the recommended clinical and endoscopic indications for biopsy.

Pathology Blueprint Programme update

Pathology Blueprint Programme and Pathology Transformation

Karin Jackson, *Programme Director, Pathology Blueprint Programme*



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