



Specialty Advisory Committee on Cellular Pathology

A meeting of the Specialty Advisory Committee on Cellular Pathology was held on Tuesday
3 February 2026 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
Professor Sebastian Brandner, Chair, SAC on Neuropathology
Dr Katie Hawkins, RCPATH Trainee Representative
Dr Bipin Mathew, Chair, Dermatopathology SC
Dr Edmund Cheesman, Chair, Histopathology CSTC
Dr Neelaveni Duhli, The Association of Clinical Pathologists 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 (*item 7*)
Ms Katherine Kean, Workforce Administrator
Ms Diane Gaston, RCPATH Director for Communications

Apologies:

Dr Gareth Rowlands, Chair, Cellular Pathology Workload Scoring Group
Professor Newton Wong, Specialty Member

Absent:

Dr Sian Morgan, Chair, Genomics and Reproductive Science SAC
Professor Sarah Coupland, President, Pathological Society (Observer)
Dr Anthony Maddox, Interim Chair, Cytopathology SC
Dr Laszlo Igali, RCPATH Vice President for Professionalism/Pathology Informatics representative
Dr Paul Barrett, Chair, NQAAP in Cellular Pathology

CP.01/26 1. Welcome, introductions, declarations of conflict of interest and apologies for absence

- 1.1 The Chair opened the meeting by welcoming all members, followed by brief introductions.
- 1.2 Apologies for absence were received and noted above.
- 1.3 There were no declarations of conflict of interest.

CP.02/26 2. Review and approve minutes of the previous meeting

- 2.1 The minutes of the meeting held on 6 November 2025 were reviewed and approved as a correct record.
- 2.2 Matters Arising from the previous minutes
There were no matters arising 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 later in 2026. **Action remains postponed.**
- **CP.21/24** Proposal for the RCPATH to drive subspecialty cellular pathology groups for genomics and genomics test directories
It was noted that clearer input from subspecialties beyond pathology is needed for the genomic test directories. Dr Igali, at a previous SAC meeting, indicated he would raise the matter at the College Council and provide feedback. Shelaine Kissoon is to follow up with Dr Igali for an update. **Action remains in progress.**

CP.03/26 3. Reports

3.1 RCPATH IBMS Histopathology Reporting Conjoint Board

Mr Usher reported that Dr Srinivas Annavarapu had continued to develop the curriculum for the placental reporting qualification. Feedback from the recent questionnaire had been largely supportive and had been incorporated into the draft curriculum. He advised that the revised curriculum would be submitted to the Prenatal, Perinatal and Paediatric Pathology SAC in the first instance, followed by submission to College Council for approval. The qualification is expected to be launched later in the year.

Departments were invited to support the programme by providing presenters and assisting with catch-up sessions, and further College representatives were encouraged to come forward. Mr Usher confirmed that consultation with relevant clinical colleagues, including paediatricians and dermatologists, had taken place to ensure that the curriculum met the needs of all stakeholders.

3.2 Working Group on Cancer Services'

Professor Brandner provided a report on cancer services. He advised that the main ongoing issue was the funding of access to the WHO Classification of Tumours. Current subscription arrangements were intended for individuals or small groups, and a mechanism to enable wider NHS access, most likely via a portal, had yet to be established. A draft business case had been prepared to demonstrate the benefits for reporting quality and multidisciplinary team working, although implementation was expected to be a long-term objective.

He noted that the 2013 KPI document, although discontinued, continued to be cited in guidelines and was no longer considered fit for purpose. The Working Group remained divided on its usefulness, and no alternative approach had yet been agreed.

Professor Brandner also reported progress on cancer datasets, including updates to tissue pathways, a list of changes between dataset versions, and a new evidence base tailored to histopathology to replace the existing system.

3.3 NQAAP for Histopathology Incorporating the Steering Group for Interpretive EQA 2110

The Chair informed that, due to transitional changes with the NQAAP, the body responsible for overseas diagnostic EQA schemes across all specialties, a full update could not be provided. The Chair reported that they had been involved in a discussion with Dr Barrett and the President, Dr Croal, to determine how the College could continue supporting these schemes. There remains a strong commitment to maintaining support, although detailed plans are still under development, and a new framework for oversight is expected to be established in due course.

3.4 Pathology Informatics Group
No update – representative was not present.

3.5 Cancer Genomics Focus Group
No update – representative was not present.

3.6 Dermatopathology Sub-committee
Dr Mathew reported that there had been no significant changes since the previous Subcommittee report. He noted that the test directory was still awaiting updates and highlighted the growing interest in the dermatopathology diploma exams, with ten candidates registered for the upcoming spring sitting. He observed that most candidates typically take the exam a few years after becoming consultants, although some may attempt it during training. Dr Mathew explained that while a GMC approved curriculum had existed in the past, there is currently no formal curriculum, and attendance at clinics is optional rather than mandatory, providing flexibility for those wishing to gain experience.

He also highlighted challenges in establishing contact with the IBMS diploma exam team to coordinate further. Mr Usher offered to assist and suggested that Dr Mathew email him with details of his requirements so that the appropriate contact could be identified.

3.7 Research Committee
Professor Wong had given his apologies and therefore no update was provided.

CP.04/26 4. Trainees'

Dr Hawkins reported that trainees were generally satisfied with their training, although experiences varied between hospitals and regions. She highlighted concerns regarding the neuropathology exam, particularly the post-mortem component, and raised questions from trainees who had already passed the CHAT exam about the implications of potentially failing this part of the neuropathology exam. Recent sittings had shown higher failure rates in different components, prompting some trainees to express concern about Part 2 pass rates. She also noted variability in examiner availability, limited opportunities for independent reporting in district general hospitals, and the challenges of maintaining continuity in educational supervision.

Members of the SAC responded to Dr Hawkins, noting that the CHAT exam would remain valid and that the planned removal of full post-mortems from the neuropathology curriculum was still pending. Members observed that high failure rates were frequently associated with trainees focusing on rare or complex cases from courses, rather than routine, everyday cases. It was recommended that trainees should have adequate exposure to common cases, receive consistent oversight from educational supervisors, and that examiner participation should be encouraged. Competencies for independent reporting prior to sitting the exam were suggested, and members emphasised the importance of balancing course attendance with practical, hands-on case work.

CP.05/26 5. Examinations

Dr Gill reported that Part One of the exam had experienced technical difficulties, which the College had addressed. He explained that the CSTC had reviewed and updated the examiner database to ensure it included active examiners, provided additional training, and considered a modular exam format to allow trainees to retain modules they had already passed. He noted that rising candidate numbers, particularly from overseas, had prompted discussions about opening additional centres and developing a digital exam, which would require piloting and GMC approval.

Dr Hawkins observed that there would likely be strong support from hospitals and trainees for both a digital and modular exam, particularly to reduce logistical challenges for overseas candidates. She commended the examinations team for their effective handling of previous technical issues and suggested sharing a presentation explaining these measures with trainees. Dr Gill confirmed that lessons learned from part one would inform the safe delivery of digital examinations for part two, including consideration of time zone differences for international candidates.

CP.06/26 6. Workforce update

Katherine Kean provided an update on workforce planning. She reported that the cellular pathology survey was scheduled to launch in March 2026 and would run for approximately ten weeks. It would be open to fellows, diplomates, affiliates, medical examiners, registered trainees, and UK candidates, but not international candidates. The survey is intended to gather data on workload, training patterns, morale, and well-being, building on the previous year's survey, which had successfully supported advocacy in Parliament and received media coverage. She informed that personalised links would be provided, and the survey questions had been revised based on feedback from the previous survey.

Ms Gaston emphasised the importance of achieving a high response rate to strengthen advocacy and secure practical outcomes. The Chair suggested that clear messaging and progress indicators could encourage participation.

CP.07/26 7. Best Practice Recommendations

The SAC received and noted the document providing the status of the BPRs. Thadcha Retneswaran provided a brief overview and highlighted the BPRs requiring additional authors. Members were invited to volunteer to join the author groups to support the development and review of these documents.

Professor Brandner provided an update on the guidance regarding workspace standards for consultant and associate specialist cellular pathologists. He reported that the document had been reviewed and updated to align with current College style. He emphasised the importance of protecting individual clinical workspaces, considering practical requirements for shared and home working arrangements, and ensuring that the guidance remained evidence based and applicable in practice. Members discussed the document's value in supporting staff and management decisions. It was noted that a member who had previously expressed interest in contributing would be invited to join the review process, ensuring inclusivity in authorship.

CP.08/26 8. College committee minutes

8.1 Cytopathology Sub-committee

None to note.

8.2 Dermatopathology Sub-committee

None to note.

CP.09/26 9. Any other business

9.1 NHS Cancer Plan

Diane Gaston advised that the NHS Cancer Plan press release had been received and that a draft College statement was prepared and ready for the Chair to review after the meeting, incorporating input from SAC members, so that, if approved, it could be sent to the press with an embargo restricting publication until the agreed date and time. Members noted the press release's emphasis on expanding diagnostic capacity and agreed that the College response should highlight the central role of pathology and the

supportive role of digital and AI developments. Diane Gaston and the Chair remained after the meeting to finalise the response.

9.2 *Post meeting note: G107 Guidelines on staffing and workload for histopathology and cytopathology departments*

An update has been received regarding the RCPATH workload document. The document is currently with the College Communications Department, with publication expected imminently, likely February 2026. Once published, the College will implement a live or real-time feedback mechanism to capture suggestions, comments, or issues early, given the document's complexity and the changes in work since the consultation began. Common themes or recurring issues may be addressed within a year through an amended publication if necessary. A FAQ/Q&A on implementation will be provided over the coming months, and progress and early feedback will be reviewed at the next meeting following publication.

CP.10/26 10. Date of the next meeting

The next meeting is scheduled for Thursday, 11 June 2026 at 2pm for a duration of 2 hours.