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

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2016-2017

ANNUAL REPORT

MESSAGE

FROM THE REGISTRAR

Having the right number of staff, in the right place at the right time is vital to ensuring high-quality patient care. The demand for pathology services is increasing year-on-year, both in the number and complexity of tests performed. Staffing levels have not risen in line with demand and recruitment is challenging.

We are all rightly proud of our specialty. We understand the huge importance of laboratory disciplines to patient care. However many of us continue to worry about the future. Some of this concern is centred on recent developments in the national picture. The wholesale application of simplistic cost-and-volume interpretations of what is possible or desirable locally and regionally will impact negatively on patient care. There is an underlying concern about the ability of the profession to reproduce itself. There has been a decline in academic medicine over decades, most sharply felt in academic pathology.

Now the pathology workforce as a whole is changing. As the excellent College Workforce Planning Annual report tells us, the number of consultants over the age of 55 reduces year on year largely due to early retirement and there is not a comparable number of trainees coming through to replace them. Despite the high calibre of our trainees there are simply not enough. We all know that we work in a shortage specialty. We feel this strain in our daily working lives.

Unfortunately political recognition of this fact is extraordinarily difficult to achieve. There is no annual scientific exercise to identify the specialties which merit additional funding for extra training places (NTNs) and relaxed recruitment and immigration processes. On the contrary, the route to official shortage specialty status involves sustained high-level pressure and lobbying by the College and other professional organisations - backed up by facts.

You may be surprised to know that these facts and figures are not collected by any other organisation, not government, not deaneries, not employers. Only the College keeps a central record of the workforce and breaks this down by age, specialty and retirement intentions. This is why members need to take time now to complete the pathology workforce census at https://www.rcpath.org/myrcpath/workforce-data.html

Dr Rachael Liebmann
Registrar

WELCOME

FROM THE PRESIDENT

Welcome to the Royal College of Pathologists' Annual Report. The year 2016-17 was an exciting and busy one for the College, working with members, government, parliamentarians and the public to improve pathology services for patients. A theme that runs through the successes of the year is one of collaboration. The Pathology Alliance, which represents the main pathology specialist societies, has gone from strength to strength, speaking out on important issues that effect patient care.

This year we also worked with the Royal College of Psychiatrists on parity of esteem, encouraging all healthcare professionals to remember the physical health needs of people with severe mental illness, something that is often neglected. With the Academy of Medical Royal Colleges we championed the Choosing Wisely initiative, giving busy doctors the evidence they need to have important conversations with their patients about whether an investigation or treatment is worthwhile.

We were delighted to work with CRUK on 'Testing times to come', a document that looked closely at the pathology workforce and the challenges it faces, particularly in relation to the timely diagnosis of cancer. In its response, the College called on a number of organisations to work with us to tackle the growing workforce crisis.

Targeting antimicrobial resistance remains a serious challenge for all of us. The College has worked with key influencers, including our veterinary members and colleagues, to highlight the importance of reducing the inappropriate use of antibiotics in human and animal health.

Another exciting project this year has been the start of construction of the College's new premises on Alie Street. Over the coming year the seven-storey building will be completed, ready for us to move in towards the end of 2018.

This is my last Annual Report as President and I'd like to thank all the College's members and staff for their support and hard work over the last three years. I'd also like to thank my colleagues in other organisations for their collaborative approach and commitment to improving services for our patients. It has been an honour to work with you all and I wish you all the best for the future.

Dr Suzy Lishman
President

WHAT IS PATHOLOGY?

Pathology is the study of disease. Pathologists and scientists prevent, identify, treat and monitor diseases, working closely with other hospital doctors, GPs and vets.

Pathologists are involved in the diagnosis of disorders affecting every organ of the body, from before birth to after death.

PATHOLOGY – VITAL TO PATIENT CARE

The work of pathologists and scientists is vital for effective healthcare. The majority of tests requested by doctors will be performed and interpreted by a scientist or medically qualified pathologist. Pathologists carry out millions of tests every day and are involved in almost all patient-care pathways within the NHS.

The case studies on pages 12 to 19 illustrate the enormous benefits that pathologists provide to patients every single day.

THE ROLE OF THE COLLEGE

The College is a professional membership organisation with 11,000 fellows, affiliates and trainees worldwide, committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically qualified pathologists and scientists working in 20 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career, from setting curricula, organising training and running exams, to publishing best-practice guidance and providing continuing professional development. We engage a wide range of stakeholders to encourage them to learn more about pathology and the vital role it plays in everybody's healthcare. The College, working with members, also runs a programme of activities to inspire school students to study science.

THE YEAR IN NUMBERS

8,815
UK College members

2,208
Overseas College members

We provided examinations and issued results for

2,725
candidates

789
registered trainees

75
new examiners were appointed

We published

1 *Annual Report*

4 issues of The *Bulletin*

6 cancer datasets and tissue pathways

7 best-practice guidelines

4,984
Female members

6,039
Male members

113
Certificates of Completion of Training

12
Certificates of Eligibility for Specialist Registration awarded

5
Trainees Research Medals awarded

We contributed to 72 National Institute for Health and Care Excellence guideline consultations

We dealt with 272 online applications to approve events for Continuing Professional Development

Five pathology recommendations were successfully submitted for approval by the Choosing Wisely initiative

407
job descriptions for consultant pathologists were reviewed

10
10 educational events were delivered

700+
delegates attended College conferences

INTERNATIONAL

300+
participants from around the world took part in the 'global conversation' about pathology education and training in resource-limited settings to mark International Pathology Day 2016

80
delegates attended the Pathology is Global Symposium

AROUND THE UK – Pathology priorities for the four UK nations

Our Regional Councils provide an effective way to share learning and ideas, to involve members in the work of the College and ensure an exchange of information and ideas between officers and members.

Although the Regional Councils work in different NHS systems, they share priorities, including efforts to recruit, train and retain the right workforce, promoting pathology research and keeping pathology on the agenda.

Northern Ireland

The Northern Ireland Regional Council has a new Chair, **Ken Mills**, Professor of Experimental Haematology at Queen's University Belfast. Professor Mills has had to work hard to keep pathology on the political map during the hiatus caused by the ongoing discussion over the re-establishment of the devolved government. Concerns about pathology staffing levels are shared across the UK, but Northern Ireland faces particular challenges as there is a smaller pool of people from which to recruit.

Before the power sharing agreement broke down, several questions had been raised about the pathology workforce with the Department for Health. Despite these particular challenges, the Northern Ireland Regional Symposium *New directions in pathology* attracted over 80 participants, welcomed by Professor Mills. A keynote speech by Dr Michael McBride, Chief Medical Officer, Northern Ireland, recognised the vital role of pathology in diagnosis and treatment. Trainee Dr Aislinn Stevens spoke about the new Masters in Molecular Pathology course, which she is undertaking. The Masters degree will be crucial in preparing the pathologists of the future and attracts students from the across the UK, including clinical scientists and trainee pathologists.

Scotland

The Scottish government has been developing a Shared Services model proposal to bring about collaboration between NHS Scotland's 14 territorial health boards to enable a more efficient organisation of laboratory services based on a "Once for Scotland" approach.

The plan is not to centralise services but to enable a distributive design for delivery of services locally, regionally and nationally as appropriate. Scotland Regional Council members, led by the Chair, **Dr Bernie Croal**, are involved in a range of networks to support this process.

Information is shared between the networks and Council to promote better understanding and improve the way services are designed and delivered.

The real advantage is that discussions about the redesign of services are being led by pathologists, and there is genuine consultation with them about how this should happen for the benefit of patients.

England

The England Regional Council was established to strengthen involvement at regional and local levels in England. With 11 regional advisors, the aim is to build relationships with key local decision makers to improve intelligence-gathering and distribute information from the College. Chaired by the President, **Dr Suzy Lishman**, the Council has developed mechanisms for improved member engagement. Local College Representatives are being recruited to provide a local perspective on national challenges such as consolidation and recruitment. These volunteers will play a vital role in making sure the College is kept fully in touch with issues that affect pathology and patient care, such as the effect of Sustainability and Transformation Plans (STPs) on local services and the impact of the new junior doctors' contract.

The Council is already grappling with major issues. Council members have discussed the possible effects of Brexit on pathology and highlighted areas that need consideration, including workforce, research and regulation.

Wales

Wales lags behind many European countries for survival rates for a range of cancers, including breast, lung, colon and prostate.

Dr Esther Youd, the Wales Regional Council Chair, is working closely with the Wales Cancer Network (as representative on the National Pathology Programme Board), which is developing a programme of work to detect and diagnose cancer earlier. This would make it more treatable and could save lives. A pilot project is being carried out at Dr Youd's Cwm Taf University Health Board to help ensure rapid referral from GPs, especially for patients with symptoms that are harder to spot, and quicker investigation and diagnosis.

A major challenge in improving diagnostics is a shortage of cellular pathologists as across Wales 30% of consultant posts are vacant.

Despite delays in England and Wales in introducing a national system of medical examiners to examine every death not reported to the coroner, work in Wales is well established to review all deaths in hospital. Medical examiners were just one topic at the Council's symposium, which welcomed health leaders, doctors, scientists and trainees to the Cardiff Bay Life Sciences Hub to celebrate the work of pathologists and scientists in Wales.

LAY GOVERNANCE GROUP

In its first full year of operation the Lay Governance Group has embedded itself into the work of the College. Its members have served on a number of College committees, ranging from ethics to molecular pathology, informatics and the international work of the College. They have brought a lay perspective to issues such as cryogenics and the new criteria for patient consent.

Members are keen supporters of, and enthusiastic participants in, National Pathology Week. The Chair participates in the College's input to the clinical excellence awards. A member is Lay Adviser to the Examinations Committee and, as a critical friend, assists the work of the Committee and the Director of Examinations.

College guidance documents (for example on Clinical Effectiveness) are routinely scrutinised by members of the Lay Governance Group. Their comments have led to substantial improvements in wording, removing ambiguities and unduly defensive phrasing. Guidance on the Choosing Wisely initiative has similarly incorporated a lay perspective as a result of comments from lay members. The Lay Governance Group has also given guidance on references to litigation in College guidelines.

Members attend the Lay Committee of the Academy of Royal Colleges. The Academy is considering the role of its own Lay Committee, its key aims and its relationship to the lay committees of the Royal Colleges. Members of the RCPath Lay Governance Group are participating in this discussion.

The Lay Governance Group continues to monitor concerns about staffing in pathology laboratories, the specialties most at risk, and the justification for variations in staffing levels across the regions. The Group is also considering the extent to which this might affect how well laboratories are able to follow College best practice guidance. It is also looking at privatisation and consolidation of pathology laboratories and the effect on patient services.

Chris Baker with Professor Rebecca Fitzgerald (centre) and Research Nurse Irene Debiram-Beecham

CELLULAR PATHOLOGY

BARRETT'S OESOPHAGUS

Case study: Christopher's story

In 2001, when living in Cornwall, Christopher Baker collapsed due to bleeding from his oesophagus (gullet). At the local hospital, he had an endoscopy, which involves swallowing a tube with a light on the end of it. This showed an ulcer in his oesophagus, and tissue samples were taken and sent to the pathology laboratory where a cellular pathologist examined the samples under the microscope. This revealed a condition called Barrett's oesophagus. Because Barrett's oesophagus can very gradually become cancerous, the plan was for Christopher to be monitored with endoscopies every six months.

In 2003, Christopher and his wife moved to the Cambridge area, and he continued to have endoscopies every one to two years under the care of the team at Addenbrooke's Hospital. In 2014, samples taken at endoscopy showed changes in the oesophagus which suggested that the risk of future cancer had increased. Therefore Christopher underwent a course of radio-frequency ablation (RFA) through the endoscope. This left a narrowing in the oesophagus which required treatment to allow normal swallowing; this was successful. In 2014, Christopher required further RFA to a small area, and is still monitored every six months.

Some of these regular checks are now done using a Cytosponge, a major development by the Cambridge team. The Cytosponge is contained in a pill which is swallowed and dissolves to release a sponge. When the sponge is withdrawn, it collects cells from the oesophagus. This allows the cells to be sampled for interpretation by the cellular pathologist, without having to take biopsies. This is less invasive for patients and more cost-effective. It is currently being compared with endoscopy, and it is hoped that this will eventually be used routinely to allow sampling of the lining of the oesophagus without the need for an endoscopy and biopsy. Christopher has had a total of six checks using the Cytosponge. He finds this much more comfortable than endoscopy, with the added advantage that he doesn't need sedation.

Dr Maria O'Donovan, cellular pathologist, who interprets samples of cells.

'I am very grateful for the care and attention from Addenbrooke's, which has been terrific. The opportunity to take part in trials such as for the Cytosponge means that patients can share, in however small a way, in the ongoing research and development in the diagnosis and treatment of Barrett's.'

VETERINARY PATHOLOGY

LEISHMANIASIS

Case study: Shep's story

Shep, a five-year-old male schnauzer crossbreed dog was taken to the vet with scaly, bald patches on his muzzle, head and the elbows that had developed over two months. On examination, it was found that his peripheral glands were mildly enlarged and he had lost weight.
Shep had recently spent two months in Spain, and this raised the possibility that he'd been infected with leishmaniasis, a common disease in dogs in southern Europe. Blood serum testing failed to reveal conclusive evidence of infection and the referring vet decided to submit skin biopsies for examination under the microscope by a cellular pathologist. These showed inflammation typical of leishmaniasis, as well as large numbers of intracytoplasmic leishmania organisms identified on further tests as *Leishmania infantum*.

Leishmaniasis in dogs is caused by the protozoan parasite *Leishmania infantum*, which is transmitted by sand flies. Leishmaniasis can also affect humans, in particular people with a supressed immune system. Leishmania is endemic in regions within southern Europe, the Middle East and South America and has started to spread across America and Canada. Veterinary pathologists are seeing more instances of this disease, due in part to the introduction of the Pet Passport Scheme and improved freedom of travel for UK and Irish pets throughout Europe.

Leishmaniasis is a chronic disease with a long incubation period and clinical signs can take from three months to seven years to develop. In areas where it is widespread, most dogs with the disease don't show symptoms due to adaptations in their immune response. Tests of blood serum are used to diagnose leishmania by identifying antibodies; however, it can take a few months for dogs to develop detectable antibodies. In these cases, repeating the serum blood test every three to six months and/or additional diagnostic tests are useful to help confirm this condition. These tests can also help determine when treatment courses can be completed.

Stephen Cahalan, Veterinary Pathologist

'In this case, Shep is doing much better after treatment; unfortunately, treatment does not clear the infection; however, it does put it into remission, and monitoring for recurrence is important.'

Malcolm Richards with Dr David Cassidy

CLINICAL BIOCHEMISTRY

NEW TREATMENT FOR PATIENTS AT RISK OF HEART DISEASE

Case study: Malcolm's story

For millions of people in the UK, statins are an effective group of medicines that can help lower cholesterol and cut the risk of cardiovascular disease, one of the five most common causes of death in the UK.

However, some patients suffer such severe side effects from taking statins that they can't continue taking them. For others, the medication does not reduce their cholesterol levels enough.

A new class of cholesterol lowering treatment, PCSK9-Inhibitors (PCSK9-I), helps the liver to lower cholesterol levels in the blood. PCSK9-I has to be injected every two to four weeks. This treatment can be very helpful for certain patient groups who have high levels of cholesterol in their blood and are at high risk of early and avoidable heart disease.

In Cwm Taf University Health Board, Consultant Chemical Pathologist Dr David Cassidy has led a multidisciplinary team to develop a new service for these patients, working closely with colleagues in cardiology and diabetes care. The team, which includes the principal pharmacist and nursing staff, assesses patients, takes time to discuss the treatment options with them and makes sure all the relevant blood tests are carried out. Patients are given their first injection in the clinic and then attend the cardiac day care unit for their next injections. During this time they are taught how to self-inject, their cholesterol is carefully monitored and they are given time to discuss any concerns they may have about their treatment. Once patients have built up their confidence to self-inject, they can manage their condition at home, with regular checks at the day care unit.

Dr Cassidy said: 'Patients are being referred to our clinic from other specialties. This new treatment has brought clear benefits to patients who are at high risk of heart disease. It allows them to manage their condition – with careful monitoring – and to get on with their lives.'

Malcolm (Mal) Richards was working as a telecommunications engineer in Wales when he had a heart attack in 2006 and was admitted to Morriston Hospital. There, he was diagnosed with coronary heart disease. Because of other complications, including a diagnosis of diabetes, it was decided that it was too risky to operate.

'I've found it fairly easy to get used to giving myself the injections. This treatment means I can enjoy life, spending time with my wife, daughters and grandchildren.'

Mal was closely monitored and began treatment with statins to help lower the level of cholesterol in his blood and reduce the risk of another heart attack. After taking the medication for some time, Mal developed extreme muscle pain and he was unable to tolerate statins. Mal was referred for treatment with PCSK9-I.

Working with Dr Cassidy and his team, Mal now manages his treatment with injections at home and is regularly checked to ensure that his cholesterol stays low.

(L to R) Dr Mike Scott, Clinical Scientist; Professor Brian Huntly, Consultant Haematologist; Roger Conington; Phyllis Paterson, Clinic nurse; Sheila Conington

HAEMATOLOGY

A LIFE-CHANGING DRUG FOR CHRONIC MYELOID LEUKAEMIA

Case study: Roger's story

In 1992, despite having felt unwell for a while, Roger went to visit family in Australia for an extended trip. He visited his GP the day after his return, and was promptly sent to Addenbrooke's Hospital, Cambridge. His abdomen was distended and he had an enlarged spleen. Blood and bone marrow samples were analysed in the haematology laboratory by scientists who diagnosed chronic myeloid leukaemia (CML). Roger's white blood cell count was dangerously high, so his excess white cells were removed using a cell separator machine (leukopheresis).

Average survival with CML at that time was about five years, so options for a bone marrow transplant were considered. Roger's sister was not a suitable donor, so in 1994 he underwent an autologous stem cell transplant. This involved Roger being given drugs to bring some of his own stem cells from the bone marrow into the blood stream. These were collected, again by cell separator machine. Roger was then given high dose chemotherapy to destroy the CML cells and his stem cells were injected. Roger said he had a rough time recovering from the transplant. Stem cell transplants carry a range of risks but are an effective treatment. For two years after the transplant, Roger was treated with self-administered injections of Interferon, but this left him feeling 'battered' and only able to work on and off.

In 2001, everything changed. Roger joined a trial of a new drug called Glivec (Imatinib), and his life was transformed. Roger could now ride his motorbike and return to work rebuilding houses. He attended a meeting at the Royal College of Physicians where the leaders in CML research shared the results with patients – the success rate in the trials had been spectacular. Roger then joined a campaign to have Glivec made available after the trials ended, and was filmed by the BBC.

The drug was soon approved, and Roger remained on it until 2010. Although there were side effects, which were sometimes problematical, on the whole life was good. In 2010, Roger's treatment was changed to a newer drug, Sprycel (Dasatinib). He has been well and active ever since, with blood samples tested at the clinic every few months.

'Glivec was a magic bullet that gave me my life back. I'm very happy to be in trials of new treatments. I was also delighted this year to finally meet the scientist, Dr Mike Scott, who has been analysing my samples for more than 20 years.'

TRAINEES

During the junior doctors' contract dispute, College President Dr Suzy Lishman set out members' concerns about morale and NHS funding to parliamentarians and key stakeholders and called on government and the British Medical Association's Junior Doctors' Committee to continue to seek an acceptable compromise.

During the dispute, 70% of respondents to a College trainee survey said they were thinking of working abroad, 60% were considering leaving the NHS to work elsewhere, in industry for example, and more than half were thinking about giving up medicine permanently.

Dr Lishman said: 'Trainees are integral to the delivery of effective, safe patient care and treatment in the NHS and deserve a contract that is fair and reflects the value of the work they do.' The College wanted to see contracts that paid junior doctors for hours worked, recognised anti-social hours and the effect this has on doctors' lives, rewarded additional experience, encouraged research and supported doctors who take parental leave or train flexibly.

Working through the Academy of Medical Royal Colleges, the College worked to call for a halt to contract imposition and industrial action; after further discussions a revised contract was eventually introduced. Since the dispute, the College President has worked closely with the College's Trainees Advisory Committee to gather trainees' views. This was important to make sure the College is well placed to understand trainees' needs, offer the support they require and to provide evidence when influencing external organisations on their behalf.

'Trainees are integral to the delivery of effective, safe patient care and treatment in the NHS.'

MONTH BY MONTH TRAINEE ACTIVITIES

August

The College registered as an organisation that allows its trainees to purchase an NUS Extra card for up to three years to access a range of discounts throughout the UK. So far, 106 trainees have purchased a card.

September

68 medical trainees attended a New Trainee Welcome Day, held at King's College, London.

Autumn

The Training department attended careers fairs in London, Dublin and Manchester to promote pathology as a career to medical undergraduates and students.

April

A new policy was published and implemented regarding the length of training and setting of the Certificate of Completion of Training date for histopathology trainees.

The Learning Environment for Pathology Trainees (LEPT), a web-based system that facilitates workplace-based assessment and multi-source feedback to support trainees' competence progression, was further developed to include updated help tips, making it more user-friendly.

584 Annual Reviews of Competence Progression were supported by the College training portfolio.

May

An agreement was secured with HMRC to allow tax relief for medical trainees on their registration and examination fees. Work is being undertaken to try to extend this to scientist and veterinary pathology trainees.

June

Information about the costs of training, assessment and examination were published on the College website, with details about how these activities are funded.

Students at the Summer School, hosted by The Royal College of Pathologists and sponsored by the College, the Pathological Society, the British Division of the International Academy of Pathology, the Association of Clinical Pathologists, the British Society for Haematology, the British Infection Association and the British Neuropathological Society.

Summer School

The annual Pathology Summer School, designed to give medical students the chance to learn more about the role of pathology in healthcare, including current research and future advances, was held at Guy's Hospital, with 75 students attending the two-day event. The full programme covered topics that ranged from pathology in far-flung places to using pathology in regenerative medicine. Students also had a chance to talk to current trainees about their career paths and the attractions of a career in pathology

'I have come out of the summer school with a greater knowledge of this specialty, potentially considering it as a future career.'

'I am excited by the prospect of long term continuing education, and by the many possibilities that a career in pathology may offer me. I am so glad that I had the opportunity to attend such a worthwhile and insightful event and would highly recommend it!'

PUBLIC ENGAGEMENT

230 National Pathology Week events in the UK

350 students took part in our art of science workshops

129 promotional material requests

54 members attended Science Communication training days

5 member teams ran events at Science Museum Lates

7 Projects funded through the Public Engagement Innovation Grant Scheme

National Pathology Week (NPW) is our annual celebration of pathology through public engagement, and the theme this year was 'Prevention, Diagnosis, Treatment'. The College ran a programme of events in both London and Newcastle to coincide with the College's AGM being held outside London for the first time. Pathologists and scientists also organised events around the country, from laboratory open days and hospital foyer displays to school visits and careers talks.

In Newcastle we collaborated with St Nicholas' Cathedral and Newcastle Castle, where the President conducted three sell-out virtual autopsies. The first, in the cathedral, was themed around the Newcastle plague of 1630, with the context set by David Silk, a historian and the Learning Officer at Newcastle Castle. Those in the castle heard the true and disturbing tale of 'Half-Hanged' McDonald, a visiting Scottish soldier who was hanged for the knifing of a taunting local. We worked with the Centre for Life to run interactive activities for families and organised art of science workshops for primary and secondary students.

There was good local media coverage of NPW on BBC Radio Newcastle and in the Newcastle Chronicle.

On social media, the hashtag #NPW2016 was used over 200 times and our Facebook posts about NPW received over 1,100 'likes'.

London activities saw Public Health England's Centre for Infections open its doors to GCSE pupils from six schools to demonstrate the basic techniques of microbiology. We ran workshops on ethics and the President conducted a virtual autopsy at the Old Operating Theatre.

Now in its 14th year, the School Science Conference was attended by over 350 GCSE students, who took part in a series of hands-on activities around 'transformation'. Ten College members volunteered for the event, and we also collaborated with the eBug project from Public Health England, who ran an activity. The College remains on the organising committee of this award-winning event.

OUR INTERNATIONAL WORK

The College works with partners in the UK and overseas to raise awareness about the vital role pathology plays in addressing global health issues and improving people's health around the world.

In November, the College received the International Collaboration of the Year Award at the annual Times Higher Education (THE) Awards for its LabSkills Africa initiative. The award's judges described the College's collaboration as "inspiring", saying LabSkills Africa was already making "a difference to a population of more than 110 million people, improving the quality of laboratories to improve mortality rates and provide better treatment".

Building on this work, the College secured a Knowledge Exchange and Sustainability Grant from the Tropical Health & Education Trust to build on the achievements of its LabSkills Africa initiative. This meant that training videos and e-learning guides could be produced; further assessment of the laboratories that had been part of LabSkills Africa could be carried out; and a LabSkills Writing Fellowship Scheme to build the capacity of the laboratories to write up their laboratory improvement projects to a publishable standard was established.

Pilot projects were launched to support international trainees preparing to sit College examinations in six countries and to publicise UK training opportunities as part of the Medical Training Initiative (MTI). The MTI is designed to allow medical graduates to come to the UK to undertake specialised pathological training in the NHS for up to two years.

A second Pathology is Global symposium was attended by 80 delegates. Chaired by Dr Suzy Lishman, the symposium focused on the role of pathology and laboratory medicine in humanitarian disasters and public health emergencies. The multidisciplinary programme included speakers from Save the Children, the International Rescue Committee, Doctors of the World and the International Medical Corps. There were valuable insights and first-hand accounts of the management of the Ebola virus disease outbreak in West Africa and the Iraq/Syria refugee crisis.

The College partnered *The Pathologist* magazine to hold an International Pathology Day roundtable discussion on strengthening pathology education and training in low- and middle-income countries. The roundtable discussion was broadcast live via *The Pathologist* magazine's webinar platform, with over 300 participants joining the debate.

The College has also worked to strengthen and support pathology training and service delivery in countries including Pakistan, Sierra Leone, Egypt and Moldova.

ENGAGING AND INFLUENCING

Increasing understanding of the part pathology plays in diagnosing, treating and preventing illness is a vital part of the College's work. The press and broadcast media allow us to engage directly with the public across a range of issues and campaigns – for example, how obesity affects our health, the need for particular diagnostic tests for cancer or the value of over-the-counter health testing kits. Working with and making our case to parliamentarians through members of the Health Committee, All Party Health Groups, individual MPs and ministers has raised awareness of the role pathology plays in providing safe patient care.

Working with Bowel Cancer UK, we highlighted that too few UK hospitals were following College guidelines to automatically test people under 50 diagnosed with bowel cancer for Lynch syndrome. Lynch syndrome is an inherited condition that puts people at a much higher risk of developing bowel cancer as well as increasing the risk of other cancers including ovarian cancer, stomach cancer and womb cancer. The set of tests can detect people at greater risk of recurrence, informs treatment options and helps identify those with family members who may also have the condition and be at higher risk of bowel cancer. If someone has Lynch syndrome there is a 50% chance that their children, brothers and sisters also have the condition.

The release generated widespread media coverage, with articles published across most regional papers as well as *The Guardian* and the *Daily Express*. Bowel Cancer UK and the College submitted these findings to The National Institute for Health and Care Excellence (NICE) ahead of the publication of their guidance on testing for Lynch syndrome.

In February 2017, NICE issued new guidance recommending that the set of tests should be offered to everyone diagnosed with colorectal cancer to help identify people with Lynch syndrome.

Nearly two-thirds of UK adults are obese or overweight. Obesity causes more than 30,000 deaths a year, and increases the risk of health conditions such as high blood pressure and type 2 diabetes.

When BBC3 approached the College about producing a programme to investigate the effect obesity has on the human body by filming a post-mortem, we were open to collaborating with them. Issues of consent, privacy and dignity were of paramount importance to all those involved in the production of the programme. The programme was broadcast with contributions from young people who talked about how biology, psychology and food affected their weight, and what it meant to them to live with the day-to-day reality of obesity.

As the population grows and ages, the incidence of cancer increases. Early detection greatly improves the chance of successful treatment. New diagnoses are projected to rise from 280,000 a year today to 300,000 by 2020. In 2016, Cancer Research UK published *Testing Times to Come? An Evaluation of Pathology Capacity in England,* which examined the pressures facing pathology services in cancer diagnostics. It made the case for investment in pathology staff and services. The report received widespread media coverage with the College President interviewed for BBC Breakfast TV news. In its response to the report, the College set out its commitments and priorities to enable pathology services to meet future demand and ensure that patients receive the highest quality of care. The College also used evidence from the report to make the case to government for improved investment for early diagnosis. NHS England, with the support of the National Diagnostics Capacity Fund, launched 30 projects across the country to test more efficient pathways to speed the diagnosis of cancer.

'We can never take away the tragedy of losing a baby suddenly and unexpectedly but we can ensure that families get the support they need during this terrible time in their lives.'

Francine Bates, Chief Executive, The Lullaby Trust

When a child dies, families desperately need to know what happened. To understand why an infant died, it is vital agencies work together, share information and keep families included at every stage. Revised College guidelines, *Sudden Unexpected Deaths in Infancy: A multi-agency protocol for care and investigation*, was produced by a working group convened by the College and the Royal College of Paediatrics and Child Health and chaired by Baroness Kennedy.

The new guidelines were launched in the House of Lords with members of the working group, including: Professor Neil Sebire, College Fellow; Francine Bates, Chief Executive of the Lullaby Trust; Detective Superintendent Geoff Wessell, Chair, National Policing Child Death Investigation Group; and His Honour Judge Peter Thornton QC (former Chief Coroner). The launch was attended by a wide group of stakeholders, including: His Honour Judge Mark Lucraft QC, the new Chief Coroner; Antoinette Sandbach MP, Co-Chair of the All-Party Parliamentary Group on Baby Loss; Baroness Masham; and Lord Hunt.

The guidelines are being used by professionals involved in child protection to inform their practice.

Following a question in Parliament, then Health Minister Lord Prior made a commitment that the working group convened by the Royal College of Pathologists would be consulted on the development of the National Child Death Database.

AWARD WINNERS

College Medals

Dr Joanna Sheldon

The College Medal is an occasional award made by decision of Council to any Fellow who has undertaken exceptional work for the benefit of the College. The recipient this year was immunologist Dr Joanna Sheldon, given for outstanding service to pathology and the College, especially in the area of public engagement.

Research Awards

Gold Medal

Dr Roanna George, winner of the clinical biochemistry category and winner of the overall College Medal

Effect of Dried Blood Spot Quality on Newborn Screening Analyte Concentrations and Recommendations for Minimum Acceptance Criteria for Sample Analysis.

Specialty medal

Naomi Gadsby, medical microbiology

Comprehensive Molecular Testing for Respiratory Pathogens in Community-Acquired Pneumonia.

Specialty medal

Dr Marwan Kwok, haematology

ATR inhibition induces synthetic lethality and overcomes chemoresistance in TP53 or ATM-defective chronic lymphocytic leukemia cells.

Specialty medal

Dr Merlin Pereira, histopathology

Evidence of disrupted high-risk human papillomavirus DNA in morphologically normal cervices of older women.

Specialty medal

Maurizio Poli, clinical embryology

Characterisation and quantification of proteins secreted by single human embryos prior to implantation.

The Furness Prize for Science Communication

Dr Ayesha Azam

Dr Azam, a histopathology trainee at Heart of England NHS Foundation Trust, has participated in over 20 events in the past five years, from small pathology displays to university open days. She has represented her organisation at many regional events and champions pathology by writing articles for the College *Bulletin*, NHS careers and UK Foundation Programme websites. She supports colleagues and pathologists involved in public engagement as a College Regional Coordinator for West Midlands and STEM Ambassador.

Medical Undergraduate Essay Prize

This competition is held as part of National Pathology Week. It was won by Paul Tern Jie Wen, a student at the University of Cambridge. Paul's writing was creative, comprehensive and succinct and described the effect of global travel and migration on the epidemiology of communicable and non-communicable diseases.

NEW PREMISES

Construction of the College's purpose-built premises in Alie Street, east London, started in February 2017. It is due to finish in late summer 2018, with the building scheduled to open in the autumn.

The seven-floor development will include a library, exhibition space, 200-seat lecture theatre, flexible meeting rooms equipped with the latest AV equipment, a modern spacious members' room and office space for College staff and Honorary Officers.

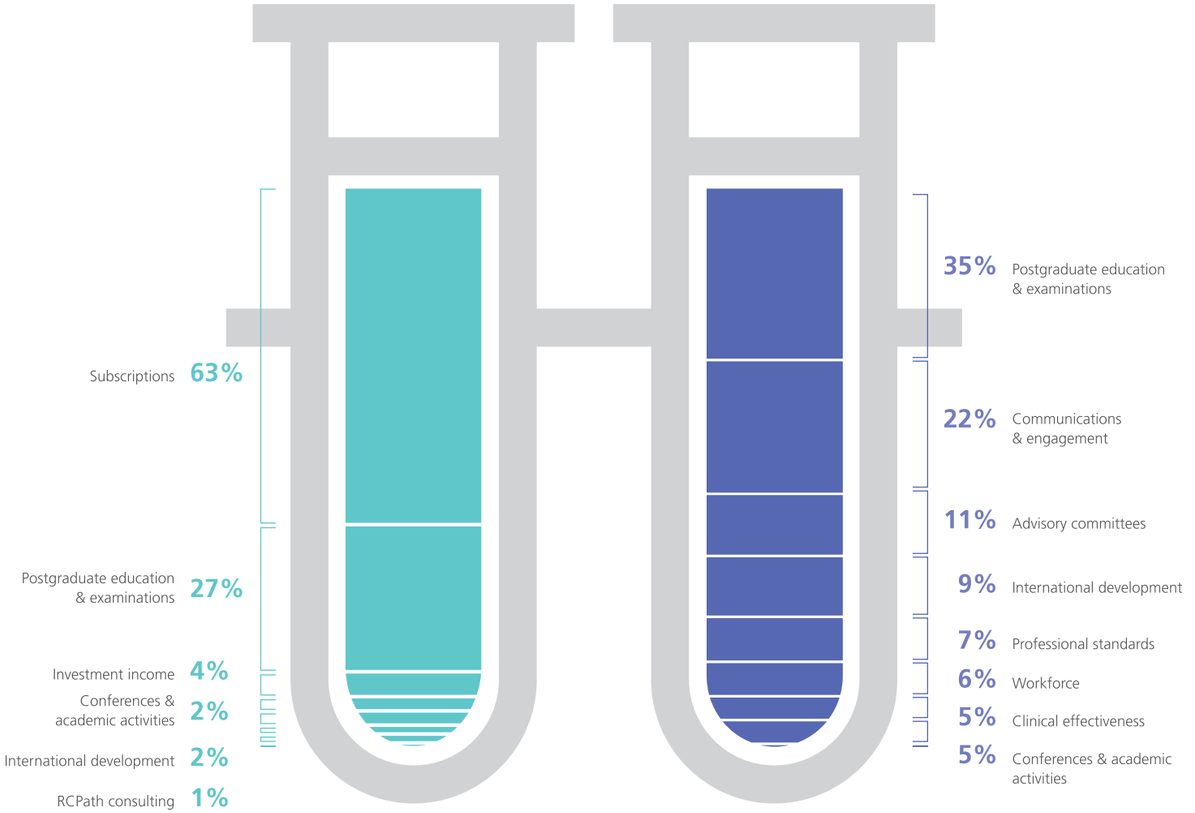
As part of our engagement work with the local community, artwork created by pupils at the local English Martyrs Catholic Primary School, in workshops run by Dr Lizzie Burns, was used to create the new hoardings around the building works. The children were inspired by bacteria, viruses and cells to create rainbow-coloured artwork to reflect the diverse world of pathology.

The College President, Dr Suzy Lishman, was joined by pupils from the school to celebrate the unveiling of the hoardings. Councillor Amy Whitelock Gibbs, representing Tower Hamlets Council, was also in attendance.

Dr Lishman said: "We wanted to inspire the school pupils to create vibrant and colourful artwork to brighten up our construction site while we build our new premises.

"This wonderful kaleidoscope of images created by the children represents the microscopic world of human cells and micro-organisms. I hope that some of the pupils will be pathologists of the future and, who knows, they might also come and work in our new building one day!"

INCOME	EXPENDITURE
£4,968,619	£4,786,603



The summarised financial report and the auditors' statement can be found in the separate Financial Report sent to members and on www.rcpath.org. The full financial statement is available from the College's Chief Executive on request.


Dr Suzy Lishman


Dr David Bailey


Professor Tim Helliwell


Dr Lance Sandle


Dr Rachael Liebmann


Mrs Avril Wayte


Dr David Cassidy


Dr Bernie Croal


Professor Ken Mills


Dr Esther Youd


Professor Jo Martin

COUNCIL MEMBERS

(as of June 2017)

Trustees

President	Dr Suzy Lishman
Vice-President for Communications	Dr David Bailey
Vice-President for Learning	Professor Tim Helliwell
Vice-President for Professionalism	Dr Lance Sandle
Registrar	Dr Rachael Liebmann
Assistant Registrar	Mrs Avril Wayte
Treasurer	Dr David Cassidy
Chair, Scotland Regional Council	Dr Bernie Croal
Chair, Northern Ireland Regional Council	Professor Ken Mills
Chair, Wales Regional Council	Dr Esther Youd
Lay Trustee	Sir Rodney Brooke
Lay Trustee	Mr Tommy McIlravey
President-Elect	Professor Jo Martin
Chief Executive	Daniel Ross
Nationally elected members	Professor Simon S Cross Dr Nicki Cohen Professor Graham Jackson Dr Mike Scott
Regionally elected members for England	Professor Roger Feakins (England – London) Professor Kate Gould (England – North) Dr Adrian Bateman (England – South) Dr Laszlo Igali (England – Midlands/East)

Co-opted Council members

Chair, Interspecialty Committee on Molecular Pathology	Professor Finbarr Cotter
Chair, SAC (Specialty Advisory Committee) on Toxicology	Professor Atholl Johnston
Chair, SAC on Immunology	Dr Siraj Misbah
Chair, SAC on Genetics and Reproductive Science	Professor Angela Douglas
Chair, SAC on Veterinary Pathology	Professor Cheryl Scudamore
Chair, SAC on Medical Microbiology	Dr Prema Singh

Observers

Director of Clinical Effectiveness	Dr Bridget Wilkins
Director of Examinations	Dr Andrew Day
Director of International Affairs	Dr Maadh Aldouri
Director of Professional Standards	Professor Peter Furness
Director of Publishing and Engagement	Dr Lorna Williamson
Director of Training and Assessment	Professor Philip Cachia
Chair, Ethics Committee	Professor Terry Cook
Chair, Research Committee	Professor Ian Cree
Chair, SAC on Cellular Pathology	Dr Anne Thorpe
Chair, SAC on Pre/Perinatal/Paediatric Pathology	Professor Neil Sebire
Chair, SAC on Transfusion Medicine	Dr Megan Rowley
Chair, Trainees Advisory Committee	Dr Alice Wort
Chair, Intercollegiate Committee on Haematology	Professor Tony Pagliuca
Dean, Faculty of Pathology, Royal College of Physicians of Ireland	Professor Hilary Humphreys
Institute of Biomedical Science representative	Mr David Wells