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

Dermatopathology Sub-Committee (SC) Meeting

A meeting of the Dermatopathology Sub-committee was held on Thursday 30 April 2026 at 14:00pm – 16:00pm via MS Teams

Professor Sarah Coupland
Registrar

Minutes

Present:	Dr Mathew Bipin	Chair
	Dr Arti Bakshi	NSDEQA lead
	Dr Anoud Zidan	BAD representative
	Dr Catherine Stefanato	President, British Society of Dermatology
	Dr Aliaksandra Lapukhova	RCPath Trainees' Advisory Committee representative
	Prof Sarah Coupland	RCPath, Registrar
	Mr Andrew Usher	Chair, RCPath/IBMS Histopathology Conjoint Board *(attending for item 2.2)*
In attendance:	Miss Shelaine Kissoon	Governance and Committee Services Officer (minutes)
	Ms Joanne Brinklow	RCPath Director of Learning *(attending for item 2.2)*
Absent	Dr Paul Craig	Immediate Past Chair
	Prof Adrian Bateman	Chair, Cellular Pathology SAC

Derm.01/26 **1. Welcome, declarations of conflict of interests and apologies for absence**

1.1 The Chair welcomed all members to the meeting.
1.2 No apologies were received; absences are noted above.
1.3 There were no declarations of conflict of interest.

Derm.02/26 **2. Minutes of Previous meeting**

2.1 **Approval of minutes:**
The minutes of the meeting held on 25 November 2025 were reviewed and approved as a correct record.

2.2 **Matters Arising:**

<u>BMS Skin Diploma reporting examination:</u>
The Chair noted that Mr Usher and Miss Brinklow joined the meeting to discuss the concerns from members of the SC regarding the BMS Skin Diploma, particularly in relation to governance arrangements, scope of practice, and alignment between training, assessment, and competency within the conjoint framework of the College and the Institute of Biomedical Science. It was noted that approximately six BMS individuals are currently reporting dermatopathology specimens in the UK following completion of the diploma.

Mr Usher outlined the structure of the diploma as a formal, multi-stage training programme involving portfolio-based assessment, staged examinations, and supervised practice culminating in local sign-off of competence and award of Diplomat status (College membership rather than Fellowship). He clarified that while the training and assessment framework is centrally governed, the determination of scope of practice following qualification rests with local employing NHS Trusts.

A key issue discussed was the perceived misalignment between the breadth of the diploma curriculum and the more restricted Stage D competency framework. It was noted that this has resulted in uncertainty regarding expected scope of practice and variation in how qualified individuals are deployed across different organisations. Concerns were raised that practice may extend beyond the defined competency framework; however, it was acknowledged that this view is currently based on anecdotal reports rather than systematically collected evidence.

Governance arrangements were discussed in detail. It was confirmed that neither the College nor the IBMS has regulatory authority over post-qualification practice, with responsibility instead resting with individual NHS Trusts as employers. This decentralised model was recognised as contributing to variability in implementation and interpretation of scope of practice.

EQA arrangements were also considered. It was noted that BMS participants may access educational components of dermatopathology EQA schemes; however, they are not subject to formal performance monitoring within these systems. This was highlighted as a potential mismatch between the limited competency framework and the broader case mix used within specialist EQA.

The wider workforce context was also considered, including ongoing service pressures, the availability of medically trained applicants, and evolving uncertainties in workforce planning. The potential impact of digital pathology and artificial intelligence on future reporting models was also noted. It was emphasised that the BMS reporting pathway is intended to operate as a supportive parallel workforce model alongside medically trained pathologists, rather than as a replacement.

There was general agreement that priority should be given to improving understanding of current practice through structured information gathering, strengthening clarity and transparency of reporting roles (including consistent use of job titles), and ensuring appropriate specialty input into governance structures. It was further noted that the curriculum and competency framework may require future iterative review to ensure continued alignment with practice and service needs.

Actions:

a) *Mr Usher to seek feedback from the approximately six BMS dermatopathology reporters regarding current scope of practice, governance arrangements, and alignment between practice and the diploma curriculum/Stage D competency framework.*
b) *Miss Brinklow to recirculate and update the advertisement for Conjoint Board membership to support recruitment of additional College Fellows and strengthen dermatopathology representation.*

c) *Dr Stefanato, on behalf of the BSD, to seek agreement regarding nomination of a Fellow of the Royal College of Pathologists to represent dermatopathology on the IBMS Conjoint Board.*

2.3 **Action log**

The actions for Derm.24/25 and Derm.20/25 were reviewed, and the following updates were noted:

a) Diploma in Dermatopathology completions list:
The SC received and noted the latest list of individuals who completed the Part 2 Diploma in Dermatopathology. Action declared closed.

b) Circulate the updated list of Diploma holders via EQA communications:
It was agreed that there is no need for the EQA contacts to be contacted. Action declared closed.

c) Trainee representative engagement with Melanoma Focus:
It was noted that the Chair had connected Dr Lapukhova with the Melanoma Focus. Dr Lapukhova reported that she had met with the Melanoma Focus Society, become a member, and was exploring opportunities to contribute, including supporting social media activity, attending meetings, and promoting engagement among trainees with an interest in dermatopathology. It was further noted that Melanoma Focus hosts regular meetings, including an annual patient conference, which had received positive feedback and incorporated both clinical updates and patient perspectives. Professor Coupland highlighted her existing collaboration with the Society, including involvement in guideline development, and offered to support strengthening links further. It was agreed that increased engagement with Melanoma Focus would be beneficial, particularly for trainees considering a career in dermatopathology. Action declared closed.

d) Interviewing recent Diploma in Dermatopathology pass candidates:
Dr Lapukhova reported that progress on arranging interviews with recent Diploma in Dermatopathology pass candidates had been slow. She had contacted Dr Ryan Clark, an academic trainee involved with the College Bulletin, to help identify suitable individuals from the recent pass list, and sought guidance on whether she could approach candidates directly as a trainee representative. The Chair advised that he held contact details for one relevant colleague who had visited Leeds and offered to facilitate an introduction.

e) Appointment of New Chair, Panel of Examiners:
It was noted that a new Chair is yet to be appointed. The College Examinations Team will confirm once an appointment has been made.

Action: *Shelaine Kissoon to confirm once a new Chair is appointed.*

Derm.03/26 3. Examinations

No update was provided; appointment of Panel Chair remains pending.

Derm.04/26 4. Guidelines

It was noted that work on the melanoma dataset update is ongoing, with the next meeting scheduled for 5 May 2026. Progress has been made on both molecular and neoadjuvant components of the dataset.

It was highlighted that Melanoma Focus had circulated an update regarding NICE approval of neoadjuvant treatment for melanoma, which is also available on the NICE website. This is expected to lead to an increase in post-neoadjuvant lymph node dissection specimens in tertiary centres, requiring more detailed pathological sampling. It was noted that this applies from stage III disease onwards, with adjuvant treatment available from stage IIB in selected cases.

Updates were also provided on other datasets with work on the non-melanoma dataset is ongoing, the adnexal tumour dataset is being progressed, and the Merkel cell carcinoma dataset is being developed with external collaboration.

Derm.05/26 5. Trainee report

Dr Lapukhova raised concerns regarding workforce pressures affecting dermatopathology trainees, including increased competition for consultant posts post-CCT and the need for trainees to relocate for employment. She queried whether structured post-CCT or advanced dermatopathology training opportunities could be developed, including the possibility of cross-trust or inter-deanery collaborative arrangements to improve exposure to specialist dermatopathology cases.

The Sub-Committee discussed current limitations in establishing such training pathways, particularly funding constraints and local service pressures. It was noted that post-CCT fellowship opportunities exist but are limited and are not equivalent to formal rotation-based training. The potential for regional collaborative models across centres in the North of England and Scotland was suggested as a concept for future consideration, subject to feasibility and funding.

Dr Lapukhova also proposed the development of a dermatopathology-focused multiple-choice question (MCQ) bank for the Pathology Portal to support Part 1 examination preparation. Members noted experience with examination question development and supported the educational intent of the proposal. Members discussed the challenges with curation and future proofing (succession planning) in order to keep pace with curricular changes and advances in the field. Hence it was suggested that due diligence was required before embarking on this and to ensure that there are no conflicts with the current RCPath examination process It was clarified that queries relating to development or submission of content for the Pathology Portal should be routed through the College Pathology Portal Officer (Luke Thrower) in accordance with governance processes.

Derm.06/26 6. National Specialist Dermatopathology EQA (NSDEQA)

Dr Bakshi provided an update on the EQA scheme, noting that membership had increased to 517, including approximately 30 trainees and 40 overseas members. The current circulation (AL) had been issued with a closing date of 15 May 2026, and the review meeting was scheduled for 5 June 2026. Two guest speakers had been confirmed; the Chair would present Melanoma Club cases.

It was noted that in the previous round there had been one case reaching the first action point and none reaching the second action point. The applicability of the second action point was discussed in the context of changes to College support for

EQA schemes, with clarification sought regarding ongoing support for interpretive versus technical EQA. It was agreed that, for the current circulation, the second action point would not be triggered pending further clarification.

Succession planning for the EQA committee and organising team was also discussed. It was noted that planned changes over the coming year include recruitment to committee roles and a lead organiser post to ensure continuity of the scheme.

Derm.07/26 7. Society Updates

7.1 British Association of Dermatologist (BAD)

Dr Zidan reported that she had no specific updates.

7.2 British Society for Dermatopathology (BSD)

The Sub-Committee received and noted the BSD report. The Chair congratulated Dr Stefanato on the organisation of the upcoming ISDP meeting in London, noting the scale and progress of preparations.

Dr Stefanato reported that planning for the meeting was progressing well, with strong international interest and a full programme in development. She highlighted that registration had been strong and may reach capacity, with consideration being given to potential hybrid or online options should demand exceed in-person availability. She emphasised the collaborative nature of the event and its importance for the dermatopathology community. It was noted that the self-assessment course (Slide Seminar) would be incorporated into the wider programme, organised by Dr Bakshi and Dr Zidan. It was further noted that, in view of the September 2026 meeting, the self-assessment component would not be run at the BSD meeting in Manchester, with efforts instead focused on the ISDP event.

Derm.08/26 8. Standing items

8.1 Formation of specialist networks for Dermatopathology reporting following the French CARADERM model

The Chair provided an update on ongoing work relating to specialist genomic testing and the development of a melanocytic pathology gene panel. He reported that this involved distilling relevant WHO genes and variants, developing a structured dataset, and progressing an application to the UK Genomics Unit. He noted that the proposal has progressed through meetings with the Genomics Laboratory Hub (GLH), with a decision expected in October, and that key challenges relate to funding and reporting capacity.

It was noted that discussions had taken place regarding the need to ensure appropriate integration of histopathology expertise in genomic test selection, with emphasis on the diagnostic role of pathology, particularly in melanocytic disease. It was agreed that this work should be captured as a formal agenda item for future discussion to ensure visibility and continuity.

8.3 Digital Pathology & Artificial Intelligence (AI)

The Chair raised the potential role of the British Society of Dermatopathology (BSD) in leading developments in digital pathology and artificial intelligence within dermatopathology. He suggested that BSD could engage with industry partners and utilise existing educational resources, including EQA material, to support the development and implementation of AI tools in diagnostic practice. Dr Bakshi noted

that this area had been previously discussed and suggested that, given the end of the current term in September, consideration could be given to establishing a dedicated role within future committee structures to take this work forward.

Dr Zidan reported ongoing engagement with the British Association of Dermatologists (BAD) regarding AI in dermatopathology. She confirmed contact with relevant stakeholders following a previously issued joint statement on AI, and advised that a virtual meeting was scheduled for 15 May 2026 to explore the development of a joint BSD–BAD approach to AI. She also noted attendance at a BAD AI-related educational course on 21 May 2026. It was agreed that interested members would be invited to contribute to discussions to help define future direction, including governance and regulatory considerations.

The Chair advised Shelaine Kissoon to record Dr Zidan as the lead for the AI workstream for inclusion in future agendas.

Derm.09/26 9. Any other business

9.1 Workforce Census and Cellular Pathology Workforce Update

Jasmine Nourse provided an update on the College workforce census, noting that the survey is in its final week and will close on 11 May 2026. She highlighted that cellular pathology response rates remain lower than the previous year and encouraged further participation, including from dermatopathology colleagues. She also advised that analysis of the cellular pathology specialty report is underway, with publication expected later in the year and potential inclusion of subspecialty data, including dermatopathology.

Dr Bakshi queried whether the data would inform understanding of subspecialty workforce distribution and potential shortages, and suggested using the EQA mailing list to improve response rates. The Chair and Dr Stefanato supported the use of the EQA network to enhance engagement and improve data completeness, subject to appropriate governance approval. It was agreed that the proposal would be taken to the steering committee for consideration.

Derm.10/26 10. Date of next meeting

The next meeting is scheduled for Tuesday, 8 September 2026 at 2pm for a duration of 2 hours.