



The Royal College of **Pathologists**

Pathology: the science behind the cure

Response from the Royal College of Pathologists to Consultation ECR0195 – Consultation relating to the Faculty of Pharmaceutical Medicine Board of Trustees’ recommendation to admit non-medically qualified individuals as members

The Royal College of Pathologists’ written submission

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists response reflects comments made by past-Presidents of the College during the consultation, which ran from 7th July 2017 until the 18th August 2017 and collated by the Registrar, Dr Rachael Liebmann.

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2.1 This response from the Royal College of Pathologists is in relation to the recent call from the Faculty of Pharmaceutical Medicine Board of Trustees for input to their Trustees' recommendation to admit non-medically qualified individuals as members. The comments below were collated from the responses of the past-Presidents of the RCPATH, the College with the longest history of having non-medical members, on how the full membership of non-medical members has impacted on the RCPATH, on the practice of pathology and on their individual Presidencies.

2.2 Sir Edward Dillwyn Williams, President from 1987 to 1990

2.2.1 The proposal raises the basic question of the purpose of a Royal College representing one of the branches of medicine. When the RCS and the RCP started they really acted as trade unions, indeed Jane Austen in one of her novels has a character say something like 'the purpose of the Royal College of Physicians is the concealment of knowledge'. In effect the College was acting like a trade union, protecting trade secrets and maintaining a closed shop. That is no longer the case, the trade union functions have been taken over by the BMA, and the colleges are concerned to maintain and advance the standards of the practice of the various branches of medicine.

2.2.2

Standards are maintained through examination, and advanced through the encouragement of research. If someone lacking medical qualifications is involved in the care of patients, including the diagnosis and treatment of disease, at the same level of competence and complexity as someone with medical qualifications the College would be strengthened by their admission in the opinion of Sir Dillwyn who also believes that the RCPATH has been strengthened by the inclusion of non-medical members.

2.3 Sir Peter Julius Lachmann, President from 1990 to 1993.

2.3.1

The principal function of the Medical Royal Colleges, is to maintain high standards of practice in their specialty in the interests of patients. It is clear enough that in a multi-disciplinary College like the Pathologists where many of the senior individuals responsible for maintaining standards in some of the diagnostic specialities are not necessarily clinically qualified but the College could not really perform its fine function without admitting them as Fellows, using their expertise and assessing their performance, as they do with all their Fellows.

2.3.2

The real reason that non-clinically qualified people were not eligible for election to Ordinary Fellowship in the Royal College of Physicians, the “mother” College of the RCPATH, is that Fellowship of the College carried with it the right to practice medicine. That clearly is not compatible with allowing Fellowship, which carries this privilege, to be held by anyone who is not registered with the GMC. The physicians, in more recent times, have created special categories of Fellowship for those who are not qualified to become Ordinary Fellows. When the Pathologists separated from the Royal College of Physicians in 1962, it was therefore the case that all the founder Fellows would have been clinically qualified, since they had been Fellows of the Royal College of Physicians. The question of admitting non-clinically qualified pathologists to Fellowship of the College was not forbidden by the Statutes of the RCPATH but it took some time to become well established. During the tenure of Sir Peter Julius Lachmann, President from 1990 to 1993, the RCPATH was electing many Fellows who were not clinically qualified and Sir Peter is sure that this enriched the College.

2.3.3

Although the majority of the College were, and remain, histopathologists who are almost without exception clinically qualified, the increasing diversity of pathology into other fields, including some that require a great deal of knowledge of computer science and mathematics, has increased the advantages of the College of having a broad Fellowship base to include all this expertise. In the case of the Faculty of Pharmaceutical Medicine, very similar arguments are likely to apply, and they would have difficulty in maintaining their basic function of maintaining high standards in their specialty if they excluded those with the requisite skills who are not clinically qualified.

2.4 Sir James Underwood, President from 2002 to 2005

2.4.1 When Sir James Underwood was President he had the good fortune of having Graham Beastall as one of the Vice-Presidents. Graham was the first non-medical Vice-President of the College and not only represented his specialty (Clinical Biochemistry) and his professional constituency (Clinical Scientists), he also contributed widely to the College’s mission. If anyone has any doubts about the wisdom or rationale of accepting non-medical members into medical royal colleges, in the opinion

of Sir James Graham Beastall immediately comes to mind as the exemplar of the benefits thereby achieved.

2.4.2

Non-medical personnel working in medicine are medical doctors' allies not rivals. The medical royal colleges and their faculties, as the bodies responsible for standards of training and practice, are the most logical and appropriate institutions to accommodate and represent medical professionals irrespective of whether they are medically qualified. Far better to be open and inclusive than risk creating fault lines in the medical landscape through the emergence of separate institutions.

2.4.3

In the opinion and experience of Sir James, the key challenges are these. First, establishing acceptable degrees of equivalence in training, credentialling and practice between the medical and non-medical pathways to college membership. Second, ensuring parity of esteem between medical and non-medical college members in terms of eligibility for the privileges associated with membership. Third, developing acceptable "grandfathering" arrangements such that senior non-medical personnel can be accepted into college membership without requiring them to be formally examined.

2.5 Professor Peter Furness, President from 2008 to 2011

2.5.1

Professor Peter Furness has commented that if individuals bring a comparable level of expertise, training and intellect to an activity it is illogical to exclude one group. If it was based on differences other than the possession of a medical degree it would be called discrimination. Professor Furness relates a discussion with the President of the RCPATH Australasia, who could see the advantages and asked how RCPATH had managed it? The answer was to do it from the start. They had been established with a medics-only constitution; they could see the obvious advantages of admitting non-medical scientists but couldn't get there because of objections from 'diehard medics'.

2.5.2

Just before Professor Furness demitted office these discussions were being held with several other colleges, and there was agreement from several to explore membership for suitably high-level non-medics. At the time Professor Furness was very proud of the progress made, but as with many other things, it did not seem to survive the change of presidency.

2.5.3

However, at that time, the other colleges seemed likely to go for some sort of different membership category, and whether this would have even nominal equivalence of status was not finalised. Which links to the obvious problem of persuading the non-medical members that they are not regarded as second class citizens. Solving that would be hopeless if the non-medical group can be perceived as being able to get in

with less than equivalent difficulty. Which is why equivalence in the examination systems of the RCPATH has been crucial.