

23 November 2018

International Committee

A meeting of the **International Committee** will be held on **Monday 12th November 2018** at the Chartered Institute of Public Finance and Accountancy (CIPFA) Swainson Room, 77 Mansell Street, London, E1 8AN.

The meeting was chaired by Dr Maadh Aldouri, Clinical Director of International Activities.

Unconfirmed Minutes

Present:	Dr Maadh Aldouri Dr Rachael Liebmann Dr Monica Terlizzo Professor Lai-Meng Looi Professor Ismail Matalka Dr Gary Tse Professor Tahir Pillay Ms Mary Ann Cameron Professor Goura Kudesia	Clinical Director of International Activities Vice President for Communications International Regional Advisor for Europe International Regional Advisor for the Western Pacific Region International Regional Advisor for Middle East & North Africa International Regional Advisor for South East Asia Country Advisor for South Africa Lay Member Committee Member/ MTI Lead
Phone/Internet:	Professor Adekunle Adesina Dr Abeer Shaaban	International Regional Advisor for Sub-Saharan Africa Committee Member
In attendance:	Miss Joanne Brinklow Faaria Hussain Miss Zuzana Lescisinova Miss Deborah Ko	Director of Learning International Projects Officer International Education Officer International Coordinator
IC 01/11 Apologies:	Dr Andrew Day Professor Philip Cachia Dr Oliseyenum Nwose Professor Monalisa Sur Dr Mashal Al-Nawab	Director of Examinations Director of Training & Assessment International Regional Advisor for Americas Committee Member/ Country Advisor for Canada Committee Member

ITEM NO. 1 - WELCOME & APOLOGIES

The Chair welcomed members to the meeting and apologies were duly noted.



ITEM NO. 2 – DECLARATIONS OF INTEREST

None declared

ITEM NO. 3 – MINUTES OF THE LAST MEETING HELD ON THURSDAY 11TH MAY 2018

The Committee reviewed and approved the minutes as an accurate record of the meeting.

ITEM NO. 4 – MATTERS ARISING FROM THE MINUTES

The Committee reviewed the 'Actions and Decisions' table arising from the last meeting.

Minutes	Action	Assigned to	Update
IC.06	International Trainee Forum would be circulated to Committee members for review and feedback.	Miss Lescisinova	To be included in the IC papers
IC.07(a)	Exit competencies in Pathology Survey to be sent out to Country Advisors and International Regional Advisors, giving them one month to respond.	Miss Ko	Survey needs to be reviewed by Professor Monalisa Sur. Get advice from Dr Nwose and Professor Sur regarding USCAP.
IC.07(a)	Email to be sent to North American College Fellows to ascertain who would be attending the USCAP (US and Canadian Academy of Pathology) Conference in March 2019.	Miss Ko	No Progress.
IC.07(b)	Obtain a list of 'Outbods' from Dr Lance Sandle, Registrar.	Miss Ko	Actioned. Dr Lance Sandle agreed to give a presentation on "The future of European pathology".
IC.09	Arrange a meeting with Professor Jo Martin to discuss PathPresenter and the capabilities of the eCPD.	Miss Lescisinova	In communication with the founder of path presenter. Speaking to Simon Cross and just need feedback from him.
IC.10	Initiate College membership of the World Alliance Against Antibiotic Resistance (WAAAR). Initiate College membership of the World Alliance Against Antibiotic Resistance (WAAAR).	Miss Ko	Actioned. We are now a member for 4 years.



ITEM NO. 5 – DIRECTOR'S REPORT

Dr Aldouri provided a summary of his activities undertaken since the IC meeting on THURSDAY 11TH MAY 2018. These activities included the following:

- July 2018: Worked on setting up and taking part in the International Pathology Summer School, Cairo.
- **October 2018**: Gynae-pathology workshop in Moldova: Dr Mike Coutts, collaboration with The International Cervical Cancer Prevention Association (ICCPA).
- April 2018: College Meeting of Staff, Officers & Directors.
- July 2018: Participation in New-born Screening Consortium for Africa (ASH), Accra, Ghana.
- August 2018: Meeting with RCPath President, VP and International team.
- Meeting with VP Rachael Leibmann and Brigadier General Dr Ahmed Tawdi, Director, Medical Military Academy, Egypt and Col. Dr Ahmed Ziada, Assistant Defence Attaché for Medical Affairs, Egypt to discuss setting up curriculum for Clinical Pathology for Medical Military Academy.
- Meeting with Dubai RCPath Advisor (Mahir Al-Hilali) and Professor Riad Bayoumi from Mohammed Bin Rashid Medical School to discuss collaboration in under graduate and postgraduate training, establishing School of Pathology as hub in the UAE.
- **13-16 October 2018**: Participation in 32nd International Academy of Pathology, with President of RCPath, The Dead Sea, Jordan, signing of MoU with Arab Board of Health Specialisations.
- **21-23 October 2018**: Participation in Board of Directors meeting, WASPaLM, and Chair of face to face Educational Committee meeting, Catania.
- Arranging attendance of overseas fellows as observer examiners of FRCPath Part 2 in haematology and histopathology from Iraq and Pakistan, and for College examiners to act as external examiners.

Current Projects

- Setting up recognition scheme for overseas training (e.g. lceland).
- Setting up curriculum of Clinical Pathology for overseas training programmes.
- Taking part in ARISE programme, led by the EU to improve diagnosis and management of sickle cell disease in Africa.
- Taking part in laboratory working group of ASH-led consortium for New-born screening programme in Africa.
- Completing recruitment for WASPALM education committee and launching activities.
- Planning for future International School of Pathology.
- Supporting Pathology in Ukraine
- Supporting Forensic Pathology in Africa.



ITEM NO. 6 - INTERNATIONAL DEPARTMENT REPORT

Miss Joanne Brinklow provided a summary and review of department's work and achievements for the period 1^{st} June 2018 – 30^{th} November 2018 as well as an overview of the team's achievement over the previous 5 years:

	International Department Report	
International Committee Roles Jo Brinklow, Director of Learning College	 International membership has grown by one per cent. ILPP visited in November. LabSkills Africa won times. Recorded 20 000 Volunteer hours. 	
International Education	 FRCPath Part 1 exams were easy to export. FRCPath Part 2 was more challenging and costly but it had been exported to 3 countries so far. Sufficient candidate numbers were required to justify exporting the FRCPath Part 2. Progress made in supporting International Medical Graduates. Two international summer schools have been run with 130 overseas graduates and 92 sponsored doctors. 14 overseas doctors are in Medical Training Initiative (MTI) posts, which is very good in terms of the overall numbers available. International Pathology day is on 14 November 2018. Fundraising involved for International projects. Professor Martin and Trustee Board have agreed on a new college strategy. International strategy was mapped to the overarching College strategy. The international strategy was developed in discussion with the clinical Director of International Activities, Vice President for Communications, Trustee Board and the President. Once we have the focus of our international strategy, we can start looking at recruiting an International Manager. Five memoranda of understanding signed to date. All are listed on page 7 of the path global strategy. We will continue to promote international volunteering activities. We will have state of the art technology in the new building that will aid us with engagement. Looking at a project portfolio related to "Pathology is Global" 	
International Strategy 2019 – 2024	 There is ongoing liaison with Trustee Board who will be asked to approve the international strategy. 	
Dr Maadh Aldouri, Clinical Director of International Activities Jo Brinklow, Director of	 Comments are welcome on the international strategy by end of November. Question from Professor Kudesia on how the international budget is 	
Learning	spent.College annual financial cycle starts in July and ends in June.	



	International Department Report	
	 All teams work from the strategy and then develop a work plan. An annual plan and budget is then created in the first part of the year which is reviewed by the Trustee Board. 	
Recognition Framework Faaria Hussain, Internation	 There was discussion on the framework for recognition of international programs by the college and the benefits of College recognition. 	
Projects Officer	 The University of Iceland has approached us to look at their histopathology curriculum. 	
	 Dr Martin Young is being consulted on his views. We can test this process and build it up from there. 	
	Questions made for the IC group.	
	 Fees should be tiered because of disparity of incomes. 	
	 This can't be subsidised outside the international departmentand the process must be self-financing. 	
	Who should be involved in the process?	
	 What is the difference between recognition and accreditation—why not go straight for accreditation? 	
	Recognition would be a good first step.	
	 Countries need help to achieve standards at the moment. 	
	 Each country has its own different way of conducting pathological training. 	
	 It is suitable to base the recognition framework on the UK benchmark. It would cater for all components, but exam focus may differ because of national needs. 	
	 Professor Pillay - offer recognition only and work out problems beforehand before offering full accreditation. Offer recognition and accreditation with different levels of financial commitments. Each institution can choose to start with recognition first then move on with accreditation later. 	
	 Professor Kudesia suggested to start with recognition only since we don't have a curriculum for clinical pathology. 	
	 Do we have the resources to build a commitment for accreditation, a training department for example, or shall we start simple and then step up? 	
	Royal College of Physicians charges around £100 000 for accreditation.	
	 It would be difficult to handle an accreditation program with the existing number of staff. 	
	 Dr Liebmann – We can offer recognition for 3 years before an institution can apply for accreditation. This would allow both us and the institution to gain 3 years recognition experience before ramping up to an accreditation process. 	
	 Dr Shaaban - Our accreditation is with UKAS when other institution are with ISO. 	



 International Department Report	
 Professor Matalka- the World Federation of Medical Education has been through this and they decided to do recognition and not accreditation. 	
They offered recognition for regional and local accredited bodies	
 For general accreditation of post-graduate programs they charge between \$300,000 to \$500,000, and have a further charge for each post- graduate program. 	
 This is very expensive for a lot of institutions. 	
 There should be a big difference between charge for recognition and accreditation. There should be more privilege for accreditation. 	
 Professor Kudesia – Poor countries may not be able to afford the \$100,000 to have an accredited program. We will not limit who sits an exam, but there is more credit for those who come from accredited programs. 	
 Professor Lai-Meng Looi - Suggested the accreditation of training centres rather than of programs. This would be easier to achieve and more practical. 	
 Professor Kudesia - We may ask some centres that are already offering FRCPath Part 2 to act as pilot sites. 	
 Miss Joanne Brinklow Iceland has shown willingness to participate and would be a good place to start. 	
 Professor Ismail Matalka - If an institution falls short of recognition criteria, we will show them opportunities for improvement and leave it open for them to improve. 	
 Dr Rachael Liebmann - Agreed with Ismail. Most reports will show where there is room for improvement and be explicit on the steps needed to attain recognition standards. 	
 Miss Joanne Brinklow - Accreditation may be too ambitious as a first step, but we are not ruling it out in the future. 	
 We have a draft paper we are working on. We will also seek advice from Martin Young, and come back with it to the committee for review before May. And put it on the agenda to discuss in May. 	
 Professor Matalka - We need to have a manual to define the standards for recognition. 	
 We need an annual review for institutes so as to monitor if they are keeping the standards. 	
 Besides the college, local people and the college Fellows should be involved in the process. 	
 Dr Rachael Liebmann - The International Regional Advisors and Country Advisors would be on the ground to endorse these accreditations. 	
 Dr Rachael Liebmann - PMETB board that preceded the GMC they had a 3-day visit program. 	
 The first day they spoke to the people who ran the programs directors- the deaneries and training program directors, the second day they spoke to the education and clinical directors; both provided good feedback on 	



International Department Report	
 the programme On the third day they spoke to the trainees, who did not agree with the view of the individuals interviewed on the first two days 	
 Therefore there is need for institutions to do self-assessments first before we go and assess. Such that the assessment by all stakeholders can be tallied to our own assessment. Trainee feedback can be anonymous. 	

ITEM NO. 7 – INTERNATIONAL REGIONAL ADVISOR REPORTS

(a) <u>Americas</u>

Dr Oliseyenum Nwose, International Regional Advisor for the Americas sent his apologies.

(b) Sub-Saharan Africa (SSA)

Professor Adekunle Adesina, International Regional Advisor for Sub-Saharan Africa presented his report and the following was noted by the Committee:

Summary of activities undertaken taken during this period

- Overseas members in sub-Saharan Africa account for approximately 3.29% of the College's total international membership, fellows account for approximately 36%, and the top two specialties in the region are Histopathology (41.3%) and Haematology (11.5%).
- We have current Partnership with the National postgraduate medical college of Nigeria (NPMCN). They signed a Memorandum of Understanding in 2017.
- Partnerships with the College of Pathologists of East, Central & Southern Africa (COPECSA) is currently under discussion. Professor John Obafunwa (based in Lagos, Nigeria) is leading on this.
- West African College of Physicians Faculty of Laboratory Medicine signed 2011 signed a Memorandum of Understanding in 2011, but the arrangement did not move forward. We are currently under discussion to revive this partnership.
- LabSkills was a successful package that catered for the entire medical workforce. I is a prototype that needs to be strengthened and become a model for future projects in Sub-Saharan Africa.

Future proposed projects include:

- Building Forensic Pathology Capacity in Nigeria to develop and strengthen forensic pathology services and practice in Nigeria. This will be led by Professor John Obafunwa and Dr Kenneth Iregbu from Nigeria.
- Laboratory Management, Leadership & Accreditation to strengthen laboratory quality management and leadership capacity in Nigeria.



- Strengthening Cancer Reporting & Pathology Practice to improve cancer reporting of major disciplines (e.g. breast, gynecology, gastro intestinal, urological malignancy etc.). This will run in Egypt, Ghana and Nigeria.
- AMR Surveillance & Antibiotic Stewardship to tackle Antimicrobial Resistance through the development and implementation of measures to improve antibiotic stewardship and susceptibility testing. This will be run in Nigeria, Sudan and South Sudan.
- Cervical Cancer HPV Screening Programme to reduce the mortality rate from cervical cancer in Zimbabwean women.
- The idea for a Pan-African Journal of Pathology & Laboratory Medicine falls in the purview of COPECSA. It is being led by Dr Shahin Sayed and Angela Mutuku from COPECSA.
- A LabSkills based training in Muranga District Hospital in Kenya to improve its laboratory capacity.
- There is a project to reduce maternal deaths through the establishment of a regional Blood Donation & Transfusion Service in Mubende Region, Uganda.
- Surgical Pathology Quality Assurance & Quality Control Protocol to improve the quality and practice of surgical pathology in Sub-Saharan Africa.
- FRC Path Part 1 exam will be available in the region by 2019 in selected institutions. Part 2 exam will hopefully be available in the near future.

(c) Middle East & North Africa (MENA)

Professor Matalka, International Regional Advisor for Middle East & North Africa presented his report and the following was noted by the Committee:

Summary of activities undertaken taken during this period

- Meeting with the Secretary General of Arab Board of Health Specialties (Professor Mohammad Swehli) to discuss the initial draft of MOU with the College. Dr Maadh Aldouri and Professor Ismail Matalka represented the College in this meeting on Wednesday 30 May 2018 in Amman, Jordan.
- International Pathology Summer School, Cairo Saturday, 28 July to Monday, 30 July 2018. This was attended by students from Egypt, Jordan and Pakistan.
- We participated in the XXXII Congress of the International Academy of Pathology held at King Hussein Bin Talal Convention Center, Dead Sea, Jordan.
- A lot of networking was done with 16 leading pathologists from different countries.
- Next IAP meetings will be in Glasgow (2020), Sydney (2022), and Cancun (2024).
- Business Dinner with the President of the College, Professor Jo Martin. Different issues related to the college activities and role in training, curriculum development, and examination were discussed.
- RC Path/ Arab Board of Health Specialization MOU Meeting. In this round table meeting, the aspects of collaboration between the College and the Arab Board were discussed.
- The meeting ended with the signing the MOU between the College and the Arab Board.
- FRC Path spring exam was conducted at Irbid Center, Jordan in September. 5 Students sat for the exam.

Future Scheduled meetings and activities

- FRCPath Part 1 and FRCPath Part 2 Spring Exams will be held at Irbid Center, Jordan.
- The next International Pathology Summer School was proposed to be in Jordan in July 2018.
- Potential CPD activities including proposed gathering for the College fellows.



(d) South East Asia (SEA)

Dr Gary Tse, International Regional Advisor for South East Asia presented his report and the following was noted by the Committee:

- Indonesia initiative We are in the process of reviewing curriculum based on areas Indonesians felt they needed help.
- Areas of concern need to be identified and offer mentorship in these areas by fellowships. The College offers mentorship for fellows for periods from 3 to 6 months.
- The problem is that there was difficulty of finding fellows. No fellows have been found yet in the South East Asia region
- Under GDPR, we cannot mailshot fellows without their permission.
- Dr. Gary Tse will draft an email and send to Miss Faaria Hussain for Dr Rachael Liebmann to review and send to people in the region.
- Myanmar is to be considered West Pacific and Dr Gary Tse will focus more on India.
- There has been no new updates in Burma since Professor Tan's departure.
- Singapore General Hospital and IAP are also running a medical school on a yearly basis in Mandalay.
- Professor Lai-Meng Looi will talk with Soo Yong Tan. This will be more aligned to the college than the Singapore alone so as to appeal to all the scattered fellows in the region.
- The Indian subcontinent has two country advisors. There has been failed attempts at making contact with them via teleconference.
- Miss Deborah Ko will help organise a teleconference with the country with the country advisors and will include Professor Lai-Meng Looi.
- Professor Lai-Meng Looi and Dr. Gary Tse can work together since the geographic line between West Pacific and South East Asia is blurred.
- China is one area that has been elusive. There was once a Chinese advisor.
- The political situation in china creates complications for international communication with foreign countries.
- Professor Lai-Meng Looi and Dr Maadh Aldouri will be in china in September. They meet with the Chinese Country Advisor, Dr Hongyi Zhan.
- The Asian pacific IAP is going to be held in china in 2019. The Chinese government accepted the Taiwan division as a member of WASPALM.
- Taiwan cannot participate as a county because china does not recognize Taiwan. We will let china note that representations in for societies not, countries. There are two societies representing the USA, so two can also be in China.
- The China Medical Association controls everything. We cannot make decisions for more than one year because the China Medical Association makes decisions for 1 year at a time.
- We can try to get representation from people in Hong Kong who regularly go to China. This would be simpler than working with China directly.
- Dr Gary Tse will try to find a Country Advisor in China.



(e) Western Pacific (Inc. Australasia)

Dr Lai Meng Looi, International Regional Advisor for the Western Pacific Region presented her report and the following was noted by the Committee:

- The Western Pacific region is very large.
- Australia and New Zealand have very big Colleges of their own and will be regarded as friends of the College.
- There are Commonwealth countries that include Malaysia, Singapore, and Hong Kong.
- Other countries have an American based system. These include Japan, South Korea and the Philippines.
- There are also Islands like Fiji, Palau, Tonga, Vanuatu, and the Solomon islands which have an American based in terms of training
- Mongolia and China are more of an unknown area in how they are developing.
- Vietnam and Cambodia are very poorly developed and in need for capacity building in pathology. However they are non-English speaking and have communication problems.
- Strongest countries where college has ties are Malaysia, Singapore and Hong Kong.
- Our main objectives are to enhance and develop pathology practice among fellows in these areas and then expand to the rest of the other countries.
- There is already a program in Malaysia because of the Bhagwan Sing fellowship. The program helps develop pathology practice between Britain and Malaysia through sponsorship of visits and bookshops.
- Dr Lai Meng Looi suggested that after Malaysia this visit could extend to other areas like Hong Kong and Thailand, and more countries in the West Pacific region.
- All countries already have their curricula regularly revised to serve their national needs. They therefore need input for their curriculum to also serve international needs.
- Laos and Cambodia are in need of attention but language barrier is a challenge.
- We are currently reviewing our curriculum at the moment.
- Revised standards of the GMC are to be met by 2020. One of the major focus is to increase molecular pathology suggestion in the curriculum.
- There is also need for expansion of the College in terms of presence in the West Pacific.
- There were a Number of exam centers but they dropped off.
- Efforts are to be made to reactivate exam centers as students are doing the Australian exam and are asking for our exam.
- We can also increase influence by participating in West Pacific Pathology Colleges and societies activities like annual scientific meetings.
- There are many projects that need to be done that we can join in.
- International pathology day will be celebrated in Hong Kong, Malaysia and Australia. This is an opportunity to improve our image and regenerate interest in the College in those annual meetings.

(f) <u>Europe</u>

Dr. Monica Terlizzo, International Regional Advisor for Europe presented her report and the following was noted by the Committee:

• Dr Olga Wise, the Country Advisor for Ukraine identified support that was needed and submitted a proposal.



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

- A scoping visit was therefore necessary in order to view the context of the proposed project. This was done in July.
- Dr Monica Terlizzo, Prof Mark Howard and Dr Olga Wise presented on the scoping visit to the Ukraine.
- The Ukraine Scoping Visit Report was done to observe the State of pathology practice and facilities, generate positive public relations, and understand the culture in order to plan for future support.
- Ukraine is a strategic location in Europe. A video of the visit was played to the group.
- We can offer support in terms of specimen handling, automation.
- The Ukrainians expressed a lot of interest in our opinion.
- State Pathology Bureau Laboratory is state funded. There is also an academic lab funded by Vinnitsa Medical University.
- We want to formalize our relationship by agreeing on MoU between the College, the Hospital Bureau lab, the University lab, and the Ukrainian Ministry of Health and Education.
- The College President will compose a letter to the Ukrainian minister explaining the need for improvement, and investment. He will also send a report with recommendations with the letter.
- Cooperation is possible through online mentoring.
- Language poses a challenge.
- Influence can also be increased by promoting College guidelines and datasets and opening exam centers.
- We visited the dean, the lab and the oncology center
- National Pirogov Memorial University trains 5500 students including 1050 foreign students.
- There is a national conference in Kiev in April 2019, arranged by the Vinnitsa medical school.

ITEM NO. 8 - EUROPEAN UNION OF MEDICAL SPECIALTIES (UEMS)

Dr John Firth who is the Deputy to the Head of UK Delegation to UEMS Council advised the Committee as follows:

The key activities of UEMS are:

- Political lobbying on the European Commission and Parliament with support from National Medical Association, setting standards for training and practice in individual specialties training in Europe, and accreditation of CME/CPD which UEMS get a lot of money from.
- Addressing interdisciplinary issues in emerging areas of specialist medical practice.
- Setting the basis for the robust accreditation of the educational meetings.
- The development of new, harmonised models for the training of the next generation of medical specialists (ETRs).
- There are 1.6 million specialists in Europe. UEMS covers 43 specialties in 43 countries and is composed of 37 representatives from National Medical Association.
- Another value of UEMS is to address interdisciplinary issues in emerging areas of specialist medical practice.
- UEMS is sponsored by member contributions roughly 6.4euros per specialist. 10% of income generated will go to central funding.
- Membership is based on to E.U membership. UK will become an associate member, when we would not be a member of EU.
- The UEMS governing structures are very well formalized, but training requirements are not as much.
- There was a MoU between BMA and AMRC.



- Documents going through UEMS should have transparent mechanisms for validation and review as the radiology document had a long list of disagreements.
- EU training requirements are produced by Specialty Section, scrutinized by the ETR scrutiny committee (Prof. Paolo Ricci, and Franchesca Rubulotta), then passed by majority vote of the UEMS council.
- Education Training Requirements for microbiology was passed in 2017, and for Lab medicine in 2016 but there is need for constant review. There was a MoU between BMA and AMRC.
- ETR for pathology is still under construction.
- Next pathology committee meeting will be in December at Padua.
- Future plans for UK representatives is to establish an online presence through the creation of a BMA website that shows what UEMS is in terms of representation.
- In the event of agreed withdrawal, the MRQP will continue until December 2020. Doctors working before Brexit can continue to work in their host countries and their professional qualifications will continue to be recognised.
- The EU has committed ongoing financial support to existing cross-border healthcare projects in Ireland post-Brexit.
- The EU forum meets twice per year and there is need for representation by the College. DHSC and GMC are participating.

ITEM NO. 9 – TERMS OF REFERENCE

Zuzana Lescisinova advised the Committee as follows:

Training Forum

- The goal is to develop the international training forum so as to give a voice to overseas trainees, get feedback on areas they need support, and give feedback to ITSS mentors.
- Every trainee will automatically be a member of the Training forum
- It was agreed to use a closed Facebook group as a platform to gather feedback from the trainees, without appointing any chair.

ITEM NO. 10 - 2019 MEETINGS/ EVENTS SCHEDULE

The Committee noted the following schedule of meetings for 2019:

Date	Activity
Monday 13th May 2019	International Committee Meeting
Monday 11 th & Tuesday 12 th November 2019	FULL International Committee
Wednesday 13 th November 2019	International Pathology Day

ITEM NO. 11 – ANY OTHER BUSINESS

Country advisors have been nominated, and will be presented to the Council meeting on 15 November 2018:

Dr Tahir Shamsi, Country Advisor for Pakistan



Dr Omar Qassid, Country Advisor for Iraq Dr Hesham Eldaly, Country Advisor for Egypt

MEETING CLOSE

SUMMARY OF ACTIONS & DECISIONS

(Please refer to specific minute items for detailed information on each action)

Minutes	Action	Assigned to
6(d)	Seek advice from Martin Young on recognition framework draft paper, and come back with it to the committee for review before May. And put it on the agenda to discuss in May.	Miss Joanne Brinklow & Miss Faaria Hussain
7(d)	Engage Professor Soo Yong Tan.	Professor Lai- Meng Looi
7(d)	Help organize a teleconference with the country advisors for the Western Pacific Region and include International Regional Advisor- Professor Lai- Meng Looi.	Miss Deborah Ko
7(d)	Try to find a Country Advisor in China, Dr. Hong.	Dr Gary Tse
7(f)	Compose a letter to the Ukrainian minister explaining the need for improvement, and investment	Miss Faaria Hussain On behalf of the College President



Report on Ukrainian Histopathology Scoping Visit by the Royal College of Pathologists,

July 2018 By: Dr Olga Wise and Dr Mark Howard

University / Hospital Laboratory provision and co-operation.

Currently there are two independent Histopathology laboratories in Vinnitsa, Ukraine. One of these is the State Pathology Bureau Laboratory based in the Regional Hospital, the other is an academic laboratory based in Vinnitsa Medical University.

The Bureau Laboratory is the diagnostic centre for oncological, and non-oncological cases referred from the city of Vinnitsa and the surrounding Ministry of Health region, it is state funded. The University Laboratory is funded by the University and mainly provides research and academic facilities, but is also capable of providing routine diagnostic services.

Although there is a close physical and intellectual relationship between the Hospital and University laboratories current funding arrangements do not promote their close diagnostic working. Neither laboratory has internationally recognised accreditation. What is present is a sincere and palpable desire by the clinical and non-clinical staff members to adopt modern working techniques and collaborate much more closely with the international scientific and medical community. Such collaboration, however, is currently significantly hampered by a general lack of English language skills amongst clinical and non-clinical staff.

The facilities at the Hospital laboratory are equivalent to those present in UK Histopathology Departments in the 1970's. There is very limited automation, no real use of IT (results and data are all recorded on paper format, although computer capacity is present) and protocols are up to 30 years old and remain directed by the Ukrainian Department of Health. The culture of standardisation, audit and quality control is basic, but understood by staff members. The technical abilities of the laboratory staff are impressive, but they work in an environment which is largely manual, and would not conform to current European health and safety standards. There are real deficits in efficiency and capacity handling. The diagnostic abilities of the laboratory are hampered in our opinion by low quality tissue processing and staining methodologies. However the clinical staff are engaging and well trained, however would greatly benefit (as they say themselves) from a more formal reporting structure, aided by standardised reporting methods and diagnostic pathways. Currently this laboratory has access to approximately 35 immunohistochemical analyses – and their panel is robust and well-conceived, however patients must fund this service themselves if able. During our visit we made recommendation as to some changes of antibody, e.g. replacing GCDFP-15 with PAX 8, and the use of p40/p63 and BerEP4 for Cancer of unknown primary origin cases.

The University laboratory is recently built and modern even by UK standards. It has however not been able to engage with routine diagnostic work, and is awaiting Governmental approval to begin full functioning. However even when certified by the Ukrainian authorities, its primary responsibility will be research and academic use. It plans to offer a limited diagnostic capacity for the local population, but this will be mostly fee paying by patients.

In our opinion the greatest barrier to closer academic, and diagnostic collaboration between the University laboratory and Hospital Bureau laboratory is that the former is under the control of the



Ministry of Education, and the later the Ministry of Health. Thus their funding streams and responsibilities are not unified. We believe if this situation could be resolved and they were able to financially and professionally work together in partnership the provision of diagnostic services to the region of Vinnitsa, as well as the academic interests of the University would be revolutionised. This would significantly benefit the local population, as well as the academic/research priorities of the University – in a way similar to our academic/clinical partnerships well established and respected in the UK. It is the UK model we would suggest is encouraged in Vinnitsa.

Proposals:

Agree a memorandum of understanding between the RCPath, the Hospital Bureau Laboratory, the University laboratory, the Ukrainian Ministries of Health and Education to work towards these proposals. To further the adoption of this memorandum we suggest the College President compose a letter to the Ukrainian Prime Minister; Mr Volodymyr Groysman – himself a native of Vinnitsa, and who has governmental responsibility for both these Ministry's in which we explain the purpose of our visit and the suggestions we have, and assistance we, The College, might provide in the future of Ukrainian diagnostic and academic Histopathological services.

To provide on-line mentoring to local training-grade and qualified clinical and academic Histopathologists and laboratory staff members. To provide ongoing assistance in laboratory modernisation, standardisation and methodology.

To suggest that English language teaching be made available to local staff members – this could be achieved via the resources of the University which has an entire section within its medical school that teaches Medicine in English to overseas students.

In addition Dr Wise and Dr Howard have provisionally accepted invitations, as College representatives and experts in their respective fields, to give presentations and slide seminars at the forthcoming Pathology Congress being held in Vinnitsa in April 2019 where members of the Pathology community, clinical, academic and laboratory based from across the Ukraine will be gathering. We feel this will be a crucial opportunity to engage with Ukrainian Pathologists from the entire country and many varied backgrounds so as to ascertain their local situations, challenges and aspirations. In addition this will be an ideal opportunity to address the entire Ukrainian Pathological community as to the workings and assistance that the RCPath can provide going forward.

In conclusion we feel currently there is an excellent opportunity to assist the country of Ukraine make rapid and evidence based improvements to its Histopathological services and provision. This will require negotiation with Governmental agencies (Department of Health and Department of Education) to facilitate change and provide State-sanctioned approval of improvement measures, however we feel the net benefits are both achievable and realistic and entirely fulfil the ideals and aspirations of the College with regards to international pathological assistance, support and advancement. We also feel strongly that such advances would be of direct and immediate clinical benefit to the population dependant on these services.