Welcome to the 2015 – 2016 Annual Report. This year we highlight the very reason why the College exists – supporting the provision of high-quality pathology services for the benefit of patients. As well as learning about some of the College’s achievements you can read several patients’ stories, which illustrate just how vital pathology is to everyone’s healthcare.

I am particularly pleased that the College established a Lay Governance Group this year, ably chaired by College Trustee Sir Rodney Brooke. Along with fellow Lay Trustee Tommy McIlravey, Sir Rodney has helped appoint an excellent lay committee with a diverse group of members who are already contributing to all aspects of the College’s work.

The lay trustees and advisors volunteer their time to help the College to ensure that our work reflects the needs of the public we serve, for which I am very grateful. I would also like to thank the thousands of members who give their time and energy to undertake work on behalf of the College in a wide range of roles; it is very much appreciated.

Dr Suzy Lishman
President

MESSAGE FROM THE REGISTRAR

The Annual Report provides an opportunity to outline the important work undertaken for patients by College staff and Fellows. The theme of this year’s report is ‘Engaging with patients, the public and policy makers’.

As College Registrar, I deal with all queries that are sent to info@rcpath.org. As well as hearing from College members, we receive a wide range of questions about pathology services from members of the public. I have been ably supported in this work by Maxine Mantle, who has moved on to be the Executive Assistant to the President. I wish her well in her new role.

We are also asked to share our expertise by responding to external consultations. This year they have included alcohol licensing and public health, bowel, stomach and cervical cancer, antibiotic resistance, haemochromatosis and blood transfusion. All of these areas directly affect patients and their carers. In particular, our response to the Ministry of Justice’s consultation on infant cremation resulted in significant changes to regulation, designed to improve the experience of families at a time of great personal grief.

I am delighted to present the 2015 – 2016 Annual Report.

Dr Rachael Liebmann
Registrar

WELCOME FROM THE REGISTRAR

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The work of pathologists and clinical scientists is vital for effective healthcare. The majority of tests requested by doctors will be performed and interpreted by a clinical 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 27 illustrate the enormous benefits that pathologists provide to patients every single day.

**WHAT IS PATHOLOGY?**

Pathology is the study of disease. Pathologists work with front-line hospital clinicians, vets and general practitioners to prevent, identify, treat and monitor diseases.

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**

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**THE ROLE OF THE COLLEGE**

We are a professional membership organisation with 10,500 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 and veterinary qualified pathologists and clinical scientists in 20 different specialties, including cellular pathology, haematology, clinical biochemistry and medical microbiology.

We work with pathologists at every stage of their career – from setting curricula, organising training and running exams, to approving job descriptions, publishing best-practice guidance and providing continuing professional development. We also engage with a wide range of stakeholders to encourage them to learn more about pathology and the vital role it plays in everybody’s healthcare.
**THE YEAR IN NUMBERS**

**UK College members**
- Female members: 4,639
- Male members: 5,856

**Overseas College members**
- Female members: 2,159
- Male members: 2,677

**Issues of The Bulletin**
- Female members: 5,856
- Male members: 1,242

**Best-practice guidelines**
- Female members: 4
- Male members: 6

**Cancer datasets and tissue pathways**
- Female members: 11
- Male members: 11

**Certificates of Completion of Training**
- Female members: 840
- Male members: 108

**Registered Trainees including new ST1/3 trainees**
- Female members: 840
- Male members: 108

**Courses delivered**
- Female members: 500+
- Male members: 500+

**Onsite visits to College conferences**
- Female members: 9
- Male members: 11

**Online applications for Spring exams**
- Female members: 729
- Male members: 67

**Registered College examiners**
- Female members: 700+
- Male members: 100+

**New examiners attended training**
- Female members: 9
- Male members: 11

**MPs took part in our National Pathology Week exhibition**
- Female members: 67
- Male members: 5

**Policy pamphlets for UK parliamentarians**
- Female members: 8
- Male members: 8

**College meetings with government ministers**
- Female members: 6
- Male members: 8

**We published**
- Female members: 4 issues of The Bulletin
- Male members: 6

**We provided examinations and issued results for**
- Female members: 1,242
- Male members: 729

**Volunteering days spent on LabSkills Africa**
- Female members: 211
- Male members: 30

**Overseas Part 1 exam centres**
- Female members: 11
- Male members: 30

**Overseas visits by LabSkills Africa mentors**
- Female members: 40
- Male members: 17

**International delegates at LabSkills Africa conference in Uganda**
- Female members: 150
- Male members: 17

**Candidates sat the new Part 2 histopathology exam in Jordan**
- Female members: 6
- Male members: 11

**International Advisors 1 per WHO Region**
- Female members: 6
- Male members: 6

**Country Advisors appointed**
- Female members: 30
- Male members: 11

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The four NHS systems in the UK have developed differently over the last 15 years. Recognising this divergence and eager to support members in influencing their health services, the College has increased engagement with politicians and partners in Northern Ireland, Scotland and Wales as well as Westminster. Each of the College’s Regional Councils devised their own pathology policy manifesto, launched in the run-up to the May 2016 devolved elections. They shared two priorities: an increase in efforts to train, recruit and retain the right workforce, and a more systematic approach to ensuring patients get the right laboratory tests at the right time. These priorities were also the College’s Pathology and the NHS Five Year Forward View document, launched in November 2015 to inform the development of the NHS in England.

The Welsh manifesto also called for implementation of the medical examiner system, now much closer to being a part of the UK 100,000 Genomes project, to benefit patients with rare disease through faster, more accurate diagnosis; contributing to the establishment of the Precision Medicine Catapult Centre of Excellence in the NI Molecular Pathology Laboratory; regional standardisation of a range of procedures and reporting, and developing standard service level agreements. Council had its annual meeting with Chief Medical Officer Dr Michael McBride, a strong supporter of pathology and reform of pathology services. They discussed pathology trainees, workforce, modernisation, finance, strategy, planning, proficiency testing, accreditation and clinical scientists.

The Regional Council also held its extremely well supported and highly appreciated annual symposium in June, attended by the President and one of the Vice-Presidents, Dr David Bailey. The meeting was an opportunity for pathologists to hear presentations of pathology and reform of pathology services. They discussed pathology trainees, workforce, modernisation, finance, strategy, planning, proficiency testing, accreditation and clinical scientists.

The newly formed England Regional Council (ERC) held its inaugural meeting in May 2016 and was chaired by College President, Dr Suzy Lishman. Priorities were set and responsibilities for the new Regional Advisor role were agreed. Considerable service change is being experienced across all English regions in response to cost pressures in the acute sector, the Five-Year Forward View agenda and Carter Review recommendations. Equally, the evolving knowledge base of molecular diagnostics will result in the increasing use of molecular tests and the need for specialist interpretative input in routine clinical practice. This will be an area of ongoing evolution and expansion for all pathology specialties, which should continue to be factored into curricula development. The ERC will provide an important function in monitoring regional responses to these challenges and the impact they will have on the commissioning of pathology services and the workforce.

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The Wales Regional Council has many new members and a new Chair, Dr Esther Youd, the Clinical Director of Pathology at Cwm Taf University Health Board. Dr Youd is pictured below with Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport in the Welsh Assembly. The Council represents the College at the National Pathology Programme Board, working with NHS Wales on the future of pathology services. The Council works with the Academy of Medical Royal Colleges in Wales on topics such as Prudent Healthcare (and the Choosing Wisely campaign) and the consultation about medical examiners. Dr Youd also attended the ‘Next steps in cancer care in Wales policy forum’, having the chance to engage with a wide audience including politicians, policy makers, healthcare and charity representatives, patients and students. An active, exciting public engagement programme in Wales culminated in the National Eisteddfod in Abergavenny in August.

It is the first time the College has engaged directly in this way with politicians across the UK and we hope it will help bring about positive changes in the way healthcare is delivered, improving patient care and saving money.
In 2015 the College’s new Lay Governance Group was established, with the new Lay Trustee Sir Rodney Brooke as Chair. He has a background in public service, including membership of the General Medical Council and several health bodies, both national and local. Tommy McIlravey, the College’s second Lay Trustee, who has experience in executive and non-executive management in the voluntary sector, was appointed Vice-Chair.

Recruited by interview, after public advertisement, the Committee is currently nine strong. Some members have a long history of working with the College and all have experience of lay involvement with health and medicine. They come from a wide variety of backgrounds – lawyers, charity workers, regulators and administrators – but all share a commitment to health and to the work of the College.

The Lay Governance Group has begun its contribution to the College’s activities. Its main objective is to advise Council and Trustee Board on matters of concern to the public. Every member has volunteered to join a College committee to which they provide a lay view on matters within its remit.

This Group will continue to be of great importance to the College’s activities in the forthcoming year.
What is immunotherapy?

Immunotherapy involves the administration of increasing doses of allergen to which the patient is sensitive over a period of time, aiming to modify the immune response and thereby reduce symptoms. Venom immunotherapy is the most effective form of immunotherapy in use, reducing the risk of a further serious reaction from 30–60% to 5% or lower. If patients do have a recurrent reaction, symptoms tend to be milder than before. Clive is now almost 18 months into a three-year treatment programme and to date has not sustained a further sting.

Clive’s story

Clive Briggs came to the immunology clinic in Bristol in December 2014. He is a keen gardener and had been clearing fruit when he sustained a wasp sting to each forearm. His blood pressure dropped rapidly and he collapsed. He was already prescribed an adrenaline auto-injector in view of a collapse following a wasp sting 20 years earlier, when he was airlifted to the local emergency department for acute medical management. This time, having spoken to the paramedics, his wife administered adrenaline. When the paramedics arrived, his blood pressure was recorded at 84/47, worryingly low. Following management of the acute symptoms, he made a full recovery, but reported swelling and redness at the sting sites persisting for several days. He underwent skin testing and specific IgE assessment, which confirmed wasp venom hypersensitivity.

Clive was issued with antihistamine and steroid as additional emergency treatment in the event of a further sting, with advice regarding adrenaline use. He was also advised how to avoid further stings, and to carry a MedicAlert bracelet. In addition, as he is a keen gardener potentially at risk of further stings, and having had a life-threatening anaphylactic reaction, wasp venom immunotherapy was recommended.

Dr Sarah Johnston
Consultant in Immunology and HIV Medicine
North Bristol NHS Trust

“The venom allergy that I have is a serious business – not just a red rash but a matter of life or death, so there is a tremendous reassurance in knowing that each month I am being injected with the equivalent of two wasp stings and suffering no allergic reaction. I am a lot less anxious when venturing outdoors now.”

Clive Briggs receiving immunotherapy from nurse Jen Whittle at Southmead Hospital, Bristol
“X-rays and lung function tests don’t always tell the whole story. Lab tests on my blood and sputum can tell whether there are bacteria, viruses or fungi that need treatment, and what drugs will work, so I get the right treatment more quickly and recover faster. It’s also more efficient for the NHS and reduces antibiotic resistance. When I get a lab result, I trust it and it helps me feel in control. It’s all going on in the background. Doctors are the detectives and the labs provide the evidence.”

Emily’s story
Emily Hoyle was diagnosed with cystic fibrosis (CF) as a baby. CF is an inherited condition affecting the lungs, liver and pancreas. Emily has been prone to lung infections all her life and has to have daily inhalers and physiotherapy to clear her lungs. She also has to take tablets to provide digestive enzymes so that she can absorb her food.

Through all this, Emily obtained a physics degree and got married in 2008. Unfortunately, her lung function gradually got worse and after many months in hospital she received a lung transplant in 2012 at the age of 28. This provided Emily with over three years of health and a busy life, even taking part in a fundraising climb of an Ecuadorian volcano in 2015. However due to her lung function again getting worse, Emily needed a re-transplant.

A donor was found this year and she is now recovering from the second transplant.

Emily’s younger brother Edward also has CF. He undergoes regular monitoring, is in good health and got married in July 2016. Emily was well enough to attend.

Treatment of cystic fibrosis
CF arises when a baby inherits two copies (one from each parent) of a mutated form of the gene for the protein CFTR, which regulates transport of sodium and chloride (salt) across cell membranes. In CF the abnormal protein lets too much salt into the cells, resulting in abnormally thick mucus, notably in the lungs and pancreas. The diagnosis is made by DNA analysis, and is now part of the screening of newborns.

People with CF are prone to lung infections and need enzyme supplements to digest their food. They therefore need regular measurement of the levels of glucose, salts and vitamins in their blood, plus checks for anaemia, liver and kidney function. Sputum and urine are also checked for infection.

Lung transplantation requires histocompatibility tests (tissue typing) to ensure a good match between donor and recipient, and extensive laboratory testing of the patient in the days after transplantation to ensure a smooth recovery. Sometimes small samples of lung tissue are examined under the microscope to look for evidence of rejection or infection of the transplanted lungs.

Dr Lorna Williamson
Medical and Research Director
NHS Blood and Transplant
MATURITY ONSET DIABETES OF THE YOUNG

CLINICAL BIOCHEMISTRY

Erin’s story
Erin McMinn is 28 years old and had her first child, James, in January 2016.

When Erin was 17 she was diagnosed with type 1 diabetes. She required four injections of insulin a day and frequently had to monitor her blood sugar levels.

However, over the years, the amount of insulin that she needed to control her diabetes kept being reduced to very small doses. There was also a very strong family history of both type 1 and type 2 diabetes diagnosed in her relatives’ late teens/early twenties.

In early 2013, at the Exeter Clinical Laboratory in the Royal Devon and Exeter NHS Trust, she had her urine C-peptide/creatinine ratio measured, which demonstrated higher levels than would be expected in type 1 diabetes. In December 2013, she returned for genetic testing, after which she was diagnosed as having ‘maturity onset diabetes of the young’, or MODY.

Erin’s life has been completely transformed as a result of these pathology tests. She was taken off insulin and put onto a tablet of low-dose sulphonylurea, but after a few weeks came off this too, due to frequent low blood sugars.

Since early 2014, her diabetes has been fully controlled through changes to her diet and lifestyle alone. She has not needed to go back onto insulin, except for low doses during her recent pregnancy.

What is MODY?
MODY is a rare form of diabetes affecting just 1–2% of people with diabetes. It is frequently misdiagnosed as type 1 diabetes (which is treated with insulin) and often goes unrecognized. The three main features of MODY are that it often develops before the age of 25, it runs in families from one generation to the next, and it may be treated by diet or tablets and does not always need insulin.

MODY is caused by a change in a single gene and there is a 50% chance that it will be passed on by affected parents to their children (autosomal dominant inheritance). Six identified gene changes are known to cause MODY in the UK, one of which is HNF4A, which is responsible for Erin’s diabetes. This change in the gene means that she produces less insulin than a normal person.

Dr Peter Sharpe
Consultant Chemical Pathologist
Associate Medical Director, Research & Development
Southern Health & Social Care Trust

“Laboratory tests are critical in decision-making regarding the treatment and management of diabetes. The test for MODY confirmed that I did not have type 1 diabetes and I was able to come off four insulin injections per day. This has made a dramatic difference to my life.”

Erin McMinn with her 18-week-old son, James, and Consultant Chemical Pathologist, Dr Peter Sharpe, at the South Tyrone Hospital Outpatients Department, Northern Ireland
As a nurse I knew about cord banking, but I didn’t realise what the cord cells could do. I always think about the babies who gave me life.

Caroline Cooper, a specialist Tuberculosis nurse and mum of 11-year-old twin girls, was diagnosed with acute myeloid leukaemia in September 2014. Caroline’s leukaemia cells showed complex genetic changes which meant that her leukaemia carried a high risk of returning after treatment, and chances of long-term cure were very low. She therefore required an urgent stem cell transplant to save her life.

Unfortunately, Caroline did not have a family donor with a good enough tissue type match. Searches of volunteer bone marrow donor registries in several countries also didn’t produce a good enough match. The banks of umbilical cord blood donations worldwide were therefore searched and two suitable cord units were found. One was obtained from a baby girl and the other from a baby boy, both of whom would be approximately 4 years old now.

Caroline had a cord blood transplant using both units in January 2015. Cells from the male cord engrafted and took over Caroline’s blood production and immune system, providing a successful transplant. Caroline has had no major problems following her transplant, remains in remission from her leukaemia and continues to see the transplant team in clinic for check-ups every few weeks.

CORD BLOOD TRANSPLANT

HAEMATOLOGY/
HISTOCOMPATIBILITY AND IMMUNOGENETICS

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“As a nurse I knew about cord banking, but I didn’t realise what the cord cells could do. I always think about the babies who gave me life.”

About umbilical cord blood donations
First used in 1998, most umbilical cord blood donations contain enough stem cells to allow successful transplantation. So far over 10,000 children and adults worldwide have received cord blood transplants. They can be used to treat blood cancer, bone marrow failure and immunodeficiency as well as other inherited conditions. There are more than 400,000 cord blood units available in cord blood banks round the world, such as those run in the UK by NHS Blood and Transplant and the Anthony Nolan charity. Cord blood can be a valuable source of blood stem cells for patients who lack matching sibling or volunteer unrelated adult donors. Because of the immature immune system of the donor (the baby), some mismatching between donor and recipient is possible. Being already in storage, cord blood donations can be sent to transplant centres with no delay for urgent transplantation.

Dr Khaled El-Ghariani
Clinical Director - Therapeutic Services
NHS Blood and Transplant
**PREGNANCY LOSS IN A MARE**

**VETERINARY PATHOLOGY**

**Breeze’s story**

The owner of Breeze, one of a group of 80 broodmares at a studfarm, found Breeze in her stable standing over her dead foal. The foal was still enclosed within its placental membranes on the stable floor. The mare had been well and shown no impending signs of delivery the evening before.

Breeze was checked by her veterinary surgeon and moved into an isolation stable, and the foal was submitted to the laboratory for post-mortem examination. While externally the foal appeared normal, post-mortem examination showed body cavity effusions and abnormalities in the lungs and liver. Tissue samples collected for qPCR were tested and, by the afternoon, equine Herpesviral-1 (EHV-1) infection was identified. Histopathology and immunohistochemical staining of the lesions confirmed the diagnosis and further classified the pattern of infection.

Movement restrictions were placed on the studfarm as part of a voluntary code of practice within the horse breeding industry, and mares that had been in direct contact with Breeze were identified and isolated from other mares. Disinfection and other biosecurity measures were implemented and, in this instance, no further pregnancy losses occurred.

**Fighting viruses in horses**

EHV-1 and EHV-4 are alpha-Herpesviruses that commonly cause respiratory infection in horses and can cause pregnancy loss in mares. EHV-1 also has the potential to cause serious neurological infections in adult horses, more common with certain strains of the virus.

Historically, EHV ‘abortion storms’ were common, with some outbreaks causing up to 75% of mares on a studfarm to suffer pregnancy loss.

The risk of disease outbreaks has been reduced since the introduction of vaccination and EHV infection now accounts for less than 10% of all pregnancy losses. However, the vaccine is not always fully effective and cases still occur even in well-vaccinated herds. Laboratory testing plays a vital role in confirming the cause of pregnancy loss rapidly, so that appropriate biosecurity measures are implemented. Post-mortem examination is also viewed as a useful means of screening for introduction of non-endemic infectious disease to the UK and surveying for novel disease. Other causes of pregnancy loss in the mare – such as umbilical cord torsion – have interesting comparative aspects cross-species.

Dr Alastair Foote
Veterinary Pathologist
Rossdales Laboratories, Newmarket

"We rely on rapid pathology testing to determine the cause of pregnancy loss in mares, so that infectious causes can be identified and appropriate disease control measures put in place."

Ian Cameron, Veterinary Surgeon, Rossdales LLP, Newmarket
“With just six days per year of planned treatment, I have had no sickle cell crises since starting regular exchange. I used to miss at least ten days a month of school. I have now hiked in Africa in World Challenge, have a completely changed, near-normal life and can have high aspirations because I am confident I will be well.”

Sam’s story
Sam Ovuorie suffers from sickle cell disease and was referred for automated red cell exchange (RCE) treatment at NHS Blood and Transplant’s (NHSBT) Therapeutic Apheresis Unit in Oxford when he was just 13 years old. At this point he was suffering with excruciating pain in his joints, walking with crutches and was frequently in and out of hospital due to the effects of sickle cell crisis. Sam was unable to lead a normal life and was struggling to attend school.

Now Sam regularly attends the Therapeutic Unit in Oxford for RCE treatment. This procedure, which takes approximately two hours, removes Sam’s abnormal cells and replaces them with donated red blood cells. Sam had orthopaedic surgery to his left hip in December 2011 in Oxford. The RCE contributed to the significant recovery and repair of his hip.

Sam is now 20 years old and studying economics at university.

SICKLE CELL ANAEMIA
HAEMATOLOGY

Treating sickle cell anaemia
Sickle cell anaemia is an inherited condition most common in people with an African background. The normal haemoglobin in the red blood cells is replaced with an abnormal form, which causes the red blood cells to take on a sickle shape. It is diagnosed in the haematology laboratory by looking at the red cells down a microscope and testing for the abnormal ‘sickle’ haemoglobin.

Therapeutic apheresis treatment uses a cell separator machine to add or remove constituents of the blood, such as red cells, white cells or plasma. A procedure tailored to the patient’s needs can treat many other diseases such as cancer and nerve conditions. A recent NICE appraisal demonstrated the marked economic benefit of automated red cell exchange for sickle cell anaemia.

Dr Sylvia Benjamin
Consultant Haematologist
NHS Blood and Transplant & Oxford University Hospitals NHS Foundation Trust

Blood donation teams are particularly eager to recruit young donors and those of black, Asian and minority ethnic backgrounds (photo courtesy of NHS Blood and Transplant).
Hairy cell leukaemia is a rare form of leukaemia named because of the ‘hairy’ appearance of the cells down the microscope. Precise diagnosis requires microscopic examination of blood and bone marrow aspirate (drawn with a needle and syringe) by a haematologist, and the review of a bone marrow trephine biopsy (small core of tissue) by a cellular pathologist. Additional techniques are used to refine the diagnosis: flow cytometry, which examines the surface profile of the cells, and molecular genetics, which defines the changes (mutations) to the DNA in the leukaemic cells. In Tony’s case, there was a mutation at a specific point in the BRAF gene at position V600E. This genetic alteration is common in the skin cancer melanoma, where clinicians can now use targeted treatment with Vemurafenib for most patients with this specific mutation. Tony was only the second patient in the world to receive Vemurafenib for hairy cell leukaemia – a wonderful example of personalised medicine.

Dr George Follows
Consultant Haematologist
Cambridge University Hospitals NHS Foundation Trust

“A breakthrough using personalised medicine”
“When it comes to family planning for the future, we now have the gift of knowledge. There are a number of options available to us that will ensure our future children are not born with Tay-Sachs despite the fact that we are a carrier couple.”

Lauren and Richard’s story

Like many members of the Jewish community, Lauren and Richard Kayser were unaware that a number of life-limiting genetic disorders are relatively more common in people of Jewish ancestry.

When friends informed them about carrier screening for Jewish genetic disorders during Lauren’s pregnancy with their first child, they decided to attend an upcoming community screening event at their local synagogue, run by the charity Jnetics. Days after the birth of their daughter, Lia, the Kaysers underwent testing, revealing that they were both carriers of Tay-Sachs disease, giving their baby a one in four chance of having the condition.

Tay-Sachs is a rare recessive disorder where children develop as normal for the first few months of life before progressive deterioration of the nervous system, followed by death in early childhood.

Urgent pathology tests were conducted at Guy’s Hospital, London, with support from the Jnetics genetic counsellor, to test Lia for mutations in the HEXA gene. There was an agonising 48-hour wait until, to the great relief of Lauren and Richard, she was found to be unaffected by Tay-Sachs disease.
**SUMMER SCHOOL**

The second annual pathology summer school, hosted by the College, the British Division of the International Academy of Pathology and the Pathological Society, was full to capacity with 75 students from 30 medical schools. The programme, delivered by 20 pathologists, included talks on generic topics, specialty-specific lectures and ‘find out about’ sessions, which gave students the opportunity to meet pathologists in small groups. Feedback from the students was very positive, with 98% saying that they were more likely to pursue a career in pathology as a consequence of attending the summer school.

“Attending the Pathology Summer School is perhaps one of the best things I have done throughout my two years in medicine. The school opened my eyes to both the breadth and the absolute necessity of pathology.”

Sarah Jarvis
University of St Andrews
The College has increased its work with parliamentarians, civil servants, the health committee and all-party groups to deliver better outcomes for patients.

Launched at a reception in the House of Lords at the end of a week-long pathology exhibition, the College’s Pathology and the NHS Five Year Forward View policy pamphlet set out the key priorities for the College: implementation of the national medical examiner system; investment in training the pathology workforce of the future; a nationally commissioned molecular diagnostics service to provide uniform, high-quality diagnosis of cancer; the roll out of Choosing Wisely to help patients make informed choices; and standardising test data.

Working with parliamentarians, stakeholders and journalists, the College made the case for a national system of medical examiners to examine every death that is not reported to the coroner. Evidence shows their introduction would improve patient safety and increase the accuracy of death certification. Health Secretary Jeremy Hunt announced that the system would be introduced in 2018 – a great stride in delivering one of the College’s key priorities.

To support those engaging with the Department of Health (DH) consultation, the College produced a policy pamphlet to deepen understanding and encourage organisations to contribute their views. In June, the College arranged a roundtable to draw on the expertise of leading patient representatives, health regulators and senior figures from charities, government and local government. With an opening address by Sir Robert Francis QC, who led the Mid-Staffordshire inquiry, participants considered the strategic issues affecting the design and implementation of the medical examiner system. The note of the roundtable was submitted as part of the DH consultation, to be analysed in the autumn.

During the industrial action involving junior doctors in February, the College played an important part in highlighting recognition of the equalities implications of the originally proposed contract and in supporting a return to negotiations.

PUBLIC AFFAIRS

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Launched at a reception in the House of Lords at the end of a week-long pathology exhibition, the College’s Pathology and the NHS Five Year Forward View policy pamphlet set out the key priorities for the College: implementation of the national medical examiner system; investment in training the pathology workforce of the future; a nationally commissioned molecular diagnostics service to provide uniform, high-quality diagnosis of cancer; the roll out of Choosing Wisely to help patients make informed choices; and standardising test data.

Working with parliamentarians, stakeholders and journalists, the College made the case for a national system of medical examiners to examine every death that is not reported to the coroner. Evidence shows their introduction would improve patient safety and increase the accuracy of death certification. Health Secretary Jeremy Hunt announced that the system would be introduced in 2018 – a great stride in delivering one of the College’s key priorities.

To support those engaging with the Department of Health (DH) consultation, the College produced a policy pamphlet to deepen understanding and encourage organisations to contribute their views. In June, the College arranged a roundtable to draw on the expertise of leading patient representatives, health regulators and senior figures from charities, government and local government. With an opening address by Sir Robert Francis QC, who led the Mid-Staffordshire inquiry, participants considered the strategic issues affecting the design and implementation of the medical examiner system. The note of the roundtable was submitted as part of the DH consultation, to be analysed in the autumn.

During the industrial action involving junior doctors in February, the College played an important part in highlighting recognition of the equalities implications of the originally proposed contract and in supporting a return to negotiations.
The theme for our flagship programme, National Pathology Week (NPW), was ‘Pathology: the key to your health’ and many of its events showcased molecular pathology. As part of NPW, we ran an interactive exhibition in the House of Commons to engage parliamentarians and highlight the importance of pathology for patients, so they can make informed decisions regarding funding. Over 70 MPs and peers visited our stands.

Events to increase the public’s understanding of pathology included our ‘Virtual autopsy’ events, run by President Suzy Lishman, and we created an educational low-allergy garden at the Chelsea Flower Show, which won a silver-gilt medal and attracted over 15,000 visitors.

Science communication training continued to be popular and participants have gone on to organise over 50 engaging and varied events for all ages.

The College is strongly involved in the annual Schools Science Conference and as part of the organising committee we were delighted to receive a ‘Healthcare Science Ambassador of the Year’ award from the Chief Scientific Officer.

**ENGAGING WITH THE PUBLIC**

| 56 | ‘Art of pathology’ school workshops delivered |
| 240 | National Pathology Week events in the UK |
| 1 | Chelsea Flower Show garden |
| 56 | People on three Science Communication Training courses |
| 51 | International organisations took part in International Pathology Day |
| 8 | Projects funded through Public Engagement Grant scheme |
AWARD WINNERS

College Medals

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. Recipients this year were histopathologist Professor Kevin West, for his unparalleled involvement in medical training and assessment, and microbiologist Dr Peter Cowling, for his outstanding work in the sphere of professional standards and beyond.

Research Awards

Gold Medal
Dr Vanessa Wong, for the best research undertaken in any specialty
‘Phylogeographic analysis of the dominant multidrug-resistant H58 clade of Salmonella Typhi identifies unappreciated inter- and intra-continental transmission events’

Specialty medal
Dr Susanne Burdak-Rothkamm, histopathology
‘BRCA1, FANCD2 and Chk1 are potential molecular targets for the modulation of a radiation-induced DNA damage response in bystander cells’

Specialty medal
Dr Jianmin Cegla, clinical biochemistry
‘Co-infusion of low-dose GLP-1 and glucagon in man results in a reduction in food intake’

Medical Undergraduate Essay Prize

This competition was held as part of National Pathology Week 2015. It was won by William Ryan Huddleston, a medical student at Queen’s University Belfast, who wrote a highly detailed and well-structured essay on ‘Molecular pathology: the future of diagnosis and treatment’.

The Furness Prize for Science Communication

Dr Elaine Cloutman-Green
Dr Cloutman-Green, an Infection Prevention and Control Practitioner at Great Ormond Street Hospital (GOSH), has been involved in science communication since 2007, through outreach work for GOSH and as a STEM Ambassador. She has represented GOSH at local events and on national TV and has inspired audiences to engage with microbiology through projects for the Wellcome Trust and a series of talks on healthcare science.

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YOUR PRIORITIES FOR THE FUTURE

Although there are many outward-facing priorities for the College, such as building on our growing record of political engagement, preparing for the implementation of medical examiners in 2018, supporting training for scientists and pathologists in molecular pathology and continuing to support the implementation of the National Laboratory Medicine Catalogue, I would like to focus on a challenge closer to home.

It is vital that we make supporting our trainees a priority, not just in the coming year but every year. Junior doctors, vets and scientists are the future of the profession and we must do everything we can to ensure that they have the opportunity to develop in a supportive environment.

The junior doctors’ contract dispute highlighted several non-contractual areas in which we can work with trainees to improve their experience. We commit to doing this and to working with other agencies to ensure that trainees are valued. We all have a role to play in helping to make training in pathology an attractive choice and an enjoyable and fulfilling experience.

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NEW PREMISES

The College was granted planning permission for its new administrative headquarters in March 2016 and demolition is underway. Located on Alie Street in Whitechapel, east London, the new building will replace a 1980s office block and will become the new permanent home for the College. It will provide flexible, environmentally efficient spaces that will allow its staff and officers to realise the College’s future objectives and provide excellent facilities for public education and a wide range of conferences and events.

A double-height reception area will provide a dramatic entrance space for the building. The ground to fifth floors will house flexible office space, a library, meeting rooms and a 200-seat conference room, whilst also allowing space for future expansion. The sixth floor will include a flexible, open-plan pavilion with panoramic views over London.

In anticipation of our arrival, the College ran a project with the neighbouring English Martyrs Catholic Primary School to create attractive and informative hoardings to surround the site during the building works. Science-based artist, Dr Lizzie Burns, showed the children images of viruses, bacteria and cells and together they developed a kaleidoscope of shapes and colours to create the artwork for the hoardings.

During the building works. Science-based artist, Dr Lizzie Burns, showed the children images of...
COUNCIL MEMBERS
(as of September 2016)

Trustees
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Dr Suzy Lishman
Dr David Bailey
Professor Tim Hellwell
Dr Lance Sandle
Dr Rachael Liebmann
Registrar
Mrs Avril Wayte
Dr David Cassidy
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Co-opted Council members
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Dr Peter Rowley
Chair, SAC (Society Advisory Committee) on Toxicology
Dr Mike Scott
Chair, SAC on Immunology
Mr Andrew Day
Chair, SAC on Genetics and Reproductive Science
Professor Peter Furness
Chair, SAC on Veterinary Pathology
Dr Lorna Williamson
Chair, SAC on Medical Microbiology
Professor Neil Sebire
Observers
Director of Clinical Effectiveness
Professor Roger Feakins (England – London)
Professor Kate Gould (England – North)
Dr Adrian Bateman (England – South)
Dr Laszlo Igali (England – Midlands/East)
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