



THE ROYAL COLLEGE OF PATHOLOGISTS



2010 ANNUAL REPORT 2011



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

OUR MISSION STATEMENT IS TO PROMOTE EXCELLENCE IN THE PRACTICE OF PATHOLOGY AND TO BE RESPONSIBLE FOR MAINTAINING STANDARDS THROUGH TRAINING, ASSESSMENTS, EXAMINATIONS AND PROFESSIONAL DEVELOPMENT, TO THE BENEFIT OF THE PUBLIC.

The Royal College of Pathologists is a professional membership organisation with charitable status, concerned with all matters relating to the science and practice of pathology. Similar medical royal colleges exist for other specialists, such as surgeons, physicians and anaesthetists. We are not, as is sometimes supposed, a teaching college with students.

The College was founded in 1962 and received its Royal Charter in 1970. The total membership is 10330, of which over 8000 are based in the United Kingdom. Fellowship (denoted by the letters FRCPath) is obtained either by examination, by submission of published research work or by invitation of Council. College Fellows work mostly in hospitals, universities and industry. Our Fellowship includes several Nobel Laureates. There are currently 37 members of staff working in different departments at the College.

The main specialties of pathology that the College represents are clinical biochemistry, cytopathology, dermatopathology, clinical embryology, forensic pathology, genetics, haematology, histocompatibility and immunogenetics, histopathology, immunology, medical microbiology, metabolic medicine, neuropathology, oral pathology, paediatric pathology, toxicology, transfusion medicine, veterinary pathology and virology.

Our objectives

As indicated in the Royal Charter, the aims of the College are to:

- ▶ advance the science and practice of pathology
- ▶ further public education in the field of pathology
- ▶ promote research in pathology and disseminate the results.

The ways in which we do this include:

- ▶ setting standards for and overseeing the education and training in pathology
- ▶ setting standards of practice and organising workplace-based assessments and examinations
- ▶ monitoring workforce statistics and the appointment of pathology consultants
- ▶ updating our members via scientific meetings and symposia
- ▶ ensuring and monitoring a programme of continuing professional development for members and non-members
- ▶ developing and publishing guidelines on aspects of best practice
- ▶ maintaining standards of practice by promoting audit and quality assurance in pathology disciplines, and supporting accreditation for all pathology laboratories
- ▶ funding research, in association with industry and other partners in science
- ▶ advising Government departments, national organisations, medical and academic bodies on all matters relating to pathology
- ▶ promoting public understanding of laboratory-based medicine
- ▶ striving to increase public engagement and awareness of pathology.



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College Fellows and staff



Professor Peter Furness

PRESIDENT'S REPORT

The year has seen a continued focus on the core College business of maintaining and improving standards of pathology services for the benefit of patients. This has been influenced by the election of a new Government in the UK, and the financial problems with which it is grappling.

The College response to these problems has taken several forms. Our primary concern has been that the Government's insistence on competition and the involvement of the private sector could paradoxically drive down standards if we do not have methods to measure, in an objective manner, the quality that we expect laboratories to deliver. So, building on our well-received 'Statement on the reconfiguration of NHS pathology services', a project led by Dr Rachael Liebmann has produced recommended 'key performance indicators' for pathology laboratories. The huge breadth of laboratory specialties covered by this College, as demonstrated by the specialty sections in this Annual Report, made this a complex task. The result, published on the College website, shows the value of our multidisciplinary constitution and has been widely welcomed. We are now working on pathology-specific guidance for commissioners. We are also working with the United Kingdom Accreditation Service with the intention of incorporating such quantitative measures of quality into their CPA laboratory accreditation division. The result, we hope, will be an assessment process that is no more demanding than at present, but which can produce a variety of reports for different 'users'. Achieving the core CPA standards will remain important, but a supplementary report for commissioners will, we hope, include relevant quantitative 'end

to end' measures of laboratory quality that are far more relevant to patient care. We anticipate that this will be a considerable improvement on the current 'pass/fail' system of laboratory accreditation.

The current turmoil of laboratory reorganisation has also resulted in a small number of requests for the College to provide independent external advice on the quality (or otherwise) of proposals for laboratory reconfiguration. This is less simple than it sounds. The College needs to identify and train assessors who can produce objective reports that are explicitly directed towards the best interest of patients, not staff. Any opinions expressed have to be defensible, because unsuccessful commercial bidders are quite likely to seek redress in the courts. Nevertheless, this is surely core College business and we hope to be able to offer a carefully constructed 'RCPath consultancy' service in the near future.

But let it not be thought that the provision of independent advice is a new College activity. As in previous years, we have undertaken, advised upon and contributed to reviews of pathology departments with suspected or real problems in delivering a high-quality service. We receive and respond to an increasing number of external consultations; the Professional Standards Unit has documented 66 from just one source, the NICE Technology Assessments Unit. The 'College Responses' section of our website lists only the larger public consultations to which we have contributed. We have regained the explicit recognition that the College provides high-quality advice into workforce planning in pathology specialties, a role briefly questioned by the establishment of the Centre for Workforce Intelligence. Less formally, we provide input and expertise into numerous external bodies, committees and working groups. This is an area of College activity that is 'hidden' from public view, delivered largely by unpaid work of College Fellows. It is hard to cost and hard to quantify

the benefits delivered, but the fact that our advice is sought so frequently is surely testament to its quality and value.

Even the core College business of delivering training curricula and examinations has been affected by the political climate. Last year's Annual Report mentioned the need to gain GMC recognition of paediatric pathology, neuropathology and forensic pathology as separate specialties. This year's specialty sections indicate that this is still ongoing – indeed, the descriptions understate the bureaucratic workload that has been generated. The process has been delayed by a Government moratorium on new specialties, driven by staffing problems completely unrelated to these small specialties. But finally it seems a way forward has been found.

Further work has been generated by the need to develop new curricula for scientists to obtain FRCPath in all disciplines, as part of the Department of Health-supported Modernising Scientific Careers project. This is very necessary and valuable work, but it is another area where one suspects that things might have been achieved with more speed and less bureaucracy. Fellows and College staff have worked tirelessly to deliver professional curricula, standards and documentation in forms demanded by outside agencies. But despite this turmoil, I am pleased to report that College staff and Fellows have continued to deliver smoothly the routine business of delivering our remarkably diverse network of examinations and services to trainees.

The College has also done much to maintain and assure the standards of those who passed their examinations long ago. Preparing for medical revalidation has been a major workstream for the Professional Standards Unit. The system for Continuing Professional Development is being redeveloped and an 'Audit Cookbook' is being established, all to provide more objective evidence for the revalidation process. The national pilots of

revalidation proved that the process must be made simpler, so the College guidance on how Fellows should engage with the process has been completely rewritten. Should there be any doubt about the complexities incurred by the diverse membership of the College, consider a revalidation system designed for all doctors, with the assumption of face-to-face contact with patients and a healthcare-based employer. Then consider the revalidation of independent forensic pathologists. Remarkably, a solution is nearing completion. Indeed, the processes required for revalidation for all doctors are almost finalised. But implementation will undoubtedly generate new problems, especially as difficult judgements are demanded on whether an individual doctor's work provides cause for concern or not. We are anticipating queries from doctors undergoing appraisal, appraisers and 'Responsible Officers', so a process to answer these questions consistently and professionally must be devised.

The College continues to develop high-quality clinical guidance; to cite examples always risks being unfair to those who are not mentioned, but the output of the Working Group on Cancer Services surely deserves to be highlighted. The list of datasets for the consistent and high-quality reporting of cancer specimens and other tissue samples continues to grow, thereby adding to the workload of keeping existing guidance up to date. This guidance is used throughout the UK and in many countries around the globe, and this year has seen an agreement to harmonise the guidance of equivalent bodies in Australasia, USA and Canada.

The College has Fellows around the world, and we continue to try to support them, despite the difficulties their trainees often experience in gaining access to training in the UK. The College is a registered charity, so it is appropriate that despite the UK's financial difficulties we are attempting to improve pathology services in a number of less affluent countries, as documented in the report

from the International Committee. The importance of this aspect of College work has been underlined this year by the addition to the College staff of a new International Manager and we are about to appoint a Fellow to the new role of Director of International Activities. The work is complex, involving interaction with almost all College departments. A consultation with international Fellows is being planned to improve their representation in and links to the College.

A summary report of the College finances is, of course, included in this publication. The income of the College is largely from membership subscriptions, which is relatively resistant to fluctuations. But most Fellows have seen a freeze in their income, or a pay cut if taxation changes are considered, emphasising the obligation to minimise the annual subscription fees despite ongoing inflation. As the Treasurer reports, College staff have achieved some impressive efficiency savings in the past year, justifying a pay increase that we thought was broadly in line with inflation, as a reward and also to compensate a little for lower increments in previous years. But the subsequent upward trend in inflation suggests that this may have been less generous than we thought at the time.

Inflation is a problem, but there is another threat to College finances on the horizon. For several years, Fellows have found it increasingly difficult to persuade their employers to allow them to take an occasional day away from the workplace on College business. As NHS Trusts compete with each other and local decision-making is promoted by the Government, allowing staff time to undertake work 'for the good of the wider NHS' is less attractive to local managers. This year we have even seen one Trust refuse to allow a Fellow to spend a day working as a College Examiner – a new low. Some years ago we agreed that Trusts could be reimbursed for the time of certain College Directors with more onerous workloads. But this year saw a suggestion that Trusts might

seek reimbursement for the time spent by members of staff on any College duties.

Even superficial calculations demonstrated that if this ill-informed idea was to be pursued, it would overturn the finances of all but the wealthiest medical royal colleges. The RCPATH would be at a particular disadvantage because of the numerous disciplines that we cover, all requiring specialist representation, curricula and examinations. As a result, at the request of College Executive and Council, I have embarked on a root-and-branch review of what the College seeks to deliver and how we deliver it. There is undoubtedly scope for improvement, if only because many of our processes were devised before the advent of modern internet-based communications, when getting people together in a room was the only way to get a shared decision.

This will be my last Annual Report as President of the College; my successor, Dr Archie Prentice, has been elected and takes up office on 23 November 2011. I hope to complete my review of College processes and deliver recommendations before I demit office, but the task of implementing changes, and all the other challenges of the Presidency, will fall to him. It is a task which I fear is currently getting more difficult; I have hinted at some of the reasons. But this Annual Report also demonstrates what the College can deliver if its staff and members work together. With that continuing support, I do not doubt that Dr Prentice will not merely continue, but will expand and improve the good work of The Royal College of Pathologists.



Professor Peter Furness



1 SETTING AND MAINTAINING STANDARDS





Dr David Bailey

Training and educational standards

Our mission The Training and Educational Standards Department is responsible for setting the standards for pathology training in the UK. Much of the Department's work is regulated by the General Medical Council (GMC). The Department is supported by the College Advisory Training Teams (CATTs) in Chemical Pathology, Histopathology, Medical Microbiology and Medical Virology, which oversee specialist pathology training.

New CCT specialties The College is currently working with the four UK Departments of Health regarding the stage 1 and 2 applications for forensic histopathology, diagnostic neuropathology and paediatric and perinatal pathology to become new CCT (Certificate of Completion of Training) specialties.

Transitional arrangements for histopathology Transitional arrangements have been developed for chemical pathology, histopathology, medical microbiology and medical virology. The College has received several applications for histopathology trainees to transfer to the new 2010 histopathology curriculum.

Infection training This College and The Royal College of Physicians have now jointly taken over the Infection Training Project from the Academy of Medical Royal Colleges. The Infection Training Working Group is now co-chaired by myself and Dr Bill Burr, the Medical Director of the Joint Colleges of Physicians Training Board (UK).

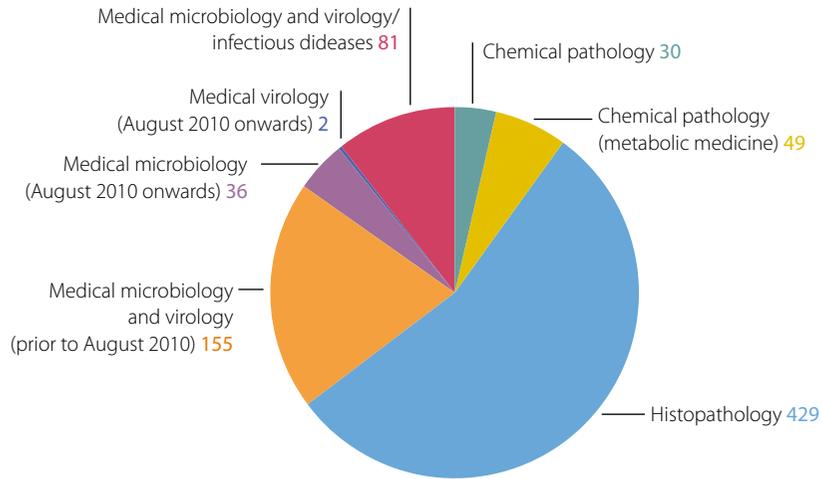
Development of healthcare scientist training curricula A new Healthcare Scientist Curriculum Committee has been established by the College, replacing the Life Sciences Taskforce. Its main aim is to coordinate the development of curricula as part of the Department of Health's Modernising Scientific Careers project. Six specialties have been agreed to go forward for the first phase of curriculum development and their curricula should be developed by the end of the year.

Looking forward

- ▶ The Department will shortly begin work on the next Annual Specialty Report (ASR) for the GMC, for the year August 2010 to July 2011.
- ▶ A rolling programme of 'Train the Trainer' days will be established in deaneries across the UK during 2011.
- ▶ The application for dermatopathology to become a registered subspecialty will be completed in the next year.
- ▶ Arrangements for workforce and trainee recruitment planning are being finalised between the College, the Department of Health and the Centre for Workforce Intelligence.

Dr David Bailey
Director for Training and Educational Standards

Registered trainees by specialty



Registered trainees by ethnic groups

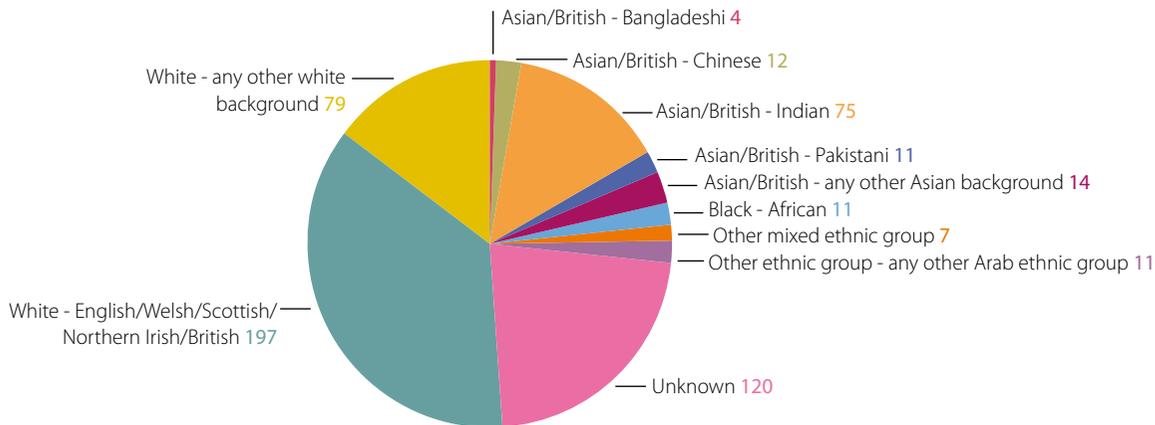


Table 1
Number of CCT applications recommended to the GMC between 1 July 2010 and 20 June 2011

CCT Specialty	Applications
Chemical pathology	10
Chemical pathology (metabolic medicine)	5
Histopathology	76
Histopathology (forensic pathology)	3
Histopathology (neuropathology)	1
Histopathology (paediatric pathology)	1
Medical microbiology and virology	31
Total	127

Table 2
Number of CESR (Certificate of Eligibility for Specialist Registration) applications recommended to the GMC between 1 July 2010 and 30 June 2011

CESR Specialty	Applications
Chemical pathology	1
Medical microbiology and virology (prior to June 2010)	0
Medical microbiology and virology (June 2010 onwards)	0
Medical virology (June 2010 onwards)	0
Histopathology	3
Total	4



Dr Kevin West

Examinations and assessment

The Examinations Department has continued to organise and deliver the wide range of examinations that distinguishes us from other medical royal colleges in a smooth and effective way. Most candidates, even those who are unsuccessful, have been satisfied with the manner in which their examinations have been organised and conducted.

Peter Anderson, Examinations Manager, has left the College and we welcome his successor, Nigel Williams.

The Assessment Department has continued to organise and deliver Year 1 specialty assessments and further develop and refine the Learning Environment for Pathology Trainees (LEPT) system. The Department has dealt with numerous enquiries, particularly in the build up to the Annual Review of Competence Progression (ARCP).

Key achievements For candidates who are not satisfied with the conduct of their examinations, a new two-stage appeals process has been developed.

The Examinations Department is responsible for administering applications for Fellowship by Published Works and a new system has been introduced to handle these.

The Assessment Department has commissioned several development days intended to improve and refine the LEPT system. It collaborated with the Joint Committee on Pathology Training to deliver the 'New Trainee Welcome Day' in Autumn 2010 and worked together with the Training and Educational Standards Department to provide the 'Training the Trainers and Assessors' session, held on 12 May 2011.

The future Over the next year we will be reviewing the feedback provided to all candidates.

A new-style FRCPath Part 2 autopsy examination and Certificate of Higher Autopsy Training (CHAT) will be launched in Spring 2012,



Dr Lance Sandle

as well as the new Certificate of Higher Cervical Cytopathology Training (CHCCT). A new clinical genetics examination will also be offered from autumn 2012.

Further development of the LEPT system is planned and the guidance notes in its use will be made available this Autumn.

In light of the positive feedback last year, the 'New Trainee Welcome Day' will take place on 14 September 2011.

Further 'Training the Trainers and Assessors' sessions are planned and we are hoping to go 'on the road' to meet the needs of trainers and assessors in deaneries.

As the new infection curriculum develops, we will be planning the assessment and examination system that will be essential in ensuring approval from the GMC.

Dr Kevin West
Director of Examinations and Assessment

Professional standards

Revalidation The College continues to make a full contribution to the implementation of revalidation by the GMC in its work with its sister organisations in the Academy of Medical Royal Colleges (AoMRC). This involves informal and formal consultations and policy development. Revalidation has been piloted by the Revalidation Support Team. Our work with the pilot sites, in particular our paired site at University Hospital Leicester, will inform our development of an advisory structure to support revalidation processes. We also met with colleagues involved in the Northampton pilot, which provided valuable feedback.

We are participating in the development of the following other aspects of revalidation, of particular relevance to the College:

- ▶ good progress has been made with the development of a revalidation system for forensic pathologists, funded by the AoMRC

- ▶ we have drafted a document of core supporting information for revalidation (pathology) for an Academy-funded project on core supporting information
- ▶ we have developed a draft advisory framework for the escalation of support in respect of issues arising from the requirements for core supporting information for revalidation
- ▶ we have successfully bid for AoMRC funds to extend the functionality of the online CPD portfolio to allow the storage, recall and sharing of core supporting information for revalidation.

Continuing professional development (CPD) There was 99% compliance with the annual review of the CPD scheme in 2010.

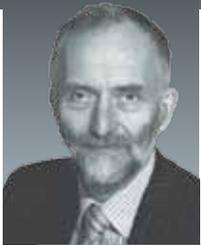
The College's Professional Standards Unit (PSU) has had representation and significant input into special working groups on CPD accreditation and reflective practice run by the Directors of CPD (DoCPD) Committee of the AoMRC.

The PSU has represented the College and DoCPD at GMC meetings on the review of the GMC's role in CPD.

Clinical audit and guideline development The PSU has:

- ▶ contributed to 66 NICE technology assessments and guidelines in the past year
- ▶ prepared and published datasets for the histopathological reporting of 13 common cancers and 'tissue pathways' for non-malignant diseases of four sites
- ▶ undertaken extensive revision and re-publication of guidance for writing datasets and tissue pathways
- ▶ worked with the Publications Department on an application to NHS Evidence for accreditation as a guidance producer
- ▶ started work on a series of audit templates to facilitate Fellows in undertaking audit, developing their practice and improving quality.

Dr Lance Sandle
Director of Professional Standards



Professor Peter Furness

Professional Performance Panel

The Professional Performance Panel is responsible for the work of the College's Professional Standards Unit in respect of pathologists or pathology departments whose standards have been called into question. We collaborate with the National Clinical Assessment Service in this work. In practice, the College is more commonly involved in assessing pathology departments than individual pathologists.

The Panel has considered a small number of queries, mainly from Medical Directors of Trusts, resulting in one formal performance review. We also contributed our expertise to a major review of a cellular pathology department undertaken by Verita, a private sector agency. The details are of course confidential but it is notable, as in previous years, that problems are more commonly attributable to interpersonal relationships and working conditions than to incompetence amongst pathologists.

The Panel's work is likely to expand in the near future, for two reasons. First, the implementation of medical revalidation may increase the need for external evaluations of performance and, with the conclusion of the Revalidation Taskforce, questions relating to revalidation will come to the Panel. Second, College Council recently agreed the need for a reform of the College's disciplinary procedures. The new process, once agreed and implemented, will be overseen by the Panel.

Professor Peter Furness
Chair



Dr Alec Howat

Joint Working Group for Quality Assurance in Pathology

Our mission The Joint Working Group for Quality Assurance (JWG) is a multidisciplinary group accountable to The Royal College of Pathologists for the oversight of performance in external quality assurance schemes (EQA) in the UK. Membership consists of the chairs of the National Quality Assurance Advisory Panels (NQAAPs), the Institute of Biomedical Science, the Independent Healthcare Sector, the Department of Health and CPA (UK) Ltd.

Key achievements In the last 12 months, the Group has achieved the following:

- ▶ several cases of unresolved instances of persistent poor or substandard EQA performance have been managed
- ▶ the 'traffic light' system for grading poor performance in technical laboratory EQA has been finalised and is in place
- ▶ preliminary discussions have taken place with the Care Quality Commission (CQC); it is likely that laboratories that persistently perform poorly in technical EQA will be reported to CQC as well as to CPA.

Looking forward Our goals for the coming year are to finalise arrangements with the CQC, and to ensure that cases of persistent poor performance in EQA, whether resolved at the Panel level or not, are managed quickly and robustly.

Dr Alec Howat
Chair



Professor Peter Furness

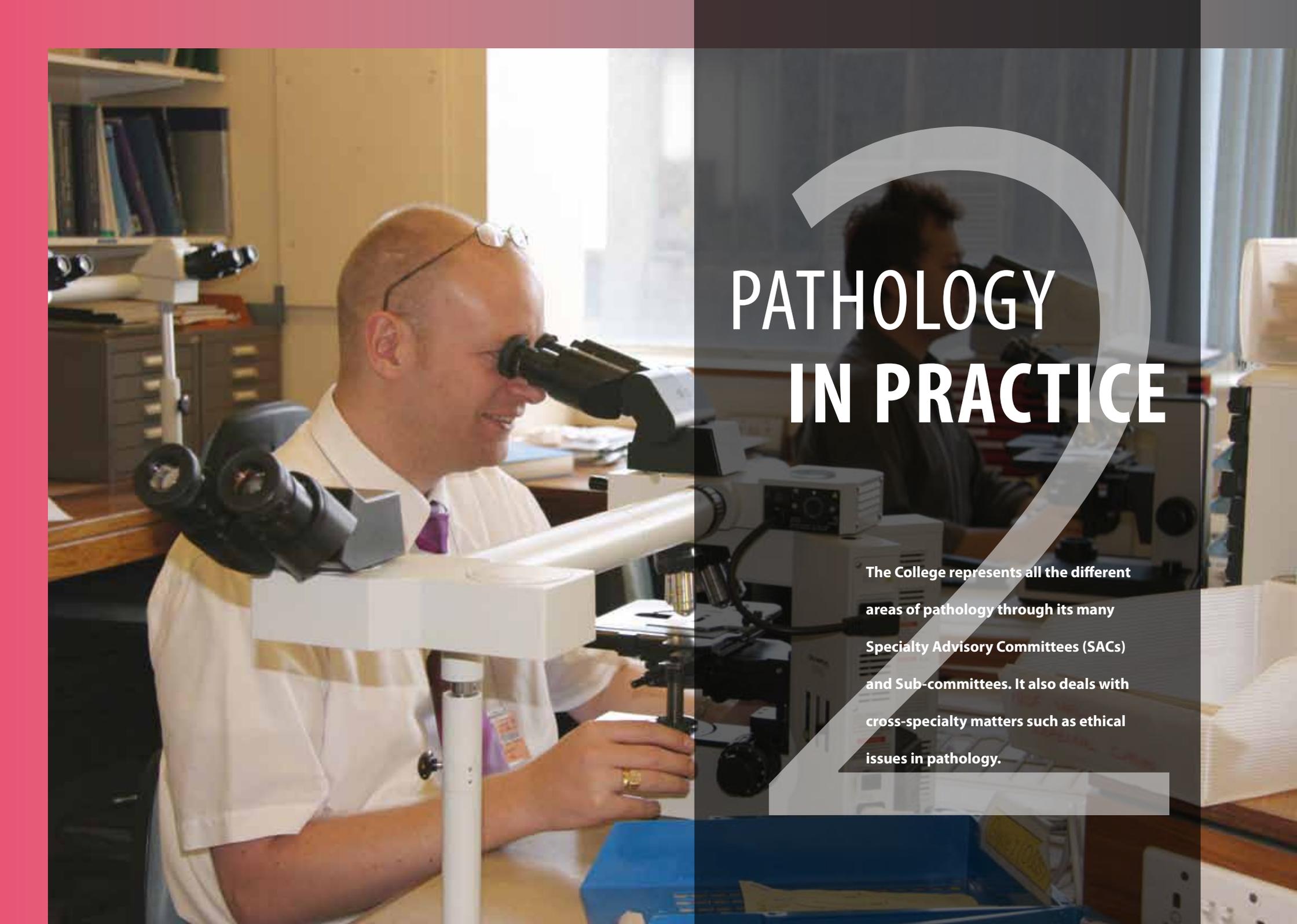
Medical Examiners' Committee

Medical examiners (of the cause of death) were created by the Coroners and Justice Act 2009. The reforms of death certification set out in that Act have not yet been implemented and no medical examiners have been appointed. Nevertheless, it has been agreed that The Royal College of Pathologists will be the Lead College for these doctors, who will be recruited from all medical specialties.

The Committee was formed in 2010 to continue the work of an intercollegiate working group in developing training for medical examiners: to define standards of service and to develop collegiate services. It has met twice so far and works closely with the Department of Health (England) in preparing for implementation. An online course for medical examiners, developed by e-Learning for Health, is almost complete and the Committee is working on quality standards for the medical examiner service.

Full implementation of the reforms has been delayed until April 2013, but it is anticipated that a National Medical Examiner will be appointed in early 2012 and the first medical examiners will be recruited and trained later that year. This Committee will be working to ensure a smooth and effective implementation, with consistent standards across England and Wales.

Professor Peter Furness
Chair



PATHOLOGY IN PRACTICE

The College represents all the different areas of pathology through its many Specialty Advisory Committees (SACs) and Sub-committees. It also deals with cross-specialty matters such as ethical issues in pathology.



Dr Danielle Freedman

Clinical Biochemistry SAC

Our mission The SAC in Clinical Biochemistry provides advice to Council, Executive and the President on all matters relating to the practice and development of clinical biochemistry. It also provides expert input for guidelines and other documents from the Department of Health and other professional bodies.

Key achievements We have led the revision of *Out-of-hours reporting of laboratory results requiring urgent clinical action to primary care – advice to pathologists and those working in laboratory medicine* and also revised *Code of Practice for Clinical Biochemists/ Chemical Pathologists and clinical biochemistry services* (previous edition 2005) and the SAC's terms of reference.

We have contributed to the College's national key performance indicators; specialty revalidation standards; NICE guidelines, appraisals and health technology assessments, and have representation on the Medical and Technologies Assessment Committee (MTAC).

We are also defining the core content for undergraduate curricula.

Working together We work closely with the Department of Health's National Modernising Scientific Careers team, led by Chief Scientific Officer, Professor Sue Hill.

We have contributed to the Pathology Harmonisation Project with the Association for Clinical Biochemistry (ACB) and the Institute of Biomedical Science (IBMS) on harmonisation of reference intervals and standardisation of units for many adult and paediatric clinical biochemistry analytes.

We collaborate with the ACB in national clinical biochemistry audits.

Looking forward Our members continue to be actively involved in their Strategic Health Authorities, working on the pathology reconfiguration agenda.

We continue to work with the British In-Vitro Diagnostic Association, Association of Clinical Pathologists, ACB and IBMS on 'Labs Are Vital', continuing to raise the profile of laboratory professionals, particularly targeting healthcare commissioners.

With the ACB, our specialty (especially the trainees) was very proactive during National Pathology Week. We will build on this success for National Pathology Year 2012.

Dr Danielle Freedman Chair

Dr Danielle Freedman receiving the award for the Flynn Lecture at FOCUS, the national ACB meeting 2011, in Harrogate for her talk, 'Point-of-care testing... a dangerous indulgence or essential to quality care?'



Dr Jonathan Waters

Genetics and Clinical Embryology SAC (including Metabolic Biochemistry)

Our mission

- ▶ To assure the quality of the FRCPath examination, in the best interests of patients.
- ▶ To promote the best possible training for College trainees and Fellows.
- ▶ To advise on the impact of new developments in genetics, directly or within the Joint Committee of Medical Genetics.

Key achievements Committee members continue to play an important role in advising on genetics input into curricula and examinations within the College framework.

Working together The implementation of a genetics pilot training scheme for Modernising Scientific Careers has provided a catalyst for a single FRCPath examination in genetics by 2015, reflecting the convergence of cytogenetics and molecular genetics.

Work is also in progress with a FRCPath in molecular pathology (with the College's SAC on Histopathology), and a diploma-level genetics examination (with The Royal College of Physicians) for clinical trainees.

The SAC has also identified members, or other co-opted professionals, to provide genetics representation for:

- ▶ the National Laboratory Medicine Catalogue (NLMC), to provide a catalogue of tests that meet key quality criteria
- ▶ the Map of Medicine (MoM), to provide guidance as to which tests should be employed in a particular patient-care pathway.

This input will be increasingly important as the 'mainstreaming' of genetic testing gathers speed, with a wider range of clinicians to make choices about when and which genetic test may be appropriate for their patients.



Professor Michael Wells

Histopathology SAC

Our mission is to strive for excellence in cellular pathology.

Key achievements

- ▶ The working group, chaired by Dr Anne Thorpe, updated its report on *Guidelines on Staffing and Workload for Histopathology and Cytopathology Departments*.
- ▶ We developed key performance indicators for histopathology laboratories, including 'seven-day turnaround' for diagnostic biopsy specimens.
- ▶ A working group on the 'Molecular Pathology of Acquired Disease', chaired by Dr John Goodlad, developed a curriculum for higher scientific training (FRCPath) in molecular pathology.

Working together

- ▶ A joint Histopathology Sector Working Group was formed with the Human Tissue Authority to address issues in a collaborative manner. The group met in January and September 2011.
- ▶ Collaborations were established with Australia, Canada and the United States for the production of common reporting datasets for cancer. Meetings were held in Chicago, San Antonio and Helsinki. This project will now be taken forward by Dr Lynn Hirschowitz, Chair of the College's Working Group on Cancer Services.
- ▶ A joint working party of this College and The Royal College of Radiologists was formed to develop guidance for the application of imaging in autopsy practice.
- ▶ We have agreed to establish an Inter-specialty Committee on Molecular Pathology.
- ▶ We have contributed to Cancer Research UK's stratified medicine project.

Looking forward We will produce guidelines on the use of double reporting in histopathology, and audit altered cancer diagnoses following central review for multidisciplinary team meetings. We will also develop detailed guidance for the dispatch of tissues for the central review of histological material relating to research and translational studies.

Professor Michael Wells
Chair

Working Group on Cancer Services (WGCS)

Our mission is to maintain high standards of histopathology reporting through the production of cancer datasets and tissue pathways.

Key achievements This year we published datasets on retinoblastoma, uveal melanoma, cervix, uterine sarcoma, lung, central nervous system, parathyroid, peripheral neuroblastic and gastrointestinal stromal tumours and, after abridged consultation, vulval and ovarian datasets. Neuropathology, bone and soft tissue pathways were also published; a placenta and revised endocrine tissue pathway are under review.

We completed revisions of authors' guidelines for cancer datasets and tissue pathways; these were submitted to NHS Evidence for accreditation. After a consultation process with subspecialty histopathology leads, we published guidance on TNM7 implementation.

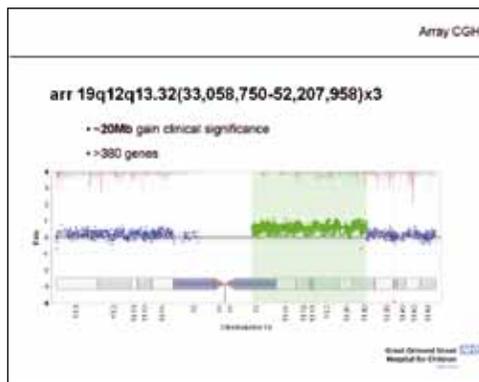
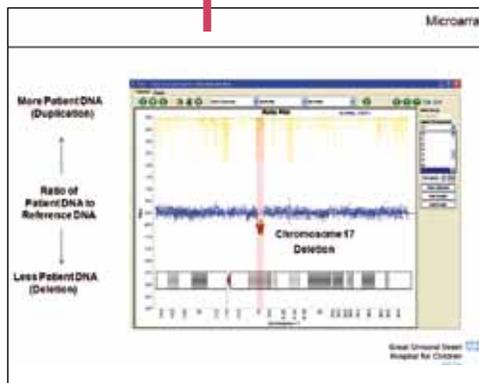
Working together Work continues with the National Cancer Intelligence Network to incorporate core data items in the College cancer datasets into the Cancer Services and Outcomes Dataset.

Looking forward

We anticipate ever closer cooperation between genetics and other disciplines in the delivery of the above goals.

Dr Jonathan Waters
Chair

Charts showing microarray, one of the newer technologies employed in genetic diagnosis





Dr Lynn Hirschowitz

Core data items must obtain Clinical Content Assurance and meet the requirements of the Information Standards Board for Health and Social Care. The survey of pathologists' practices in data collection and transfer highlighted that implementation of structured data capture and reporting systems for histopathology is constrained by archaic laboratory IT systems.

The North American, Australasian and UK pathology colleges signed an agreement to collaborate on standardising the core content of tumour datasets. Collaboration has commenced on agreeing the content of endometrial, prostate, lung and melanoma datasets.

Looking forward The annual revision cycle of datasets is in progress. In addition, new datasets (anal carcinoma, carcinoma of unknown primary) are due in November 2011. In August 2011, the international group will assess progress towards collaborative datasets.

Dr Lynn Hirschowitz
Chair



Some members of the WGCS
at their meeting in May

Cytopathology Sub-committee

Our mission The Cytopathology Sub-committee provides expert advice on all aspects of cytology and continues to respond to the changes in cytology provision and practice.

Key achievements We made a major contribution to the cytopathology section of the College *Guidelines on Staffing and Workload for Histopathology and Cytopathology Departments* and, in response to enquiries from consultant colleagues, have produced guidance on private practice in cervical cytology. We have revised and expanded the guidance on the extended role of biomedical scientists in the reporting of non-gynaecological cytology to include synovial fluid cytology, and will keep this guidance under review.

Working together Members of the Committee have played a major role in preparing the third edition of the National Health



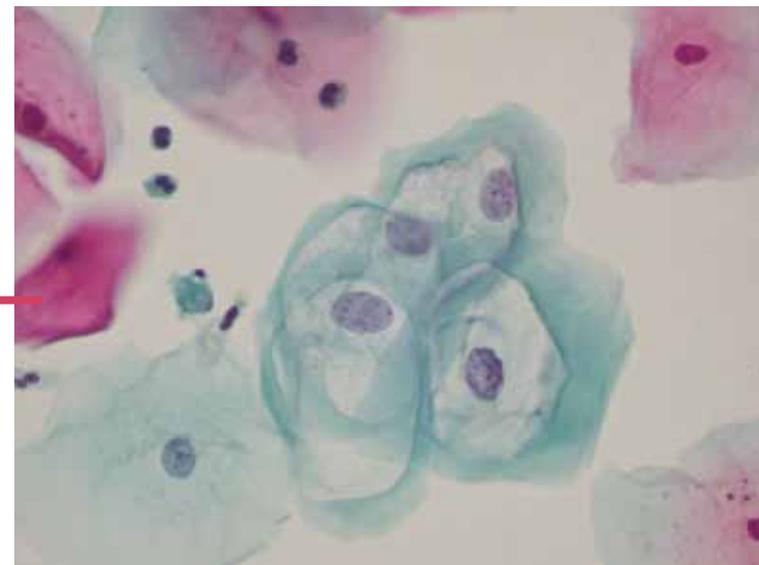
Dr John Smith

Service Cervical Screening Programme's (NHSCSP) guidance, *Achievable Standards, Benchmarks for reporting and Criteria for evaluating cervical cytology*, due to be completed by the end of 2011. In addition, following the decision to utilise human papilloma virus (HPV) testing for triage of low-grade abnormality and test of cure in the NHSCSP commencing in 2011 and consideration of the use of primary HPV screening in the future, we are closely involved in consultation with the NHSCSP and the Virology Sub-committee in the development of implementation guidance and models of future service provision.

Looking forward We will continue to monitor the continuing reorganisation and rationalisation of cervical cytology laboratory services, particularly in relation to the impact on training.

Dr John Smith
Chair

Photomicrograph of
koilocytes in a liquid-
based cervical cytology
preparation; these cells are
characteristic of human
papilloma virus infection





Dr Maureen Walsh

Joint Sub-committee in Dermatopathology

The Joint Sub-committee in Dermatopathology is a joint committee set up by The Royal College of Pathologists and the British Association of Dermatologists to promote dermatopathology within the UK and beyond. Its members include representatives from The Royal College of Pathologists and dermatopathologists from the British Association of Dermatologists.

The College continues to run the Diploma in Dermatopathology examination for both pathologists and dermatopathologists. There is interest in the examination from both groups and we hope to move to FRCPath in Dermatopathology for both histopathologists and dermatologists. We are also working with the General Medical Council (GMC) to achieve recognition of dermatopathology as a specialist entry in the GMC Register.

The National Specialist Dermatopathology External Quality Assessment (EQA) Scheme is well established, with twice-yearly meetings and a guest speaker, and an additional educational activity associated with the meetings.

The year ahead The College plans to run a dermatopathology study day in December 2011.

We hope to have the final draft of the updated dermatopathology dataset available for consultation with College membership in the Autumn. These have been delayed so that we can coordinate with the National Cancer Intelligence Network (NCIN) to ensure that The Royal College of Pathologists' datasets are compatible.

Dr Maureen Walsh
Chair

Forensic Pathology Sub-Committee

We work closely with the British Association in Forensic Medicine (BAFM), the National Policing Improvement Agency, the Forensic Science Regulator of the Home Office and the mass fatality teams of the Home Office and Department of Health (Imaging) on aspects related to the delivery of clinical practice and standards.

Key developments Over the last year, we have concentrated on two key developments for forensic pathology practitioners throughout the UK. First, we have continued to be engaged in the process of trying to gain independent recognition as a distinct branch of pathology, reflecting the current view of the College, and stakeholders, with regard to the role of forensic pathology within the criminal justice system.

Our second workstream relates to the pilot study for revalidation for forensic pathology. We have been developing a system to assist with the process of revalidation for all forensic pathologists within the United Kingdom. This work is due to be completed in 2012.

Working together to ensure quality We continue to work with other groups and agencies in setting standards for medicolegal practice. This is of importance for the integrity of the criminal justice system in the UK.

The joint Home Office/Royal College of Pathologists' code of practice, as well as mortuary standards documentation, are nearing completion.

Education Forensic pathologists continue to contribute to College and learned society meetings with medicolegal content.

Professor Guy Ruttly
Chair



Professor James Lowe

Neuropathology Sub-committee

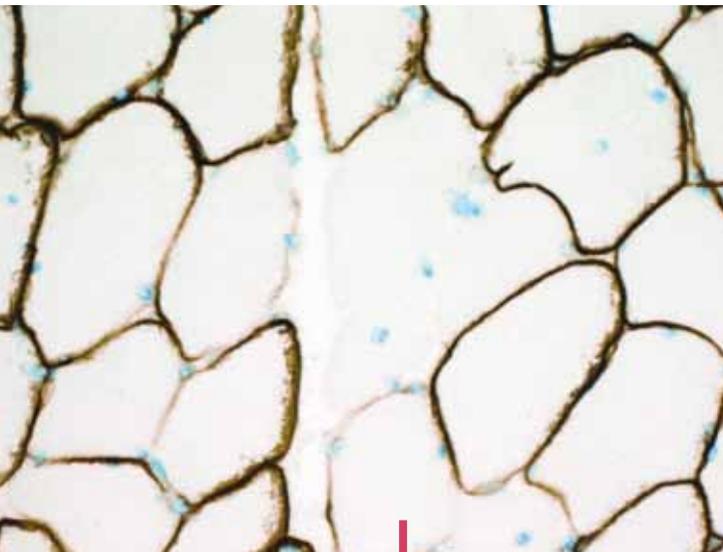
Clinical neuropathology is a recognised component of specialist clinical neurosciences as commissioned by the NHS in the UK. This includes both biopsy-related work and post-mortem work. The practice of clinical neuropathology has strong academic links within clinical neuroscience centres in the UK and an academic component of work is usual in the specialty. The Neuropathology Sub-committee works closely with the British Neuropathological Society in advising on aspects of clinical practice and developing standards.

Key achievements The most important initiative is in taking forward an application to recognise the status of neuropathology as a distinct specialty. In 2009, the College agreed that neuropathology would become aligned to its own Certificate of Completion of Training (CCT). The application process is complex and has been led by Dr Xuereb. Meetings with representatives of Departments of Health in the devolved nations are ongoing.

The Sub-committee has recently contributed to revising codes of practice for clinical neuropathology. Tissue pathways for non-cancer diseases of the nervous system have been published. Work is developing to specify procedures for post-mortem examination of the brain in dementia, movement disorders and inflammatory conditions.

Looking forward The Sub-committee continues to be involved with national developments in post-mortem brain banking. Links have been established with the Neuropathology and Brain Banking Clinical Studies Group in the NIHR Dementias and Neurodegenerative Diseases Research Network (NIHR DeNDRoN) and the UK Brain Banks Network, led by Professor Ironside.

Professor James Lowe
Chair



Histology of a muscle sample stained to show dystrophin. A small number of fibres do not express the protein and the patient was found to be an asymptomatic carrier of Duchenne muscular dystrophy.

Immunology SAC

Mission To foster specialty excellence and sustainability through:

- ▶ formulating specialty policy, actions and responses
- ▶ promoting the advancement and profile of the specialty
- ▶ supporting professional development and specialty training at all levels
- ▶ providing input to external organisations, including the Departments of Health
- ▶ liaising with professional, advisory and educational bodies
- ▶ assessing the impact of new developments on specialty practice and patient care.



Dr Richard Herriot

Key achievements We have provided input to:

- ▶ College professional performance, examination, training, career development and academic activities
- ▶ pathology leadership and key performance indicators initiatives
- ▶ specialty revalidation standards
- ▶ national childhood allergy pathways
- ▶ CPA, National Benchmarking and Laboratory Medicine Catalogue specialty representation
- ▶ national guidelines, appraisals and technology assessments.

Working together With partner bodies including, principally, The Royal College of Physicians, professional societies (British Society for Immunology, Association of Clinical Pathologists, British Society for Allergy and Clinical Immunology and the UK Primary Immunodeficiency Network) and patient organisations, Committee members have contributed this year to:

- ▶ specialty workforce planning processes
- ▶ developing an allergy service registration scheme
- ▶ updating UK therapeutic immunoglobulin guidelines
- ▶ training (national governance structures, medical/scientific curricula updates, specialist registration, deanery trainee assessment and quality management processes)
- ▶ a range of national specialty educational events.

Looking forward Activities will include:

- ▶ involvement in National Pathology Year
- ▶ revalidation and specialty audit models
- ▶ adapting and responding to changing NHS structures across the UK
- ▶ monitoring the use and effects of key performance indicators
- ▶ the challenge of sustaining and developing specialist services.

Dr Richard Herriot
Chair



Dr Andrea Harmer

Histocompatibility and Immunogenetics Sub-committee

Our mission To discuss and advise on all matters relating to the practice and development of histocompatibility and immunogenetics, with particular focus on issues related to transplantation and immunogenetics.

Key achievements A training portfolio to support higher specialist trainees in their progress towards FRCPath has been developed. This includes candidate information, details of the syllabus and a training log.

The format of the practical examination has been updated, with the removal of wet practical exercises and greater emphasis on result interpretation, data analysis, validation and advice. The oral component has also been removed from this examination.

Working together We have worked with colleagues representing the British Society for Histocompatibility and Immunogenetics, The British Society for Blood and Marrow Transplantation, The British Transplantation Society, The Children's Cancer and Leukaemia Group and the Institute of Biomedical Science on the development of guidelines for best practice in stem cell donor selection. These will be published during 2011.

Looking forward We will be continuing to discuss issues relating to clinical scientist training and Modernising Scientific Careers and trying to ensure there are appropriate opportunities to recruit and train scientists in the field of histocompatibility and immunogenetics.

Dr Andrea Harmer
Chair



Professor Stephen Gillespie

Medical Microbiology SAC

This has been a year when the Medical Microbiology SAC reviewed and renewed its terms of reference and membership, with the aim of ensuring that it met the needs of the wider microbiological community, ensuring relevance and representation.

The Committee also set out a clear work programme for the year. Progress was made in developing the curriculum for joint training, led by Martin Gill.

The Committee also reviewed the progress made by the discipline since the initiation of the microbiology 'Blue Skies Project'. It was pleasing to see that many of the objectives had been achieved.

Recognising the rapidly changing technological and health service environment within which most microbiologists now operate, it was agreed that we should initiate a new Renewal Project, and Dr Jane Stackley and Dr Debbie Mortiboy have been leading the effort.

A key part of our work plan for this year was to identify and attempt to overcome some of the barriers to the implementation of molecular methodology into routine bacteriology and the SAC is preparing a report. To start this work, we invited Professor Martin Maiden from Hertford College, Oxford to present to the SAC and he reported some of the cutting-edge technologies that could revolutionise patient care. As this project develops, it will link with the College-wide Inter-specialty Committee on Molecular Pathology that is being established by the President.

**Professor Stephen Gillespie
Chair**



Dr Tim Wreghitt

Virology Sub-committee

The Virology Sub-committee has produced guidance for CPA on specialist virology testing and worked with pathologists in the East of England to agree model virology test turnaround times for use in the East of England as part of their 'Pathology Reconfiguration' initiative.

The Sub-committee has worked closely with the UK Clinical Virology Network on various projects and produced a model lecture on antenatal virus infections for the College's 2010 National Pathology Week (which is on the NPW website and can be adapted for local use). The Sub-committee is also working jointly with the Cytopathology Sub-committee on issues around the introduction of human papilloma virus screening, soon to be introduced nationally.

**Dr Tim Wreghitt
Chair**

Prenatal, Perinatal and Paediatric Pathology SAC

Mission The purpose of this Committee is to advise the College on service provision and training in paediatric, prenatal and perinatal pathology and to consider the impact of developments in other fields on the speciality. It is a cross-discipline committee, with representatives from microbiology, chemical pathology and haematology, reflecting the unique nature of pathology in children.

A great deal of the attention of the Committee in the past year has again been directed at obtaining separate subspecialty status for paediatric histopathology, a process that has proved more problematic than at first envisaged. The curriculum for training in perinatal and paediatric pathology has been refined and circulated

to members for approval, with the aim of submitting it for national approval by the end of 2011. This aims to supply high-quality candidates to fill vacant consultant posts.

Working together National Pathology Week in November 2010, with the theme of mothers and babies, had an input from many paediatric and perinatal departments around the country.

We have provided assessors for the National Confidential Enquiry into Patient Outcomes and Death, which is looking at surgery in children.

We also had input into *the Guidelines for the Investigating of Newborn Infants who suffer a Sudden Unexpected Postnatal Collapse in the First Week of Life*, a document published in March 2011.

A hand-drawn illustration of a case from 1901, from the archives of Great Ormond Street Hospital for Children. It is an early case of oesophageal atresia with tracheo-oesophageal fistula in a five-day old boy. The child was admitted with regurgitation after feeding. A tube could not be placed into the stomach and a gastrostomy was fashioned. The child died a few days later of pneumonia. The post-mortem report describes: "A probe passed from the stomach up the oesophagus appeared through the larynx. A probe passed down the oesophagus from above was stopped one half-inch above the bifurcation of the trachea".





Dr Michael Ashworth

We provided a representative to sit on the Joint Histopathology Working Group of the Human Tissue Authority, a group with the aim of facilitating discussion and cooperation.

Looking forward We hope that the coming year will see the establishment of paediatric and perinatal pathology as a separate subspecialty, with a renewed programme for paediatric and perinatal pathology training. Paediatric pathologists continue to be actively involved in the development and assessment of newer autopsy approaches.

Dr Michael Ashworth
Chair

Toxicology SAC

The Toxicology SAC advises the Council on issues concerning the adverse effects of chemicals in humans. These chemicals may be drugs, natural products or synthetic compounds, but the essence of toxicology is to understand the mechanism of adverse reactions in humans and to assess the risk to both the population and the environment. Our mission is to provide expert advice on toxicological issues and concerns and to ensure that the College is kept informed of developments and alerts and to advise as necessary.

Key achievements We have been engaged in discussion with EUROTOX over the registration requirements for toxicologists and have provided input to their proposal. We have also addressed the issue of accreditation of toxicology courses in the UK and Europe. Our new subspecialty of analytical toxicology continues to attract new members and trainees.



Dr Heather Wallace

Working together The Toxicology SAC interacts with a significant number of professional and learned Societies and has strong links with the British Toxicology Society, the British Society of Toxicological Pathology, the Association for Clinical Biochemistry, The Royal College of Physicians, the Royal Society of Chemistry, the British Pharmacological Society and the Register of Toxicologists. We share a place on Council with the SAC on Veterinary Pathology.

Looking forward There are many subspecialties within toxicology and we continue to develop these areas for our trainees. Our trainee numbers continue to increase and our latest subspecialty is in medical toxicology.

We intend to organise a one-day academic research meeting in 2012 on the topic of drugs in sport.

Dr Heather Wallace
Chair

Veterinary Pathology SAC

Our mission The SAC advises Council, Executive and the President on all matters concerning veterinary pathology including specialisation, training and examinations in veterinary pathology, continuing professional development and representation of the discipline of veterinary pathology within the scientific and wider communities.

Key achievements and working together The SAC continues to collaborate on raising the profile of veterinary and comparative pathology, including the roles of the veterinary pathology disciplines in new and emerging disease surveillance and the protection of public health.

▶ The College supported a very well-received plenary lecture at the



Dr Sandra Scholes

joint annual meeting of the Association of Veterinary Teachers and Research Workers (AVTRW) on 'The role of wildlife in the emergence of viral diseases', by Dr Thijs Kuiken, Professor of Comparative Pathology at Erasmus MC, Rotterdam.

▶ A well-attended College symposium on 'Pathology of abuse in animals and humans' was jointly organised by Professors John Cooper and Dick Shepherd, covering both medical and veterinary issues, with special reference to non-accidental injuries.

▶ Veterinary Fellows of the College continue to engage with professional and scientific societies including the AVTRW, European Society for Veterinary Pathology and the British Societies of Veterinary Pathology and Toxicological Pathology.

Looking forward The challenges ahead include facilitating the development of external quality assessment systems in veterinary pathology and exploring the possibilities of training and examination in further specialist areas, such as forensic veterinary pathology. The marked shortage of training posts in veterinary pathology remains an issue of great concern.

Dr Sandra Scholes
Chair

Standing Committee for Clinical Science

The Committee's terms of reference are "to inform and advise Council of issues of particular importance to clinical science and to suggest solutions where appropriate". These were reviewed recently in the context of the review of College committees and structures, and the Committee members were unanimously and strongly in support of this Committee continuing to advise Council on matters relevant to clinical science and clinical scientists. Although clinical scientists sit on many other College committees, this is the only



Dr Tim Wreghitt

committee which is comprised entirely of clinical scientists, where issues relevant to them can be discussed. Issues which have been discussed in the last year include:

- ▶ Modernising Scientific Careers, especially the Scientist Training programmes and the Higher Specialist Scientific Training programmes. New FRCPath curricula for clinical scientists that are compliant with Modernising Scientific Careers initiatives are currently being developed
- ▶ clinical embryologists, genetics and cellular science training programmes
- ▶ haematology FRCPath Part 1 'grandfathering' for biomedical scientists, including the development of suitable competency criteria to be used in this process
- ▶ clinical scientist workforce planning
- ▶ the emerging Academy of Healthcare Science, which is likely to oversee general standards of healthcare scientist training, working closely with relevant royal medical colleges like the RCPATH
- ▶ this College's Clinical Scientists' Assessors Scheme
- ▶ pathology reconfiguration and the provision of scientific services.

Dr Tim Wreghitt
Chair

Ethics Committee

Our purpose Our purpose is to consider matters referred to us concerning the ethics and practice of pathology, but not issues covered by Research Ethics Committees. We continue to take a proactive approach on emerging issues, aiming to gain representation on key groups deciding public policy and best practice. Issues related to consent, probity and confidentiality are recurrent themes of our discussions.



Professor David Marks

Major achievements and collaborations The committee was asked to debate the written policy of a bone marrow transplant unit which, in the face of limited numbers of beds and resources, had to prioritise transplant patients. The factors considered in this complicated discussion were: clinical urgency, chance of cure, patient age, previous cancellations and social factors.

We considered assisted dying and shared an excellent briefing document prepared by Professor Jackson. There was also discussion about transplant coordinators being informed of potential solid organ donors while patients were still alive. The committee decided that there should be more formal guidance in this area and was not averse to preliminary discussions occurring.

The National Information Governance Board has considered the important issue of access to health records by diagnostic pathology staff who do not have a direct relationship with the patient and therefore cannot ask for consent for additional tests. We are represented on this group by Dr Peter Cowling.

The chairman continues to represent this College on the Intercollegiate Ethics Committee.

The future The committee should continue to respond rapidly to issues raised by Council and the incoming President. To be timely, some of this work should be done by email or teleconference. We should do further work to raise our profile so that more bodies use our expertise in resolving issues with an ethical component.

Professor David Marks
Chair



Dr Nic Mapstone

NQAAP for Histopathology incorporating the Steering Committee for Interpretive External Quality Assurance

Our mission This committee monitors general and specialist interpretative External Quality Assurance (EQA) schemes in the UK and histology laboratory-based EQA schemes. We review their activities and approve their standard operating procedures.

Key achievements This is a new committee, and we have combined the previous 'Steering Committee for Interpretive EQA' with the 'National Quality Assurance Advisory Panel (NQAAP) for Histopathology'. Consequently we now oversee the schemes and oversee the monitoring of instances of substandard performance among scheme participants. We have supported the traffic-light system for grading poor performance in EQA in the laboratory-based schemes.

Working together We collaborate closely with EQA schemes in other pathological specialties in the Joint Working Group for Quality Assurance. We are developing links with EQA schemes and participants in other countries.

Looking forward The educational role of EQA needs to be strengthened and supported, and we hope to improve this with a number of measures. We also plan to improve the IT support for EQA schemes.

Dr Nic Mapstone
Chair



WORKING IN PARTNERSHIP

The College works closely with other medical royal colleges and professional associations via many working groups and intercollegiate and joint committees.



Dr Mike Galloway

Intercollegiate Committee on Haematology

Our mission The aim of the Committee is to coordinate activities between the Royal Colleges and the British Society for Haematology. Our role is to advise the Councils of The Royal College of Pathologists and The Royal College of Physicians (London) on all matters relating to the practice of haematology that are within the remit of the Colleges.

Working with others We continue to work with The Royal College of Physicians on the development of a number of haematology-related pathways for the 'Map of Medicine', which over the last year have included pathways for deep vein thrombosis and pulmonary embolism. Working with the Centre for Workforce Intelligence, we have helped to refine the process for workforce planning in haematology. This is an important issue for the future of haematology since there are a significant number of vacant consultant posts in haematology. The Committee is also working with the British Society for Haematology and the National External Quality Assurance Scheme for Haematology on the Pathology Harmonisation Project, the aim of which is to standardise reference ranges and units for pathology tests across all laboratories.

Looking forward We will continue to contribute to the development of revalidation for haematologists and will aim to keep the process as simple as possible. As mentioned above, workforce planning is a key issue for haematology and the current College document on the future haematology workforce is due to be updated in 2012.

**Dr Mike Galloway
Chair**



Dr Derek Norfolk

Transfusion Medicine Sub-committee

Our mission To advise Council, through the Intercollegiate Committee on Haematology, on all matters concerning recruitment, training, examinations and developments in blood transfusion in the UK.

Key achievements

- ▶ Continued support for the UK Chief Medical Officers' 'Better Blood Transfusion' initiative by promoting liaison between key groups.
- ▶ Hospital-based transfusion training portfolio for medical haematology trainees approved by the Curriculum Sub-Committee of the Joint Royal Colleges of Physicians' Training Board and incorporated in the haematology trainee e-portfolio.
- ▶ Successful academic conference, 'Transfusion Tomorrow', held at the College in November 2010, with 117 participants.
- ▶ Revised the Sub-committee's terms of reference.

Working together

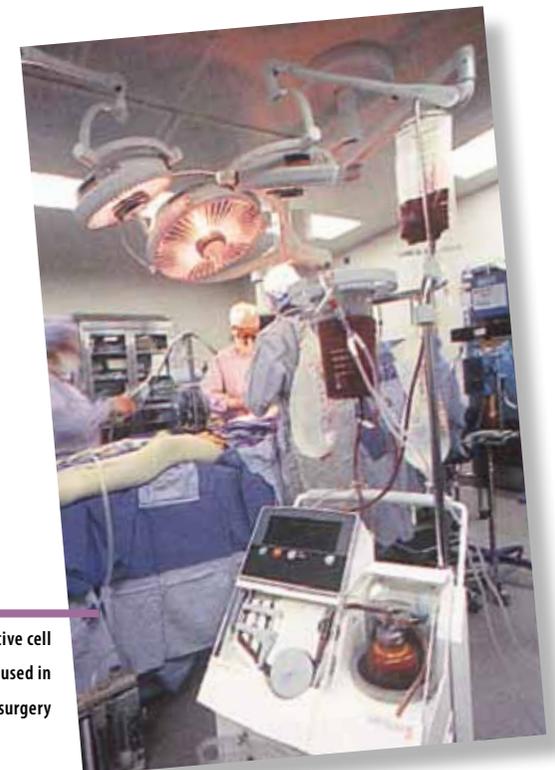
- ▶ We report to the Intercollegiate Committee on Haematology, with The Royal College of Physicians.
- ▶ We represent all the UK countries and are multidisciplinary; members include doctors, clinical scientists and biomedical scientists.
- ▶ External organisations represented include The Institute of Biomedical Science, Serious Hazards of Transfusion and British Blood Transfusion Society.

Looking forward

- ▶ Public engagement remains a priority and further events are planned for National Pathology Year.
- ▶ Input to the medical revalidation agenda for transfusion medicine specialists is ongoing.
- ▶ Monitor progress of Modernising Scientific Careers.

- ▶ Dealing with the major problems in training and recruiting transfusion medicine specialists in the UK.
- ▶ Ensure training in transfusion medicine is appropriately represented in undergraduate and postgraduate medical curricula.
- ▶ Establish an additional Percy Oliver Memorial Award to encourage young investigators in transfusion medicine and science.
- ▶ Ensure transfusion medicine and science is strongly represented via the College's Research Committee.

**Dr Derek Norfolk
Chair**



**Intraoperative cell
salvage used in
major surgery**



Dr Trevor Cole

Joint Committee for Medical Genetics

Our mission The JCMG is the forum of The Royal College of Physicians (RCP), The Royal College of Pathologists (RCPATH) and the British Society of Human Genetics to meet to promote and maintain the highest standards of practice and education in both clinical and laboratory applications of genetics in health.

Key achievements

- ▶ Substantive review of the consent and confidentiality document (in press).
- ▶ Joint workshop on genetics and genomics at the RCP (June 2011).
- ▶ Worked with UK Genetic Testing Network to develop a commissioning document for medical genetics and genetic testing by non-genetic specialties.

Working together The JCMG constitutive make-up ensures a coordinated clinical and laboratory response to any issue addressed. The views are not just those of the RCP and RCPATH, but also include input from other members representing The Royal College of Obstetricians and Gynaecologists and The Royal College of Paediatrics and Child Health.

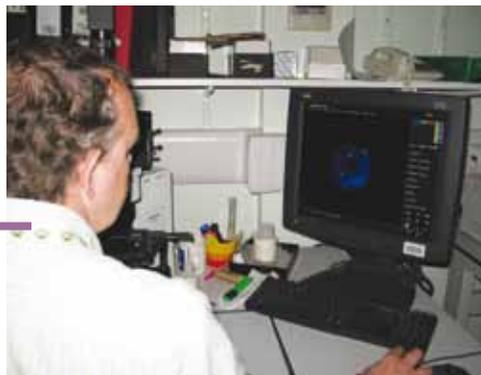
The JCMG has provided significant input to current or controversial areas including direct-to-consumer testing, the Modernising Scientific Careers initiative, the European Directive on in-vitro diagnostic medical devices, and Human Genomics Strategy Group documents on education in genetics and service development

Looking forward Two current challenges needing solutions are:

- ▶ service delivery of genetic advice and testing to a much wider range of clinical scenarios: integrative pathways with multi-disciplinary teams will ensure the maximum clinical benefit is achieved, but this requires a significant educational initiative

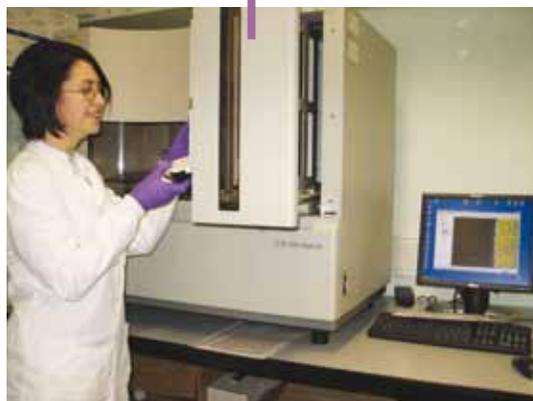
- ▶ the effective implementation of micro-array technology and next-generation sequencing in more integrated pathology laboratories, delivered effectively through both clinical geneticists and non-genetic specialties: this offers a huge opportunity for clinical gain but needs considered and planned implementation.

Dr Trevor Cole Chair



FISH analysis

Loading a sequencer



Professor Andy Wardlaw

Joint Committee on Immunology and Allergy

Mission The Joint Committee on Immunology and Allergy (JCIA) provides a forum for all major stakeholders where members of the two main disciplines (allergy and clinical immunology) that provide allergy and clinical immunology services in the UK can share information, address common concerns, develop new ideas on how to improve services and generally foster good working relationships between the two disciplines.

Achievements and initiatives The main initiative has been the development of a process for the accreditation of allergy services. There will be an initial 'registration' phase. Services will complete a web-based form accompanied by an agreed set of standards. Services that meet those standards will have registration granted. In this phase, inspection of services is not planned and limited documentary evidence will be requested. The second 'accreditation' phase, planned for year 2 of the scheme, will be more detailed and involve an element of validation. The process will be managed by The Royal College of Physicians' (RCP) accreditation unit. The RCP, British Society for Allergy and Clinical Immunology and British Society for Immunology's Clinical Immunology and Allergy Section have provided start-up funding for the scheme. We are excited by this development, which will act as a lever to drive up the standards of allergy services. This year we have also clarified the position of people with allergic disease in the armed services.

Future plans The JCIA have set up a working group to develop a strategy for commissioning allergy services.

Professor Andy Wardlaw Chair



Professor Stephen Gillespie

Joint Committee on Infection and Tropical Medicine

The Joint Committee brings together clinicians from both medical microbiology and infectious disease. This group is increasingly important as we move towards more joint training and the creation of 'infection specialists'. Many of our discussions were centred around joint training and ensuring that the voice of the Fellowship of both this College and The Royal College of Physicians was heard in the deliberations about this important development.

There was considerable discussion about how to strengthen the voice of the committee as infectious diseases and microbiology move closer together as disciplines.

As well as reviewing and revising the terms of reference and membership of the committee, we also discussed the implications of some of the recent national outbreaks, including 'swine 'flu' and *E. coli* O157.

At the end of this year, the chairmanship of the committee will cross to The Royal College of Physicians.

**Professor Stephen Gillespie
Chair**

Intercollegiate Group on Nutrition

The College has hosted the Intercollegiate Group on Nutrition (ICGN) since its inception in 1996. The Group comprises representatives of 12 medical royal colleges and the Faculty of Public Health, with observers from the British Dietetic Association, the British Dental Association and the nursing and pharmacy professions. Our objectives are to set standards for knowledge, competencies and skills in human nutrition, and to deliver training to doctors to ensure their safety and competence to practise.



Professor Pat Troop

Undergraduate education We hosted meetings to which all UK medical schools were invited, to discuss strategies for improving the quality and delivery of nutrition education. The resulting implementation group has achieved the following:

- ▶ development of a core nutrition curriculum for undergraduate doctors (freely accessible from www.icgnutrition.org.uk) and signposted in the latest version of the General Medical Council's *Tomorrow's Doctors*
- ▶ a preliminary strategy for the development and sharing of e-learning resources
- ▶ signposting from *Tomorrow's Doctors* to the ICGN website for further information, including the core curriculum
- ▶ research across UK medical schools into the quality of nutrition education for medical students.

Postgraduate education Following an ICGN initiative, the final Foundation Year 1/2 curriculum contains a specific nutrition module. The Intercollegiate Courses continue.

Training Government policies generate a clear need for a range of nutrition professionals working in the community. We are working with the Department of Health to identify the training needs for this workforce and the role of doctors in delivering it. Our Group is also a member of the Nutrition Professions Confederation, which aims to provide a common focus for all professions practising nutrition.

**Professor Pat Troop
Chair**



Participants on the
Intercollegiate Course on Human
Nutrition held at Southampton
in March



UK AND INTERNATIONAL REGIONS

The College divides the UK into eleven administrative regions, each with a Regional Council. There are also International Advisors covering different regions of the world.



Dr Bernie Croal

Scotland

Our mission The Scottish Regional Council exists to represent Scottish pathology on all aspects relating to education, training, quality, professional standards and public relations both within Scotland and the United Kingdom.

Key achievements Continued contribution has been made to a variety of consultations relevant to the practice of pathology, originating from key Government agencies and outside organisations. Members have been involved in helping formulate progress with revalidation arrangements, new proposals for death certification and contributing to a variety of College policy statements. Ongoing input continues into recruitment at specialty trainee level, consultant appointments via the external advisors' system and curricula development.

Working together Scottish Government elections in 2011 have returned a majority for the Scottish National Party. The specialty-specific managed diagnostic networks continue to be seen as the direct interface between Scottish Government and frontline

National Pathology
Week in Aberdeen

Dr David Cassidy

delivery of pathology services. Our Council continues to forge important links with these networks. Additional representation on the Scottish Academy of Medical Royal Colleges and the Scottish Joint Consultants Committee ensures that a pathology voice is present and contributing to national issues. Public engagement in association with National Pathology Week has grown in the last year, with many events held across the country and the recent appointment of four Public Engagement Regional Coordinators.

Looking forward The challenge of the financial downturn is clearly the biggest issue to face the discipline for a number of years. Scottish Council must help ensure that a quality pathology service is allowed to be sustained within the context of significant budgetary restraints.

Dr Bernie Croal
Chair

Wales

Our mission The Wales Regional Council aims to provide multidisciplinary and geographical representation and interface with the College for all pathologists in Wales and interaction with key partners.

Local engagement Council meets four times a year in different hospitals across Wales, to engage with as many Fellows as possible. Council members' work includes workforce planning, CPD, job

description appraisal and advisory committees, supported by other Fellows in the region who make valuable contributions via the network of College Tutors, the Clinical Excellence Awards panel and appointment committees.

National engagement The NHS in Wales is managed by seven Health Boards, responsible for primary and secondary care. The National Pathology Programme Board (NPPB) is responsible for ensuring integrated pathology service planning across Wales, advised by the Welsh Governments Laboratory Services Sub-Committee (LSSC). The Regional Council Chair sits on the LSSC and NPPB to give professional advice on the delivery of pathology services in Wales. The Chair of LSSC and the Chief Scientific Advisor for Wales sits on Council and our Chair sits on the Academy of Medical Royal Colleges in Wales, ensuring the College has a strong voice and multiple routes to contribute to consultations pertinent to pathology services and training.

Public engagement Drs Esther Youd and Katherine Syred did sterling work in coordinating a very successful National Pathology Week in November 2010, supported by other Fellows. This will inform plans for National Pathology Year 2012 and the College's 50th Anniversary.

Looking forward Council aims to build on its committed membership and to continue constructive engagement via the committee's structures to ensure the continued delivery of quality pathology services and training across Wales.

Dr David Cassidy
Chair



Dr Tom Trinick

Northern Ireland

The NI Regional Council meets regularly, distilling opinion from all laboratories and pathology disciplines and aims to lead in training, education, quality, organisation and professional standards.

Annual symposium and Presidential visits This year's annual symposium was very well attended. The main theme described local molecular advances in pathology: molecular biology in tumour diagnosis, haematological malignancy, *Clostridium difficile* and molecular genetics. The President and President elect, after meeting the trainees, visited the new Cancer Research and Cell Biology Building and the new Institute of Forensic Medicine.

Meeting with the Chief Medical Officer The first of a series of meetings was held with the Chief Medical Officer (CMO) to discuss pathology issues. The CMO is appointing an advisor on pathology as part of the new arrangements to provide advice to the Department of Health.

Pathology network Progress continues with the implementation of the work plan in various disciplines. The Chair of the Board has changed and the appointment of a manager is expected shortly.

Public engagement After a very successful National Pathology Week in 2010, meetings and public involvement continue. Dr Vicky Wishart has been appointed to the role of Public Engagement Regional Coordinator for National Pathology Year.

Cross-border representation Cross-border representations continue between the Faculty of Pathology of The Royal College of Physicians of Ireland and College Council.

Dr Tom Trinick
Chair



Dr Ian Seddon

East of England

The new Council took office in November last year, and was significantly smaller than recent Councils. This is a trend which seems to be reflected nationally, with greater pressure on the time that Fellows are willing or able to devote to College work. At the same time, I took over the Chair from Dr Susan Stewart, whose sterling work I acknowledge and for which all Fellows in the East of England thank her.

Key events Once again, many successful National Pathology Week events were staged, and Dr Suzy Lishman encouraged us all, coordinated locally by the Vice-President and NPW organiser, Dr Tim Wreghitt.

The topic on the lips of almost all Eastern Fellows has been the East of England Strategic Health Authority's implementation of the Carter Report 'reforms' with a series of far-reaching organised projects and papers. This has culminated in the Strategic Project Board's decision to radically change the method of commissioning GP direct-access pathology testing which, if implemented (within six months), will take all GP testing out of a substantial majority of the local NHS Trust hospital laboratories.

The Annual Scientific Meeting was postponed at the last minute due to the heavy snow we all experienced in November, but the meeting was successfully rearranged for February, when 40 East of England Fellows were addressed by Dr Rachael Liebmann. She talked about her experiences of the Kent and Medway Pathology Network and its interaction with the local commissioners.

I thank the Regional Councillors, present and demitted, and anticipate further interesting times.

Dr Ian Seddon
Chair



Dr Mallika Sekhar

London

The London Regional Council has continued its previous format of meetings: business meetings twice a year, educational events twice a year and interim contact to seek opinions and inform members.

In addition to dealing with CPD, workforce data, revalidation and public engagement initiatives, over the past year we have considered in detail some emerging issues in pathology service quality, jobs and training. In July 2010, an Expert Pathology Panel was convened by NHS London and was asked to make recommendations regarding reconfiguration of pathology. The report was submitted to NHS London in February 2011 and its contents were the subject of a robust discussion at our meeting in May.

Commissioning and provision of training in pathology is undergoing important changes that crosslink closely with workforce and service reconfigurations. These topics were discussed in detail at the joint educational meeting of the London and South East England Regional Councils that took place on 22 March, entitled 'Pathology and practice'. The speakers were leaders in their areas and attendance was excellent, with a mix of medical and scientific staff.

I am grateful to the members of the Committee for their enthusiasm, commitment and contributions. We are fortunate in having regular representation from trainees and the London School of Pathology; all these have made Council a useful forum.

Plans for the coming year include a further educational meeting in autumn and responding to many ongoing challenges, including further cuts, reconfiguration, privatisation, a changing marketplace for pathology training and Modernising Scientific Careers.

Dr Mallika Sekhar
Chair



Dr Mark Heatley

Northern England

After a hiatus of almost a year, the Northern Regional Council had its first meeting via telephone conference in February. All the Regional Councillors participated, representing all the major specialties.

At the second meeting we were joined by Dr Rick Jones, who gave an interesting and much appreciated presentation about current developments in Health Service management structures and in particular the future of the Strategic Health Authorities.

Looking forward, we are planning our first educational meeting when the President-Elect, Dr Prentice, will participate in a short course organised by Dr Jack of the Haematological Malignancy Diagnostic Service. We are seeking Council's agreement to change the name of the region to 'Northern and Yorkshire' as we hope this will avoid confusion. With the elections in November, we hope to have a Council that is again up to full strength.

Dr Mark Heatley
Chair

North West England

The aim of our Regional Council is to act as a two-way link between the College and pathologists, including trainees and clinical scientists, throughout the region. The College is regularly updated regarding workforce, CPD, trainees and clinical science issues as well as other regional changes, which may have an impact on the standard of service delivery or training. Public engagement is a standing item on our agenda.



Dr Bushra Hamid

Key achievements

- ▶ Well-attended meetings with full membership and a good balance of specialties.
- ▶ Active encouragement of colleagues to join in as members or observers.
- ▶ The appointment of a lay representative.
- ▶ A successful, self-funded social evening for the Regional Council members and partners in November 2011.
- ▶ Direct and indirect College representation on the three sub-regional pathology networks.
- ▶ Workforce leads are informed each time a job description is approved in order to follow its progress and collect accurate annual data.
- ▶ We linked with the Manchester Medical Society to host an educational meeting in April 2011.
- ▶ Successful regional activities during National Pathology Week 2010 (as reported in the January *Bulletin*).
- ▶ Good savings, with less than a quarter of the annual budget spent.



Looking forward We hope to build on the achievements above, and increase involvement of College Tutors and Specialty Advisors in College and Regional Council activities, particularly as their roles in appraisal and revalidation may develop. We will hold an educational meeting and a Council social event in 2012 and, with at least three Public Engagement Regional Coordinators, develop many public activities during 2011 and 2012.

Dr Bushra Hamid
Chair



Engaging school pupils at
Chester during National
Pathology Week 2010

Interactive
demonstration to
pupils during National
Pathology Week 2010



Dr Jeremy Quiney

South East England

What do we do? We represent College members in the South East Region, a large region covering two Strategic Health Authorities from Kent in the east, to Oxfordshire and Hampshire in the west. We hold two Council meetings per year, enabling two-way communication between members and the College.

Working together Following the excellent feedback from last year's joint meeting with the London region, we successfully used the same format this year. Once again it was very well attended. Two speakers covered 'Pathology reconfiguration in London' and 'Harmonisation in haematology tests'. The final three speakers covered the complex and ever-changing topic of training for both medical and scientific staff.

Appointments A number of College Tutor posts in the region have been filled in the past year and there are now no vacant posts.

Challenge for the future The major challenge for this and other regions is reconfiguration of services. The South East Regional Council must help to ensure that the quality of pathology services is maintained, no matter what form this reconfiguration takes.

Dr Jeremy Quiney
Chair



Dr Simon Knowles

South West England

The South West region spreads from Truro to Bournemouth and up to Cheltenham. Despite the tyranny of distance, the Regional Council remains well attended and active across the patch, with good representation of specialties and locality.

The focus of discussions in the South West this year has, perhaps unsurprisingly, been on pathology reconfiguration in an increasingly hostile financial climate. For this reason, Council is dedicating much of its energies into making sure that intelligence about local developments is shared as widely as possible.

Working together Following the excellent initiative by Dr Patrick Sarsfield, we have been well represented on the NHS South West Pathology Advisory Group. Rather than looking at region-wide consolidation, the Group has focused on the established or nascent networks around the South West. An extended benchmarking

exercise was commissioned from Collinson Grant and the new, refined information is forming the basis for local rationalisation. The Group ran a parallel exercise in developing key performance indicators (KPI). This has been overtaken by the College KPI document. We strongly support the use of these indicators by local review teams.

Looking forward The next year will see substantial changes to the landscape of pathology in the South West, with the almost certain entry of the independent sector and with ever-contracting budgets. The Regional Council will actively canvass to make sure that any changes to current services are not at the expense of training or the research and development that is pivotal to a sustainable future.

Dr Simon Knowles
Chair

One of the stands
organised across the North
West Region for National
Pathology Week 2010





Professor Carrock Sewell

Trent

Improving communications – reducing costs Recent boundary changes in College regions have resulted in a completely new Regional Council. Spread over a very wide geographical area, we recognise that it is increasingly difficult for pathologists to take time away from the workplace for College business. Trent Regional Council has therefore embraced telephone-conferencing as a way of conducting College business. By using speaker-phones, several colleagues in each centre can gather in one location and dial in to the College's telephone-conferencing facility. This not only saves on travel expenses, but also brings together colleagues from different pathology specialties in the same Trust.

Relevance to all specialties *Quality in Pathology – Moving from Control to Improvement: Meeting the QIPP Challenge* was held in March at the East Midlands Conference Centre in Nottingham. This was a highly successful meeting with distinguished speakers, including our President, who discussed 'putting quality at the heart of reform'. We know that it is important that College meetings are of relevance to specialists from all branches of pathology, so we plan to hold a similar broad-based conference in 2012, with the aim of helping pathologists come to grips with revalidation. We are also planning a College dinner, noting that pathologists can socialise as well as study!

Professor Carrock Sewell Chair

Peter Cowling (l) and
Carrock Sewell (r) on a
teleconference call



Craig Webster

West Midlands

Our mission Our mission is to engage the College membership in the local and national agendas. We are responsible for the promotion of the College's aims and goals to Fellows and relevant organisations and individuals.

Key achievements We have invited the Strategic Health Authority to our meetings to develop a relationship and offer the skills of the College and its Fellows in helping to shape quality pathology services within the West Midlands region.

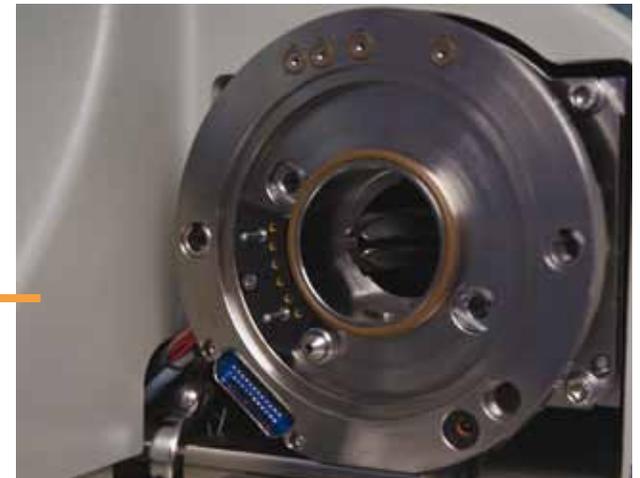
Working together We are working closely with the Association for Clinical Biochemistry and are organising joint scientific meetings to promote multidisciplinary working and highlight how College Fellows work together to provide high-quality patient care.

These meetings, starting in November 2011, will also showcase the scientific achievements of Fellows by having a poster and presentation competition.

Looking forward The key issue facing the region revolves around the future provision of pathology services and College Fellows will have a pivotal role in shaping this transformation. The Regional Council will be fully involved in this process and support the Fellowship during this. We also aim to improve our communication by developing a regional newsletter and we will be grateful for any ideas or content that Fellows may suggest.

Craig Webster Chair

Inside a tandem mass spectrometer, a relatively new clinical biochemistry technology revolutionising the measurement of many molecules, for example Vitamin D and steroids in women. It also has the potential to revolutionise a number of other areas





Dr Archie Prentice



Dr Imelda Bates

International Committee

Our mission Our role is to develop and coordinate the College's international activities and profile. This includes advocating for quality laboratory medicine training and services around the world.

Key achievements

- ▶ We supported the successful launch of the College of Pathologists of Eastern, Central and Southern Africa (COPECSA) in Kampala, Uganda, in September 2010. COPECSA officers also visited the College in June 2011 as part of their work to develop the organisation.
- ▶ The Vice-President represented the College at the 2010 AGM and Scientific Conference of the West African College of Physicians in Sierra Leone.

- ▶ Fellows of the College participated in several overseas visits aimed at reviewing the quality and standards of pathology training. Destinations visited included Kuwait, Malta and Jordan.

Working together

- ▶ In India, we are being supported by the UK's Department for International Development to establish systems for the surveillance, prevention and control of hospital acquired infections in Orissa and Andhra Pradesh.
- ▶ In Malawi we are working with the College of Medicine in Blantyre to support pathology postgraduate training in a range of clinical specialties.
- ▶ In Ghana we are a partner in a three-year project funded by the British Council to support education in haematology at Korle Bu Teaching Hospital in Accra.

- ▶ We have signed a reciprocal recognition agreement with The Royal College of Pathologists of Australasia, which mutually recognises the professional qualifications of both institutions.

Looking forward A key priority for the Committee will be the development of a ten-year international strategy for the College.

Dr Archie Prentice and Dr Imelda Bates Co-Chairs



COPECSA officials visit the College: (from left) Dr Victor Mudenda, Chair of Education; Dr Mwamba, Treasurer; Dr Sayed, Secretary General; Professor Erasmus, Vice-President



Andrew Mitchell MP, Secretary of State for International Development, delivered his 'Results for Change' speech at the College on 8 June 2011



COPECSA's visit to the UK: (from left) Dr Sayed, COPECSA Secretary General; Daniel Ross, RCPATH Chief Executive; Dr Lishman, RCPATH Registrar; Dr Prentice, RCPATH Vice-President; Professor Erasmus, COPECSA Vice-President; Dr Victor Mudenda, COPECSA; Elspeth Evans, RCPATH Deputy Chief Executive; Dr Mwamba, COPECSA Treasurer; Dr Bates, RCPATH International Committee Co-Chair

A woman wearing a patterned headscarf and a dark jacket is shown in profile, looking towards a display board. The background is a warm, orange-toned wall. The image is overlaid with a large, stylized number '5' and the text 'COLLEGE ACTIVITIES' in white, bold, sans-serif font. The number '5' is positioned behind the text, and the text is centered within the right side of the '5'.

5 COLLEGE ACTIVITIES



Dr Suzy Lishman

National Pathology Week

Once again, National Pathology Week (NPW) 2010 was the highlight of the College's Public Engagement programme. Sponsored by Siemens, the third NPW was even more successful than the first two, with over 550 events taking place around the country. This year's theme was 'Pathology: the building blocks of life', focusing on the role of all the pathology specialties in the health of mothers and babies.

Regional Coordinators Each Regional Council appointed at least one Regional Coordinator, many of whom had been involved in previous years. This team of dedicated and inspiring individuals was largely responsible for the success of the Week, encouraging and supporting local colleagues as well as organising high-quality events of their own.

The National Pathology Week team
from Charing Cross Hospital, London



Working together As well as encouraging pathologists and scientists from different disciplines to work together, NPW provided an ideal opportunity to team up with other organisations to deliver events to a wide range of audiences. Events for schools and families were developed with science centres in Aberdeen, Belfast, Birmingham, Glasgow, London and Newcastle.

National Pathology Year 2012 There will be no NPW in 2011; instead 2012 has been designated National Pathology Year. This coincides with the 50th anniversary of the founding of The Royal College of Pathologists and will give Fellows an opportunity to celebrate the contribution of the College to pathology, as well as continuing to engage the public with a year-round programme of events. There will be twelve themes, to give a different focus to each month.

Dr Suzy Lishman
NPW Lead

Public engagement

Regional Co-ordinators and a new Director In 2011 the College appointed its first Director of Public Engagement. This post will be instrumental in leading the College's Public Engagement programme.

In addition, 18 new Public Engagement Regional Coordinators (PERCs) were recruited. The role of the PERCs will be to work with the College's central Public Engagement team to deliver a regional-based pathology public engagement programme by developing local collaborations and encouraging others to take part in public engagement activities.



Professor Paola Domizio

National Pathology Week 2010 2010–2011 saw another busy year for public engagement, culminating with the largest National Pathology Week (NPW) to date in November 2010.

Centrally, the team collaborated on a number of events for NPW 2010 including:

- ▶ commissioning scientist and artist, Dr Lizzie Burns, to run a series of workshops aimed at primary school children and parents, linking pathology and art
- ▶ 'Blood Count': this family event was held at the Florence Nightingale Museum in London on Halloween, 31 October.

Resources for schools We continued to build up our library of resources for schools. Linked to the National Curriculum, the resources are aimed at secondary school students and facilitate learning across a variety of topics relating to pathology. Two examples are:

- ▶ human tissue and the Human Tissue Act 2004 – an ethical discussion on the use of human tissue
- ▶ 'It's all in the genes – Can our genes tell us how to prevent and treat disease?' – this resource looks at genetic markers and personalised medicine.

Looking forward

National Pathology Year will form a major part of the Public Engagement programme in 2012. We also look forward to developing a public engagement strategy and strengthening the partnerships made last year.

Professor Paola Domizio
Director of Public Engagement



Neil Formstone

Lay Advisory Committee (LAC)

During the past year the Lay Advisory Committee has been working closely with College Fellows in its activities regarding driving forward quality standards in laboratory medicine. The impact of service reconfiguration and the financial constraints on health providers has meant that the opinions of service users has been at the forefront of many discussions, ensuring that any changes proposed reflect the needs of patients across the whole of the UK.

The LAC membership has played an active and constructive role in many other areas as well, such as National Pathology Week and the planning of National Pathology Year. All members also continue to be active on the various committees that play such a pivotal role in the workings of the College.

The continuing collaboration between LAC lay members, College Fellows and staff has been a major factor in the success of the work the LAC carries out and without their continual support we, as a team, would not have achieved the advances made this past year.

It is important for all Fellows and Trainees to remember that the LAC is not simply a resource for those who work within the walls of the College, but is available to all members, wherever they may be. We offer support and guidance on any issue that would impact on patient care and we encourage members to contact us about any issue that they may see as needing a patient or public perspective.

Neil Formstone
Chair



Dr Sanjiv Manek

Conferences and academic activities

The number of symposia this past year has been lower than previous years, largely due to the fact that Fellows and trainees are finding it increasingly difficult to find the time from their busy schedules to take part in events. Despite this, the quality of our activities remains high and we strive to meet the demands requested by the membership on what topics should be covered.

The Committee has utilised the expertise of the specialist organisations to run successful joint events such as the 'Delivering diagnostic medical microbiology services in a competitive environment' conference, held in collaboration with the Health Protection Agency. We welcome the interaction with specialist societies, not only to achieve higher attendance but also to ensure

that the programme includes a high calibre of topics that are of interest in the current environment.

The College's state-of-the-art audiovisual facilities play a huge part in the success of our symposia and I was delighted when the College purchased wireless handheld voting equipment, secured from sponsorship funds. This has enabled organisers to hold much more interactive events, enhancing the delegates' experiences and allowing them to participate in useful debates.

The year's highlights

► 'Working smarter in histopathology', which was aimed at consultants, senior trainees and laboratory managers; it explored organisational and technological initiatives that enhance efficiency and productivity in histopathology and cytopathology.

A 'Training the Trainer and Assessor' conference, held at the College on 12 May 2011





Michelle Merrett

- ▶ 'The pathology of abuse in humans and animals' was a very successful conference that saw the collaboration of medics and vets.
- ▶ Further successful meetings in histopathology.
- ▶ Interactive meetings.

The future

- ▶ We hope to introduce events for the smaller specialties, ensuring a wide variety of topics, with the support of the various College Specialty Advisory Committees, as well as external specialist societies.
- ▶ The introduction of podcasting where appropriate.
- ▶ The introduction of novel formats of meetings to reflect the needs of the wider Fellowship.

If you have any ideas for symposia or wish to run an event, please contact the Events and Facilities Manager, Michelle Merrett, in the first instance. It is not as difficult to arrange a meeting as you might think, and it is very rewarding.

Dr Sanjiv Manek Director of Conferences and Academic Activities

The Watson and Crick Room
laid out for a College dinner



Functions and facilities

Facilities It has been a tough year financially for many of the organisations that have used the College facilities, but we are seeing an increase in bookings and are delighted to welcome back some of our regular visitors. Offering discounted hire rates on Mondays and Fridays has proved popular, allowing clients to return to a venue they like and still work within their budget. We welcomed new clients such as Leonard Cheshire Disability, Breakthrough Breast Cancer, Charities Aid Foundation, React First and SADS UK.

Our audio-visual facilities – which include video conferencing, podcasting and teleconferencing – enable clients to link with people all over the world at a touch of a button. We also secured funds to purchase 150 wireless voting handsets, which are an excellent way of making an event more interactive.

College dinners and ceremonies We welcomed over 200 new Fellows to the College during the year and had the pleasure of bestowing upon Roger Goss and Mary Ann Cameron the title of Friend of the College. We were also delighted to announce Professor Ken Anderson and Professor Einsele Hermann as Honorary Fellows. The health journalist, Nigel Hawkes, was the guest speaker at our formal Annual Dinner, where he provided informative and insightful comment on the current state of the health service, medical education and medical politics. The dinner was attended by guests from many of the other Royal Colleges and medical associations.

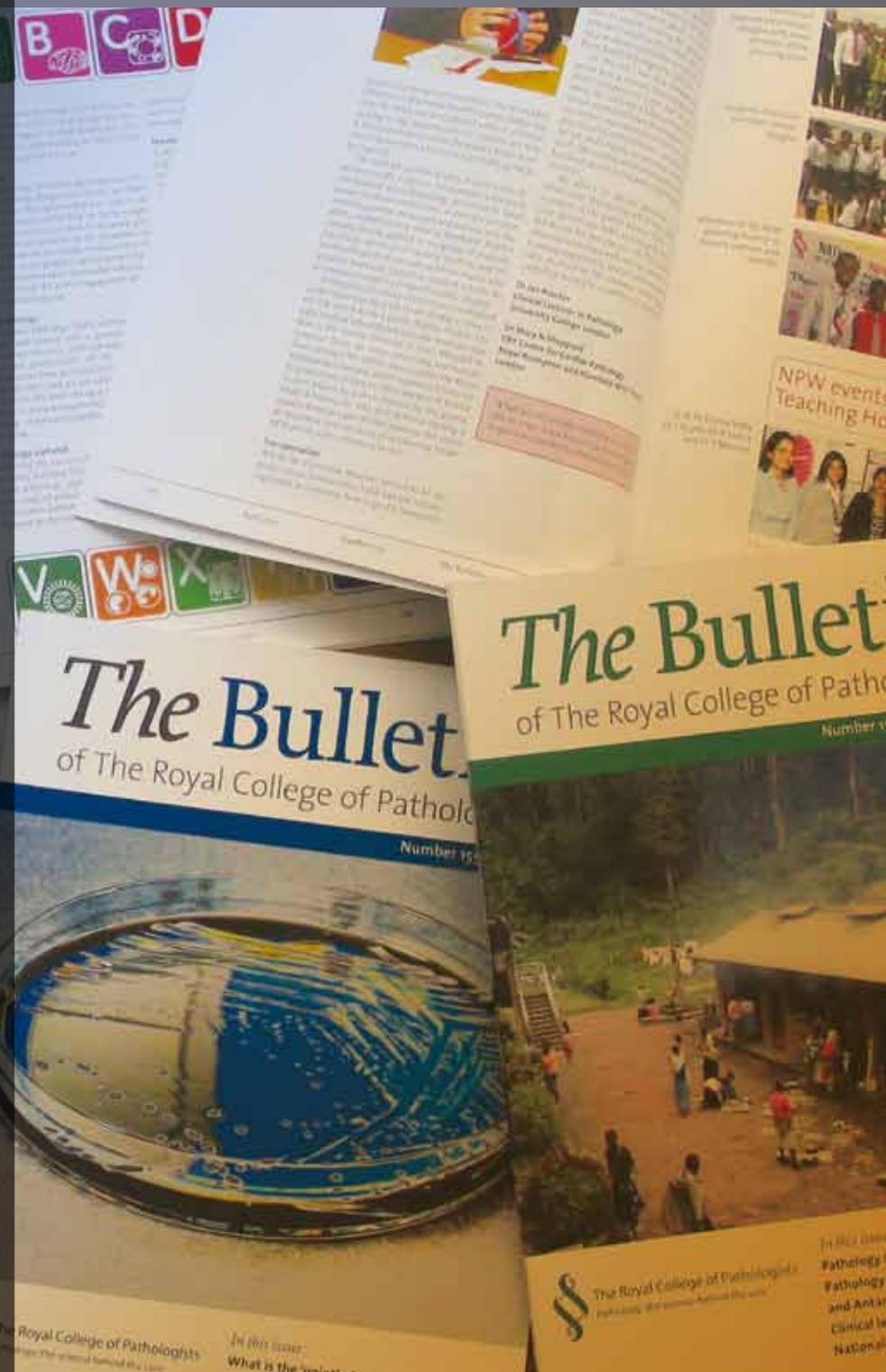
The future The College's excellent facilities will continue to offer versatile meeting spaces, working within people's budgets as best as we can and ensuring that we offer a professional service.

Michelle Merrett Events and Facilities Manager

Events and Facilities
team at the College



COMMUNICATIONS





Dr Peter Cowling

Publications

The Directorate oversees and administers the production of College publications, the *Bulletin* and guidelines, including Cancer Datasets and Tissue Pathways. Thirteen Datasets and three Pathways were completed last year and each represented a significant amount of high-quality work from our volunteer authors. Other documents published through the Directorate included:

- ▶ *The future provision of molecular diagnostic services for acquired disease in the UK*
- ▶ *Out-of-hours reporting of laboratory results requiring urgent clinical action to primary care: Advice to pathologists and those that work in laboratory medicine*
- ▶ *Harmonisation of reference intervals (joint document)*
- ▶ *Code of practice for clinical biochemists/chemical pathologists and clinical biochemistry services*
- ▶ *Neuropathology autopsy practice: Post-mortem examination in patients with traumatic brain injury*
- ▶ *Guidance for the retention of brain and spinal cord following post-mortem examination and where criminal proceedings are in prospect.*

All publications affecting practice undergo a period of online consultation with College Fellows and other stakeholders. Responses continue to be gratifyingly thoughtful and effective. Consultations are now logged in detail, with responses and actions recorded so that consultees can ascertain the fate of their comments.

The Publications and Media Committee was replaced by a more continuous and inclusive discourse between publications, press, public engagement and IT (especially web-based) staff, with greater use of teleconferencing.

Dr Laszlo Igali has been appointed as the new Editor for the *Bulletin*, as Professor John Croall steps down in November after an excellent series of *Bulletins* under his editorship. We also plan to continue our work with NHS Evidence to develop an appropriate

approach to diagnostic guideline production whilst maintaining our high-quality publications output. Finally, we intend to progress the development of the website and improve its presentation and accessibility.

Dr Peter Cowling
Director of Communications

Press and communications

Media relations Highlights of press activity for the College included a joint press conference at the House of Commons to launch the report, *Allergy Services: Still not meeting the unmet need*. The report, produced by this College and The Royal College of Physicians, supported by the British Society for Allergy and Clinical Immunology, looked at the gaps in allergy care in England and Wales.

The College also worked with the consumer magazine, *Which*, examining the efficacy and reliability of self-test health kits that can be bought on the high street. The findings were picked up by a wide range of media outlets, including TV and radio.

National Pathology Week 2010 2010 saw the biggest National Pathology Week to date, with over 550 events organised by pathologists taking place across the country. As well as setting up a new-look website, the central team worked behind the scenes supporting event organisers by supplying the resources they needed to run successful events.

Online resources We rebranded and relaunched the National Pathology Week website. Renamed www.ilovepathology.org, the site is now a year-round resource for the public, patients, students, teachers and others.



Samantha Jayaram

Working with others Strengthening the collaborations we made in 2009, we worked with the Schools Science Conference and Cheltenham Science Festival.

▶ *It's all in the genes – can our genes tell us how to prevent and treat disease?* This interactive workshop, aimed at Key Stage 4 pupils, featured as part of the Schools Science Conference. Looking at personalised medicine in relation to breast cancer, it was developed in conjunction with the Institute for Biomedical Sciences and the Association for Clinical Biochemistry.

▶ Building on the success of the 'Behind the scenes of a heart attack' event in 2009, the College sponsored 'Saviour Siblings', a panel debate at the Cheltenham Science Festival 2010, discussing the scientific and ethical issues surrounding this relatively new treatment.

Going forward 2012 will see in the College's 50th anniversary as well as National Pathology Year (NPY), which replaces National Pathology Week. Other workstreams will include the continuing development of online activity for the College, especially in relation to its Public Engagement programme.

Samantha Jayaram
Press and Communications Manager

The Publications
team at the College



FINANCE AND ACCOUNTS

-	164,217		
-	8,794		
-	24,858		
-	274,400		
-	373,264		
-	865		
975	1,813,524	40,824	
466,837			
466,837	315,038		
	27,252.9		
466,837	312,290	40,824	1,313,033
1,657,958	1,494,565		12,063,062
124,795	432,699		
466,837	1,656,855	17,544	13,376,095
	199,709		
466,837	315,038		
	440,824		
	432,699		

158,553			149,22
164,217			131,15
49,451			147,95
1,218,067		1,199,047	1,00
218,896		81,330	482,72
274,400		591,851	114,58
598,608		392,713	222,03
381,713		173,799	
173,799			
3,764,799	371	3,703,890	4,555,61
914,572		851,722	
12,544		71,795	
1,218,067		134,684	1,199,04
218,896			81,33
914,572	598,608	851,722	591,85
398,461	381,713	(309,979)	392,71
	173,799		162,06
466,837	312,290	40,824	1,313,033
1,657,958	1,494,565		12,063,062
	432,699		
914,572	1,656,855	17,544	13,376,095
	199,709		
914,572	315,038		
	440,824		
	432,699		
914,572		851,722	
3,764,799		3,703,890	
914,572		851,722	



Dr Charles Singer

Treasurer's report

The College's income for the year amounted to £4,679,371. Subscription income of £2,296,579 still represents the largest single source of income. The number of College members has increased marginally from 9976 at the beginning of the financial year to 10,330 at the year end.

During the year, the College received £104,217 from the Jean Shanks Foundation and £70,000 from Baxter BioScience to support Research Fellowships. In addition, the College received £75,000 sponsorship from Siemens in support of National Pathology Week 2010. Council is most grateful to those that have given so generously to these appeals.

The College has been fortunate to receive project grant funding during the year for the development of the National Laboratory Medicine Catalogue and much work has been undertaken on the project. In addition, grant aid funding for the pathology clinical leadership project and the death certification project has been received. The expenditure on these projects will take place during the ensuing financial year.

Income from the Education Centre amounted to £223,885, which was a small increase over the prior year. It is pleasing to report that enquiries and bookings for the future are strong and we therefore expect a greater level of income in the ensuing year. This activity is carried out by 2 Carlton House Terrace Limited, the College's wholly owned subsidiary company.

We have commenced a review process for all areas of expenditure at the College and are pleased to report that significant savings have been made this year in relation to insurance, telephone costs, stationery, travel and the associated costs of committee meetings. Having introduced the new Integra database last year, we are now able to communicate more with the membership by electronic means and have consequently made savings with regard to postage costs. Savings have also been

achieved by delaying the replacement of College IT infrastructure until the current year. We have also benefitted by a one-year extension granted by our freeholder to the current cycle of external decorations to Carlton House Terrace.

We are mid-way through an upgrade to the College's main website, as well as introducing a new content management system, and this will be launched later in the year. The web pages are one of the primary methods of communicating what the College is and does to the wider public, and the redesign will improve accessibility and content, as well as making information easier to find. At the same time, the College database will be dynamically linked to the new website, providing a much greater level of customer service to users, as well as achieving administrative savings on day-to-day transaction processing.

The performance of the College's investment portfolio is independently benchmarked by the WM Company against their unconstrained charity universe. This universe represents the performance of UK charity funds with discretionary mandates. The portfolio returned a positive 15.1% in the calendar year to 31 December 2010, compared to the benchmark return of 13.6%, and placed the College in the top 23% of funds measured by WM for that year, the top 28% of funds over a time-weighted three-year basis and the top 44% over five years.

Council has established a reserves policy, whereby the unrestricted funds not committed or invested in tangible fixed assets, or designated for specific purposes (the 'free reserves') held by the College, should normally be sufficient to allow the College to operate without income for up to 18 months. This level of reserves is essential, because our income is not guaranteed and can be subject to significant fluctuations year on year. The College's reserves ensure that short-term changes in revenue will not materially affect the College's activities, secure the long-term funding of the College and enable the College to meet its duties under statute and its Royal Charter to promote standards of

education and practice of pathology. This level of reserves would also enable the College to address any unforeseeable ad-hoc expenditure arising from topical issues in pathology, which the College feels should be addressed. At 30 June 2011, the level of free reserves of £3.3 million equated to just over 10 months' income cover.

I would like to thank Daniel Ross, Eugene Coyle, Sue Beckford and Kay Mansour, the in-house financial team, for their stewardship of College finances.

The accounts published overleaf are not the statutory accounts, but a summary of information relating to both the statement of financial activities and the balance sheet. The full financial statements have been audited and contain an unqualified audit report. They were approved by Council on 8 September 2011 and have been submitted to the Charity Commission. Any member may request a copy of the full accounts by writing to the Chief Executive.

Dr Charles Singer
Treasurer

Independent auditor's statement to the Trustees of The Royal College of Pathologists

We have examined the summarised financial statements for the year ended 30 June 2011.

Respective responsibilities of Trustees and auditors

Council are responsible for preparing the summarised annual report in accordance with applicable United Kingdom law and the recommendations of the charities SORP.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the summarised annual report, with the full annual financial statements and the Trustees' Annual Report.

We also read the other information contained in the summarised annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

We conducted our audit work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board.

Opinion In our opinion, the summarised financial statements are consistent with the full annual financial statements and the Trustees' Annual Report of The Royal College of Pathologists for the year ended 30 June 2011.

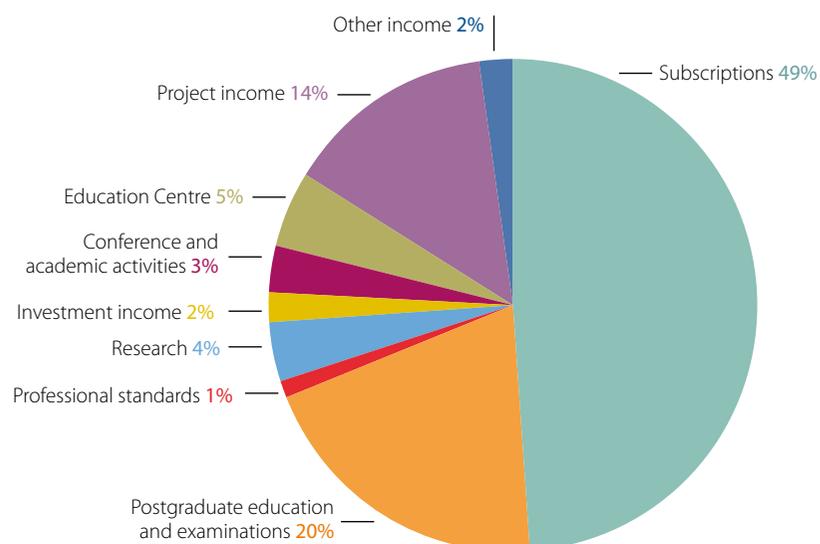
Coulthards Mackenzie

Chartered Accountants and Registered Auditors

9 Risborough Street, London SE1 0HF

8 September 2011

The Royal College of Pathologists Income 2010 – 2011



The Royal College of Pathologists

Consolidated statement of Financial Activities for the year ended 30 June 2011

	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2011 £	Total 30 June 2010 £
Incoming resources					
Incoming resources from generated funds					
Investment income	103,851	-	8,086	111,937	86,569
Donations and legacies	22,379	-	19,039	41,418	42,756
Other income	18,214	-	-	18,214	10,529
Incoming resources from charitable activities					
Subscriptions	2,296,579	-	-	2,296,579	2,174,348
Postgraduate education and examinations	923,474	-	-	923,474	992,730
Conferences and academic activities	158,553	-	-	158,553	149,222
Research	-	-	164,217	164,217	131,158
Professional standards	40,657	-	8,794	49,451	147,954
Intercollegiate Human Nutrition Course	-	-	24,858	24,858	1,000
Project income	-	-	274,400	274,400	482,725
Clinical leadership in pathology	-	-	373,264	373,264	-
Communications and public engagement	18,256	-	865	19,121	114,589
Education Centre	223,885	-	-	223,885	222,032
Total incoming resources	3,805,848	-	873,523	4,679,371	4,555,612
Resources expended					
Charitable activities					
Postgraduate education and examinations	1,218,067	-	-	1,218,067	1,199,047
Research	-	-	218,896	218,896	81,330
Communications and public engagement	596,669	-	1,936	598,605	591,851
Professional standards	378,971	-	2,739	381,710	392,713
Conferences and academic activities	173,799	-	-	173,799	162,066
Education Centre	369,664	-	-	369,664	431,891
Advisory committees	266,602	-	-	266,602	285,686
Workforce	249,354	-	-	249,354	274,918
Intercollegiate Human Nutrition Course	-	-	17,544	17,544	71,795
Project expenditure	-	-	199,709	199,709	134,684
Governance costs	70,849	-	-	70,849	77,909
Total resources expended	3,323,975	-	440,824	3,764,799	3,703,890
Net incoming resources before transfers	481,873	-	432,699	914,572	851,722
Gross transfers between funds	(369,176)	466,837	(97,661)	-	-
Net incoming resources before other recognised gains and losses	112,697	466,837	335,038	914,572	851,722
Gains on investment assets	371,209	-	398,461	398,461	(319,979)
Net movement in funds	483,906	466,837	362,290	1,313,033	1,171,701
Total funds brought forward	9,110,539	1,657,958	1,294,565	12,063,062	10,891,361
Total funds carried forward	9,594,445	2,124,795	1,656,855	13,376,095	12,063,062

The Royal College of Pathologists

Consolidated balance sheet as at 30 June 2011

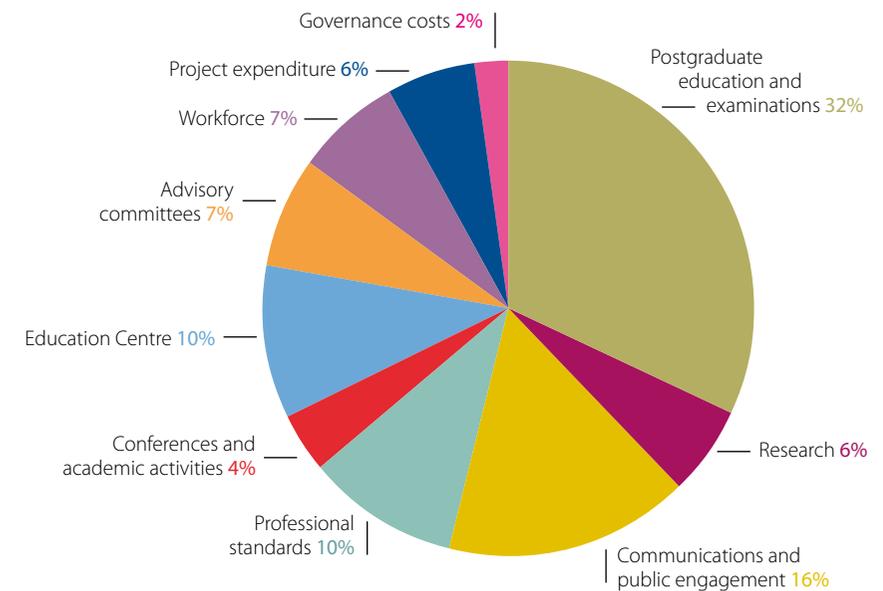
	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2011 £	Total 30 June 2010 £
Tangible fixed assets	6,253,417	-	-	6,253,417	6,459,671
Investments	1,126,768	1,786,161	144,051	3,056,980	2,489,943
Total fixed assets	7,380,185	1,786,161	144,051	9,310,397	8,949,614
Current assets					
Stocks	11,082	-	-	11,082	13,006
Debtors	237,548	-	-	237,548	299,520
Cash at bank and in hand	3,831,834	338,634	1,554,153	5,724,621	5,143,995
Total current assets	4,080,464	338,634	1,554,153	5,973,251	5,456,521
Creditors					
Amounts falling due within one year	(1,866,204)	-	(41,349)	(1,907,553)	(2,245,573)
Net current assets	2,214,260	338,634	1,512,804	4,065,698	3,210,948
Total assets less current liabilities	9,594,445	2,124,795	1,656,855	13,376,095	12,160,562
Provisions for liabilities and charges:					
Amounts falling due after more than 1 year	-	-	-	-	(97,500)
Net assets	9,594,445	2,124,795	1,656,855	13,376,095	12,063,062
The funds of the College					
Unrestricted funds	9,594,445	2,124,795	-	11,719,240	10,768,497
Restricted funds	-	-	1,656,855	1,656,855	1,294,565
Total College funds	9,594,445	2,124,795	1,656,855	13,376,095	12,063,062

The financial statements were approved by Council on 8 September 2011 and signed on behalf of Council by

Professor Peter Furness
President

Dr Charles Singer
Treasurer

The Royal College of Pathologists Expenditure 2010 – 2011





FUTURE OF THE PROFESSION





Dr Sarah Hauxwell



Professor Finbarr Cotter

Trainees Advisory Committee

Our mission The mission of the Trainees Advisory Committee (TAC) is to facilitate two-way communication between the College and its trainees. We feel that as the future of the College, trainees need to be engaged at an early stage of their training and encouraged to become active College members.

Working together The TAC worked with the Joint Committee on Pathology Training to introduce a trainees' welcome day in Autumn 2010. This day was very successful, receiving positive feedback, and will be repeated in the coming Autumn. The TAC was involved in developing the transition arrangements between the histopathology curricula, leading to a satisfactory outcome for the College and the current trainees.

Looking forward There are still issues with trainees feeling disenfranchised by the College so we are looking to put on generic training days to facilitate College–trainee interactions and inter-discipline trainee interactions. Possible areas to look at are reducing the cost of training days for trainees or arranging non-London-based training days. We are also looking to increase the trainee profile on the College website with items such as trainee-recommended courses and useful book lists.

Dr Sarah Hauxwell
Chair

Research Committee

Defining our role has been a major desire of this committee. Over the last year, there has been a commitment to determine the extent of academic activity from the College members so that there is a baseline to determine the level of activity now and in the future. It is clear that there are many developments in pathology, including the need for provision of genomic medicine approaches to patient management.

Looking forward, it follows on from this that pathologists in all disciplines will need to include an understanding of molecular pathology and that research, education and understanding of this developing arena will be essential. Training of the next generation of pathologists in a rapidly evolving and exciting field of healthcare will only occur if pathologists are involved in research and academic developments. An emphasis needs to be placed on increasing the

number of academic specialist registrars to feed through into these requirements.

Partnerships between the College, specialist societies and charities are being evolved to help provide funding at an early stage to achieve this and opportunities from the College will come online in the next year, with hopefully more to follow. As we saw last year, the College's Research Medals were hotly contested and we again encourage trainees to submit their best work.

The Research Committee will continue to strive to defend the current academic posts, but more importantly to grow the next generation of academics by increasing the opportunities during training.

Professor Finbarr Cotter
Director of Research

Dr Andrew Chantry:
Research Award Winner



Dr Kevin Deans:
Gold Research Award Winner



Dr Nic West:
Research Award Winner





Dr Terry Jones

Workforce

Our mission

Our committee aims to ensure that pathology workforce meets current and future demands, using accurate data and modelling to influence all relevant decision makers.

We aim to ensure that all key stakeholders are actively involved in any decision-making process.

Key achievements

We continue to move forward with the repatriation of the Electronic Workforce Database to the College to ensure higher data collection rates.

We have established a close working relationship with the Centre for Workforce Intelligence (CfWI) and involved stakeholders in the preparations for the report to be produced by the Centre to determine trainee numbers.

Working together

We facilitated the first meeting between stakeholders across all specialties with the CfWI and have established a robust information pathway to allow the College to influence this key agency.

We have also highlighted the problems faced by the smaller specialties and Moira Livingston, Director of Commissioning for the CfWI, is actively working with me on this topic.

In future, the CfWI has agreed with the Department of Health (DH) that, instead of making annual recommendations on recruitment numbers, it will make recommendations for the medium to longer term by specialty and geography.

In addition, the CfWI coordinates a submission to the Migration Advisory Committee for the UK Home Office Shortage Occupation List (HOSOL). The HOSOL currently includes haematology and medical microbiology and virology. The College recommends that medical microbiology and virology be removed from the list.

Clinical biochemistry requested removal in 2009. Histopathology, immunology and genetic pathology do not qualify for inclusion.

Looking forward

- ▶ The involvement with the CfWI needs to maintain momentum and there is a requirement for involvement with The Royal College of Physicians (RCP) in the discussions regarding specialties with accreditation through the RCP, most particularly haematology.
- ▶ The 'blackbox' reveal by the CfWI will allow modelling for various workforce-related scenarios.
- ▶ More engagement with the CfWI will be carried out via tele- and video-conferencing, to ensure cost savings.
- ▶ Employers have the opportunity to advertise pathology posts on the College website for up to three weeks.

Dr Terry Jones
Director of Workforce Planning

**Pathologists at the Royal
London Hospital**



Honorary Officers

President	Professor Peter Furness
Vice-Presidents	Dr Danielle Freedman Dr Archie Prentice Dr Tim Wreghitt
Registrar	Dr Suzannah Lishman
Assistant Registrar	Dr Rachael Liebmann
Treasurer	Dr Charles Singer

College appointments

Director of Conferences and Academic Activities	Dr Sanjiv Manek
Director of Examinations and Assessment	Dr Kevin West
Director of Professional Standards	Dr Lance Sandle
Director of Communications	Dr Peter Cowling
Director of Public Engagement	Professor Paola Domizio
Director of Research	Professor Finbarr Cotter
Director of Training and Educational Standards	Dr David Bailey
Director of Workforce Planning	Dr Terry Jones
Editor of the Bulletin	Professor John Croall
IT Coordinator	Dr Laszlo Igali
Honorary Librarian	Dr Mike Addison

Council 2010–2011

Dr Stephen Barrett	Professor Guy Rutty
Dr David Cassidy	Dr Sandra Scholes (co-opted, shared with Dr Wallace)
Dr Bernard Croal	Dr Ian Seddon
Dr Michael Galloway	Dr Mallika Sekhar
Professor Stephen Gillespie	Professor Carrock Sewell
Mr Michael Hallworth	Dr Anne Thorpe
Dr Bushra Hamid	Dr Thomas Trinick
Dr Mark Heatley	Dr Heather Wallace (co-opted, shared with Dr Scholes)
Dr Richard Herriot (co-opted)	Dr Jonathan Waters (co-opted)
Dr Simon Knowles	Mr Craig Webster
Professor David Linch	Professor Michael Wells
Dr Jeremy Quiney	



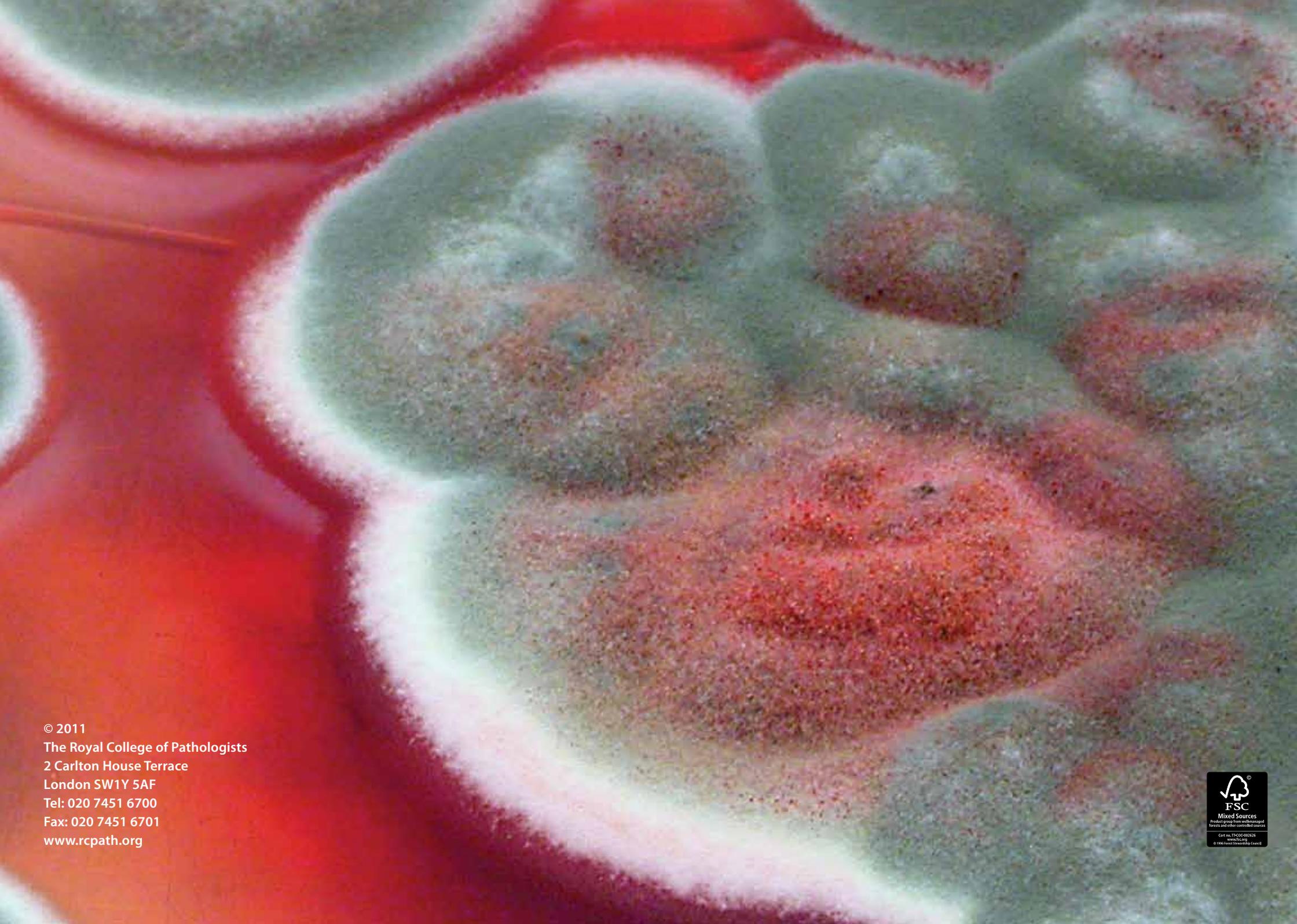
College staff

Daniel Ross	Chief Executive	Shane Johns	PSU Coordinator
Elsbeth Evans	Deputy Chief Executive	Jawade Liaqat	Committee Coordinator
Fiona Addiscott	Workforce Planning Manager	Stella Macaskill	Head of Professional Standards
Adobebe Akuffo	Training and Educational Standards Assistant	Jenny Maddocks	Training and Educational Standards Manager
Charlotte Balazs	Committee and Regional Councils Coordinator	Maxine Mantle	Executive Assistant to Chief Executive/Registrar
Mimi Barrett	Assessment Coordinator	Maria Marrero-Feo	Audit and Quality Coordinator, PSU
Sue Beckford	Membership and Finance Administrator	Helen Melluish	Senior Examinations Coordinator
Anne Boxill	PA to President/Honorary Officers	Michelle Merrett	Events and Facilities Manager
Alex Brinded	Examinations Coordinator	Kathryn Morris	House and Facilities Steward
Joanne Brinklow	Head of Educational Standards	Ryan Nelson	IT Officer
Eugene Coyle	Membership and Finance Officer	Reshma Patel	Workforce Coordinator
Sandra Dewar	Assessment Manager	Annabel Ries	Associate Editor, Publications
Rosemary Emodi	International Manager	Heidi Rogers	PSU Assistant
Lindsay Fortune	Training and Educational Standards Coordinator	Ruth Semple	Public Engagement Manager
Kimberley Freeman	Communications and Publications Coordinator	Brian West	Senior House and Facilities Steward
David Howe	IT Manager	Nigel Williams	Examinations Manager
Eben Hugo	Website and IT Officer	Clare Winter	Events Coordinator
Edward Hulme	Managing Editor, Publications	Terry Woolgar	House and Facilities Steward
Samantha Jayaram	Press and Communications Manager		



Front cover: Katarzyna Kraj, a laboratory assistant working in the area of inherited metabolic diseases.

Back cover: A plant pathogen, *Penicillium purpurogenum*. It is harmless to humans but causes concern as it produces a red pigment similar to that of a dangerous human pathogen, *Penicillium marneffe*, which can cause death in AIDS.



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