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

Celtic Nations Summit report

28 August 2024

Contents

Convened by

The Royal College of Pathologists at 6 Alie Street, London E1 8QT.

Chair

Dr Bernie Croal	President, The Royal College of Pathologists (RCPath)

Attendees

Ms Joanne Brinklow	Director of Learning, RCPath
Dr Gareth Bryson	Specialty Adviser to the Chief Medical Officer (Scotland) for Pathology
Professor Marta Cohen	Vice President (Learning), RCPath
Professor Sarah Coupland	Registrar, RCPath
Professor Angharad Davies	Clinical Director for Publishing and Engagement, RCPath
Mr Alan Deacon	National Pathology Lead for NHS Wales
Ms Diane Gaston	Director of Communications, RCPath
Dr Anu Gunavardhan	Chair, Wales Regional Council, RCPath
Dr Laszlo Igali	Vice President, Professional Practice, RCPath
Professor Peter Johnston	Chair, Scotland Regional Council, RCPath
Dr Gareth McKeeman	Chair, Northern Ireland Regional Council, RCPath
Dr Michael McKenna	Northern Ireland, Cellular Pathology
Dr Stephen Morley	Assistant Registrar, RCPath
Mr Nigel Pollard	Director of Corporate Services, RCPath
Professor Catherine Ross	Scotland Chief Scientific Officer
Dr Noha El Sakka	Vice President, Communications, RCPath
Ms Katherine Timms	Director of Professional Practice, RCPath
Professor Ian Young	Northern Ireland Chief Scientific Adviser

Foreword

The Royal College of Pathologists (RCPath) hosted its first Celtic Nations Summit in August 2024. This was a face-to-face meeting to allow direct interaction and discussion among representatives of the 3 nations and College officers and staff. Representatives from pathology services and the respective governments joined the President, honorary officers and the senior management team of the College in a full day of collaborative and useful discussions.

This report has been produced to describe both the current pathology provision across the 3 nations and the ways in which the College interacts with and supports these services. Representatives from the 3 nations and the College were able to provide introductions and presentations on all these areas. Further discussions on key topics of particular interest are also documented within this report.

I would like to thank all of those involved. We look forward to further interactions in future years.

Dr Bernie Croal
President

Key issues discussed at the Celtic Nations Summit 2024

Joint working and collaboration

It is critical that the RCPath and other UK-based professional bodies did not focus purely on English issues but also ensured that a collaborative presence was developed with the other nations of the UK.

The Summit highlighted the need for further collaboration with sister organisations (Institute of Biomedical Science [IBMS], etc.) in future meetings.

Bringing England into UK-wide discussions, while ensuring meetings are not England-centric was also suggested. The importance of sharing experiences and lessons learned, as well as ensuring England is cognisant of its effect on recruitment into other parts of the UK, was emphasised.

Continued collaboration with government representatives across the UK is necessary to ensure that informed advice is given to ministers and other representatives.

The Summit recommended collaboration across the piece in relation to making workforce data available so that informed workforce planning can be supported.

Workforce and training

The people who work in laboratory medicine are the central resource that both enables and drives the service. The relevance of this rests on the provision of accurate, timely and relevant information around individual patients in community, hospital and social care settings. This information is the backbone of 21st century medicine; without it, most patients' care would be unable to proceed as expected. Workforce data and metrics are crucial to supporting conversations on the need for investment into pathology/laboratory services. The College has published a workforce strategy and, as part of this, is gathering data from a wide range of sources to ensure completeness.

Current workforce planning was closely linked to establishment and it would be crucial to take workload and physical and human resources into account in any future thinking. Workforce modelling based on clinical need, rather than current establishment, would support workforce planning, taking into consideration new ways of working, demographic changes in the patient population, impact of new technologies being implemented

(automation, digital pathology, AI, interpretation of genomic data), as well as development of new roles and international recruitment. The desire staff show for flexible working will also have an effect on how services are delivered. Understanding these factors and their potential influence is important. Clear metrics to estimate workload, including the number of cases handled, the complexity of cases and the effects of the need for standardisation, must also be taken into account.

Supporting remote working will also bring its opportunities and challenges. Technology may break down some geographical challenges; however, it could make recruitment more difficult as pathologists could be working remotely for better paid jobs.

Allocation and increase in training numbers was discussed in light of the forthcoming Autumn Spending Review and Professor Lord Darzi's independent investigation into the state of the NHS, acknowledging that, while this report focuses on NHS England, the laboratory workforce involves all the UK nations as well as those from overseas.

There is evidence that the ability to train people locally will more likely ensure retention into local services. Research is required to inform factors affecting workforce. This includes the effects on recruitment of international medical graduates and the effects of UK-wide, as opposed to local, selection processes. The former are seen by some as reducing the chances of recruiting local junior doctors whose interest and abilities are already recognised.

Other factors influencing local recruitment include the influential perception of the workplace environment and location, as well as work–life balance. Training and retention were considered in light of financial incentives (pay differences across the UK, cost of tax, provision of clinical excellence awards) as well as flexible working conditions and wellbeing. There is a need to ensure careers in pathology are attractive to residents and to keep professionals fulfilled in their career roles.

The College should be in a position to make recommendations on workforce development and planning with the provision of professional excellence in mind.

Workforce modelling and subsequent planning should be multidisciplinary, with the needs for pathology being considered a higher priority against the needs of other medical specialties, given the reach of pathology into almost every patient's clinical pathway. The President was developing a paper on diagnostic stewardship and variation to be

considered at the Academy of Medical Royal Colleges (AoMRC). The Pathology Alliance was also working on diagnostics stewardship to define a higher-level consensus position on some of the issues discussed.

The Summit highlighted the requirement for more robust contingency planning, in that the NHS needs to be in a better position to plan for potential risks, such as supply chain issues, cyber-attacks and potential regulatory diversity between, for instance, Northern Ireland and the rest of the UK (IVDR vs FDA, in this case).

The Summit discussed the current state of paediatric pathology services and workforce. Opportunities for further developing services to support the specialty were considered, including the potential to offer conversion training or fellowships to consultants wishing to specialise in the field, as well as international recruitment, and some aspects of the service being covered across other histopathological sub-specialties, particularly contributing to paediatric surgical pathology. There was no short-term solution envisaged; further investment would be required into the specialty to meet service demand and requirements. Further exposure to pathology and autopsy training in medical school would be key to attracting more interest from residents.

Workforce was a central concern with evidence that the growth of amount and complexity of the workload across pathology specialties far outstrips the expansion of staffing, physical and technological resources. Further, the laboratory medicine workforce has seen only small growth when compared to those whose patients provide much of the workload. How we address these challenges or not may well determine the viability of healthcare services across the UK nations.

IT – LIMS, digital, AI and automation

Significant investment in IT was noted over the past year in the 3 nations but with variation.

Investment into modern laboratory information management systems (LIMS), standardisation of data and coding, connectivity and digital pathology will help with implementing artificial intelligence (AI) but is also much needed for essential service delivery.

Digital pathology is not only for cellular pathology, but for all specialties.

The group noted some challenges in receiving the required funding, as evidence on this area of work is not robust at the moment.

The provision of digital pathology was seen as an investment to achieve efficiency gains, which would deliver a huge number of benefits. The Summit also noted it as a solution in terms of providing equity of care, owing to variation and population density.

The collaborative approach would help break down geographical barriers in patient care. However, the group highlighted importance of keeping pathologists close to patients. The provision of digital pathology could also help with sustainability.

Robotics and automation can be used to enhance service delivery, as well as improve the selection of patients through the use of AI.

Storage of digital data is expensive, but it would be a key requirement and enabler of this approach. AI regulation would also be key in implementing new technologies in healthcare provision.

Pandemic planning

Discussions on pandemic preparedness centred on the questions as to where devolved nations are with regard to pandemic resilience and what lessons have been learned from COVID-19 pandemic.

The Summit made the following points.

- There are 2 aspects: UK-wide and devolved nation-specific planning.
- Module 1 of the COVID-19 enquiry reported a wide range of recommendations, which all the nations are looking at.
- UK-wide, the UK Health Security Agency (UKHSA) has been taking forward pandemic planning and UK biosecurity strategy (held at cabinet level); diagnostic capacity is a subject of discussion in that.

The Summit raised the following lessons learned.

- The pandemic demonstrated how unprepared we were at that point. The infrastructure of diagnostic labs did not have the capacity for a rapid response or to scale up what was needed.

- A key learning point related to having a strategic plan for future use of pandemic capacity and resources after the pandemic ended. This is to avoid the government paying for high volume capacity sitting unused, so it can be rapidly rolled out as and if needed. A strategy for repurposing pandemic resources provides assurance and resilience in the face of a future pandemic. An example is found in Northern Ireland, where a commercial company delivered high volumes of testing during the pandemic but now the equipment and space are left unused as repurposing proved very difficult.
- Preparation for pandemics needs to include the ability to deal with all sorts of infection challenges, major outbreaks and epidemics, not just pandemics.
- Workforce management is an important element of pandemic preparedness. We learned how to how to bring people together quickly and to know where our experts are, which we did not know before. We need innovative ideas on how to make better use of the highly trained staff that we have.
- IT connectivity was another strength that came out of the pandemic; many novel IT solutions have been put in place and provided the needed solutions for data transfer and networking.
- In Wales, the current arrangements are described as ‘labyrinthine’. There is now a better understanding of what the network looks like across Wales.
- Regular pandemic exercises have been recommended, together with preparedness training programmes.
- We need to work closely with industry partners to identify the gaps in the UK industry, particularly in the manufacture side, including the equipment, reagents and consumables that are needed for diagnostic labs.
- Clinical virology expertise was not fully utilised during the pandemic, despite being the subject matter experts in the field. It is important to empower specialist experts and make sure their voice is heard. It is noted that NHSE underestimated the number of virologists significantly because of way they are coded (i.e. a consultant in microbiology/virology is only counted as microbiology), which could lead to fragility of workforce.

- We also discussed the value of rapid diagnostics and point-of-care tests, which is often overlooked in discussions but is something that the RCPath could have a focus on.

Antimicrobial resistance

The College has antimicrobial resistance (AMR) high on its agenda. The College is keen to raise its profile on AMR and has been working to do so. AMR was the focus of International Pathology Day 2024, with a number of programmed activities around this subject.

We discussed the matter of health inequalities with regard to AMR as a worsening threat and noted that UKHSA is looking into it.

We discussed the One Health agenda and the veterinary aspects of AMR.

We highlighted the importance of surveillance, such as testing wastewater for pathogens, and the potential to use genomic testing in the future to better identify those patients who will benefit from antibiotic use.

Background to pathology service structures in Northern Ireland, Scotland and Wales

NHS services remain mainly independent and under the oversight of the respective governments, departments of health and local or regional bodies, including a variety of networks, trusts, health boards and agencies. Pathology services across the 4 nations of the United Kingdom are also very different in terms of their organisation, funding and scope of practice. There are also significant expansions being seen across the private sector in all countries, especially as NHS waiting times get longer. Pathology is also increasing its private footprint, with direct-to-consumer testing becoming more popular and more widely available.

The sections below illustrate in more detail how some of these national structures work, with input from both government and College representatives.

Northern Ireland

Report from Professor Ian Young, Chief Scientific Adviser, Department of Health, Northern Ireland

At the 2021 census, the population of Northern Ireland was 1,903,175, making up around 3% of the UK's population. Northern Ireland's healthcare system is referred to as Health and Social Care (HSC) and provides both medical and social care services in an integrated way. The Department of Health (DoH) is responsible for the overall management of HSC. The DoH sets policies, allocates funding and oversees the system. The DoH delegates its responsibilities to the Public Health Agency and 5 acute HSC trusts, which also provide laboratory and other services to primary care. Each trust is responsible for providing services in a specific area (Figure 1). Trusts manage their own staff, services and budgets.

Laboratory services and delivery of related diagnostics are critical infrastructure that underpin transformation of services and care delivery. In this context, the DoH has been developing a blueprint programme to define a future regional pathology management structure in the form of a new HSC agency and is currently consulting on the equality impact assessment of these proposals being taken forward by the Pathology Blueprint Programme. Engagement with relevant professional organisations, including the College,

and co-production of these proposals has been a critical element of the work, and we look forward to ongoing engagement as the work progresses.

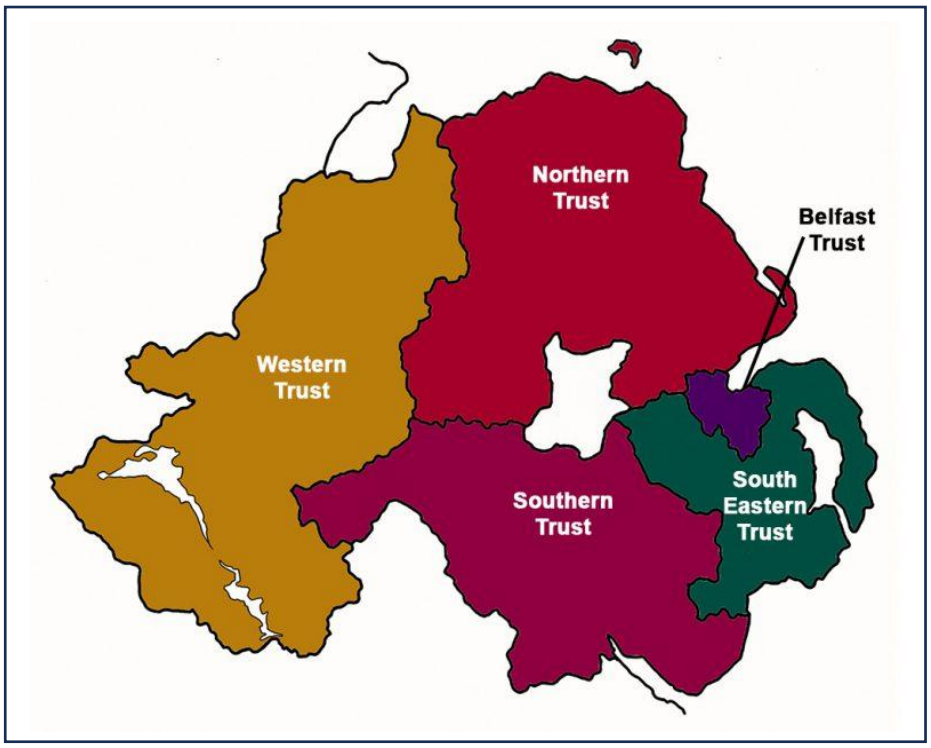

Figure 1. The 5 HSC trusts that provide services across Northern Ireland.

Workforce planning and the incorporation of emerging and innovative technologies will form a critical part of our future direction. The widespread implementation of digital pathology in Northern Ireland and potential for increased use of AI and advanced practice by the scientific community will form important elements for future consideration. The introduction of our new electronic healthcare record, currently being rolled out, offers opportunities for more direct access by patients to their laboratory results, with a resulting need to increasingly provide accessible interpretation alongside those results.

In the context of increasing use of digital approaches and advanced technologies, we need to ensure that there is no inadvertent increase in inequalities or health disparities. Reducing disparities and ensuring equality of access to diagnostics, including laboratory testing, will be an important priority.

Update from Dr Gareth McKeeman, Chair, Northern Ireland Regional Council

The Northern Ireland Regional Council meets 3 times per year, usually on Teams, along with the Regional Symposium meeting. In May 2023, the symposium returned as a face-to-

face only meeting, which was a welcome return to allow staff to meet together in-person again from across the region. The 2024 symposium took place in-person again on 19 September 2024.

Much of the work of the council over the past couple of years has focused on the ongoing regional modernisation of pathology services. A number of pathology leads across Northern Ireland have been heavily involved in the regional standardisation work within their respective pathology disciplines in preparation for the implementation of the new LIMS. This contract was awarded to Clinisys (WinPath) and the new LIMS has been introduced in 2 of the 5 trusts to date.

Alongside this significant IT change programme for pathology, there is also the ongoing roll-out of Encompass across all hospital trusts. This is a HSC-led programme introducing a new digital health and care record for every citizen and includes significant updates on how lab tests are ordered and reported in secondary care across Northern Ireland. These implementations have been challenging for a number of pathology staff who have been involved with the continual review of these 2 new systems once live and ensuring the required updates are put in place, where required.

The Pathology Blueprint Programme is another area that has continued to be at the forefront of business for pathology in Northern Ireland. This programme was established by the DoH in 2022 to explore options for regionalising the management of pathology services and creating a blueprint for a new regional pathology service management structure, including the Northern Ireland Blood Transfusion Service.

There have been a number of engagement meetings with the various professional bodies (including RCPath, IBMS and British Medical Association [BMA]). Members of the RCPath Council have been involved in the different workstreams and working groups that have been established as part of this project. It has recently been agreed that a pathology agency would take control of all pathology services that are currently under each trust; recent meetings have focused on the key considerations for the design of this new pathology management structure and the future employment arrangements for pathology staff. Further meetings are planned to review the target operating model and the draft structure of the governance of the new agency model.

Other workstreams have included working with the DoH NI to drive forward a regional Specialist Integrated Haematological Malignancy Diagnostic Service, reviewing how

microbiology and infection training is structured in Northern Ireland to promote trainees into this pathway, and having input into the regional strategic workforce review survey that has been carried out by the DoH and Northern Ireland Pathology Network. The chair has also been invited to represent the RCPath in a newly established Northern Ireland Royal College Alliance, which includes 19 organisations, all royal colleges and the Allied Health Professions Federation within Northern Ireland. This group is in its infancy but there has already been a meeting with the Northern Ireland Health Minister to highlight the importance of engagement and the commitment to working together to improve healthcare in Northern Ireland.

Finally, we have recently launched an update to The RCPath's Priorities for Northern Ireland manifesto. This was sent to the previous Northern Ireland Health Minister and again to the new Health Minister, Mr Mike Nesbitt, who has recently taken up the role. We were pleased to welcome Mr Nesbitt and some DoH colleagues to visit some of our local laboratories within Belfast HSC Trust last month. This was a great opportunity to showcase some of the excellent work that goes on in our laboratories and highlight the many laboratory-based staff involved in patient care. A photo of those involved with different aspects of the tour with the Health Minister is shown below.

Scotland

Report from Professor Catherine Ross, Scotland Chief Scientific Officer

The population of Scotland was 5,436,600 at the time of the 2022 census. It is estimated to continue growing slowly, then start to fall by 2030. This population is aging, with more people aged 65 and over than people under 15, and it has been moving, with people from within Scotland and from elsewhere migrating to the Central Belt.

While life expectancy has improved over the last 40 years, the last decade has seen improvements stall and start to reverse, mainly due to COVID-19 but also slowing decreases in heart disease deaths, increases in drug-related deaths and increases in deaths from dementia and Alzheimer's disease.

According to Public Health Scotland's Scottish Burden of Disease Study, the annual disease burden is forecast to increase by 21%, with cancer continuing to have the highest disease burden with an increase of 24%, and cardiovascular disease and neurological disorders showing the largest increase in disease burden (both 34%).

The health of the population is served by NHS Scotland, which consists of 14 Regional NHS Boards delivering frontline healthcare services, and 8 National NHS Boards providing specialist and national services. Laboratory medicine plays a role in 95% of patient pathways, with over 700 medical staff and 5,000 non-medical staff working across 90 haematology, biochemistry, microbiology and virology, or histopathology labs or departments that provide over 100 million tests each year in NHS Scotland.

It has been recognised that demand for diagnostics has been growing progressively and so reform is necessary to support the sustainability of diagnostic services in the future. The landscape is also complex, with diverse disciplines and organisations often working in silos despite facing a number of common concerns. There was a need for strategic oversight of the resulting plans, insights and analysis.

In May 2023, the Scottish Strategic Network for Diagnostics was established to provide strategic direction and oversight to enable transformation in diagnostics, ensuring services are equipped and able to become more sustainable, innovative and person-centred while delivering better outcomes for patients. Within the Network, the Oversight Board provides strategic leadership and vision, reporting to the broader national planning structure. The Steering Group facilitates the vision set by the Oversight Board and provides oversight and

coherence between the Core Groups and National Diagnostic Networks that take forward pieces of work in their specific areas (Figure 2).

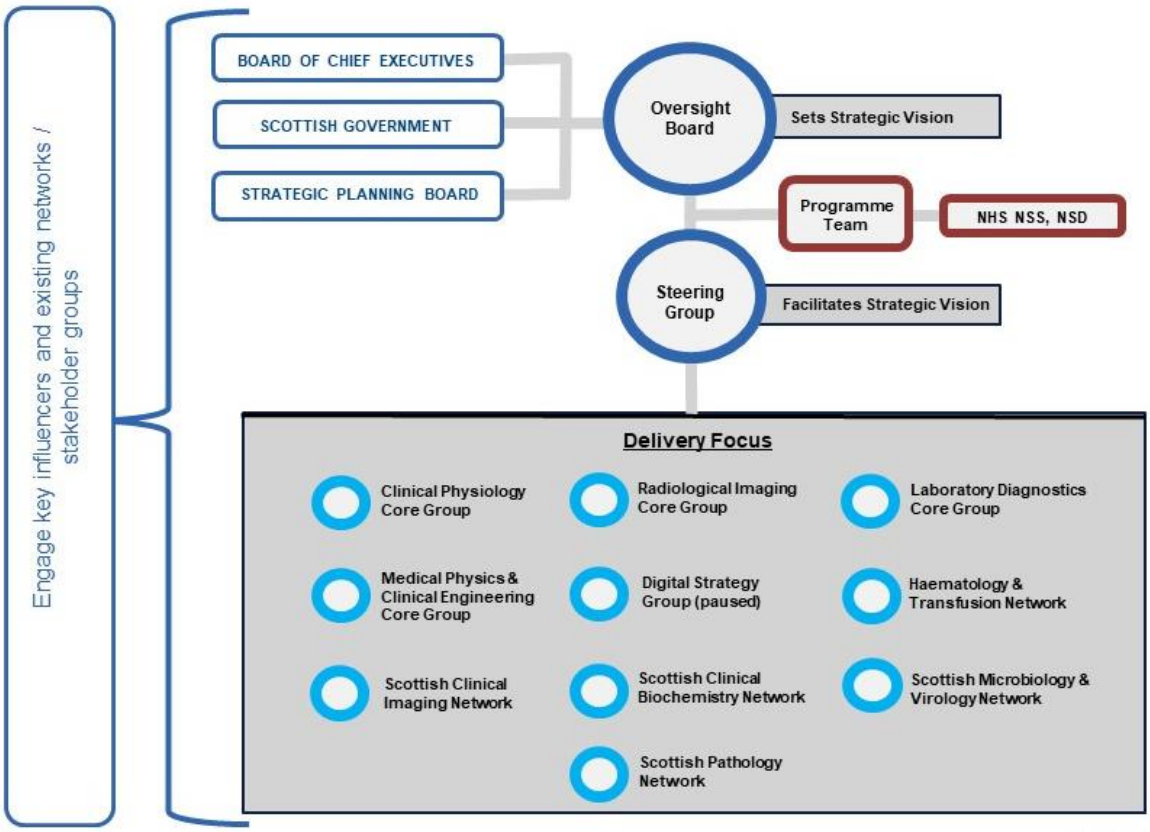

Figure 2. Organisational structure of the Scottish Strategic Network for Diagnostics.

In the last year, the Scottish Strategic Network for Diagnostics has engaged key stakeholders across the diagnostics landscape to map diagnostic sustainability challenges across Scotland and gather transformation opportunities across a number of high-level themes: service sustainability and resilience, workforce, digital and innovation, quality assurance, patient safety and value-based diagnostics, and infrastructure, equipment and environmental sustainability.

By the end of 2024, the Scottish Strategic Network for Diagnostics will have defined the transformation required to support our population with equity of access, harnessed new technologies and innovation, and delivered sustainable diagnostics across Scotland.

Update from Professor Peter Johnston, Chair, Scotland Regional Council

The Scotland Regional Council (SRC) has refreshed its membership and has good attendance at its online meetings. The Council has representation across the College's

specialties and over the regions of Scotland and includes medical and scientist colleagues in career and training roles. We are fortunate, too, in having the regular attendance of the Chief Scientific Offer from Scottish Government, whose remit includes laboratory medicine. The chair has the opportunity to be part of the AoMRC and Faculties in Scotland (Scottish Academy), where we can consider generic, as well as specialty, matters with direct links to Scottish Government, NHS Education for Scotland, the General Medical Council (UK) and the BMA. The Scottish Academy also links with the AoMRC, whose president is a member.

Workforce is the major issue discussed at the SRC, with most specialties in most locations experiencing pressure from a lack of workforce growth to meet increasing demand of number and complexity. This is acknowledged as problematic by the Scottish Government, which seeks to develop a workforce modelling programme, taking workload as the baseline and determining skill mix and staffing from there. Pathology resident numbers, however, continue to be based on current establishment. The fiscal constraints across Scottish Government are an issue for every aspect of state-funded activities, including pathology staffing.

In Scottish pathology, perhaps the greatest crisis is in immunology, where there are 5 posts against a Royal College of Physicians-recommended number of 10 or 11. Of these 5, only 1 will be filled with a substantive staff member by summer 2025. While there are 3 trainees in Scotland – a welcome improvement in the situation – it will take many years to reach adequate staffing levels. Forensic pathology also has staffing and organisational issues that impact pathologists, the service, and training of not only forensic but also general histopathologists. The paediatric pathology crisis in England is reflected by similar concerns in Scotland, especially in the light of a recent report around investigation of maternal and neonatal deaths. Increasingly, we see pathologists with a Certificate of Completion of Training (CCT) who are struggling to find a consultant post in Scotland and a year-on-year fall in consultant advisory appointment panels in Scotland, although this is not limited to pathology. Overall, however, the growth of the pathology establishment is behind specialties whose activity feeds laboratory activity.

The state of IT hardware and software in Scottish pathology remains an issue. The National LIMS project continues to be a source of concern, as progress is very slow. The future ability to access archival reports remains uncertain, causing worry among

pathologists. Similarly, digital pathology rollout for cellular pathology laboratories has not progressed in the way it has in other parts of the UK.

The organisation of laboratory medicine in Scotland seems, on the one hand, to continue to be a network of equals across regions, with centralisation of low-volume, high-complexity investigations aligned to ‘realistic medicine’. There are, however, several strategic reports and ongoing considerations of how best to deliver services. We continue to raise awareness of the importance of equitable access to pathology services across the entirety of Scottish geography.

Is there a message of hope? If pathologists continue to devote time to the SRC – and indications are that they will – we will continue to be influential. The need for accurate, timely, patient-centred information to enable patients to move along care pathways has never been more apparent or clinically relevant. The SRC can and will strive to ensure this point is continually driven home.

Wales

Report from Alan Deacon, National Pathology Lead, NHS Wales

Pathology services in Wales cover a population of approximately 3.2 million people, projected to reach around 3.3 million by 2031, with a significant portion over 65 years old. The population is concentrated along the southern coast, particularly in Cardiff and Swansea. This distribution presents challenges in ensuring equitable access to healthcare services across both urban and rural areas, especially considering the aging population and ever-increasing demand.

NHS Wales delivers services through 7 local health boards, which are responsible for the planning and delivery of healthcare in their geographical locations (Figure 3). These services include primary and secondary care, mental health, pharmacy, dental and optical. The local health boards are also responsible for improving physical and mental health outcomes, promoting wellbeing, reducing health inequalities and commissioning services from other organisations to meet the needs of their population.

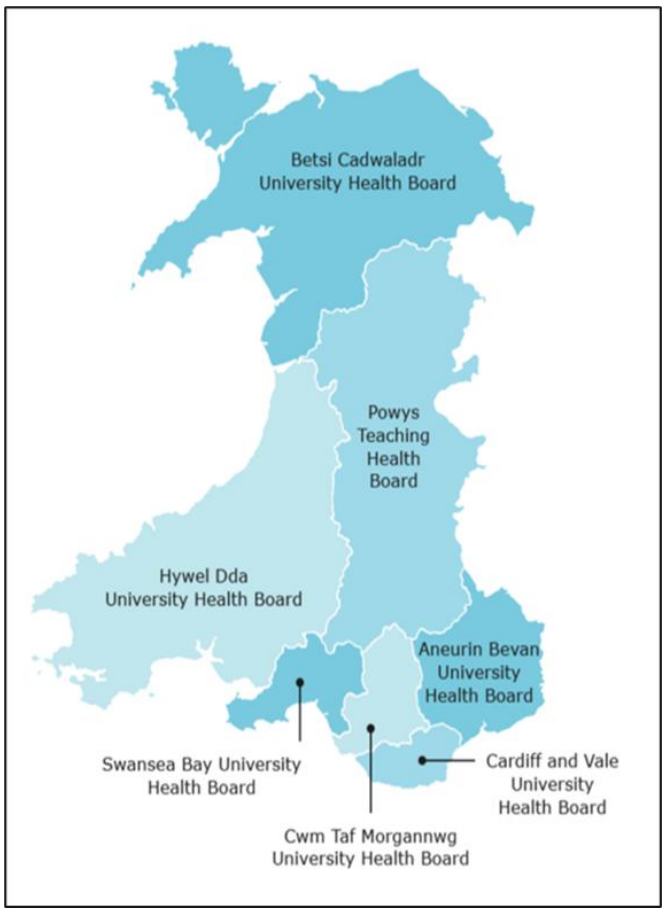

Figure 3. The 7 local health boards in Wales.

NHS Wales also operates through 3 NHS trusts – Public Health Wales, Velindre Specialist Cancer and the Welsh Blood Service – and 2 special health authorities: Digital Health and Care Wales and Health Education and Improvement Wales (HEIW).

Pathology services are provided by 6 of the local heath boards and commissioned by 1 (Powys). Current pathology workforce across Wales comprises 233 clinicians (medical, clinical scientist and advanced practitioner) and 2,107 scientific and technical staff. Services deliver approximately 63.8 million tests per annum through combined funding of approximately £222.3 million, which represents approximately 1.9% of the total NHS Wales budget, which is £11.7 billion for 2024–2025.

There are a number of functions already in place in Wales that support pathology service delivery:

- All Wales LIMS
- All Wales Genomic Medicine Service

- Single Welsh Clinical Portal
- Established National Point-of-Care Testing (PoCT) Network.

The National Pathology Programme is a strategic initiative aimed at enhancing service quality and addressing inequalities in access and performance. It aligns with Welsh Government policies, including the Pathology Statement of Intent (2019), A Healthier Wales (2021), and the Diagnostics Recovery and Transformation Strategy (2023–2025).

The National Pathology Programme is part of the NHS Wales Executive, which was created in 2023 with the purpose of driving improvements in the quality and safety of care, ultimately leading to better, more equitable outcomes, improved access and patient experience, reduced variation, and improvements in population health. In terms of pathology, being part of the NHS Wales Executive has facilitated a much closer working relationship with Welsh Government and the health boards, as well as other national diagnostic programmes and alignment with a broader diagnostics strategy for Wales to ensure consistency in clinical and operational standards (Figure 4).

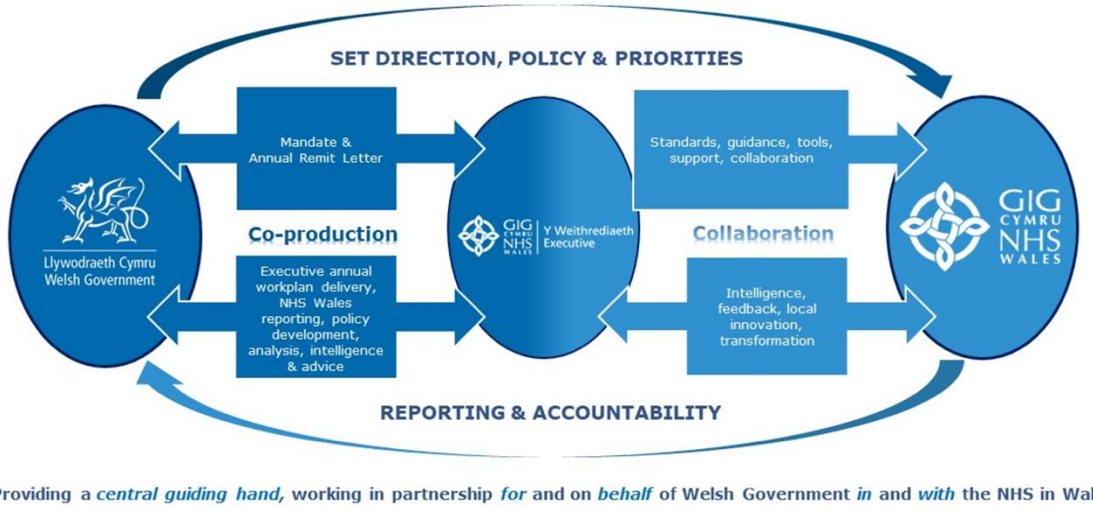

Figure 4. Governance, accountability and operating model.

Pathology services in Wales, like much of the UK, face significant challenges, including increasing demand that exceeds capacity. The aging population and rising incidence of long-term conditions – coupled with record-high cancer rates – are expected to drive even greater demand for diagnostic services. Laboratory consolidation in North Wales and collaboration projects in South Wales are examples of initiatives aimed at improving service delivery.

Additionally, the Regional Diagnostic Centre project seeks to increase system capacity and reduce inequalities in access.

Workforce challenges are central to service delivery. The recent Diagnostics Workforce Plan, developed by HEIW, aims to address issues related to recruitment, retention and development. The workforce is strained by shortages, high sickness absence rates and staff leaving NHS Wales for other roles or locations. New diagnostic tests and technologies also demand workforce upskilling, with advanced practice and blended workforce models helping to mitigate shortages in medically qualified staff, particularly in cellular pathology, which is currently the most fragile service.

Emerging fields like genomic medicine, molecular pathology and PoCT present opportunities but also challenges in terms of service redesign and technological integration. Significant investment is needed, particularly in digital and novel technologies. The National Pathology Programme plays a key role in identifying where investment can be most effective, though funding pathways and commissioning arrangements are often incomplete. Efforts are also underway to explore ways to decentralise diagnostic services, allowing patients to access diagnostics in community or home settings to ease pressure on secondary care.

Update from Dr Anu Gunavardhan, Chair, Wales Regional Council

The Wales Regional Council has been actively engaged in various initiatives, with a strong focus on advancing healthcare through technology and supporting the workforce within the NHS.

Engagement with Welsh Government on AI in healthcare

The Chair, along with the President, held discussions with Welsh Government officials regarding the integration of AI and digital technologies in the NHS. The Welsh Government has established an AI Commission, which is responsible for supporting and overseeing AI projects. This initiative aims to modernise healthcare delivery, improve patient outcomes, and make the NHS more efficient. The Council will be engaging with Welsh politicians to advocate for the importance of pathology in delivering timely and accurate diagnoses, which are crucial for effective patient care. By emphasising the foundational role pathology plays in healthcare, the Council seeks to ensure that it remains a priority in policy discussions and funding allocations.

Review of digital pathology in Wales

The Chair responded to the Wales review of digital pathology, with a focus on cancer and pathology services. During a meeting with representatives from the Welsh AI Commission, the Chair emphasised the need for developing in-house technologies tailored to meet the specific needs of pathology services in Wales. These advancements in technology will help improve diagnostic capabilities and healthcare delivery.

Workforce modelling and data collection

One of the Council's new key projects involves workforce modelling. The Chair is spearheading efforts to gather and analyse data on workload distribution, workforce deficiencies and potential solutions to optimise healthcare delivery.

Council meetings and Wales Pathology Symposium

The Wales Regional Council convenes 3 times a year, with meetings held online and in-person. Additionally, the Wales Pathology Symposium is an annual event that brings together experts in pathology to share best practices and address challenges within the field. The last symposium took place on October 25, featuring poster presentations made competitive by the introduction of prizes for the best posters. The event focused on highlighting services that are running well and lessons that can be learned from them.

Wales Coastal Walk to raise awareness of rare diseases

In an effort to raise awareness of rare diseases, the Council also organised a Wales Coastal Walk on 26 October 2024, which involved politicians, charity organisations and pathology colleagues from various specialties. This event served as both a community engagement initiative, as well as an opportunity to engage with politicians in a positive and enjoyable environment and means of promoting awareness of lesser-known medical conditions.

By creating a collaborative and informal atmosphere, participants were able to engage in meaningful dialogue that transcended traditional meetings or conferences.

Endorsement of equality documents

The Wales Regional Council also played a role in endorsing documents from the AoMRC related to equality. This endorsement reflects the Council's commitment to promoting inclusivity and diversity within the healthcare sector.

Through these advocacy efforts, the Wales Regional Council continues to champion the importance of pathology, ensuring that it remains a key focus for policymakers and the wider medical community.

Summary and next steps

It was agreed that the meeting had been highly productive and had allowed a sharing of information between the 3 nations and the College at a level never before experienced.

It was agreed that a factual report would be prepared for information with contributions from those present.

Arrangements would be made to develop further Celtic Nations meetings in future years to ensure that collaborative discussion and workstreams could be developed.

Appendix A College strategy

Vision

- Developing and supporting excellence in pathology for healthcare across the world.

Mission

- Advance the science and practice of pathology.
- Further public education in the field of pathology.
- Promote study, research and innovation in pathology and disseminate results.

Values

- Teamwork – we achieve excellence by working together and valuing the diversity of all people we work with.
- Service – we support members to deliver the best patient care.
- Ambition – we aspire to provide the best quality services and lead innovation for pathology.

College workstreams

College strategy is usually focused on what is regarded as ‘business as usual’ and includes important and vital functions, such as examinations, training, education, advocacy, guidelines, professional activities and many others. There has, however, been a deliberate focus on several new workstreams.

- Workforce – this has become a major issue for pathology services, with significant imbalances beginning to emerge with regards to capacity and demand for pathology services. Increasing vacancies and a lack of workforce planning suggest future worsening of this position. The College has begun a new programme of data collection and advocacy to support more training, retention of existing staff, reform of services and a new approach to diagnostic stewardship to optimise pathology testing.

- Industry – given the increasing importance good collaborative ventures across the profession and industry partners, the College has developed a new corporate workstream. This is aimed at bringing on board new industry partners to develop joint approaches to education, innovation, research and advocacy.
- The Pathology Alliance – a new version of the pathology alliance has been launched this year with more members, industry involvement and increased numbers of meetings. Several sub-groups have also spun off to manage a joined-up approach to workforce, public engagement and sustainability.
- Others – committee expansions (members and number of meetings), a newly appointed consultants committee and a new approach to membership value have also been developed.

Appendix B College structure and directorates

College structure

Trustee Board

The primary focus of the Trustee Board is the governance and management of the College. The Board reports to the voting membership via the annual general meeting.

Council

Reporting to the Trustee Board, Council is responsible for upholding and supporting pathology as a profession, including all the professional, clinical and educational functions of the College. The Council has oversight for operational delivery of these functions by the College and its staff and volunteers.

Committees

Most of the work of the College is conducted through its committees and SACs. The SACs advise on specialty-specific matters while other committees deal with generic matters crossing all pathology specialties or topic-specific matters. The committee reporting structure is given in Figure 5.

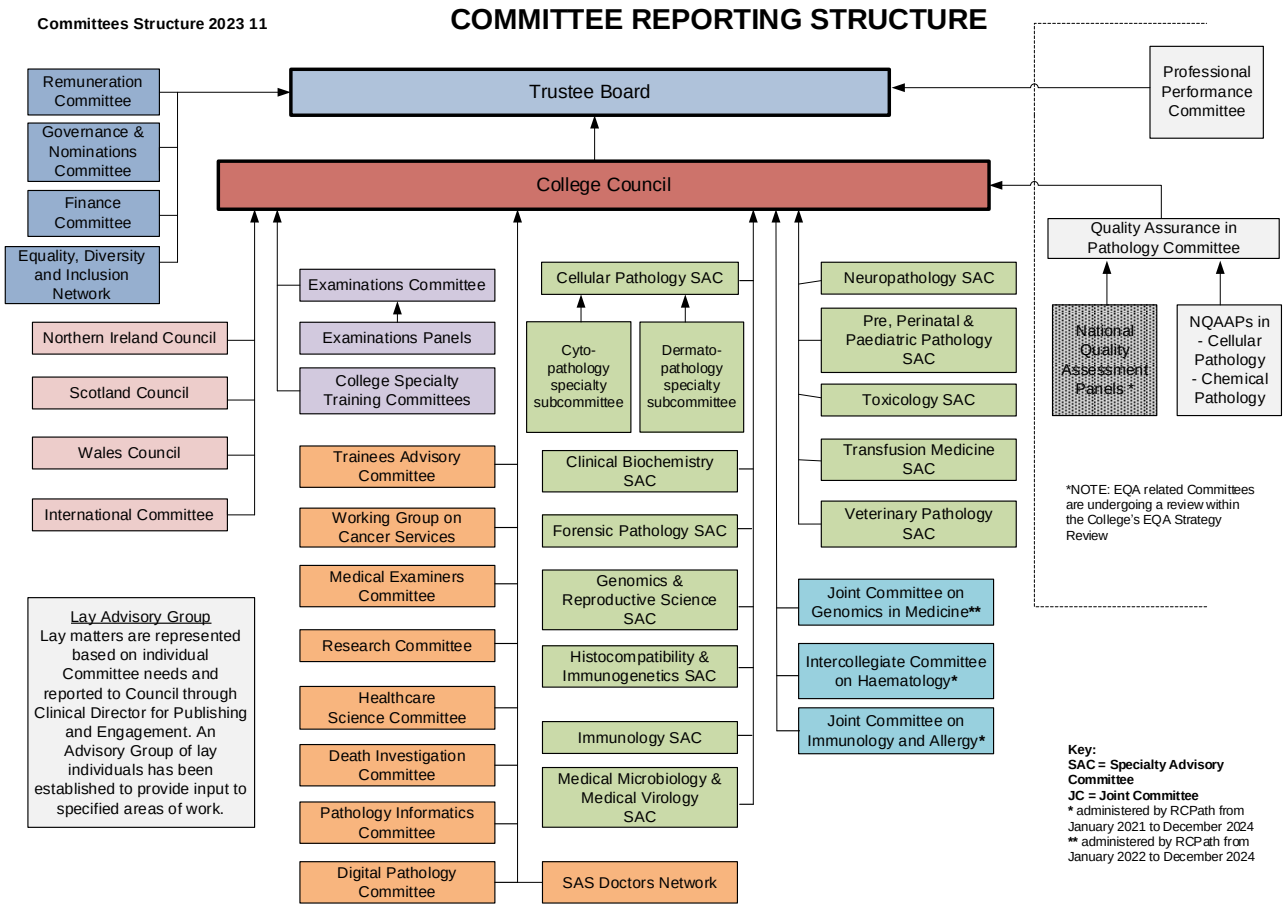

Figure 5. RCPath committee reporting structure.

The Chairs of the Regional Councils for Northern Ireland, Scotland and Wales are members of the Trustee Board. These Chairs are also full members of the College Council to ensure representation on regional matters in the College's main governance bodies.

Representation from across the UK's devolved regions (Northern Ireland, Scotland and Wales) is actively sought in the work of the Committees, with representatives specifically recruited to cover regional topics.

College directorates

The College is comprised of 5 directorates: Membership and Finance, Corporate Services, Communications, Learning and Professional Practice (Figure 6).

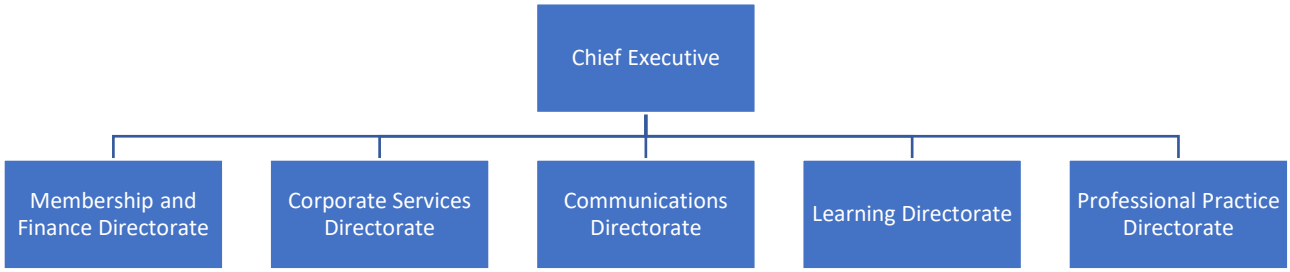

Figure 6. RCPath directorate structure.

Corporate Services

The Corporate Services Directorate is managed by the Director of Corporate Services and accountable to the Board through the Chief Executive. This area of the College's work covers the operational support required to enable the College to function. Additional support and direction is provided for cross-College strategy and planning activity in concert with the Chief Executive and Trustee Board. Such support includes monitoring cross-College business efficiency, corporate reporting and developing general College policies.

The management of the commercial venue through Events @ No 6 is overseen by the Director of Corporate Services and operationally by the Head of Facilities.

Management of the College's data protection policies is undertaken by the Director of Corporate Services, who acts as data controller.

Staff manage and administer a range of work programmes and projects across the following teams:

- Corporate Administration
- IT
- HR and Development
- Events
- Facilities.

Communications

The directorate is led by Diane Gaston. It promotes pathology and the College to targeted audiences to increase the strategic influence and reach of the College voice. The directorate develops influential contacts, showcasing the work of the profession to raise awareness and understanding of pathology and its contribution to the prevention, diagnosis and treatment of disease. The directorate works as a unit and in partnership with colleagues and members, and with parliamentarians, civil servants, specialist societies, charities and think tanks, to make sure its work is as effective and wide-ranging as possible.

The teams within the directorate:

- advocate and influence
  - develop policy; raise awareness and understanding among stakeholders; influence legislation; contribute to parliamentary debates; provided the secretariat for the All-Party Parliamentary Group for Diagnostics, with the Royal College of Radiologists
- tell our story
  - create and commission content for our website; produce and promote our quarterly member *Bulletin* and our annual report; publicise our annual Achievement Awards; train and support staff in tone of voice and house style
- explain and promote pathology
  - promote pathology as a career; work with the Pathology Alliance to deliver National Pathology Week; promote our Pathology Ambassadors Scheme (run with STEM Learning UK)
- engage corporate partners
  - develop corporate and industry relationships; identify and capitalise on opportunities for corporate partnerships, sponsorship and membership; facilitate knowledge exchange between industry and the profession; host an annual industry leaders' forum.

Our devolved policy and public affairs work

With our public affairs and policy resource, we have to target our communications. In some cases, UK-wide policy positions will be used in the devolved nations but will be tailored appropriately.

Embracing AI to support the NHS in delivering earlier diagnosis

Following a 10 Downing Street roundtable, we produced a detailed report with the Royal College of Radiologists. Although this report wasn't specifically targeted at devolved nations, there were themes that resonated with the Scottish and Welsh Governments in particular:

- the implementation of digital pathology, the need for robust IT and ensuring staff have the skills, training and equipment to use digital pathology and AI tools
- shortages in the pathology workforce
- AI and its regulation and auditing.

The report has enabled the College to engage positively with civil servants and politicians in those governments and to develop stronger relationships and the opportunity to raise other issues.

In Wales, we contributed to the Welsh Government consultation on the Genomics Delivery Plan, responded to the audit of cancer services in Wales on the barriers and opportunities to improve the timeliness of cancer diagnosis and treatment, and are planning our annual coastal walk with Senedd members, health professionals and patient groups to coincide with the College Wales Pathology Symposium and Council meeting. We regularly attend the AoMRC Wales meetings. Recent points of discussion have concerned physicians associates and the recruitment and retention of doctors.

In Scotland, we work with the AoMRC and faculties in Scotland. We respond to consultations, including the call for evidence on assisted dying (focusing on death certification) and *Achieving value and sustainability in prescribing medication.*

We have just launched our refreshed pathology priorities document for Northern Ireland, with a focus on:

- investment in the pathology workforce, including support for parity of pay to encourage recruitment and retention
- investment to improve IT and digital
- staff wellbeing
- a specific ministerial responsibility for prevention of infectious diseases and antimicrobial stewardship.

We have regular meetings between RCPath Northern Ireland Regional Council and the Health Minister to discuss workforce planning and health improvement. Recently, Health Minister, Mike Nesbitt toured the laboratories and met the pathology teams at the Royal Victoria Hospital, Belfast Health and Social Care Trust.

Our consultation responses for the devolved nations are produced with our Regional Councils, the relevant specialty advisers and wider membership. Next year, we will prepare election asks for the Scotland and Wales elections in 2026.

We are keen to strengthen our public affairs work with civil servants and advisers, and also with the charity sector and kindred organisations. One challenge faced with the UK parliament is the large number of new members of parliament – typically, they will have less awareness and understanding of pathology than other health and medical specialties.

Learning

Training

The College is responsible for:

- setting the standards for pathology training in the UK, including developing, publishing and monitoring medical curricula approved by the General Medical Council (GMC)
- registering and monitoring specialty trainees throughout their training and making recommendations for the award of the CCT
- making recommendations for entry to the Specialist Register via the Portfolio Pathway (CESR) route.

The College is regulated by the GMC with regard to specialty curricula, assessments and examinations; changes to these cannot take place unless they are approved by the GMC against those standards (Excellence by Design). There was a review of all medical specialty curricula that were published in 2021; the College has subsequently engaged with the GMC to undertake a quality assurance pilot exercise for chemical pathology, which has included a review of the curriculum, alongside the related assessment and FRCPath examination.

College curricula, assessments and examinations are applicable UK-wide. The College has responsibility for developing and publishing curricula in chemical pathology, histopathology, diagnostic neuropathology, forensic histopathology, paediatric pathology,

medical microbiology and medical virology (the last 2 are part of a broader infection programme that also includes infectious diseases and tropical medicine curricula developed by the Joint Royal Colleges of Physicians Training Board [JRCPTB]). The JRCPTB is responsible for developing and publishing curricula in haematology and immunology, as well as the respective workplace-based assessments. The College is responsible for all pathology examinations.

In December 2023, the CESR changed and moved away from requiring applicants to demonstrate equivalence to CCT in the relevant specialty. It was renamed as the Portfolio Pathway, requiring applicants to demonstrate the high-level outcomes (called capabilities in practice in the pathology curricula) of the relevant specialty curriculum. The College has revised all the specialty-specific guidance to support the new process.

Applications have increased from an average of 7 per year typically received between 2014 and 2020, with an increase to 19 in 2021, 26 in 2022, 39 in 2023 and 35 to date in 2024. Applicants have 2 years to complete their application once they open an application with the GMC. Once submitted, the GMC will seek references and undertake a review. Once it is deemed complete, the application is sent to the College, which has 36 working days to make a recommendation.

With an increase in the number of applications, it has been challenging to meet these deadlines and the team has been recruiting and training new assessors to help. Most of the applications received are in histopathology, although there is a small growth in the number of medical microbiology applications. Approximately 2 thirds of applications are successful but the length of time it takes to make an application and receive a decision can be lengthy.

Assessment

The College Assessment team:

- develops, implements and evaluates workplace-based assessments for medical trainees.
- develops and manages the Learning Environment for Pathology Trainees (LEPT) system (ePortfolio).
- oversees the development and delivery of the award-winning digital learning platform, the Pathology Portal, in conjunction with NHS England.

In line with the new curricula published in 2021, workplace-based assessments were also reviewed and updated. There has been a move away from tick-box style assessments to Supervised Learning Events (SLEs), which have been designed as formative assessments and are aimed at reinforcing learning, with the intention of helping trainees overcome difficulties and improve performance.

A project to review the LEPT system and move it to a new platform has recently been completed. The new LEPT system is mapped to each of the new College curricula, apart from medical microbiology and medical virology, which is on the JRCPTB ePortfolio. Features of the LEPT system include mapping to the relevant curriculum CiPs, integration of the SLEs and an embedded ARCP process.

The Pathology Portal is a digital learning platform that aims to host content across all pathology specialties. It has grown from strength to strength since it was launched in 2022, with more than 5,800 resources developed by College fellows.

Examinations

The Examinations team:

- manages and delivers FRCPath, Diploma, Certificate and BMS examinations in and outside of the UK.
- develops and implements new examinations that complement new or revised curricula, including undertaking any GMC approvals processes as required.
- administers fellowship by published works applications and all related internal procedures and policy issues.

During the COVID-19 pandemic, the FRCPath Part 1 examinations were moved online within the space of a few months. The Spring 2020 examination session was postponed and the College worked to ensure that candidates were able to sit their examinations from Autumn 2020 onwards to negate or reduce progress in training. This led to some bulge sessions but, having accommodated all such candidates, there has been a sustained increase in examination applications. It is thought this is primarily driven by the FRCPath Part 1 examination having become more accessible internationally. For Spring 2024, the number of candidates was:

- 1,138 candidates across 36 examinations

- FRCPath Part 1 – 587 candidates in 13 specialties
- FRCPath Part 2 – 486 candidates in 17 specialties
- Certificates and Diplomas – 65 candidates in 6 specialties.

In addition to fellowship by examinations, the College also offers fellowship by published works for individuals who have chosen to pursue careers with an emphasis on research and other academic activities. Successful applications are able to use FRCPath (Res) post-nominals but their fellowship status cannot be used towards the award of the CCT.

International activities

The International team:

- develops, coordinates and contributes to the management of the College's international activities through the delivery of the Pathology is Global international strategy.
- supports international medical graduates and members in their professional development through the provision of virtual resources.
- delivers funded international projects and an annual International Pathology Day.
- strengthens global partnerships through the establishment of MoUs.

Professional Practice

The Director of Professional Practice has 5 key areas of work for the Professional Practice function at the College.

Workforce and engagement

The Workforce team commenced a programme of work in 2021 to improve the College's approach to workforce data, from the data we collect, through to the action we take to advocate for and support the profession. We've made significant progress over the past few years and have now published a new workforce strategy that seeks to deliver even more for our members and the patients they serve. The new strategy focuses on 6 core strategic areas:

- data and intelligence
- engaging and influencing stakeholders

- enabling the next generation of pathologists (train)
- supporting our established workforce (retain)
- transforming ways of working (reform)
- prioritising patient care (contingency).

The team also coordinate responses to external consultations from governments and arms-length bodies, regulators, NICE, etc. They provide an invited review service to healthcare organisations to evaluate a service's or an individual's practice, where concerns have been raised, discover whether problems do exist and, if so, in which areas, and support healthcare organisations in implementing solutions. In addition, they oversee the College Key Assurance Indicators, which help to ensure work is delivered to an appropriate quality. If they're being met, services providers can have confidence that the service is safe.

Finally, the team provides support to the recruitment of pathologists, reviewing and approving consultant job descriptions and providing a College assessor to attend Advisory Appointment Committees.

Professional guidelines

The Professional Guidelines team coordinates the development of clinical guidelines and best practice recommendations. A key element of this work is their support to the Working Group on Cancer Services, which generates evidence-based clinical guidelines, defining national datasets and reporting of common cancers, and tissue pathways for the handling and reporting of non-cancer specimens.

The team develops, manages and delivers the College Patient Safety Strategy. The new strategy will focus on 6 core areas:

- quality improvement and patient safety
- workforce development and wellbeing
- digital transformation and technological integration
- regulatory compliance and advocacy
- collaboration
- communication.

The team also oversees the College's Governance and Oversight Framework for External Quality Assurance and is currently exploring how we provide financial stability to this valuable area of work.

Finally, the team manages the College Disciplinary Regulations, which set out how we investigate and act on any member conduct issues.

Member Engagement and Support

This team manages the College's member engagement function, helping to ensure that members feel heard and are provided with the services they need from us. The team is currently developing our approach to member communications and is exploring ways to provide opportunities to network and foster a sense of community. The team deliver high-quality CPD resources to support members in developing and documenting skills, knowledge and experience.

The College is the lead medical royal college for medical examiners and we play a key role in their training and CPD for the legal and clinical elements of death certification. The team is currently exploring ways to support a sense of community and belonging for medical examiners at the College.

Finally, the team oversees our quality improvement and audit function, improving the quality of care of service for patients through appropriate promotion and dissemination.

Insights and intelligence

Our insights and intelligence function supports the data collection, analysis and reporting for 5 core areas across the College:

- equality, diversity and inclusions
- workforce
- member intelligence
- differential attainment
- College policies.

Equality, diversity and inclusion

The College held its first ever EDI survey in 2022 but, with a disappointing response rate, we will be working this year to run the survey again, seeking to collect a more robust set of

data. The EDI Network is a place for ideas and experience to be shared and is a valuable group within the College. Our EDI action plan sets out the work we will do to develop and improve diversity and inclusion and ensure equal opportunity.