



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

THE ROYAL COLLEGE OF PATHOLOGISTS **ANNUAL REPORT**

2012-2013

THE COLLEGE'S STRATEGIC PRIORITIES

The College is committed to promoting excellence in the coherent study, research and practice of pathology and to be responsible for maintaining the highest standards through training, assessments, examinations and professional development, to the benefit of the public.

- ▶ As a College, we need to **adapt** to the changes in the health service. We will forge strong links with Health Education England and the devolved nations, revising our training and education programmes to equip the consultants of tomorrow to deliver measureable improvements in clinical practice.
- ▶ We must **engage** our members and Government, opinion formers and decision makers to support efficient, effective and sustainable pathology services nationally and internationally.
- ▶ It is essential to **inspire** the pathologists of the future to deliver first-class patient services. We will work to boost the understanding of the vital contribution pathologists make to the range of clinical disciplines and healthcare settings.

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FROM THE PRESIDENT



Introduction This has been a hectic year, as the following reports from the College's many committees and departments will describe. The amount of business now being handled by staff and Honorary Officers justifies the 50-year reforms. These include significant increases in numbers of staff and their internal reorganisation. Once again I would like to thank the staff, all the Honorary Officers and all the members who make this College work. This year my report has to be very selective because of this volume of work.

50th anniversary of the College and College reforms Following all the successful celebrations of this landmark anniversary, we have set about the proposals to reform the College's Royal Charter and articles. These were approved by our Council and are now somewhere between the Department of Health (DH), the Charities Commission (CC) and the Privy Council (PC). CC has raised no objections and PC has the final say. We do not need to wait for all three bodies to approve them before we start to reorganise to cope with the consequences of the Health and Social Care Act.

In England, this will mean the abolition of all the Regional Councils and complete reformation of all the devolved roles performed on behalf of the College by its members. This is necessary so that we focus devolved work on the 13 Local Education and Training Boards (LETBs). Work is well advanced to produce new job descriptions for each of three posts per LETB in education, professionalism and advocacy to link local work to that of the three Vice-Presidents. These new posts will then be widely advertised and will need additional support at the College in the form of a virtual local office to ensure more rapid and direct connection with central staff and Officers. Shadowing the LETBs should keep us in touch with workforce, service and training issues simultaneously and make it easier to manage local variations. This reorganisation gives us flexibility to cope with any future changes in boundaries of Health Education England's (HEE) local representation and we will be meeting HEE executives to discuss how these relationships could work.

In the devolved administrations, the Regional Councils will continue in ways best suited to health systems there.

NHS England (NHSE) and regulatory bodies This is the latest name for what was originally called the NHS Commissioning Board. NHSE has shown willingness to work with medical royal colleges to a far greater extent than the DH ever did. This is also now true of the Care Quality Commission (CQC), Monitor, Medicines and Healthcare Products Regulatory Agency (MHRA) and the Human Tissue Authority (HTA). The College was able to help NHSE and the CQC resolve a complicated problem in cellular pathology at King's Mill Hospital, which led the Secretary of State to commission a review of quality in pathology across the NHS. This review will report later this year.

The College's own review of the work of the Joint Working Group in Quality Assessment and of the National Quality Assessment Advisory Panels in monitoring external quality assessment (EQA) schemes will be more a detailed, complex and long-term business. It will be done in association with the other professional bodies relevant to the schemes and with the organisations managing them, such as United Kingdom National External Quality Assessment Service (UKNEQAS). The two most sensitive aspects of this work are the NHSE's and Secretary of State's desire to remove anonymity from EQA and the consequent need to ensure that personal performance EQA schemes accurately reflect competence in real practice.

The College now has regular meetings with MHRA to discuss matters of mutual interest, principally how we might handle the proposed beefing up of the EU In-Vitro Diagnostic Devices Directive into a Regulation. The College was invited to respond to the independent review of the HTA. The advice given was included in the review report and this has been accepted in its entirety by Government. This includes the need to reduce the costs and the burden of inspection on departments, the need to coordinate inspections with those of other agencies (including MHRA and Clinical Pathology Accreditation/UK Accreditation Service) and a fresh look at the legislation, taking into account the advantages of the alternative Scottish Act.

Foundation Trust Network (FTN) Some Foundation Trusts (FTs) have continued to reject the advice of College Advisors on Job Descriptions and as members of Advisory Appointments Committees. The FTN acquired a new Chief Executive last year. He recognised the problems the College described and agreed to a meeting of FTN and College representatives to try to find common ground. This meeting was a success, after a mutually hostile start. The College dropped its request for supporting professional activities (SPAs) to 1.5 sessions and the FTN accepted that the prophylaxis of College advice about what was a potentially damaging job was preferable to having to ask the College's Professional Standards Unit for a subsequent cure once a job, individual or department had become a problem. A mutually acceptable proposal was written and this proposed agreement was put to the FTN Board and rejected. Some FT Chief Executives feel strongly that they are independent enough not to need any help or advice from Colleges.

This is a problem faced by several Colleges. The President of The Royal College of Surgeons and I have written jointly to the FTN Chief Executive, asking if we can attend a meeting of their Council to try to persuade them that we wish to help. This will be a difficult situation, but we will continue to work on it on your behalf.

The Francis Report, the Coroners and Justice Act (2009) and medical examiners The Shipman Inquiry, chaired by Dame Janet Smith, noted that recommendations for reform arising from previous inquiries and reports had been ignored. Her criticisms contributed to the passage of the Coroners and



The President visits a pathology laboratory in Pakistan, November 2012

Justice Act 2009. This Act makes provision for the independent scrutiny by a medical examiner (ME) of all deaths that are not referred to the coroner. These reforms have not yet been implemented. Robert Francis' Inquiry on the deaths at Mid-Staffordshire reported evidence that certification of the causes of death at the Trust was often inaccurate or incomplete and recognised the need to improve the identification of cases to be referred to the coroner. The Inquiry also noted that consistent practice is required for approaching families and responsible doctors after a hospital death to identify concerns relevant to the cause of death, including the quality of care received by the deceased. It said these *"deficiencies are unacceptable because they mislead the family of the deceased and the coroner. They are also a significant impediment to the reliability of mortality statistics, which, for all the difficulties of interpretation are, and will remain, an important indicator of the effectiveness of care and treatment."* (Francis Report, chapter 14).

A medical examiner at Mid-Staffordshire could have identified problems earlier, including relatives' concerns, and perhaps avoided high mortality rates for patients admitted as emergencies between 2005 and 2008 (the so-called avoidable 400–1200 excess deaths).

The NHSE Medical Director's report on high death rates in 14 other hospitals in 2010–12 and an audit at Royal Bolton Hospital, Manchester, of "potential discrepancies" in reported cases of septicaemia between April 2011 and March 2012 indicate that MEs would be of immense practical benefit across the NHS. The delay in implementing this role and the lack of clarity about how this work will be funded is worrying. Equally worrying is the possible loss of capacity within pathology to manage the number of coronial autopsies needed now and as the ME role is established.

It is reassuring that Professor Peter Furness has been appointed National Medical Examiner. Not so reassuring is the slow pace of implementation of this much needed reform, the uncertainty about funding and the absence of any system of local or national collection and analysis of MEs' data. These

problems all need greater clarity of thought and action from Government, which the College will continue to seek.

The General Medical Council (GMC) The GMC has very recently suggested to the Academy of Medical Royal Colleges that there is a need to re-establish Colleges' specialty representatives as members of teams inspecting training programmes and centres. Needless to say this College has already welcomed the proposal.

We shall also be working more closely with the GMC on more timely and detailed surveillance of the progress of trainees from graduation to career-grade post.

Academic pathology The College has started talks with the Pathological Society of Great Britain and Ireland, Cancer Research UK, the Medical Research Council and other cancer charities about how cooperation with the College and with HEE can deliver the level and quality of academic research opportunities in pathology that are necessary to practise stratified medicine. This is no easy task, as there has been a 60% loss of academic posts, mainly in cellular pathology, in the UK in the past decade. We need many more places for research and higher degrees mid-curriculum and many more post-Certificate of Completion of Training (CCT) academic career-grade posts. Reform of all curricula to support this work is underway. The Interspecialty Committee on Molecular Pathology has now completed a new curriculum for clinical scientists in molecular pathology. This was a major piece of work, from which exemplary modules can be taken and inserted into the medical trainee curricula.

The rest of this Annual Report I shall leave to others, who provide ample evidence of a busy and progressive College.

Presidents of pathology colleges around the world at The International Liaison of Pathology Presidents' meeting held in London in September 2012



**DR ARCHIE PRENTICE
PRESIDENT**

FROM THE CHIEF EXECUTIVE



The aims of the proposals in the 50-year review are to make the College work more effectively and efficiently, and to be more responsive to the needs of the Fellowship. The factors behind the review included:

- ▶ the changes affecting pathology practice and in medical education
 - ▶ the increasing difficulties experienced by members in getting leave to undertake College work
 - ▶ the need and potential to increase electronic communication
 - ▶ our unique diversity of membership, training and examination structures
- ▶ a need for greater managerial support
 - ▶ the need for greater cost efficiency.

Following the approval of the 50-year review document by Council, we looked at the staff and support structure with its reporting lines and responsibilities. The aims of the restructure were to:

- ▶ support the new governance arrangements being put in place
- ▶ strengthen the support available to College officers, taking some administrative functions away from pathologists who do work on behalf of the College
- ▶ realign some of the reporting lines, which had grown haphazardly over the years.

The 50-year review suggested that the three main functions of the College were learning, professionalism, and advocacy and communications, all supported by management. The remit of the College's three Vice-Presidents has now changed such that each is responsible for the oversight of one of these three areas. It was logical, therefore, to ensure that the revised staff structure mirrored this functional split.

An additional event we had to take into account was the retirement of the Deputy Chief Executive, Elspeth Evans. Her role was split into three and the remit of each of these areas was substantially expanded. The new posts created were those of Secretariat and Committee Services Manager, part-time HR and Development Manager and Head of Communications. Two other new posts created by the review were a Data Manager and Head of Operations. The latter is responsible for the management of IT, data, HR, facilities, academic symposia and the central committee secretariat, as well as looking at the way in which the College provides support over all its functions and activities.

The 50-year review calls for a radical change to the way in which the College manages its committees, aiming to streamline matters considerably. Committee membership numbers and the frequency of meetings have been revised and we are working to facilitate better communication for committees. A review of all the business undertaken at College meetings is taking place that will consider

whether it all needs to happen at face-to-face meetings or whether a technological solution can aid the committee in its work. An 'e-Ways of Working' group has been established to look at how we can better employ technology to enable virtual meetings and make our administration slicker, thus saving members' time and money.

The newly formed 'Governance and Implementation Working Group', a short-life group to consider the revisions necessary to the Charter, Ordinances and Bye-laws that make up our governing documents, has met throughout the year. A consultation with the voting Fellowship on the suggested changes took place and the results fed back into the final proposals, which have been discussed and approved by Council.

The major revisions include:

- ▶ changes to the way in which the Honorary Officers are elected, making the process more democratic. Currently only Council are eligible to vote for these positions, although any Fellow can stand for election. The revisions will lead to the entire voting Fellowship being able to vote for Officers
- ▶ the establishment of a Trustee Board to be responsible for the College's strategy, governance and management. Council will retain responsibility for all matters relating to the practice of pathology, but Council members will no longer also be the College's Trustees. The Council will report to the Trustee Board, which will be comprised of what is currently the Executive Committee
- ▶ the creation of the post of President-Elect for a period of one year, before taking on the substantive role
- ▶ a radical reorganisation of the College's regional structure, abolishing the eight English Regional Councils. To ensure regional representation continues, the College is sub-dividing England into 13 areas, whose boundaries will co-terminate with the 13 Local Education and Training Boards (LETBs). There will be three elected representatives in each area, mirroring the roles of the three Vice-Presidents, each being responsible for learning, professionalism and advocacy and communications. The devolved Regional Councils in Northern Ireland, Wales and Scotland will remain in existence and will be free to choose how best to organise themselves to meet their local needs.

These proposals are now with the Privy Council and the Charity Commission for England and Wales for their consideration, and will then be presented to a College General Meeting for approval. A plan will be drawn up detailing the stages of implementation of these changes.

There is an expanding level of work within the Professionalism area. A new Clinical Effectiveness Department has been set up and the first Director of Clinical Effectiveness took up his post on 1 July, following interviews. The roles of the Workforce Director and the Assistant Registrar have been reviewed and merged into an enlarged role for the Assistant Registrar, who now assumes responsibility for all workforce matters.

Our workforce database, which was hosted for us for many years by the Clatterbridge Centre for Oncology, has now been repatriated onto the main College database and work has commenced on updating our statistics. This will allow us to better forecast workforce trends to be used in negotiation with, and to advise, planners about future numbers and requirements for the profession.

The College's communications function has been enhanced, with the aim of expanding our influence with policy makers in the health arena across the UK, in order to influence the case for pathology and the ways in which services should be configured and commissioned in the changing environment since the passing of the Health and Social Care Act. The role of the Director of Communications was reviewed and it was agreed to abolish this post, along with the Publications and Media Committee. The Editor of the College *Bulletin* and the Website Advisor now report directly to Council. A major piece of work in the future will be a complete revision of the College's website.

The Conferences and Academic Activities Committee has been disbanded and the post of Director of Conferences and Academic Activities abolished. Instead, each Specialty Advisory Committee has been asked to identify a member to take the lead in devising educational events within their specialty.

The first College management away-day was held in February which included College Officers, Directors, some Council members and departmental managers. The results fed into the College's planning cycle and strategy and a remodelled 'Forward plan' was drawn up and subsequently approved by the Executive and Council. Progress against the deliverables in the plan will be monitored by the senior management team and College Officers over the coming year. The strategy is available on the College's website.

As part of delivering the 50-year review, we are also modernising all of our HR arrangements for staff, developing their skills and capabilities and renewing our focus on service to our members. We have already tightened up our guardianship of data to make us fully compliant with the Data Protection Act, and our newly appointed Data Manager has been working across the College's functional areas to ensure that we gain maximum benefit from our investment in databases by increasing automation in our processes and ensuring greater consistency. Our business continuity plan has been overhauled, and we have recently been working with our IT services supplier to ensure that the College obtains a robust, error-free and reliable service.

This raft of improvements throughout the College all aim to give our members an enhanced and more efficient service and, ultimately, facilitate better pathology services for patients.

DANIEL ROSS
CHIEF EXECUTIVE

The senior management team



Daniel Ross
Chief Executive



Joanne Brinklow
Head of Educational Standards



Dan Hill
Head of Operations



Diane Gaston
Head of Communications



Stella Macaskill
Head of Professional Standards

FROM THE REGISTRAR



Along with the other Honorary Officers, the Registrar plays a ceremonial role and I have the pleasure of welcoming new Fellows to the community of the College. I also have official responsibility for College committee agendas and minutes. Deputy Chief Executive, Elspeth Evans, retired in December 2012 after over 25 years of holding the College on a steady course. Her help with the ceremonial and administrative functions of Registrar has been invaluable. Together with College Council and Executive, the College staff and I will be addressing the challenges of the new College structures and functions for 2013 and beyond.

The Registrar represents the College at meetings, conferences and courses run by other agencies and societies, including the Association of Clinical Pathologists' Council, the Academy of Medical Royal Colleges (AoMRC) Quality Improvement Committee and the British Medical Association's Pathology Committee. In addition, project work is wide ranging and challenging in the arenas of leadership, quality, commissioning and finance.

The Registrar also coordinates the College's responses to consultation documents submitted to us by Government and a range of other bodies. A new process to deal with these effectively began in March 2013 and, by 30 June, 23 external consultation requests had been received (see box). Some did not require a College response and others involved the online submission of individual responses. The central College responses to four of the consultations are available on the College website (www.rcpath.org/publications-media/college-responses) and more are being collated for submission. Whilst not a response to an external consultation request per se, we also responded to the European Parliament about the proposed legislation for the In-Vitro Devices Directive.

We have been working with the *Health Service Journal*, the main journal of healthcare management in the UK, resulting in an increasing interest in pathology issues. In addition to organising round-table discussions and conferences, they have been carrying stories on service reconfigurations and the tendering of pathology services in the East of England, East and West Midlands.

With the help of representatives of the College's Specialty Advisory Committees in each of the main pathology disciplines, the key performance indicators (KPIs) were revised and circulated for consultation. The response was the largest for any College consultation in recent years. We are working with United Kingdom Accreditation Service (UKAS) in their move from Clinical Pathology Accreditation (CPA) to ISO 15189. The collection of KPI data during CPA visits will be piloted by UKAS from October 2013. Our collaboration with Monitor, the Care Quality Commission and the Institute of Biomedical Science to undertake an enquiry into breast cancer estrogen receptor testing issues reported in early 2013. Both the KPI consultation and the Sherwood Forest enquiry have resulted in a mandate to reconsider the assurance of quality in pathology. Along with the Department of Health's national review, the College will play a major role in this.

Finally, I thank Simon Knowles for his contribution as Assistant Registrar and welcome Terry Jones into the role.

DR RACHAEL LIEBMANN
REGISTRAR

The College has contributed to external consultations on topics including:

- ▶ implementation of the Coroner Reforms in Part 1 of the Coroners and Justice Act 2009
- ▶ Epic 3 – national guidelines for the prevention of healthcare-associated infections
- ▶ The Royal College of Veterinary Surgeons' day one competencies
- ▶ new industry standard codes for diagnostic tests
- ▶ Shape of Training Review (Wales)
- ▶ patients at the heart of the future NHS payments systems
- ▶ hepato-pancreatico-biliary measures
- ▶ the 100,000 Genome Project.



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PROFESSIONALISM



The purpose of the 'Professionalism' function and its five workstreams is to facilitate the maintenance, delivery and development of agreed standards across the pathology profession, to meet the national requirement for pathology services for the benefit of patients and the public. Additional areas within professionalism include the Joint Working Group (JWG) for Quality Assessment in Pathology and the Medical Examiners Committee (MEC).

Oversight

This area is overseen by the Vice-President for Professionalism and is led by the Assistant Registrar, the Director of Professional Standards, the Director of Clinical Effectiveness and the President, as the Chair of the Professional Performance Panel. It is managed by the Head of Professional Standards.

Clinical effectiveness

Clinical effectiveness defines and measures standards and aims to improve and maintain the standard of pathology practice. This includes the promotion of clinical audit and the development of evidence-based guidance.

The responsibilities for the production of cancer datasets and tissue pathways, audit and NICE consultations were transferred from the Professional Standards Unit to the new Clinical Effectiveness Department in November 2012. Dr Peter Cowling has been appointed as the Director of Clinical Effectiveness.

Key achievements

- ▶ We launched ten new clinical audit templates (available online) for clinical biochemistry to further support pathologists provide supporting information for revalidation. This adds to those already present for other disciplines.
- ▶ Following consultation and publication, we plan to formally assess the key performance indicators as part of a CPA pilot beginning at end of 2013.

- ▶ We were involved in the consultation of 87 NICE guidelines, of which 23 have been completed and published. We have also developed a database to record all consultation processes for providing pathology input into NICE publications.
- ▶ Together with the Publishing Department, we established a quality-assurance mechanism to ensure compliance with accreditation procedures for cancer datasets and tissue pathways.
- ▶ We established a new Pathology Demand Optimisation Group with input from Pathology Alliance, to develop National Demand Management Guidance in the form of a new toolkit and minimum retesting interval guidance for all disciplines.

Looking forward

- ▶ We will be making an application to the AoMRC for the Matched Founding Grant Programme for Clinical Leadership with The Royal College of Radiologists and the National Pathology Programme.
- ▶ We will review and improve the audit certification scheme and recruit more audit evaluators.
- ▶ We will develop cellular pathology and immunology audit templates.

Continuing professional development

The College's continuing professional development (CPD) scheme provides a framework by which pathologists maintain their knowledge and skills.

Key achievements

- ▶ 4706 people were registered for the CPD scheme during the 2012/13 year.
- ▶ In 2011/12, annual returns were received from 96% of participants (78% were of over 50 credits).
- ▶ The mandatory annual review is to maintain the integrity and assure the quality of the CPD scheme by ensuring that CPD undertaken by College members is accurately recorded and in line with College guidance. 390 individuals (10%) selected

for the review for 2011/12 were deemed satisfactory in 98% of cases. Six participants were suspended from the scheme for non-participation in the review.

Looking forward

- ▶ We will review the quality assurance of the CPD scheme.
- ▶ We plan to improve the proportion of CPD returns submitted online (currently around 70%), and provide telephone support to online portfolio users.
- ▶ CPD returns will be submitted exclusively online from April 2014.
- ▶ We will develop and deliver a revalidation-compliant CPD e-portfolio, defining the characteristics of appropriate CPD activity necessary to maintain best practice.

Revalidation

Revalidation advice is provided to Responsible Officers, appraisers and individual doctors from a pathology specific perspective.

Key achievements

- ▶ Fourteen specialty advisors have been appointed according to newly created job descriptions.
- ▶ All advisors have attended two training events (one generic and the other pathology-related), which we held in February 2013.
- ▶ Our Revalidation Advisory Service helpdesk was launched in September 2012 and has received 70 queries to date. An advice-logging database has been planned and will be implemented by June 2013, to include data from prior queries.

Professional performance

We provide formal advice to individuals, employers and external organisations to support the maintenance of standards of professional practice. This extends to include advice on returning to work, remediation and the delivery of individual or service reviews.

The Professional Performance Panel (PPP) met three times in the past year. Business included discussion of 11 new or ongoing enquiries for College advice and one new review.

- ▶ The new review was undertaken on behalf of the Care Quality Commission (CQC) and was the first collaboration of its kind for both organisations.
- ▶ The report, regarding oestrogen receptor testing at King's Mill Hospital, has been published in full on the CQC's website.
- ▶ New guidance on invited reviews was published in June 2013.
- ▶ Further guidance on duty of care and remediation will be published in the coming year.

Workforce

Workforce aims to maintain standards in pathology by reviewing and approving consultant-level job descriptions and monitoring appointments. It enables the College to plan an efficient, high-quality pathology service through direct surveys and advise relevant professional groups of the results. We highlight the Workforce Department's activities on page 10.

Joint Working Group (JWG) for Quality Assessment in Pathology

- ▶ We have now changed our name from the JWG for Quality Assurance in Pathology.
- ▶ We contributed a member to the PPP review team at King's Mill Hospital.
- ▶ We participated in a meeting with the National Institute for Biological Standards and Control to discuss improvements in reporting standardisation, and the Chemistry Panel has continued with the development of minimum analytical performance standards (MAPS) to ensure the comparability of results between systems.
- ▶ A new collaboration between us, the National Quality Assessment Advisory Panel (NQAAP) for Cellular Pathology and the Medicines and Healthcare Products Regulatory Agency (MHRA) has begun. The MHRA now sends out field service notices to Panel chairs so they can review whether they feel the

manufacturers' actions have been sufficient, or whether more should be done to warn labs of problems with assays.

Medical Examiners Committee (MEC)

- ▶ The MEC was set up as a result of this College being recognised as the lead medical royal college for medical examiners, whose posts will be created as a result of implementation of the reform of death certification included in the Coroners and Justice Act 2009.
- ▶ The MEC is multidisciplinary and includes a bereavement officer and representatives from other colleges with an interest in this area.
- ▶ The main activity so far has been to oversee the development of a large e-learning package for medical examiners, and to create a short course of face-to-face learning for aspects that cannot be delivered by e-learning. Both elements have been completed and will be mandatory before a medical examiner starts work.
- ▶ A draft set of quality standards for delivery of the service has been produced, to guide Local Authorities (and Local Health Boards in Wales) when implementing the reforms.
- ▶ There is as yet no plan to introduce a qualifying examination for the role.
- ▶ The activity of the committee has been reduced in the last year due to the Secretary of State (NHS England) announcing a 12-month delay in implementation. A further delay, to October 2014, has more recently been announced, although the Francis Report has added some urgency to implementation.
- ▶ Professor Peter Furness, who reports further on this subject on page 30, has been appointed the interim National Medical Examiner, as of 1 July 2013.

Ethics Committee

- ▶ Under the leadership of Professor David Marks, the main work of the Committee in 2012/13 was a major revision of *Guidance on the use of clinical samples for a range of purposes that are not within the remit of Research Ethics Committees*. After extensive consultation, this new document has been well received.
- ▶ The Committee participated in the national discussions about

whether unconscious or unwilling patients could be tested for pathogens after a needlestick injury. The patient currently has no duty of care to the people looking after him or her. This important discussion has reached an impasse.

- ▶ The challenge of the committee is to remain relevant and available to members of the College, Council and other bodies that consult it by providing timely, well-considered opinions. Further efforts will be made to participate in the Intercollegiate Ethics Committee, which meets every six to twelve months.

DR BERNIE CROAL

VICE-PRESIDENT FOR PROFESSIONALISM

WORKFORCE



When you log into the website, for example to enter your CPD activities, you will now be asked to update your workforce data via an online form. This vital data allows the College to plan the future workforce accurately and, for the first time, monitor regional variation.

There has been a recommendation from the Centre for Workforce Intelligence that the trainee numbers for pathology remain unchanged. This is in contrast with the recommendations for some major clinical specialties and the emphasis on increased numbers required for the predicted changes in primary care provision.

Following a meeting with representatives from Health Education England (HEE), interest has been expressed in centralised recruitment. This would overcome the problems implicit in Local Education and Training Boards for smaller specialties. Further meetings to discuss this issue are to be held between HEE and the Director of Training.

A tendering process for primary care haematology, biochemistry and microbiology across Central England is in progress. Due to the size of the bids required, there has been pressure for centralisation, which has caused disruption and uncertainty for staff, particularly clinical scientists. This situation is being closely monitored to determine the effects on staff numbers and recruitment. This process will potentially place the provision of secondary care pathology services at risk, because of the loss of high-volume primary care testing to those who are unsuccessful in the tendering process.

Foundation Trusts Following concerns at the lack of Royal Colleges' involvement in the consultant appointment process, we met the Foundation Trust Network (FTN) in February to try to reach an agreement. Although we have now established a dialogue with the FTN, the outcome has yet to be agreed, but we hope that all future appointments will involve the College as an independent arbiter of candidate suitability.

Job descriptions and Advisory Appointment Committees (AACs) As shown in Figure 1, the number of job descriptions (JDs) received by the College fell from 337 in 2008 to 245 in 2012, and Advisory Appointment Committees (AACs) fell from 269 to 230 in the same time period. Whilst some of the reduction can be accounted for by a decline in posts being advertised, it may also reflect the trend not to involve the College in the appointment process. This situation is being closely monitored.

Figure 1 also shows the difference in the number of JDs being endorsed by the College compared with the number of appointments arranged and the resulting number of appointments successfully made. The difference between 2008 in JDs endorsed and AACs made (84) and in 2012 (46) has almost halved. However, this does show that a number

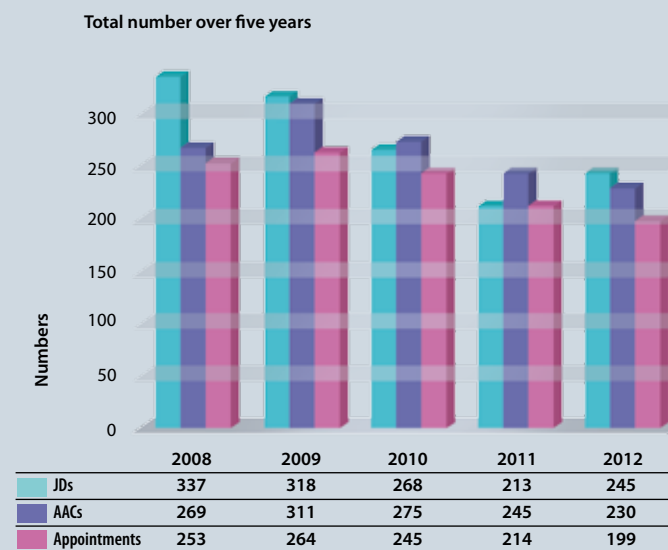
of AACs are not resulting in successful appointments being made. Reasons for this may include a lack of suitable applicants, online application forms failing to obtain suitable relevant data from candidates, or the inadequate checking of candidates' details resulting in them not being shortlisted.

Figure 2 shows the number of appointments made over the last five years by specialty. Histopathology continues to dominate the appointments process, but the increase in 2009 has not been sustained. Haematology and medical microbiology have led a decline in the number of appointments, coinciding with the reduction in health service budgets.

We are considering the training and induction of AAC assessors and will develop a suitable training package by December 2013.

Information for new CCT holders Due to the recent changes in healthcare legislation, the outcome of the Francis Report and potential changes to the consultant contract, an information pack for trainees is being prepared. This information pack, comprising general information regarding the appointment process, the College's involvement in AACs and the consultant contract, will be sent on completion of CCT, along with other information

Figure 1: JDs, AACs and appointments made between 2008 and 2012



regarding the College and its functions. It will also include an overview of the differences between Foundation and non-Foundation Trusts as regards the appointment process and terms and conditions of service.

Workforce data for clinical scientists The College includes a considerable number of non-medical Fellows. Clinical scientists work in most of the pathology disciplines and occupy posts up to consultant level, but there is little good-quality data about the existing clinical scientist workforce. Accurate data such as that produced by the Association of Clinical Biochemists will hopefully allow prediction of future numbers, although moves towards centralisation make workforce planning difficult.

This an area in which the Workforce Department will become increasingly involved in the short and medium term. Planning for clinical scientists should include the need for replacements following retirements, together with the development of new posts for new clinical roles based on scientific and technological developments. The College also maintains a list of national assessors to advise on appointments of consultant clinical scientists and other senior posts.

Workforce in Scotland As with the rest of the UK, getting accurate figures on workforce numbers remains very difficult. Official Scottish Government figures on consultant numbers is inaccurate, but unfortunately has been used to help determine levels of training posts. The College's Scottish Council, along with the Managed Diagnostic Networks, has been successful in providing more accurate data in recent years to counter the official line.

The Scottish AoMRC continues to successfully administer the scheme for specialty advice to new consultant-post job descriptions and interview panels. The four-year rolling replacement of national advisors is assisted by our Scottish Council.

There is little in the way of resistance from Health Boards to the input from RCPATH Specialty Advisors, although there is an acceptance that some posts will go through at least initially with only 1 or 1.5 supporting professional activities (SPAs). Many still have up to 2.5 SPAs though.

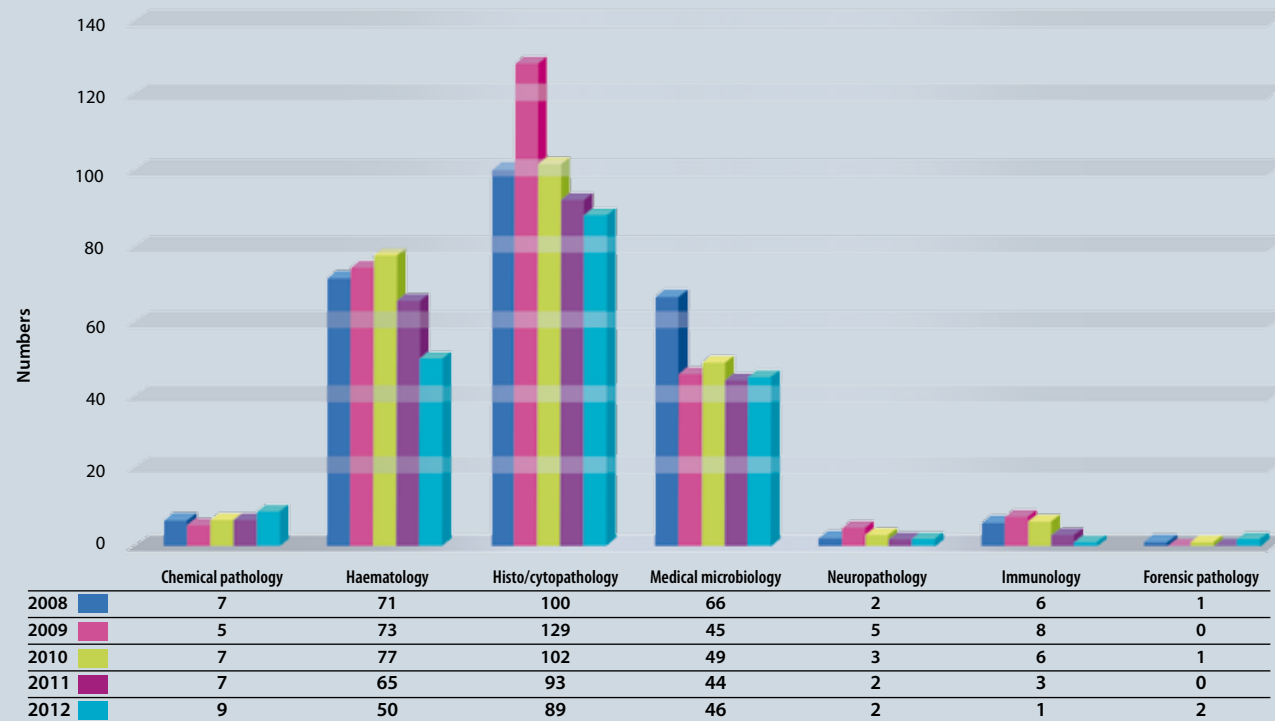
Following the introduction of Modernising Scientific Careers, the number of NHS Education Scotland (NES)-funded training posts being made available has dried up. While this has been, in part, a decision by the profession to reduce

numbers due to uncertainty in the job market, it has also been difficult to get agreement with NES on the exact funding mechanism for higher specialist training posts.

Conclusions Workforce issues continue to provide a challenge for the College. We have been successful in maintaining available training numbers, but the challenge in the near future will be College input into the advisory appointment process. There is a risk that lack of College involvement could affect both service quality and put Fellows in such posts in a vulnerable position. Whilst the College is not a trades union, we aim to provide appropriate support for its Fellows wherever possible.

DR TERRY JONES
ASSISTANT REGISTRAR

Figure 2: Appointments made between 2008 and 2012 per specialty





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LEARNING



The 50-year review has placed the following areas of activity in the portfolio of Vice-President for Learning:

- ▶ training
- ▶ assessment
- ▶ examinations
- ▶ research
- ▶ e-learning
- ▶ educational meetings
- ▶ international.

This is a large and complex brief, with four directors:

- ▶ Dr David Bailey (training and assessment)
- ▶ Dr Kevin West (examinations)
- ▶ Professor Finbarr Cotter (research)
- ▶ Dr Kenneth Fleming (international).

Training

The Training Department is responsible for setting the standards for pathology training in the UK. Much of its work for doctors is regulated by the General Medical Council (GMC). The Department will also be working closely in the future with the Academy for Healthcare Science when the eleven clinical scientist curricula, developed as part of the Modernising Scientific Careers (MSC) project, go live. The Department is supported by the College's Specialty Training Committees (CSTCs) in chemical pathology, histopathology, medical microbiology and medical virology, which oversee pathology specialty training.

Key achievements

New Certificate of Completion of Training (CCT) specialties

The College's three new curricula in forensic histopathology, diagnostic neuropathology and paediatric and perinatal pathology were approved by the GMC in October 2012. Several new programmes in these specialties have been approved by the College, the Deaneries and the GMC.

Education Forum

In line with the changes from the 50-year review, the first meeting of the Education Forum and the CSTCs took place in April 2012. The new CSTCs, with the majority of members being Programme Directors in chemical pathology, histopathology, medical microbiology and medical virology, met on the same day.

Infection training

A final draft of the medical microbiology and medical virology curriculum has been produced, which follows on from the combined infection training (CIT) curriculum. There was a two-week consultation with all medical microbiology and virology members and trainees and the Lay Advisory Committee; the curriculum will be submitted to the GMC in August 2013.

The College organised an event for Training Programme Directors in June 2013 about the delivery of the curriculum, led by the Lead Dean for the infection specialties, Professor Philip Cachia.

Clinical scientist curricula

Tim Wreghitt has led the development and completion of eleven clinical scientist curricula in clinical biochemistry, genetics, haematology, clinical immunology, microbiology, virology, reproductive science, histocompatibility and immunogenetics, analytical toxicology, molecular pathology of acquired disease and molecular pathology infection. The first six have been recommended for approval by the Health Education England Education and Training Working Group and the final five will be submitted in October 2013. Assessment systems for the curricula are being devised.

Transitional arrangements for new and existing CCT specialties

Since the histopathology transitional arrangements were released, over 136 applications have been approved. Work is ongoing to produce transitional arrangements for all specialties in line with new GMC guidance stating that, in the interest of patient safety and educational quality, trainees in all specialties should transfer to the most recent curriculum and assessment system (a special exemption has been agreed by the GMC for some medical microbiology and virology trainees).

Future work

- ▶ Approval of the CIT and higher specialty curricula in medical microbiology and virology.
- ▶ There will be two new 'Trainee Welcome Days' this year, which will include haematology and immunology trainees.
- ▶ Work with smaller specialties, such as veterinary pathology, to produce curricula.
- ▶ Introduction of key generic knowledge and skills for postgraduate pathology training, to include management and leadership, molecular pathology and methods, statistics and critical analysis of scientific papers, research governance and ethics.

Assessment

The Assessment Department manages the continuous development and delivery of the following assessments for chemical pathology, histopathology, medical microbiology and virology trainees:

- ▶ workplace-based assessments (WPBA), including multi-source feedback
- ▶ Year 1 objective structured practical examinations (OSPE).

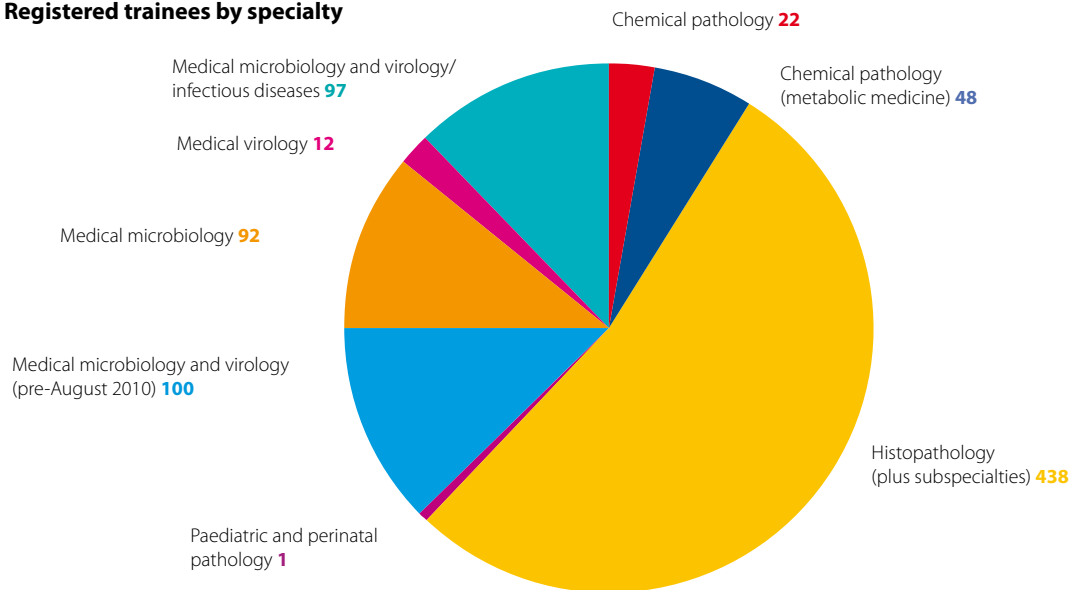
WPBA is the assessment of a trainee's professional skills and attitude and provides evidence of appropriate, everyday clinical competences. It is an essential and significant element of specialist medical training.

The Assessment Department is supported by the Year 1 OSPE Panels in Chemical Pathology, Histopathology, Medical Microbiology and Virology, which oversee pathology specialty training and, in turn, are overseen by the Director of Examinations and the Director of Training and Assessment.

Achievements

- ▶ Continued successful organisation and delivery of the specialty Year 1 OSPEs, sat by 116 candidates in the past year.
- ▶ Effective communication and training sessions with trainers, trainees and deanery administrators regarding the assessment

Registered trainees by speciality



Registered trainees by ethnic groups

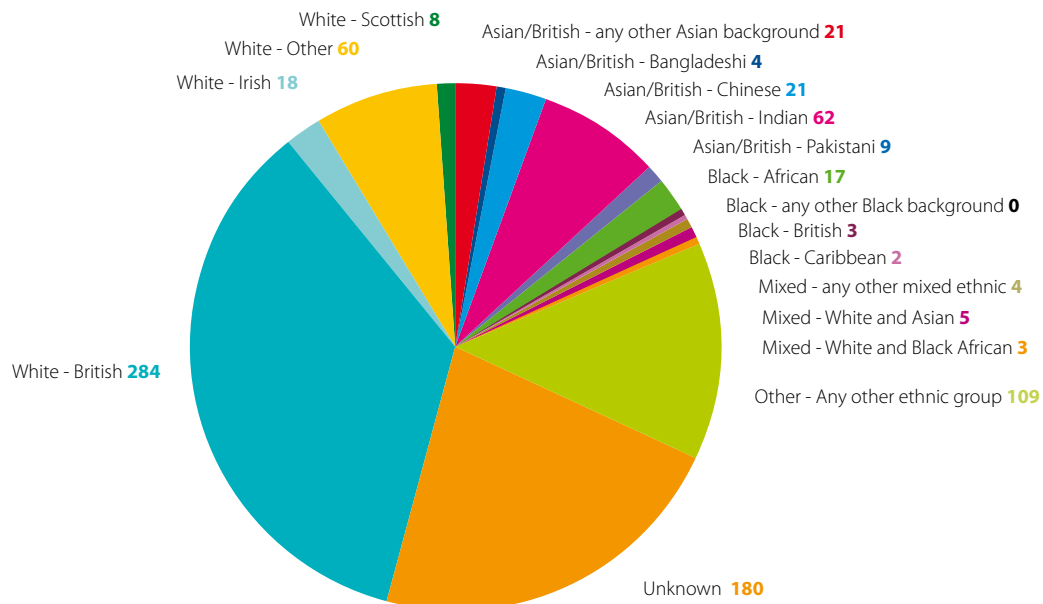


Table 1

Certifications of Completion of Training recommended to the GMC between 1 July 2012 and 15 May 2013

CCT speciality	Applications
Chemical pathology	0
Chemical pathology (metabolic medicine)	5
Haematology	36*
Histopathology	45
Histopathology (forensic pathology)	6
Histopathology (neuropathology)	2
Immunology	3*
Histopathology (paediatric pathology)	4
Medical microbiology and virology	34
Total	135

* Data supplied by The Joint Royal Colleges of Physicians Training Board

Table 2

Certificates of Eligibility for Specialist Registration recommended to the GMC between 1 July 2012 and 15 May 2013

CSER speciality	Applications
Chemical pathology	0
Medical microbiology	0
Medical virology	0
Histopathology	5
Subspecialties' applications	0
Total	5

process and use of the Learning Environment for Pathology Trainees (LEPT) system.

Future work

▶ Supervised learning events (SLEs) and assessments of performance (AoPs)

With the CSTCs, revamp and rebrand the WPBA forms for all specialties in line with proposals from the Academy Assessment Committee.

▶ Clinical scientists

Support and guide the development and implementation of WPBA as part of the MSC project for the development of curricula and assessment systems for clinical scientists.

▶ Infection training

Contribute to the development and implementation of WPBA as part of the Joint Infection Project being undertaken with The Royal College of Physicians.

▶ The LEPT system

Maintain a continuous working relationship with the LEPT Focus Group and the system developers to develop and enhance the LEPT system for the benefit of trainees and trainers.

Examinations

Achievements

In the Spring 2013 session, there were a total of 38 examinations with 649 entries from 19 specialties. The examinations met the GMC's requirements where appropriate and there has been increased provision of data to the GMC.

A new 'further attempts' process has been implemented and an examinations procedures manual has been produced.

There has been collaboration with the GMC and the AoMRC on producing guidance on examination currency and the number of attempts allowed for a candidate. The College has contributed to AoMRC regarding candidates with special needs and appeals processes.

An assessment and examination system is being developed for medical microbiology and virology, incorporating CIT, and a computer-based examination has been developed in genetics.

Future work

- ▶ Further review of the provision of post-examination feedback and document control.
- ▶ The microbiology Part 2 examination will be modified to reduce the 'wet' component.
- ▶ Images will be incorporated into the histopathology Part 1 examination.
- ▶ An assessment and examination system will be developed for the pilot project of biomedical scientist reporting in histopathology.
- ▶ Part 1 examination centres will be established in Erbil, Iraq, and Kerala, India.
- ▶ We will liaise with the International Committee concerning market research and costings for an overseas Part 2 FRCPath examination in histopathology (in the first instance).
- ▶ Consideration will be given to running two new examiner training days per year.
- ▶ The current clinical scientist examinations will be reviewed to ensure that they are compatible with the new curricula for MSC.

Research

One of the objectives of the College is to "promote study and research work in pathology and related subjects and publish the results of such study and research". The College is not in a financial position to actually fund research but we do our utmost to foster a culture of research. The provision of academic posts in pathology is under constant pressure, but a number of initiatives have commenced to provide support, including:

- ▶ more regular training programmes for specialist registrars
- ▶ mentoring assistance for junior academics
- ▶ joint meetings with the other royal medical colleges to discuss coordinated initiatives for academic medicine and research.

With the election of a Vice-President for Learning, there has been a more coordinated approach, which has been a real boost to the Research Committee in raising research and academic priorities in the College.

The following College's Research Medals were awarded in April 2013:



Miss Katherine Hughes of the Department of Pathology, University of Cambridge

Winner of the Gold Medal (Smaller Specialty, Veterinary Pathology) for her paper, 'Conditional deletion of Stat3 in mammary epithelium impairs the acute phase response and modulates immune cell numbers during post-lactational regression'.



Dr Nicholas West of the University of Leeds' Institute of Molecular Medicine

Winner of the Histopathology Specialty Medal for 'Understanding optimal colonic cancer surgery: comparison of Japanese D3 resection and European complete mesocolic excision with central vascular ligation'.



Dr Phillip Monaghan of the Christie NHS Foundation Trust in Manchester

Winner of the Clinical Biochemistry Medal for 'Comparison of serum cortisol measurement by immunoassay and liquid chromatography-tandem mass spectrometry in patients receiving the 11b-hydroxylase inhibitor'.



Dr Sean Lim of the University of Southampton

Winner of the Haematology Medal for 'Fc gamma Receptor IIb on target B cells promotes rituximab internalisation and reduces clinical efficacy'.



Dr Tomas Doyle of the Royal Free London NHS Foundation Trust and University College London

Winner of the Specialty Medal for Medical Microbiology/Virology for 'Plasma HIV-1 RNA detection below 50 copies/mL and risk of virologic rebound in patients receiving highly active antiretroviral therapy'.

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The College has never had its own scientific journal, but negotiations with Elsevier are at an advanced stage to publish an online journal entitled *Pathogenesis*.

With such effective College Directors and departmental administrators, how does the Vice-President for Learning carve out a niche of activity? Apart from contributing constructively to all of the activities cited above and to the deliberations of Council and the Executive Committee, I have been involved in the following activities.

Educational meetings

The 50-year review determined that, with the abolition of the Academic Activities Committee, responsibility for meetings should fall to the Specialty Advisory Committees (SACs). In the transitional phase, this led to something of a hiatus in conference activity but the programme has been re-energised with the assistance

of Michelle Merrett, with some success. I stimulated the SACs to come up with their own proposals for meetings and suggest possible generic topics of interest across all specialties. In October 2012, there was a highly successful two-day meeting on molecular pathology organised by Professor Ian Cree. In November 2013, Dr Peter Johnson is organising an inter-specialty meeting on 'Errors in pathology'. In August 2014, there will be a two-day 'Pathology summer school' for medical undergraduates at the College, organised with the British Division of the International Academy of Pathology. Details of all conferences can be found at www.rcpath.org/meetings/college-conferences

International work

Our Director of International Affairs, Dr Ken Fleming, reports on the substantial expansion of the College's international activities on pages 38–39.

I attended Friends of Africa meetings in Cape Town in October 2012 and Baltimore in March 2013, but my main international activity has been to work with Dr Lynn Hirschowitz in her crucial role as Chair of the Cancer Services Working Group, on the International Collaboration on Cancer Reporting. Following the

work with Australasia, Canada and the United States, the European Society has been brought on board, with the result that many more countries are now involved in this important project. I have also worked closely with Dr David Ellis of The Royal College of Pathologists of Australasia, to raise the profile of this project at the level of the International Agency for Research on Cancer and the World Health Organization in Lyon.

E-learning

Over a period of about nine months from autumn 2012, Dr David Bailey, Professor Finbarr Cotter and I formed a constructive working relationship with the publishers, Wiley-Blackwell, to develop an educational portal for the College's website. These discussions and negotiations came to fruition in June when Council approved the establishment of a generic Wiley-Blackwell educational portal, which will become effective in the final quarter of 2013. It is hoped that the existing educational material developed by many College Fellows for the abortive e-Learning for Health project (funding was withdrawn by the Department of Health) will be transferred to the new educational portal and form the basis for its future development.

The South East Regional Public Engagement Coordinator, Dr Meg Ashton-Key, held an open day at Southampton General Hospital, attended by over 600 visitors



TRAINEES

FOCUS



The Vice-Chair of the Trainees Advisory Committee, Dr Emma Johnson, has set up and edits the successful 'Trainees' notes' section in the *Bulletin*. It includes interviews and information for trainees and has been very well received.

The 'New Trainees Welcome Day' continues to be a success and this year we plan to organise our involvement slightly differently. Representatives from histopathology, microbiology and biochemistry will attend the breakout sessions to speak directly to trainees in those specialties and answer informal questions.

We continue to have representation on many College committees, including Council, the Examinations Committee, the Workforce Advisory Group, the International Committee and the newly developed Education Forum, as well as Specialty Advisory Committees. We have also welcomed a representative from the Molecular Pathology Committee to the TAC. Along with the revision of our terms of reference, we have improved our election procedures and have introduced electronic voting amongst the trainees. This has worked well, and we have had a number of hotly contested elections over the last year.

Our major challenge for the coming year is the development of our communications strategy. We are eager to embrace social media, both for communication between committee members and to all of the trainees. We also want to set up fora for groups such as 'less than full-time trainees', so that they are able to discuss matters with those in similar situations to themselves in a confidential setting. Dr Kirsty Lloyd has developed a strategy for the Committee, and we are now working with the Head of Communications of the College to implement this.

**DR JUDITH FOX
CHAIR**

Digital pathology

I have worked to establish digital pathology in the College as an educational resource for Fellows. With the assistance of the College's Chief Executive, Daniel Ross, a partnership has been developed with General Electric (GE) Healthcare to install a gifted digital pathology system in the College in the form of a work station with a College-dedicated server at GE Healthcare in Hatfield. Slides are now being scanned and stored, with anonymised clinical details. The intention is:

- ▶ to facilitate internal digital pathology presentations based on scanned images at meetings in the College, in collaboration with other organisations such as the British Division of the International Academy of Pathology
- ▶ within a year to allow remote access to Fellows in the form of a web-browser facility.

**PROFESSOR MICHAEL WELLS
VICE-PRESIDENT FOR LEARNING**



TRAINING

Trainees' notes

Trainees comprise 8% of the College membership and, whilst traversing our way from registration to Fellowship, all 840 of us are shaping the very future of our profession. This feature is written by trainees to reflect on the journey, discuss training issues and optimise engagement with the College pan-specialty.

Dr Emma Johnson

"Don't do that" – an expression that constitutes no doubt about as they watch us trainees grow up in our specialty. In this edition, Olena Dotsenko, an ST2 Histopathology trainee, interviews Professor Tim Stephenson, Consultant Histopathologist, who reflects on his career and passes on some advice.

Professor Stephenson has special interests in endocrine, breast and gastro-intestinal histopathology. He has been Clinical Director of Laboratory Medicine at Sheffield Teaching Hospitals Trust for 13 years and holds an honorary Chair at both Sheffield University and Sheffield Hallam.

How did histopathology come into your life?
It is the hearing of the word 'histopathology' and the realisation that it is a vital, life-changing subject. At my tenth birthday party the other boys were playing football whilst I was busy sorting all my nuts and bolts into categorised drawers in the garage. A GP friend of my family came in and said "you'll end up being a histopathologist". I thought nothing more of the word until I was 16 and happened to listen to a parody of Radio Four with its programmes for extreme minority audiences: 'Histopathologist's Question Time'. So I looked up what it meant. I later saw the word again when my dear grandfather was clutching a histopathology report on his prostatectomy clips. They were cancerous. Thereafter, he gave all his money away and faced the inevitable.

So I knew that histopathology was for those who can sort things; it's not everyone's cup of tea, and it's damned important.

Why do you choose endocrine pathology as your main interest?
The Sheffield Diagnostic Histopathology Course was starting and an eminent endocrine pathologist, now a Knight of the Realm, couldn't be recruited to teach as he was too busy. Our organisers said "You are good teachers and have four months' notice, get on with it". So I did, and then lots of people started referring me cases and asking me to teach in the area, and I ended up President of the UK Endocrine Pathology Society.

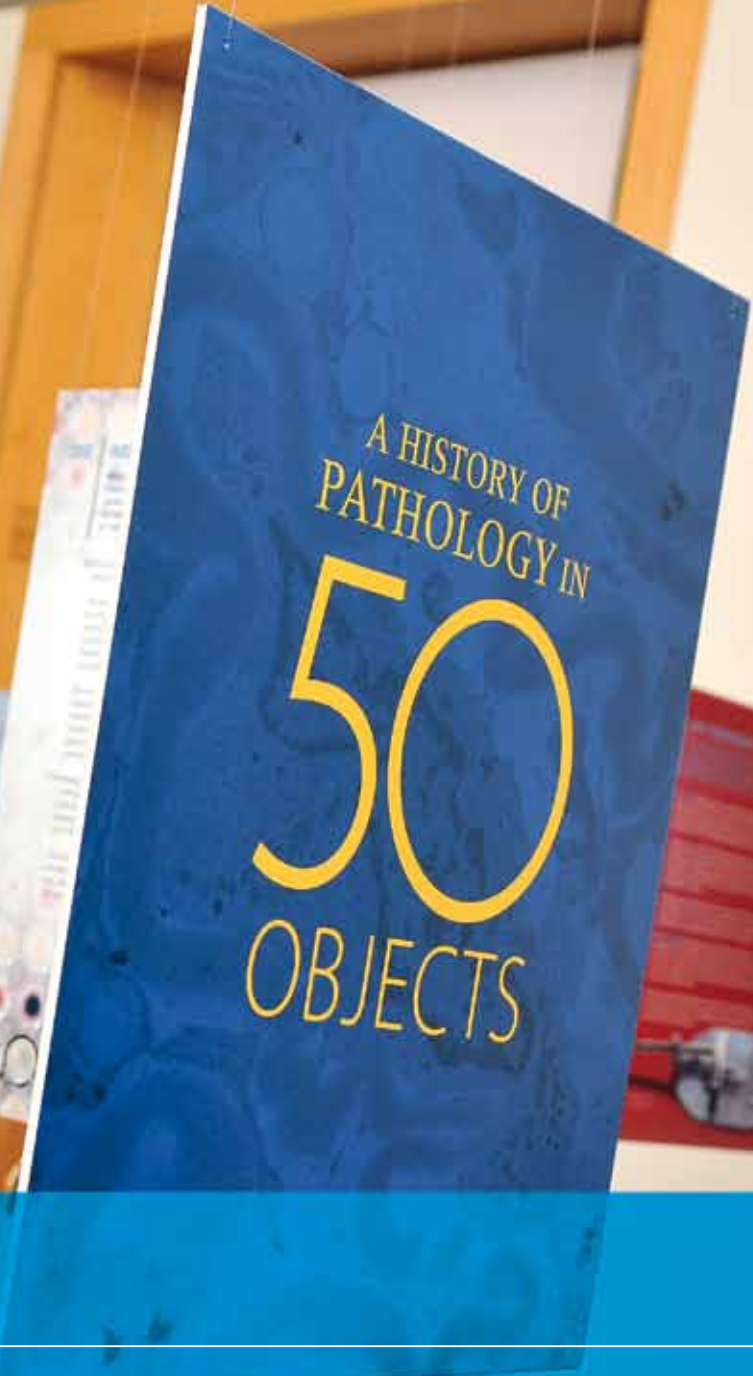
What do you think about the future of academic histopathology?
I believe that it will rebuild due to the realisation that pathology is the profession which understands the genesis of disease, and which should be the hub of pathogenic research and personalised medicine.

What is the most memorable challenge you've faced during your 19 years as Clinical Director of Laboratory Medicine in a large NHS Trust?
My darkest day was when a signed petition was submitted to the local paper opposing the £16 million redevelopment of pathology in our Trust, saying that it should have been spent instead on 'patient care'. It could have cried, 'The message that pathology is the centre of patient care had clearly not been conveyed. My approach is to 'sell' pathology for what it is. It's the knowledge centre of medicine, without which all else is pretty hopeless.

What advice would you offer trainees?

1. Don't be afraid to ask for training that you need, even if it might seem inconsequential to your trainer.
2. Approach each case as though you were the consultant reporting it. This way you feel the joy of making the right diagnosis or the disappointment of being wrong – this will keep you alert and imprint the learning into your brain.
3. Strike the right balance between the cases you see: routine clinical care and rare conditions. Both are vital and the rare things are traps unless you have seen them before.
4. Never do anything that someone else should more appropriately do.

Professor Tim Stephenson and Olena Dotsenko



ADVOCACY

AND

COMMUNICATIONS



2012 was an exciting and important year for the College, a year in which it celebrated both its 50th anniversary and National Pathology Year, the most ambitious public engagement initiative by any medical organisation in the world. The College's Communications team played a pivotal role in publicising the work of the College to members, the public and policy makers. This

section of the Annual Report looks at just some of the activities undertaken during the last year, as well as our plans for the future.

Lay Advisory Committee (LAC)

Under the leadership of Karen Sandler, the LAC developed an action plan to focus on activities of relevance to patients and the public, and to tie in with the College's 50-year review. This plan enabled the quick integration of its new lay LAC members: Mathew Campbell-Hill, Neil Marley, Edna Young and Carol Cotter. The LAC also welcomed a new pathologist member, Professor Kate Gould, and said goodbye to immunologist, Yousuf Karim, and the previous Vice-Chair, Graham Donald.

The last year has seen an increase in LAC engagement with other organisations including the AoMRC's Patient Liaison Group, Lab Tests Online, the MHRA and Patient Information Forum. Representatives of several of these organisations spoke to the LAC about their work and welcomed feedback.

A priority is to support the College's Public Engagement (PE) department and develop an event for the public.

Public engagement

The PE Department delivered its most ambitious project so far, holding National Pathology Year in 2012. Over 500 events were held, with hundreds of pathologists and scientists from all disciplines and professional groups opening their labs and going out into schools and communities to highlight the importance of pathology.

Chief Medical Officer, Professor Dame Sally Davis, speaking at the book launch of 'A History of Pathology in Fifty Objects', produced to mark the College's 50th anniversary



To mark the College's 50th anniversary, *A History of Pathology in 50 Objects* was published and sent to all members. The book was launched at a series of hugely successful events in December, with high-profile speakers presenting the object they thought was most important, a pub quiz and workshops for school students. A range of free PE resources linked to the book have been developed, including presentations, quizzes and school activities.

The tenth Schools Science Conference was hosted by the College in March, with hundreds of students, teachers and volunteers taking over the building for a range of interactive workshops, demonstrations and displays. Professor Robert Winston was a guest speaker.

The PE team continues to deliver high-quality science communication training, in collaboration with the Science Museum. The first session outside London was held in Newcastle in September 2012, with a second in Birmingham in February. Sessions in London and Leeds are planned for the coming year. Over 100 participating pathologists and scientists have gone on to deliver hundreds of public engagement events.

Although there will be no National Pathology Week in 2013, further initiatives are planned for the future and PE activities continue throughout the year. The main challenge facing the team is securing external funding for activities, so all opportunities are being explored.

50th anniversary celebrations

As well as *A History of Pathology in Fifty Objects*, the College's 50th anniversary was marked with a special commemorative issue of the *Bulletin*. A photo-mosaic image of the College building, made up of hundreds of photographs of members, was produced and is on display in the College foyer. A time capsule containing objects nominated by College members and staff was sealed by the Chief Medical Officer, Professor Dame Sally Davies, in December. It will remain sealed for 25 years.

A leaflet featuring a guided tour of pathology-related sights in London was also launched as part of the celebrations. The tour includes Fleming's lab at St Mary's Hospital, the Broad Street Pump, the National Portrait Gallery and the Hunterian Museum. Leaflets can be obtained from the College or downloaded from the website. Further tours are planned.

Press and public relations

Press activity this year included preparing responses to the Francis Report, a joint report with the Care Quality Commission on the performance review at Sherwood Forest Hospitals NHS Foundation Trust and the future of the Human Tissue Authority. The Press team worked with other organisations including Sense About Science and the Cheltenham Literature and Science Festivals. A database of contacts from among the College membership is being developed to provide rapid responses to media requests for experts.

The President's monthly e-newsletter has been redeveloped following consultation with members, making it clearer and more accessible on smartphones and tablets.

The Bulletin

Four information-packed issues of the *Bulletin* were published under the editorship of Dr Laszlo Igal, and were made available to all members in paper and online. June's 50th anniversary issue included articles about the founding of the College, the 17 Presidents, a look back at the College's 25th anniversary celebrations in 1987 and a look to the future. Other issues featured an update on the National Laboratory Medicine Catalogue, reports on National Pathology Year events and awards of various multimedia prizes and Honorary Fellowships.

Professor Lord Winston with students at the Schools Science Conference



School students participating in a '50 Objects' public engagement activity held at the College in December 2012

Publishing

New publications this year include an updated version of the *Guide to the College, Code of practice and performance standards for forensic pathologists*, *Double reporting in histopathology*, a joint RCPATH/Royal College of Radiologists *Statement on standards for medico-legal post-mortem cross-sectional imaging in adults*, ten cancer datasets and two tissue pathway documents. Seven more documents are currently in the final stages of our consultation process. The Publishing Department continues to edit curricula, guidelines and other documents for other College departments and publishes the quarterly *Bulletin*, a digital version of which is in development. The Department has introduced new processes for reviewing and updating guidance documents, working closely with committee chairs and members to ensure that documents are accurate and up to date.

Engaging with members

The College continues to communicate with its members around the world through the *Bulletin*, the website and the President's

monthly e-newsletters. Several surveys have been circulated and the results used to improve the way in which the College supports its members. The President responds personally to all individual correspondence and travels widely to meet members in the UK and abroad. The Honorary Officers also travel to meet regional members and have visited Dublin, Glasgow and Newmarket in the last year. As well as giving presentations to update members on the College's activities, the Officers take part in question-and-answer sessions where members can ask anything about College business. Similar UK roadshows are planned for the coming months.

Specialist societies

The College Officers and Directors work closely with other specialist societies, particularly the Association for Clinical Biochemistry, the Institute for Biomedical Science and the Association of Clinical Pathologists. The College is an active member of the Academy of Medical Royal Colleges and will be the lead organisation for the re-established Pathology Alliance, which will bring all pathology-related societies together.

The future

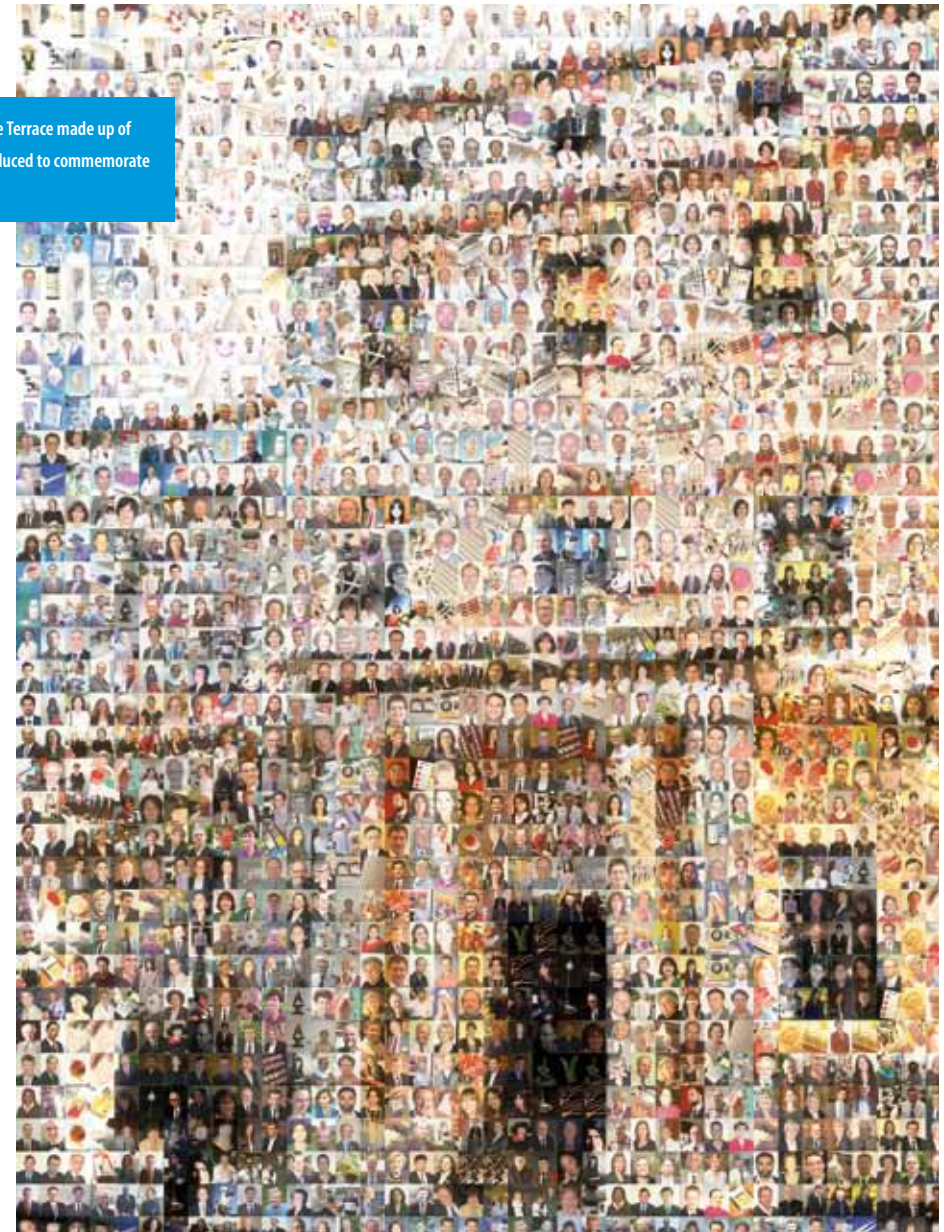
As the 50-year review is implemented and changes are made to the way in which regional members are represented, two-way communication will be key to ensuring that the College continues to support its membership. The work of the Communications team is central to all of the College's functions, both within the organisation and in our dealings with specialist societies and policy makers. We welcome feedback from members on any issues of concern and look forward to working with you to continue to raise the profile and public understanding of pathology.

DR SUZY LISHMAN
VICE-PRESIDENT FOR ADVOCACY AND COMMUNICATIONS

L-r: Dr Evangelia Mylona (consultant histopathologist), Dr Katharine Sheppard (histopathology trainee registrar), Dr Anwar Alhaq (Divisional Manager, Reference Services in Pathology), Ms Ayuen Lual (microbiologist) at a Science Communication Training event held at the College in 2013



Photo-mosaic of 2 Clifton House Terrace made up of members' and staff photos, produced to commemorate the College's 50th anniversary



RCPATH CONSULTING



Following a successful marketing drive, RCPATH Consulting projects in the last year have increased in number and complexity.

So far, we have worked for clients including English Strategic Health Authorities, acute trusts, a mental health trust, pathology collaborative partnerships and the health authority of a neighbouring country. Having recruited a number of Fellows to be RCPATH Consulting advisors, we are

now working together with the Institute of Biomedical Science (IBMS) and now have a wide range of IBMS Fellows enabled to help with this work.

The RCPATH Consulting projects are highly variable in scope and each is managed to provide a bespoke service based on the detailed requirements of the client. Some clients have needed a service review due to a real or perceived gap between the needs of the service users and the service provided by their pathology department. RCPATH Consulting was able to provide an in-depth analysis, benchmarking with other services and assessment of outputs against national guidance.

Other clients have contracted RCPATH Consulting to provide an overview of their reconfiguration project and to ensure the direction of travel chimes with the modernisation they require. RCPATH Consulting was able to contrast the aspirations of the project with the progress on the ground, following conversations with their front-line staff. Most of the projects undertaken require at least one site visit by the advisor/s, while a minority involve only electronic communication and teleconferences.

In the majority of RCPATH Consulting projects undertaken, a report has been integral to the client's requirements. This is drafted by the advisors and then quality assured, with help from the RCPC Lead or a deputy. An important aspect of RCPATH Consulting activity is the level of confidentiality. The report, when complete, is the property of the client and some clients do not share the content of the report with pathology staff. This has the potential to make some College Fellows feel unsure about the appropriateness of RCPATH Consulting involvement. However, the independence of the RCPATH Consulting comments and recommendations are not undermined by this confidentiality.

Some high-profile, large-scale commissioning projects in England have run into problems and there has been slow progress with other reconfiguration projects. The medical press are taking a close interest in the cost to taxpayers of pathology reconfiguration projects. As a result, the importance of independent authoritative advice cannot be overstated.

In order to ensure that RCPATH Consulting is best placed to provide this to Clinical Commissioning Groups and other commissioners, RCPATH Consulting is planning a training day for advisors in December 2013. The knowledge and insight gained from the work we have undertaken to date will be shared with advisors who have not yet been tried in the field.

UK activity in the past year has resulted in a significant profit. RCPATH Consulting is part of '2 Carlton House Terrace', a wholly-owned trading subsidiary of the College, so these profits have helped the College keep the cost of membership subscriptions and examination fees down.

In order to support the consultancy, the RCPATH Consulting Directors (College President, Archie Prentice; Chief Executive, Daniel Ross, and Treasurer, David Cassidy) are grateful for the support we have had from Maxine Mantle throughout the year. We also thank the immediate past-Treasurer, Charles Singer, for his help in setting up RCPATH Consulting and welcome Michelle Merrett, who in the last year has expanded her managerial portfolio to include the Consultancy, enhancing the central support that RCPATH Consulting is able to give to advisors and clients.

Building on the success of RCPATH Consulting since its inception, talks have begun with the College's Director of International Affairs, Ken Fleming, to explore the potential for RCPATH Consulting to expand its international work.

DR RACHAEL LIEBMANN
REGISTRAR AND RCPATH CONSULTING LEAD

- ▶ All RCPATH Consulting advisors are appointed by interview.
- ▶ Fellows of the College and the Institute of Biomedical Science who meet the person specification are encouraged to consider applying.
- ▶ See www.rcpath.org/rcpath-consulting for details and contact Maxine Mantle at Maxine.Mantle@rcpath.org
- ▶ All expressions of interest in RCPATH Consulting from pathology commissioners and providers at home and abroad should be directed to Daniel Ross, Chief Executive, at daniel.ross@rcpath.org or Dr Rachael Liebmann, College Registrar & RCPATH Consulting Lead, at registrar@rcpath.org



PATHOLOGY **IN** **PRACTICE**

**THE WORK OF
THE SPECIALTY
ADVISORY
COMMITTEES**

Clinical Biochemistry SAC



The SAC on Clinical Biochemistry meets twice per year, with other business being discussed electronically between meetings.

Highlights

- ▶ Audit templates – members of the SAC put together ten audit templates to be used nationally, both as a useful tool for audit production but also to support revalidation. Some of the audit templates mapped directly to several of the proposed key performance indicators, thus aiding data collection for these indicators of laboratory quality.
- ▶ Key performance indicators – members of the SAC contributed to the development of the College's KPIs to be used in pilot form via CPA/UKAS inspections from 2014 onwards.
- ▶ Demand management – we have contributed to the development of the College's new strategy for demand management initiatives via the Pathology Alliance.

Looking ahead The SAC plans to undertake a review of the documents aimed at providing guidance on communication of critical results, including the suggested cut-off levels for certain key analytes.

PROFESSOR WILLIAM FRASER
CHAIR

Cellular Pathology SAC



Council endorsed a recommendation to rename the Specialty Advisory Committee (SAC) on Histopathology as the SAC on Cellular Pathology. Approximately 41% of Fellows of The Royal College of Pathologists are in one of the specialty groups within cellular pathology, which covers histopathology, cytopathology, paediatric pathology, neuropathology, forensic pathology, dermatopathology and oral pathology.

Key achievements The Committee has revised its terms of reference, linking to the 50-year review of the College. There has been continued publication of tissue pathways and cancer datasets specifying standards for clinical service delivery, working with its sub-committees, national subspecialty advisors and other College committees. A working group on the autopsy has been created to oversee College guidance and propose key performance indicators for this aspect of work. Contributions were made to several national consultations relevant to pathology, reflecting anticipated changes in how pathology services will be configured for the future.

Working together The SAC works closely with national specialty societies in pathology. Members are contributing to the development of clinical scientist and biomedical scientist (BMS) roles in service delivery, especially with the Institute of Biomedical Science to develop BMS reporting. Regular meetings with the Human Tissue Authority continue to help shape the approach to regulation in this sector. A meeting with the new Chief Coroner took place and further discussion is anticipated in relation to service pressures being experienced in many parts of the country. A new initiative is also being developed with the Health and Safety Executive to review guidance in relation to infection risks in post-mortem work.

Looking forward Important national reviews are taking place in relation to quality assurance/assessment in pathology, which are bound to have an effect on how services are delivered. The publication of agreed performance indicators for the delivery of pathology services will be an area for further development, alongside reviewing how cellular pathology disciplines can contribute to demand management. This Committee will publish new guidance in these areas as they develop and it will be important for Fellows to take an active involvement in making comments on all draft publications. Pressures to reconfigure delivery of pathology services continue and, given the great potential for development of unintended consequences, it will be important that the informed advice of Fellows can be collated and passed on. The implementation of the medical examiner role aligns with recommendations made in the Francis Report and it will be important to ensure that post-mortem services are responsive to move in any new directions.

PROFESSOR JAMES LOWE
CHAIR

Working Group on Cancer Services



Highlights

- ▶ The process used by The Royal College of Pathologists to produce its cancer datasets and tissue pathways guidance has been accredited by NICE. The high standard of our guidance development entitles the datasets and tissue pathways to carry the NICE accreditation mark, which enables users of NHS Evidence-approved documents to reference these guidelines.
- ▶ We have appointed two new members: Drs Simon O'Connor and Roger Hunt.
- ▶ Ten cancer datasets have been published, on gastrointestinal neuroendocrine tumours, soft tissue sarcomas, mesothelioma, thymic epithelial tumours, skin carcinomas (basal cell, squamous, Merkel cell and adnexal carcinomas, and melanoma) and the urinary collecting system.

- ▶ Two tissue pathways have been published, on non-neoplastic thoracic pathology and medical renal biopsies.
- ▶ The Chair of the Working Group continues to work closely with the International Collaboration on Cancer Reporting (ICCR). The ICCR has established a programme for dataset development and the College is investigating the possibility of adapting ICCR cancer datasets for publication.

Key challenges for the future

- ▶ Maintaining commitment from the pathology community to produce and update cancer datasets and tissue pathways in the face of increasing pressures and diminishing recognition of this type of work.

DR LYNN HIRSCHOWITZ
CHAIR



ICCR meeting in Baltimore USA, March 2013. From left: Dr J Srigley (Canada), J Dvorak (USA), B Chmara (USA), Dr MK Washington (USA), Dr L Hirschowitz (UK). Seated: Dr G Birdsong (USA), Dr D Ellis (Australia), Dr M Wells (UK)

Cytopathology SAC



Key achievements

- ▶ Significant contribution to the publication of updated guidance on achievable standards in cervical screening (third edition).
- ▶ Guidance for training and contribution to examinations in cytology to ensure that candidates are supported in achieving the required standards.
- ▶ Continued contribution to the academic activities of the College to support professional development.

Future challenge

- ▶ In association with the Institute of Biomedical Science, to develop the roles of senior biomedical scientists to support the delivery of cytology services.

DR THOMAS E GILES
CHAIR

Dermatopathology SAC



This committee is a joint partnership between The Royal College of Pathologists and the British Association of Dermatology. Its principal aim is to ensure that issues pertaining to the practice of dermatopathology in the UK are dealt with in a similar manner, irrespective of the background of the practitioner.

Key achievements

- ▶ Since October 2012, datasets for basal cell carcinoma, squamous cell carcinoma, Merkel cell carcinoma, melanoma and adnexal tumours have been published and are available to download from the College website. This task has been completed by

Dr David Slater and Dr Maureen Walsh. It is anticipated that widespread use of these datasets will help to ensure a uniformly high quality of reporting and contribute to patient care. The datasets will be subject to regular review and update.

- ▶ We continue to contribute to the monitoring and review of the specialist College examination in dermatopathology.
- ▶ We maintain an overview of the Specialist EQA Scheme in Dermatopathology. This scheme, run by Dr Mark Bamford, is popular and maintains a strong educational component. If requested, the Committee is able to provide advice on further training to any participants whose performance is considered to be substandard.

Future challenge

- ▶ The main challenge for the future remains our aim of attaining subspecialty recognition for dermatopathology in the UK. A considerable amount of effort has been expended on this issue, but applications for specialty and subspecialty recognition by the GMC currently remain frozen. However, it is hoped this matter can be brought to a successful conclusion.

DR ALAN EVANS
CHAIR

Forensic SAC



Key achievements

- ▶ The new Certificate of Completion of Training (CCT) in forensic histopathology has been approved and the curriculum has been published. This clearly recognises forensic pathology as a distinct specialty, with a curriculum and training programme approved by the GMC that will meet the needs of the

profession, the public and the criminal justice system.

- ▶ Revalidation for forensic pathologists has progressed extremely well, with the Pathology Delivery Board becoming the Designated Body for all on the Home Office Register. There has also been training for appraisers and development of a specialty-specific, multi-source feedback programme.
- ▶ The revised *Code of practice and performance standards for forensic pathology in England, Wales and Northern Ireland*, developed with the Home Office, Forensic Science Regulator and the Department of Justice, was published in October.

Future challenges

- ▶ Future challenges include the recruitment of key individuals to the positions of training lead, and for workforce and recruitment to take the specialty forward.

DR MARJORIE TURNER
CHAIR

Neuropathology SAC



Highlights

- ▶ The GMC approved the new curriculum and assessment scheme for the new specialty of diagnostic neuropathology last autumn.
- ▶ Assisted and supported by the London Deanery, we held the first national recruitment of trainees into the new specialty at ST3 level at the end of April.
- ▶ In May, we helped draft a document on *Service specifications and quality standards in diagnostic neuropathology*, which the British Neuropathological Society submitted to NHS England for the purpose of commissioning of clinical neuroscience services. NHSE has accepted the document.

Key challenge for the future

- ▶ To stimulate and encourage interest in diagnostic neuropathology as a career, particularly academic neuropathology.

DR JOHN XUEREB
CHAIR

Genetics and Reproductive Science SAC



Key achievements Scientific and clinical developments have continued at a rapid pace within the specialty of genetics and reproductive science. We have been involved in a range of activities to support the delivery of these, including:

- ▶ major progress with incorporating genetics into the National Laboratory Medicine Catalogue; this will ensure that genetics is

integrated into mainstream pathology to promote awareness of and access to genetic tests

- ▶ development of higher specialist training curricula for both genetics and reproductive science. These establish the standards and scope of practice for our future consultants. In addition, we contributed workforce data to help inform the number of trainees required for these subspecialties
- ▶ we have responded to relevant consultations and proposed legislation being drafted by the European Union for the regulation of genetic tests.

A challenge for the future There are significant proposed changes to the configuration of the established network of genetics laboratories with the aim of improving the availability and use of genetic tests in our healthcare system. The key challenge will be to ensure that the tests developed have clinical utility and are delivered in a way that is meaningful to patients and other professionals.

MRS GAIL NORBURY
CHAIR

Immunology SAC



In the past 12 months, SAC members have made major contributions to a number of key areas for the specialty and the College, including:

- ▶ the development of specialised service specifications for immunology and allergy services. These will form the basis of nationally commissioned specialist services for patients with primary

immunodeficiencies and complex allergies, and will allow both clear definitions of service quality and ensure patient access to timely and sustainable specialist clinical and laboratory services

- ▶ measures to ensure improving quality of immunology higher specialist training for both medical and clinical scientific professionals, through the development of curricula for immunology for both medical and clinical scientist trainees, including molecular pathology
- ▶ the development of methods to promote service quality, including specialty-specific tools for medical revalidation and audit, and laboratory key performance indicators.

Immunology and allergy are small specialties, whose future must be protected in a rapidly changing health landscape. The SAC will work with The Royal College of Physicians and other partners to ensure that specialty training produces healthcare professionals able to practise in different healthcare settings to deliver the needs of patients.

DR PHIL WOOD
CHAIR

Histocompatibility and Immunogenetics SAC



Highlights

- ▶ Our specialist training curriculum for Modernising Scientific Careers has been completed, working together with the British Society for Histocompatibility and Immunogenetics.
- ▶ We contributed to the latest version of the College's key performance indicators, with two new H&I-specific KPIs being included.
- ▶ We contributed to the College's workshop at the Schools Science Conference, presenting a module on kidney transplantation.

Key challenges for the future

- ▶ Workforce planning has been identified as an area for concern due to the current workforce profile and the changes to training due to Modernising Scientific Careers. We will be spending time considering how to ensure training will provide the necessary numbers of scientists completing specialist training, in order to prevent a shortfall in consultant-grade scientists over the next few years.

DR ANDREA HARMER
CHAIR

Medical Microbiology SAC



- ▶ Discussions are ongoing about the content and format of joint infection training, and we are liaising closely with the other College committees that have an input into this, through Dr Richard Cooke.
- ▶ Dr Marina Morgan has worked extremely hard to produce a series of generic audit tools, which are now available to all. These tools are invaluable for those seeking

projects to assist with revalidation.

- ▶ Dr Phillip Mannion and his team have completed their review of microbiology key performance indicators, which form part of the College document on KPIs.
- ▶ Dr Albert Mifsud has updated the generic consultant microbiologist job description and, together with Dr Csaba Marodi, will be forming a group to revise the consultant microbiology workload guidelines. It is hoped that they will collaborate with the other microbiology specialist societies. This will be a considerable amount of work, given the changes that are likely to be brought about as a consequence of the new joint infection training initiative.

PROFESSOR KATE GOULD
CHAIR

Dr Prema Seetul-Singh, Meetings Lead, at the College's 50th anniversary symposium, 'Managing infection', held in November 2012



Virology SAC



The restructured membership of the Committee has worked well. It reflects the outcome of the College's 50-year review and the changing ways in which virology services are delivered.

Key achievements

- ▶ We continue to work closely with the Clinical Virology Network on initiatives including identifying training centres for particular specialised virology tests not widely available, e-learning opportunities and developments, and assisting the College in checking virology workforce information at all grades by reviewing data with specialist virology centres and units.
- ▶ We have had useful input into the draft infection training curricula, both combined infection training and specialist virology curricula and are committed to working on how to best deliver virology training within this framework. Members have also contributed to the higher scientific specialist training curriculum.

- ▶ Our members have contributed to the NICE consultation on hepatitis B, and to the National Laboratory Medicine Catalogue.

Future challenges The coming year will see work continuing in the above areas, with a particular emphasis on the challenges of delivery of virology in infection training and reviewing the examination structures for virology following discussions between the Committee and the College's Director of Examinations and Assessment.

DR KEN MUTTON
CHAIR

Prenatal, Perinatal and Paediatric Pathology SAC



Highlight

- ▶ The GMC approval of the curriculum for specialty training in paediatric and perinatal pathology.

Key challenge for the future

- ▶ Our work will focus on the current staffing crisis. There are a number of consultant posts vacant, with many more retirements in the near future, and very few trainees in the country. Many departments will have a serious problem maintaining their services.

PROFESSOR GORDAN VUJANIC
CHAIR

Toxicology SAC



Highlights

- ▶ Continuing promotion of the FRCPath qualification as the main route for all UK toxicologists wishing to progress their career beyond postgraduate academic qualifications.
- ▶ Collaborative development with the College of a new FRCPath higher specialist scientific training curriculum for NHS-employed toxicologists.
- ▶ Generation of an article published in the College *Bulletin* ('Carcinogenic GM crops: bad science or irresponsible pseudoscience?') outlining the misuse of scientific principles in an internationally circulated toxicology investigation.

Key challenge for the future

- ▶ Investigation of the possible standardisation of training requirements with non-UK organisations awarding toxicology qualifications, with a view to mutual recognition of trainee progression and examination achievement.

PROFESSOR PETER GOLDFARB
CHAIR



A neonatal blood spot card, which is sent to a regional pathology laboratory for analysis

Veterinary Pathology SAC



Highlights

- ▶ Response to the Animal Health and Veterinary Laboratories Agency (AHVLA)'s *Surveillance 2014 and beyond: A consultation on the future delivery of scanning surveillance for animal related threats in England and Wales*. The College made clear its concerns in relation to maintaining high professional standards in

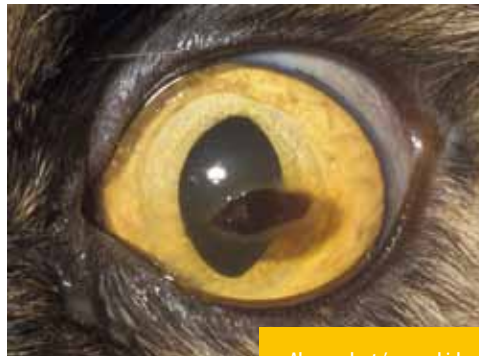
diagnostic veterinary pathology. In the context of 'One Health', the College views the AHVLA plans as a potential threat to both animal and human health, and has discussed its concerns with other relevant bodies.

- ▶ Engaging with The Royal College of Veterinary Surgeons on 'day one competences' in relation to clarification of competences required for postgraduate practice in veterinary pathology.
- ▶ A working group of the SAC is developing a new curriculum for training in veterinary anatomic pathology, to provide more detailed guidance to trainees and their sponsors and mentors.

A key challenge for the future

- ▶ The absence of a national strategy for postgraduate training in veterinary pathology affects a number of socio-economically important areas in the UK, including surveillance for new and re-emerging threats, animal health, biomedical science and the pharmaceutical industry.

DR SANDRA SCHOLES
CHAIR



Abnormal cats' eyes, which may be biopsied and submitted to veterinary pathologists for confirmation of diagnosis

Committee on Clinical Science



- ▶ Ten FRCPath curricula for higher scientific specialist training have been developed and received approval within the Modernising Scientific Careers programme.
- ▶ Assessment methods are being developed to support this new structured programme, to train clinical scientists to consultant level.
- ▶ Clinical scientist workforce numbers and future requirements are being assessed.
- ▶ A key challenge is workforce planning, and the establishment of training posts.

MR JEFF SENEVIRATNE
CHAIR

Interspecialty Committee on Molecular Pathology



Highlights

- ▶ Running the successful 50th anniversary symposium on molecular pathology.
- ▶ Developing the FRCPath curriculum for clinical scientists.
- ▶ Responding to consultations on a wide range of issues around the provision of molecular pathology services.

Challenge Molecular pathology is relevant to all specialties. The challenge is to ensure that we work together to ensure that service, training and research needs are met to enable its rapid development.

PROFESSOR IAN CREE
CHAIR

CERTIFICATION OF DEATH, THE FRANCIS REPORT AND THE RCPATH



Published over ten years ago, Dame Janet Smith's third report into the crimes of Harold Shipman includes a history of death certification in the UK. It sets out how, since the end of the 19th century, successive governments had been told that the UK's system for death certification had serious flaws; yet they had done almost nothing to correct the problems. Shipman, of course, took advantage of these flaws and certified his own murders as being deaths due to natural causes. Dame Janet's report led directly, if rather slowly, to the death certification reforms set out in the Coroners and Justice Act 2009.

This College was closely involved in the discussions that led to the Act. The reforms include the creation of what will in effect be a new medical specialty – that of 'medical examiners', senior doctors who will scrutinise all deaths that are not referred to the coroner for investigation. Without a medical examiner's authorisation, registration of a death and disposal of the body will be unlawful. Crucially (and remarkably for the first time), the reforms will require that representatives of the deceased will in every case be asked whether they understand the proposed cause of death and whether there are any aspects of the case that might give cause for concern.

That question has sometimes been referred to as 'the Shipman question', because it is intended to prompt early identification of anyone who might mimic the crimes of Harold Shipman. But when Robert Francis QC conducted an inquiry into the excess of deaths that occurred in the Mid-Staffordshire Hospital, he became aware that 'the Shipman question' was equally well designed to identify a healthcare provider that was failing, as Mid-Staffordshire had done. His report, published in February 2013, includes a chapter that is dedicated to death certification and the work of the coroner. This gave renewed impetus to the reforms in the 2009 Act, which are now scheduled to be implemented in full in October 2014 in England and Wales.

In 2008, the College led a multidisciplinary team that wrote a curriculum for the training of medical examiners and was subsequently identified as the lead medical royal college for medical examiners. As a result the College has since contributed to the development (by e-Learning for Health) of a comprehensive online training programme for medical examiners. The College will also deliver a one-day conventional course, covering matters not easily addressed by e-learning, which will be mandatory for medical examiners before they start work. Our Medical Examiners Committee has also produced guidance on the required standards of the service and on revalidation for medical examiners. At the initiation of the service there will be no qualifying examination for new medical examiners, but that may change in the future, in which case the College will be called upon to deliver such an examination.

Implementation has been delayed for a variety of reasons, notably because the original legislation provided for medical examiners to be employed by primary care trusts – which were then abolished in subsequent health service reforms. That task will now fall to Local Authorities in England and Local Health Boards in Wales. Implementation is currently scheduled for October 2014. After then, the archaic system of forms needed to authorise a cremation will be abolished and a single system will apply to all deaths that are due to natural causes. The new checks will be funded by a fee, but this will be no more than the total of the old cremation form fees.

Extensive pilots of the new death certification process have demonstrated that its advantages go beyond the initial aims of improving the accuracy of death certification and facilitating the identification of criminal behaviour. As Francis identified, it has become clear that the relatives of the deceased will, if asked, provide a rich source of information about failings, large and small, in the healthcare service. This information will be fed back to improve the care of future patients. However, there is an unanticipated benefit linked to this. Pilot medical examiners all report that, somewhat to their surprise, when relatives are asked about the circumstances surrounding their recent bereavement, most of them respond very positively. Rather than regarding the question as intrusive or distressing, they are often grateful that someone in a position of authority is checking up, offering an explanation and expressing concern about the possibility that something might have gone wrong.

Pathologists have long known that doctors do not fill in death certificates accurately; published audits have repeatedly shown errors of varying severity in up to 45% of death certificates. Pilots of the reforms have confirmed this problem and have demonstrated that it can be corrected. They have shown that the number of unnecessary referrals of deaths to the coroner can also be reduced, thereby avoiding unnecessary post-mortem examinations. But an unanticipated consequence of the pilots has been an increase in the number of cases referred to the coroner which, on inquiry by the coroner, are found to require an inquest because death is not entirely due to natural causes. The results vary in different centres, but increases in the number of coroners' inquests of up to 30% have occurred.

Extrapolating that figure across England and Wales suggests that up to 10,000 deaths each year that ought to be investigated by a coroner's inquest are currently being 'signed off' by doctors as being due to natural causes, with no further investigation. That fact alone surely provides justification for the implementation of these reforms. The College is proud to have played a major role in the reforms and will continue to do so, for the benefit of future patients and society.

PROFESSOR PETER FURNESS
CHAIR, MEDICAL EXAMINERS COMMITTEE



WORKING **IN** **PARTNERSHIP**

National Quality Assessment Advisory Panel for Cellular Pathology



- ▶ This committee, formerly called the 'National Quality Assurance Advisory Panel for Histopathology, incorporating the Steering Committee for Interpretive External Quality Assurance' has been renamed.
- ▶ We have monitored a number of laboratories having problems with various techniques and, with the assistance of

the in-situ hybridisation (ISH) and immunocytochemistry (ICC) scheme, have helped them to improve those techniques.

- ▶ We have assisted schemes in smooth running by providing advice on operating protocols and other matters.
- ▶ We have assisted in the production of a list of schemes for the College website, which means that accrediting bodies will be able to identify schemes that are run in accordance with the guidelines of the NQAAP.

Future challenges Over the coming year, it will be important for the Panel to develop ways in which EQA can more efficiently assist in revalidation and meet the requirements of the review of the QA process.

**DR NIC MAPSTONE
CHAIR**

Intercollegiate Committee on Haematology



We are the key liaison point between The Royal College of Physicians, The Royal College of Pathologists and the British Society for Haematology. Key current issues include:

- ▶ the adequacy of laboratory training for haematology registrars
- ▶ the impact of increased centralisation of diagnostics on the role and function of district general hospital consultants.

An important discussion over the next few months will be around the role of the haematologist as generalists or specialists.

**DR TIM LITTLEWOOD
CHAIR**



Transfusion Medicine



- ▶ The major issue for the Committee is transfusion medicine training for haematology specialist registrars. We are part of a coordinated effort with the Haematology Training Committee, National Blood Transfusion Committee and the UK Blood Services to agree an optimal curriculum. Its delivery that will ensure appropriate pass rates in FRCPath

and, more importantly, general haematology consultants who are prepared for their role in dealing with common transfusion problems.

- ▶ We are also considering the future profile of transfusion experts, taking into account developing genomics technology for blood grouping, and the Modernising Scientific Careers training pathways. As with other pathology specialties, increasing scientific leadership is recognised, coupled with the need for bioinformatics expertise.
- ▶ The above developments open the way to reconfiguration of transfusion laboratories in a 'hub and spoke' model. There is the potential to deliver safer, more efficient transfusions more quickly to the bedside. Investment in new technology and underpinning IT is essential.

**DR LORNA WILLIAMSON
CHAIR**

Joint Committee on Medical Genetics



The JCMG is a multi-professional committee that aims to promote and maintain the highest standards of practice in both clinical and laboratory applications of genetics in medicine. It is a Joint Committee of The Royal College of Physicians, the British Society for Genetic Medicine and The Royal College of Pathologists, with representatives from The Royal Colleges of Obstetricians and

Gynaecologists, General Practitioners and Paediatrics and Child Health; Genetic Alliance UK; Public Health Genetics Foundation; NHS National Genetics Education and Development Centre and UK Genetic Testing Network.

Key achievements The Committee provides advice on service development, standards for clinical care, education, consent and confidentiality and delivering genomics through clinical practice. Reflecting this, members of the group participated in Transitional Clinical Reference Group for Medical Genetics. Medical Genetics remains a specialist commissioned service, under the auspices of the NHS Commissioning Board (NHSCB) from 2013. Medical Genetics is part of the Clinical Assurance Group, 'Women's and Children's Health, Congenital and Inherited diseases'.

Working together The Prime Minister's 'Strategy for Life Sciences One Year On' statement of December 2012 commits the NHSCB to commission and pump-prime the funding of 100,000 Whole Genome Sequences at diagnostic quality from NHS patients, with an initial focus on cancer and rare and infectious diseases. This increased sequencing capacity is to be applauded; however, there are significant challenges for service delivery and practice if the optimum benefits are to be realised. These include the education of health professionals at all levels to promote the ability of NHS preventative and healthcare services to utilise the capacity of genomic science; improved integration of NHS pathology and molecular genetics services; determining the health benefits from

genomic testing; accumulation, access to and accuracy of large data sets, phenotyping, data interpretation and bioinformatics capacities; and consent processes, amongst others.

Looking forward The JCMG will continue to provide a multidisciplinary forum to support innovative resolution of the issues arising from new genomic technologies, by providing a strategic view from across a range of medical specialties and key stakeholders.

DR BRONWYN KERR
CHAIR

Joint Committee on Immunology and Allergy



In January 2013, leadership of this Joint Royal College Committee rotated to be hosted at The Royal College of Pathologists, with me as its new Chair. Key topics currently under discussion include:

- ▶ all aspects of hands-on patient management (immunology including immunodeficiency, and allergy) including commissioning, recruitment and workforce planning
- ▶ piloting of a Royal College of Physicians-based registration and accreditation scheme for allergy services
- ▶ training in immunology and allergy, including exploration of joint training programmes, e.g. allergy and general internal medicine
- ▶ working with the SAC in Immunology to ensure that increased clinic workloads do not detract from delivery of immunopathology duties, in keeping with CPA requirements.

DR JOE UNSWORTH
CHAIR

An 'original' DNA fingerprint



WORKING IN PARTNERSHIP

Intercollegiate Group on Nutrition



After 15 years of being hosted by the RCPATH, on 1 January 2013 the Intercollegiate Group on Nutrition moved to the AoMRC. During its time with RCPATH, the Group:

- ▶ oversaw the development and delivery of the Intercollegiate Course on Human Nutrition, running it over 25 times to over 400 delegates from around the world
- ▶ successfully lobbied for a discrete nutritional component in the Foundation Years curriculum
- ▶ oversaw the development of a national medical undergraduate curriculum in nutrition, which has been commended by the Council of Heads of Medical Schools and the GMC.

The work of the Group will continue as the Academy Nutrition Group, under the auspices of the AoMRC (<http://aomrc.org.uk/committees/intercollegiate-group-on-nutrition>).

PROFESSOR PAT TROOP
CHAIR

Other Joint Committee

Joint Committee on Infection and Tropical Medicine

CHAIR: DR PETER MOSS



Delegates at the 2013 Intercollegiate Course on Human Nutrition



REGIONAL COUNCILS

East of England



This year has been dominated by the reconfiguration of pathology services in the East of England, as a consequence of the commissioning decisions made by the East of England Regional Health Authority Special Project Team. A result of these is that significant movement of pathology testing around the region and the contraction of some district hospital laboratories is anticipated.

The Strategic Health Authority did not involve the Regional Council in decision-making or advice about the local commissioning of pathology. RCPATH Consulting was asked for very limited and tightly controlled input at a very early stage in the process and, despite many offers, has not been re-engaged as the project has progressed. Morale has been lowered by uncertainties caused by the proposed reconfiguration and the move from SHA to Clinical Commissioning Group control. There has been difficulty in recruiting to some vacant consultant posts in the region. Lessons learnt from the East of England review are being used to populate an RCPATH/IBMA generic risk register for pathology reconfiguration projects.

These issues, and the reconfiguration of College regional representation as part of the 50-year review, have also affected members of the Regional Council. Availability and enthusiasm for volunteering has unfortunately diminished, but nonetheless we have met regularly and a small number of members have maintained our activities. Dr Lazlo Igali has combined being our Regional Lead for Public Engagement with his other College duties, and we thank him for all his efforts. The job description review function has been maintained, and there has been vigorous debate about the number of SPA sessions awarded to some jobs.

DR IAN SEDDON
CHAIR

London



The London region has experienced significant structural changes in pathology, as well as in areas that impact on pathology, such as cancer services and medical training. London Regional Council members have been active in overseeing job description reviews, CPD, pathology modernisation and training. The College's 50-year review has resulted in structural changes within the

College and this will affect the way in which the London region is configured in the future. Its effect on our function remains to be seen and it is likely that, to make any meaningful contribution to patient-care pathways, the split London region will need to work together as a pan-London structure.

DR MALLIKA SEKHAR
CHAIR

North West England



The Regional Council continued with well-attended quarterly meetings of its members and observers, including the heads of the two Regional Pathology Schools.

Main highlights

- ▶ Reconfiguration of pathology services has been one of the major issues concerning Fellows throughout the region. Information

regarding the continually and rapidly developing positions of various laboratory services has been regularly fed back to College Council.

- ▶ Two educational meetings, 'The future is immunology' and 'Aspects of lung disease', have been organised in association with the Manchester Medical Society.
- ▶ Support and advice to the Regional Job Description Review

Panel Chairs to ensure, amongst other things, allocation of adequate SPA time for revalidation, teaching, research, audit, CPD and clinical governance.

- ▶ Close liaison between the Regional Council and the Public Engagement Regional Coordinators, with many successful events taking place throughout National Pathology Year. Our Council's trainee representative was the runner up for the Furness Prize for Science Communication.

Challenges and opportunities The shape of pathology services within the 'new' NHS regional structure and its potential effects on services and training will remain a big challenge. However, the 50-year review of the structure and function of the College should provide an opportunity to standardise and improve representation of the new regions and enhance involvement with training as well as workforce planning.

DR BUSHRA HAMID
CHAIR



Bushra Hamid presenting the Furness Prize for Science Communication on behalf of the College to the runner up, Dr Piya Parashar (trainee pathologist)

Northern Ireland



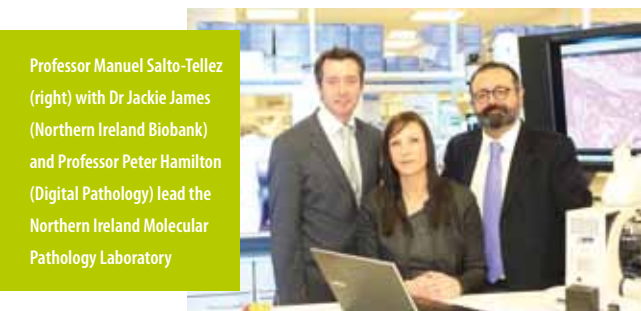
Key achievements

- ▶ Three successful Northern Ireland Pathology Network planning events have been held, which made significant progress on our two biggest local issues: 24/7 laboratory working and a new integrated pathology computer system.
- ▶ Agreement of a long-term vision for the provision of molecular diagnostics from a central location in Belfast, followed by the official opening of the Northern Ireland Molecular Pathology Laboratory and the Northern Ireland Biobank on 9 January 2013.
- ▶ Commissioning of a diagnostic and treatment service for familial hypercholesterolaemia across Northern Ireland.

Challenge

- ▶ Supporting GPs with appropriate pathology services as healthcare moves into the community.

DR THOMAS TRINICK
CHAIR



Professor Manuel Salto-Tellez (right) with Dr Jackie James (Northern Ireland Biobank) and Professor Peter Hamilton (Digital Pathology) lead the Northern Ireland Molecular Pathology Laboratory

Scotland



The Scottish Regional Council has met three times during the year, addressing the issues related to a changing landscape of health services in a devolved administration, increasingly differentiated from the English experience.

We have discussed the composition of the Council in the light of the College's 50-year review to achieve the widest engagement with

Fellows in Scotland, how to improve our communication with Fellows and with the Scottish Government. In particular, we have addressed the impact of national recruitment to pathological specialties that might threaten the academic component that is embedded in Scottish training. As a Council we have provided responses to consultations on 'learning from adverse events' and providing detailed written evidence to the 'Shape of Training' review and assessment of training numbers.

At our Spring meeting at the Southern General Hospital, Glasgow, we were happy to welcome the President and other Honorary Officers for a tour of the new laboratory facilities and to host a 'Pathology roadshow' for Scottish Fellows. In the next year, we will continue to work on widening communication with Fellows and implementing the 50-year review.

PROFESSOR STEPHEN GILLESPIE
CHAIR

South East England



The most notable highlight for the Regional Council was Dr Meg Ashton-Key's public engagement efforts. As our Public Engagement Regional Coordinator, she organised a series of events for National Pathology Year and as a region we managed to hold at least one event most months. These included informal lab tours, careers fairs, presentations at local

schools and the local science centre. The highlight events were the 'Murder Mystery' at Southampton University Science and Engineering Day, attended by 300 parents and children, and Southampton General Hospital's open day, with a virtual autopsy attended by over 600 visitors and many more visiting the mortuary and electron microscopy unit. The activities during the year were attended by over 2000 local people.

DR JEREMY QUINEY
CHAIR



Dr Meg Ashton-Key performing a 'virtual autopsy', held as part of the South East Region's National Pathology Year events

South West England



We have hosted several public engagement events, notably a well-attended Sixth Form Careers Fair in Taunton in November. Our Workforce team have experienced the pressures of the continuing debate between Trusts and Royal Colleges about consultant pathologists' job plans and the merits of College representation on Advisory Appointments Committees. The 50-year review will change the approach to representation of Fellows in all regions, and the South West is likely to be actively engaged in the new processes as they emerge.

DR SIMON DAVIES
CHAIR

REGIONAL COUNCILS

Wales



Highlights from the year

- ▶ Dr Archie Prentice's visit to Wales in May 2012, as part of the Wales Regional Council's celebration of the 50th anniversary of the College and National Pathology Year. This very successful meeting, held in Cardiff, was attended by Fellows and trainees from across Wales. Also in attendance was the

Chief Medical Officer, Wales Deanery representatives and senior healthcare managers. The meeting comprised several interesting presentations from all pathology disciplines and an excellent poster display, reflecting the breadth of research and development in which our trainees are involved.

- ▶ Membership of the Academy of Royal Colleges in Wales (ARCW). This, together with representation at the National Pathology Programme Board and the Laboratory Services Sub-Committee, ensures that the College has a strong voice in Wales, providing advice on the provision of high-quality pathology services, training and education. ARCW membership allows regular College contributions to a number of interesting and relevant consultations, e.g. the 'Shape of Training' review.
- ▶ Despite geographical difficulties, we have a flourishing and vibrant committee that meets four times a year, using video-conferencing where possible, enabling engagement with as many Fellows and trainees as possible.

Challenge for the future

- ▶ Our aim is the continued delivery of quality pathology services across Wales as we embark on a clinical and pathology service redesign.

MRS AVRIL WAYTE
CHAIR

West Midlands



The main challenge in the region revolves around the proposed tendering of GP work in the East and West Midlands, as this has the potential to affect a large number of Fellows. In addition, the pressure on getting time from the employers to participate in professional activities is increasing and Fellows are finding it very hard to get time to devote to additional work, such as College activities.

A number of hospitals in the region have had new laboratories built or older facilities refurbished. These include Birmingham Heartlands Hospital, Wolverhampton, University Hospitals Birmingham and City and Sandwell.

CRAIG WEBSTER
CHAIR

Other Regional Councils

Northern England

CHAIR: DR MARK HEATLEY

Trent

CHAIR: PROFESSOR CARROCK SEWELL

INTERNATIONAL AFFAIRS

FOCUS



Established in 2011, the International Department has been extremely active in developing the College's international work programme and partnerships. Our

main aims are to:

- ▶ connect with our Fellows overseas
- ▶ use the College's expertise and experience both to increase capacity and to help to improve standards of pathology abroad
- ▶ raise the profile of pathology in other countries.

International Academy of Pathology International Congress, Pathpoint 2012 and African Health Matters

The International Department successfully delivered a seminar on the role of the College in supporting pathology training, workforce development and laboratory medicine in Africa at the IAP 2012 International Congress, held in Cape Town in September 2012. It was well attended by UK and overseas Fellows and stakeholders, and provided them with an opportunity to learn about the international role of the College and its partnership work within sub-Saharan Africa. Chaired by Professor Dhiren Govender, the College's International Advisor for sub-Saharan Africa, speakers included the Secretary-

General of the Faculty of Laboratory Medicine at the West African College of Physicians and Dr Victor Mudenda from the College of Pathologists of East, Central and Southern Africa. I also attended the Pathpoint 2012 Congress in Cape Town (which coincided with the IAP meeting), where I delivered the morning keynote address. Pathpoint 2012 was jointly organised by the Federation of South African Societies of Pathology and the Association of Pathologists of East, Central and Southern Africa. The meeting was also supported by the International Federation of Clinical Chemistry.

Postgraduate training in Kenya In November 2012, Dr David Bailey spoke at a symposium in Nairobi on the future structure of local postgraduate training in pathology and summarised the College's perspective and experiences. There are currently three different postgraduate training programmes operating in Kenya and the symposium, organised by Nairobi's Aga Khan University Hospital, aimed to identify and explore opportunities for harmonisation across these programmes.

Strengthening pathology services in Kurdistan In December 2012, a delegation from the College visited the Kurdistan region of Iraq at the invitation of the Kurdistan Regional Government (KRG) and the Kurdistan Board of Medical Specialties (KBMS). Organised in partnership with the Pathology Committee of the Inter-Collegiate Iraq Liaison Group and headed by Dr Archie Prentice, the delegation visited the cities of Erbil (the capital), Duhok and Sulaimaniyah. Meetings were held with the Minister of Health as well as representatives from the Iraqi and Arab Medical Boards, trainers and trainees. A report of the visit, including the College's recommendations in terms of future collaboration and partnership working, has been endorsed by KRG and KBMS, leading to the establishment of an examination centre for the Part 1 FRCPath exams in Erbil in Autumn 2013.

International strategy In January 2013, Council approved 'Pathology is Global', our five-year international strategy that sets out the College's vision and approach in relation to its role on the international stage. As a framework, 'Pathology is Global' provides the structure and guiding principles that will influence why, how and where the College will seek to engage or add value to global health initiatives, partnerships and discussions concerning pathology and laboratory medicine. It also serves as the College's long-term commitment to raising international standards in pathology, engaging overseas members more effectively and sharing the College's knowledge, expertise, services and ideas as widely as possible, for the benefit of all.

Improving laboratory medicine in sub-Saharan Africa In February 2013, the College was awarded £735,000 to develop and deliver LabSkills Africa, a two-year programme that will be piloted in Kenya, Tanzania, Uganda, Zambia and Zimbabwe. The award was made under the Health Partnership Scheme, which is funded by the UK's Department for International Development and managed by the Tropical Health Education Trust.

Twenty public-sector laboratories (four in each of the five countries) will benefit directly from the LabSkills Africa programme, which will train and mentor 100 pathologists, laboratory technologists, managers, supervisors and clinical scientists through courses in leadership development and

technical skills. In total, these laboratories serve a combined population of over 120 million and last year performed more than 1.7 million tests.

A truly international endeavour, the LabSkills Africa partnership includes the Association of Pathologists of Tanzania, the Kenya Association of Clinical Pathologists, the Zimbabwe Association of Pathologists, the Association of Pathologists of Uganda and the University Teaching Hospital in Zambia. The Liverpool School of Tropical Medicine will act as our monitoring and evaluation partner and the technical skills course is being developed in partnership with the Aga Khan University Hospital in Nairobi. The British Division of the International Academy of Pathology is working with the College to recruit UK pathologists and biomedical scientists to act as volunteer mentors and trainers, working in partnership with African pathologists.

International Committee Following Council's approval of its revised terms of reference, the International Committee has been transformed with the appointment of new members drawn from all parts of the College's membership. The renewed Committee, of which 42% is based abroad, will work to raise the College's international profile, collaborations and influence as part of a wider global health agenda.

International Advisors The College has successfully recruited and appointed six new International Advisors, one for each of the College's overseas regions: Americas, Europe, Middle East and North Africa, South East Asia, sub-Saharan Africa and the Western Pacific. International Advisors will not only represent the College overseas, but also act as a strategic voice for the College's overseas membership on the International Committee.

Finally, I thank the following International Advisors, who complete their terms of office in November 2013, for their invaluable contributions and service to the College: Dr Ian Hosein, Professor Dhiren Govender and Dr Guduru Gopal Rao.

DR KENNETH FLEMING
DIRECTOR OF INTERNATIONAL
AFFAIRS

Dr Ken Fleming meets pathologists in Kurdistan



15,794	3,290	252,699	1,199	3,290	270,269	2,000
699,324	5,297,834	5,274,603	103,700			
715,118	5,567,100	5,567,843	9,456			
244,271	4,495,041	4,167,575				
(73,066)	(2,219,238)	(2,004,795)				
Unrestricted general funds	Unrestricted designated funds	Restricted funds				
642,052	3,347,862	3,563,048	1,033			
813,786	13,745,411	13,095,331	230,807			
Total 30 June 2013	Total 30 June 2012	Total 30 June 2012				
1,259,547	1,217,851	1,217,851				
47,383	329,074	329,074				
5,791,936	639,515	639,515				
4,605,603	414,519	414,519				
166,297	160,780	160,780				
10,397,549	187,923	187,923				
(50,000)	(25,000)	(25,000)				
378,651	13,040,987	13,040,987				
715,118	5,567,100	5,567,100				
(2,146,172)	5,274,603	5,274,603				
2,327,159	13,040,987	13,040,987				



COLLEGE

FINANCES

Financial report



The College's income for the year amounted to £4,495,041. Subscription income of £2,521,350 still represents the largest single source of income. The number of College members has increased marginally from 10,535 at the beginning of the financial year to 10,712 at the year end.

The College's wholly owned subsidiary company, 2 Carlton House Terrace Limited, carries out trading activities on behalf of the College. Its areas of activity are the letting of rooms and associated catering income, and the provision of consultancy services, trading as RCPATH Consulting.



Income from room hire and catering amounted to £183,879, which was a small decrease over the prior year. Forward bookings are not as strong as in prior years as

clients look at ways to reduce the number of meetings they hold.

RCPATH Consulting provides consultancy services where an authoritative independent view is required on the provision of high-quality pathology services, advice on the commissioning or tendering of pathology services, advice on the reconfiguring of pathology services or advice as part of an option appraisal process. Income for the year was £73,998, with expenditure of £53,357. A marketing initiative will be undertaken in the ensuing year to attract further clients for this service.

Investment income and bank interest received continue to hold up well, despite the low level of interest rates on offer. Active management of this area of operation ensures that we are taking advantage of the opportunities available with well-known and regarded financial institutions. During the year, the College received £47,384 as the final amount due from the Jean Shanks Foundation to support a Research Fellowship.

The College has been successful in being awarded a £735,850 grant to support the Labskills Africa project, which will be received over 24 months.

Expenditure on communications and public engagement has risen, due to the costs of National Pathology Year and the College's 50th anniversary in 2012. These additional costs had been set aside in a designated fund from prior years. Additionally costs have been incurred on a licence to enable an electronic supplement to the College *Bulletin* to be published, which will be launched in the coming year.

Workforce costs have increased as the pathology workforce database, which used to be hosted by the Clatterbridge Centre for Oncology, was transferred back to reside within College in-house systems. Some one-off set-up costs were incurred in amending the College database and in migrating the data. The College will have more control and flexibility over data collection and reporting as a result.

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 7.2% in the calendar year to 31 December 2012, which outperformed the benchmark over a five-year term by 0.5% and over a ten-year term by 0.2%.

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 12 September 2013 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 DAVID CASSIDY
TREASURER

MR DANIEL ROSS
CHIEF EXECUTIVE

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 2013.

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.

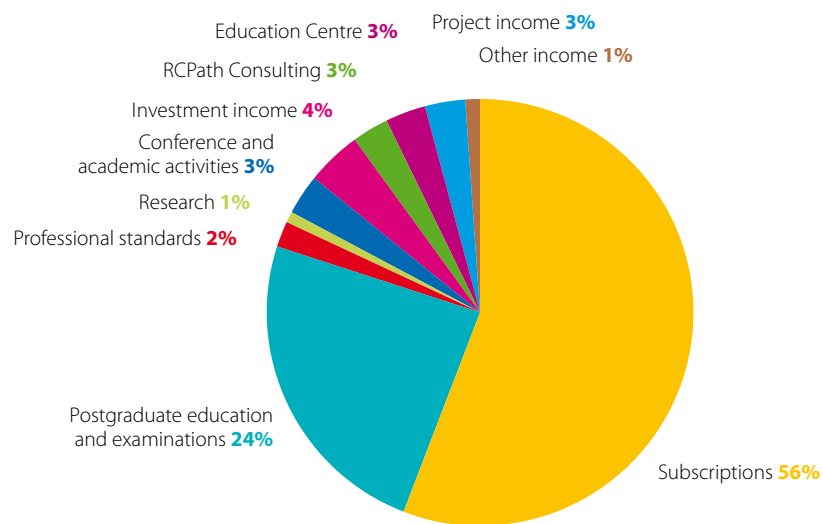
We conducted our audit work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board.

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 2013.

COULTHARDS MACKENZIE
CHARTERED ACCOUNTANTS AND REGISTERED AUDITORS
9 RISBOROUGH STREET, LONDON SE1 0HF
12 SEPTEMBER 2013

COLLEGE FINANCES

The Royal College of Pathologists Income 2012 – 2013



The Royal College of Pathologists

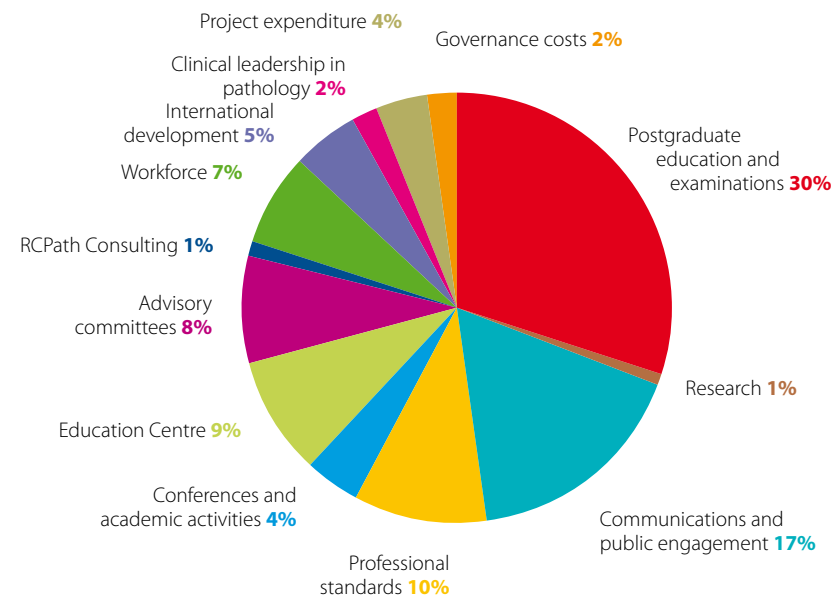
Consolidated statement of financial activities for the year ended 30 June 2013

	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2013 £	Total 30 June 2012 £
Incoming resources					
Incoming resources from generated funds					
Investment income	158,927	-	14,049	172,976	137,913
Donations and legacies	9,748	-	-	9,748	16,521
Trading operations	257,877	-	-	257,877	244,177
Other income	17,934	-	-	17,934	29,560
Incoming resources from charitable activities					
Subscriptions	2,521,350	-	-	2,521,350	2,309,667
Postgraduate education and examinations	1,087,868	-	-	1,087,868	1,000,782
Conferences and academic activities	141,908	-	-	141,908	141,501
Research	-	-	47,382	47,382	138,401
Professional standards	34,469	-	32,050	66,519	32,497
International development	14,195	-	140,000	154,195	1,400
Intercollegiate Human Nutrition Course	-	-	3,290	3,290	2,000
Project income	-	-	-	-	103,700
Communications and public engagement	6,494	-	7,500	13,994	9,456
Total incoming resources	4,250,770	-	244,271	4,495,041	4,167,575
Resources expended					
Cost of generating funds					
Fundraising trading: cost of goods sold and other costs	1,199	-	-	1,199	1,033
Trading operations	239,687	-	-	239,687	230,807
Charitable activities					
Postgraduate education and examinations	1,232,678	-	26,869	1,259,547	1,217,851
Research	-	-	47,383	47,383	329,074
Communications and public engagement	717,361	-	6,888	724,249	639,515
Professional standards	394,940	-	21,974	416,914	414,519
Conferences and academic activities	166,297	-	-	166,297	160,780
Education Centre	177,258	-	-	177,258	187,923
Advisory committees	327,107	-	-	327,107	274,705
Workforce	289,890	-	-	289,890	268,858
International development	182,483	-	42,714	225,197	92,028
Intercollegiate Human Nutrition Course	-	-	17,081	17,081	14,566
Clinical leadership in pathology	-	-	95,243	95,243	278,580
Project expenditure	-	-	130,076	130,076	202,756
Governance costs	100,433	-	-	100,433	92,008
Total resources expended	3,829,333	-	388,228	4,217,561	4,405,003
Net incoming/(outgoing) resources before transfers	421,437	-	(143,957)	277,480	(237,428)
Gross transfers between funds	(356,900)	416,041	(59,141)	-	-
Net incoming/(outgoing) resources before other recognised gains and losses	64,537	416,041	(203,098)	277,480	(237,428)
Gains/(Losses) on investment assets	349,786	-	27,158	376,944	(97,680)
Net movement in funds	414,323	416,041	(175,940)	654,424	(335,108)
Total funds brought forward	9,652,489	2,398,772	989,726	13,040,987	13,375,095
Total funds carried forward	10,066,812	2,814,813	813,786	13,695,411	13,039,987

The Royal College of Pathologists Consolidated balance sheet as at 30 June 2013

	Unrestricted general funds £	Unrestricted designated funds £	Restricted funds £	Total 30 June 2013 £	Total 30 June 2012 £
Tangible fixed assets	5,791,936	-	-	5,791,936	6,002,698
Investments	1,997,717	2,436,162	171,734	4,605,613	3,529,585
Total fixed assets	7,789,653	2,436,162	171,734	10,397,549	9,532,283
Current assets					
Stocks	16,567	-	-	16,567	22,971
Debtors	236,905	-	15,794	252,699	270,269
Cash at bank and in hand	4,219,859	378,651	699,324	5,297,834	5,274,603
Total current assets	4,473,331	378,651	715,118	5,567,100	5,567,843
Creditors					
Amounts falling due within one year	(2,146,172)	-	(73,066)	(2,219,238)	(2,004,795)
Net current assets	2,327,159	378,651	642,052	3,347,862	3,563,048
Total assets less current liabilities	10,116,812	2,814,813	813,786	13,745,411	13,095,331
Creditors:					
Amounts falling due after more than one year	-	-	-	-	(29,344)
Provisions for liabilities and charges	(50,000)	-	-	(50,000)	(25,000)
Net assets	10,066,812	2,814,813	813,786	13,659,411	13,040,987
The funds of the College					
Unrestricted funds	10,066,812	2,814,813	-	12,881,625	12,051,261
Restricted funds	-	-	813,786	813,786	989,726
Total College funds	10,066,812	2,814,813	813,786	13,695,411	13,040,987

The Royal College of Pathologists Expenditure 2012 – 2013



The financial statements were approved by Council on 12 September 2013 and signed on behalf of Council by

DR ARCHIE PRENTICE
PRESIDENT

DR DAVID CASSIDY
TREASURER

Honorary Officers

President

Dr Archie Prentice

Vice-President – Professionalism

Dr Bernie Croal

Vice-President – Advocacy and Communication

Dr Suzy Lishman

Vice-President – Learning

Professor Michael Wells

Registrar

Dr Rachael Liebmann

Assistant Registrar

Dr Terry Jones

Treasurer

Dr David Cassidy

Elected members of Council

Professor Kate Gould

Dr Tim Helliwell

Professor Jim Lowe

Dr Tim Nokes

Dr Lance Sandle

Dr Prema Seetul-Singh

Professor Tim Stephenson

Dr Philip Wood

Co-opted members of Council

Professor Ian Cree

Professor Bill Fraser

Professor Peter Goldfarb

Ms Gail Norbury

Dr Sandra Scholes

Mr Jeff Seneviratne

Regional Council Chairs

Dr Simon Davies South West England

Professor Stephen Gillespie Scotland

Dr Bushra Hamid North West England

Dr Mark Heatley Northern England

Dr Jeremy Quiney South East England

Dr Ian Seddon Eastern England

Dr Mallika Sekhar London

Professor Carrock Sewell Trent

Dr Tom Trinick Northern Ireland

Mrs Avril Wayte Wales

Mr Craig Webster West Midlands

Observers on Council

Dr David Bailey Director of Training and Assessment

Dr Andrew Boon Director of Professional Standards

Professor Finbarr Cotter Director of Research

Dr Ken Fleming Director of International Affairs

Dr Judith Fox Chair, Trainees Advisory Committee

Dr Laszlo Igali Editor, *College Bulletin*

Dr Peter Kelly Dean, Faculty of Pathology, The Royal College of Physicians of Ireland

Professor David Marks Chair, Ethics Committee

Ms Karen Sandler Chair, Lay Advisory Committee

Professor Gordan Vujanic Chair, SAC on Pre/Perinatal/Paediatric Pathology

Dr Kevin West Director of Examinations

Dr Lorna Williamson Chair, Transfusion Medicine Committee

College Staff

Daniel Ross	Chief Executive	Eben Hugo	Website Coordinator
Joanne Brinklow	Head of Educational Standards	Edward Hulme	Managing Editor
Diane Gaston	Head of Communications	Samantha Jayaram	Press and Communications Manager
Dan Hill	Head of Operations	Shane Johns	Professional Standards Coordinator
Stella Macaskill	Head of Professional Standards	Jenny Maddocks	Training and Educational Standards Manager
		Maxine Mantle	Executive Assistant to Chief Executive and Registrar
		Maria Marrero-Feo	Senior Clinical Effectiveness Coordinator
Fiona Addiscott	Workforce Planning Manager	Diana Maxwell	Committee Administrator
Adobea Akuffo	Training and Educational Standards Assistant	Helen Melluish	Senior Examinations Coordinator
Charlotte Balazs	Committee and Regional Councils Coordinator	Michelle Merrett	Events and Facilities Manager
Mimi Barrett	Assessment Coordinator	Kathryn Morris	House and Facilities Steward
Sue Beckford	Membership and Finance Officer	Ryan Nelson	IT Officer, 1st line desktop support
Anne Boxill	PA to President and Honorary Officers	Amaka Nwagbara	Communications Team Administrator
Alex Brinded	Examinations Coordinator	Reshma Patel	Workforce Coordinator
Eugene Coyle	Membership and Finance Manager	Annabel Ries	Associate Editor
Sandra Dewar	Assessment Manager	Heidi Rogers	Professional Standards Coordinator
Alison Douglas	Secretariat and Committee Services Manager	Rashpal Sani	UK Programme Coordinator
Gemma D'Silva	Examinations Coordinator	Lesley Stapleford	HR and Development Manager
Rosemary Emodi	International Manager	Lien Voong	Membership and Finance Administrator
John Fairfoul	Data Manager	Brian West	Senior House and Facilities Steward
Lindsay Fortune	Training and Educational Standards Coordinator	Deva Wijeyesekera	Management Accountant
Nicola Hancock	Professionalism Team Administrator	Nigel Williams	Examinations Manager
Lucie Houghton	Public Engagement Manager	Clare Winter	Events Coordinator
David Howe	IT Manager	Terry Woolgar	House and Facilities Steward

Front cover: Coloured scanning electron micrograph of a breast cancer cell. Cancer cells develop when a normal cell undergoes mutation of its genetic material, resulting in uncontrolled growth. The mutation is passed on from one cancer cell to its daughter cells. Continued growth results in the formation of tumours, which can invade and destroy surrounding tissues. Some cancer cells can travel to distant parts of the body to form secondary tumours. Many members of the College are involved in the diagnosis and treatment of people with cancer and research into its cause. Cellular pathologists, for example, examine tissue under the microscope to look for cancerous and pre-cancerous changes. Haematologists diagnose and treat cancers of the bone marrow and lymph nodes. Increasingly the genetic material of cancer cells is examined, searching for the mutations that cause the cancer and affect the tumour's response to treatment. Geneticists work with families to identify germline mutations, where a predisposition to develop cancer is passed from parent to child.

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The Royal College of Pathologists

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www.rcpath.org

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